

Persistent Pain Management Service

Consumer FAQs

Information for patients, carers and their families

1. Why do I need to attend the PAIN101 group education program? Can't I just see a doctor?

Extensive research into pain management over the past ten years suggests one of the best ways to treat persistent pain is to understand all factors that impact pain other than medical treatment only. Persistent pain is considered a chronic health condition and as such it is important that you understand all the factors that can influence your pain.

The PAIN101 group education program helps you work out which factors may help manage your pain better and improve your quality of life. This helps you choose which of the pain management options you may like to access.

2. Am I going to see a doctor at all?

If your referral is triaged to be urgent you will see a specialist doctor before being encouraged to attend PAIN101. If you are referred to PAIN101 as your first visit you can then consider if you need further medical advice.

You can request an individual appointment with a clinician in our service after attending PAIN101 which could include a review of your pain management by a specialist doctor.

Many patients decide they do not need to see a specialist doctor as they are happy with their medication and choose to make other non-medical changes to their pain management plan. An appointment with a doctor is appropriate if you want your medications reviewed, or need a medical opinion on your pain.

3. What will PAIN101 and your other programs teach me about pain? I live with it every day and have tried everything. What do you do that is different?

Our PAIN101 program has been developed from research that shows that pain management requires a commitment to change by working on your response to the pain rather than becoming overwhelmed by it.

The recommended strategies include:

- understanding pain causes through education
- retraining the brain
- mindfulness meditation approaches
- movement with awareness
- graded return to activity
- pacing and management of daily activities
- stress management
- sleep strategies
- meaningful activity.

If you understand and apply most of these strategies then you may not need a referral to our service. Check the list and see if there is anything missing from your self-management tool box. A good question to ask is 'does my pain stop me from living the life I want to live?' If the answer is yes, then you might want to follow through with your referral.

4. What can I expect during an assessment?

Initial assessments: Initial assessments may be with one or more team members, types of assessment may include:

- Multi-disciplinary Pain Team Assessments – three hour assessment during which time you will see several disciplines including the Occupational therapist, Physiotherapist, Psychologist and Senior Medical Officer.
- Senior Medical Officer assessments with the Occupational Therapist OR Physiotherapist OR Psychologist – these assessments will also take two hours.

Following initial assessment you will be asked to participate in completion of an Initial Pain Management Plan which will make preliminary medical and treatment recommendations.

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Chronic pain is a multi-dimensional problem that affects you, the patient, and your family in a variety of ways. Our approach to assessment will focus on your medical, functional, physical and psychological needs.

At the completion of your assessment a pain team report will be generated and addressed to your General Practitioner. This report will include relevant assessment findings, as well as an overview of your ongoing treatment plan and community support options.

5. Why does the doctor want to lower my medication when I am in so much pain?

Persistent pain management deals with all the factors that contribute to your pain. Medication only deals with part of the pain problem.

The following points are considered in any medication recommendations:

1. medication needs to be targeted to your particular type of pain
2. medication needs to provide maximum pain relief with minimum unwanted side effects
3. too much of some types of medication can actually increase pain
4. your medication may not be reduced, each individual case will be assessed at a medical appointment.

5. Can my GP speak to the pain specialist doctor?

Phone enquiries from your GP are most welcome. Your GP can contact the PPMS to request a discussion about your pain management and a telephone consultation time can be arranged between your GP and one of our specialist doctors. In some cases a patient case conference is recommended and will be scheduled at a mutually convenient time at request of the PPMS team or GP.

6. Can I speak to the pain medicine doctor on the phone?

The pain specialist doctor sometimes undertakes review appointments by phone after you have seen them in person. These phone reviews will be scheduled in advance and you will need to make yourself available at the pre-determined time. Our doctors are not able to take outpatient phone calls at unscheduled times.

7. I just need my script refilled...

You need to see your GP for ongoing prescription of medication. If you have had an individual assessment, your GP will be sent a summary report of recommendations which will include recommendations about medication if you have been seen by one of our doctors.

8. How do I reduce my medication when my GP does not want me to?

Your GP can request a phone consultation with one of our specialist doctors in order to receive clear advice on how to decrease your medications. You can also request a consultation with one of our medical specialists in order to reduce medications, recommendations following this will be sent to your GP in the mail. In more complex medication situations, the local Alcohol and Other Drugs Services team may provide consultation to yourself or the PPMS service on how to manage your medications.

Contact details

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