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Acute pain



 Pain is a distressing experience associated with actual or potential tissue damage with sensory, emotional, cognitive and social components



Chronic pain



- Most days of the week for at least 3 months.
- 1 in 5 Australians
- Prevalence higher in older individuals.
- Injury sport, MVA, accidents
- 2/3 say it interferes with daily activities.



Misconceptions in pain management



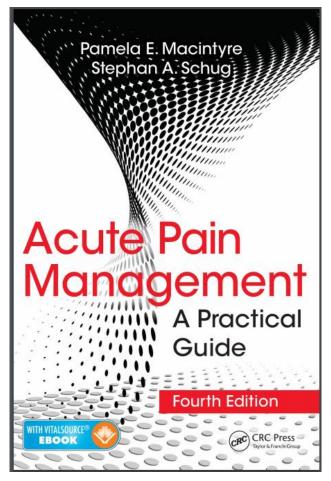
Drawn from two on-line surveys of pain specialists

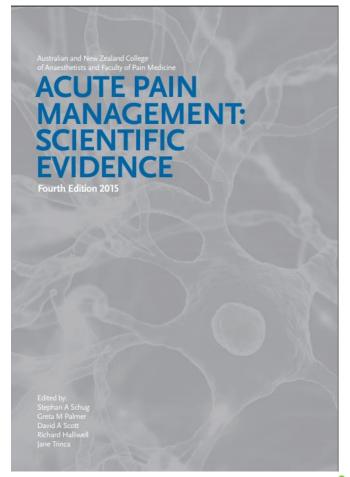
- Addiction is the same as physical dependence and tolerance.
- Addiction is simply a set of bad patient choices.
- Pain protects patients from addiction to their opioid medications.
- Only long-term use of certain opioids produces addiction.
- Only patients with certain characteristics are vulnerable to addiction.
- Medication-assisted therapies are just substitutes for heroin or opioids.











Macintyre, P. E., & Schug, S. A. (2014). *Acute pain management: a practical guide*. Crc Press. https://fpm.anzca.edu.au/documents/fpm-apmse4-final-20160426-v1-0.pdf







- Individual, multifactorial experience
 - Fear avoidance beliefs -> poor outcomes
 - Anxiety
 - catastrophising,
 - depression
 - psychological vulnerability and
 - Preoperative anxiety associated with
 - higher postoperative pain intensity
 - an increased use of PCA demands







- Emphasise positive effects of medicines;
- Avoid stressing adverse effects;
- Explain effects and mechanisms of action
- Interact personally with the patient;
- Do not rely only on written handouts;
- Avoid unrealistic expectations.







- Administer analgesics in an open manner;
- Connect to positive responses
- Combine analgesics with other relief
- Reinforce positive experiences
- Minimise negative experiences.







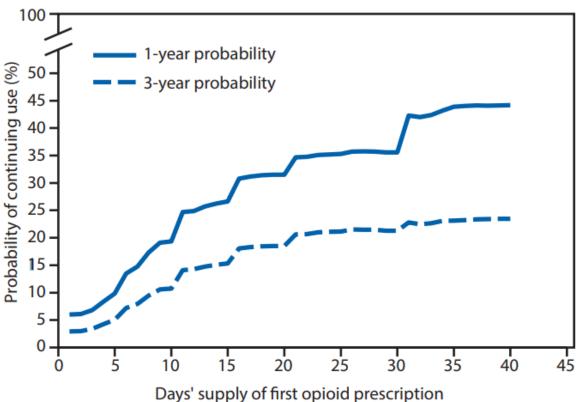
- The likelihood of chronic opioid use increases with each additional day after the third day
- The sharpest increase occurs after the fifth day
- HIGHEST RISKS
 - A second prescription or refill,
 - 700 mg morphine equivalent cumulative dose
 - An initial 10-day supply
 - Started on a long-acting opioid





Avoid too many tablets

FIGURE 1. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days' supply* of the first opioid prescription — United States, 2006–2015



N=1,294,247

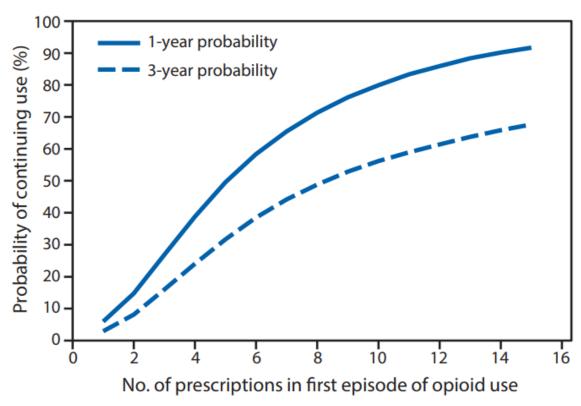
Shah, A., Hayes, C. J., & Martin, B. C. (2017). Characteristics of initial prescription episodes and likelihood of long-term opioid use-United States, 2006-2015. *MMWR. Morbidity and mortality weekly report*, 66(10), 265-269.

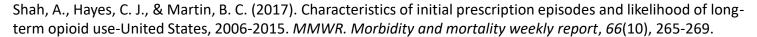




Do not authorise repeats

FIGURE 2. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of prescriptions* in the first episode of opioid use — United States, 2006–2015











- Explain to the patient:
 - why analgesics are part of the treatment plan
 - how and when to take the medication
 - what side effects to expect and how to manage them
- Treatment reviewed regularly including
 - the patient's level of comfort
 - medication-related side effects
 - physical and psychosocial functioning



Case study





- Brad is a 48 year old earth moving supervisor
 - Back injury with crush fractures L3 & L4 at work 15 years ago
 - Recent MRI shows nerve root impingement
 - Works 40 to 60 hours per week
 - Uses heavy equipment and drives ~500 km/week
 - Morphine (MS Contin) 100 mg daily for 5 years for back pain
 - Is there a problem with the analgesia?
 - Should he be driving / using heavy equipment?
 - What would you advise the GP?



QUESTIONS?

