Management Guide for General Practitioners

This guide was developed by a working group of pain medicine physicians, other related specialists, general practitioners, nursing and allied health representatives and should be considered in conjunction with the **Screening and Referral Guide for Queensland Health Persistent Pain Management Services**. It is to guide General Practitioners about persistent pain management and conditions requiring prompt referral to a Persistent Pain Management Service. It is to be tailored to specific patient needs and represents usual practice, however variations are expected as clinical staff utilise professional judgement.

General principles to consider

in the assessment and management of persistent pain

Early intervention

» Appropriate, early, evidence-based management of acute pain may minimise the transition to persistent pain.

Pain history and examination

» Use a bio-psycho-social approach.

Exclusion of red flags

» Identify the presence of red flags indicative of potential serious pathology, investigate and refer to appropriate specialist service.

Detection of yellow flags

» Assess risk factors for chronicity, drug dependence and psychosocial barriers to recovery; in addition, identify any potential psychiatric and occupational barriers to recover.y

Diagnosis and management plan

» Identify and distinguish between nociceptive, inflammatory and neuropathic pain and tailor treatment pathways accordingly.

General management suggestions

» Review function, mood and treatment regularly

» Integrate concurrent use of non-pharmacological measures:

  » Regular exercise, activity and social interests with the objective of increasing these over time

  » Community allied health (e.g. occupational therapy, physiotherapy, psychology, social work) and other support services

  » Establish Chronic Disease Management Plan to access community allied health professional support or GP Mental Health Care Plan (MHCP) if patient eligible

  » Relaxation, stress management and attention to personal and family issues

  » Nutrition and sleep advice.

» Educate about self-management strategies, as appropriate and refer to relevant patient resources now available on the painaustralia website, see www.painaustralia.org.au (click on 'consumer' tab)

» Consider psychiatry referral as a priority, if indicated

» Avoid long-term use of NSAIDs unless objective indicators of inflammation are present

» Avoid benzodiazepines for persistent pain, especially in the presence of opioids.

Important opioid considerations

» Before initiating opioids for non-malignant persistent pain, consider the Drugs of Dependence Unit's *Quick Clinical Guideline for the use of Opioids in Chronic Non-Malignant Pain*. Visit www.health.qld.gov.au/ph/hpu/dod.asp to receive a copy.

» If you have a patient on opioids for non-malignant pain (particularly those new to your practice), it is recommended to contact the Medicine's Regulation and Quality's *confidential telephone enquiry service for medical practitioners* as a priority for available, relevant history. This service can be contacted by phoning 3328 9890.

» Parenteral opioids are ***not*** indicated for the management of persistent non-malignant pain.

» Consider referral to ATODS early if difficulty with management of opioids or other drugs of dependence.

Conditions requiring prompt referral

to a Peristent Pain Management Service

Most persistent pain does not require urgent assessment or treatment by a Persistent Pain Management Service (PPMS), however patients with the following conditions should be considered for a higher priority referral:

» Recent diagnosis of Complex Regional Pain Syndrome (CRPS)

» Cancer-related pain for consideration of interventional management

» Pain after major trauma (e.g. Phantom Limb Pain, Brachial Plexopathy)

» Refractory pain related to Acute Herpes Zoster or Post-Herpetic Neuralgia *or* if ophthalmic, refer to Ophthalmologist

See www.health.qld.gov.au/persistentpain/html/clinicianinfo.asp for screening and referral guidelines.

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Treatment considerations

whilst awaiting relevant specialist review

The following is not intended to be an exhaustive diagnostic or management list, rather some practical tips to ensure patients are treated in a timely manner. This is a guide only. It should be considered in conjunction with *Therapeutic Guidelines* and your professional judgement must always prevail.

Treatment considerations to improve patient's quality of life whilst awaiting **relevant specialist review** (if no contraindications and as per *Therapeutic Guidelines*):

Acute herpes zoster/post-herpetic neuralgia

» Ensure prompt anti-viral treatment as a priority and consider amitriptyline or nortriptyline **and/or** gabapentin or pregabalin.

Peripheral neuropathy/complex regional pain syndrome (CRPS)

» Consider amitriptyline or nortriptyline **and/or** gabapentin or pregabalin.

Trigeminal neuralgia

» Consider referral for neurological assessment and trial of carbamazepine as a priority; if carbamazepine contraindicated or ineffective consider other anti-neuropathics.

Radiculopathy

» Consider referral to spinal specialist as a priority and amitriptyline or nortriptyline **and/or** gabapentin or pregabalin **and/or** oral corticosteroids.

NB cease pharmacotherapy (as per Therapeutic Guidelines) if ineffective or poorly tolerated.

Consider concurrent use of applicable general management suggestions for all of the above.

Frequently asked questions

What do Persistent Pain Management Services offer?

Persistent Pain Management Services are not intended to be diagnostic services but do offer consultative, time-limited treatment and management advice for appropriate patient referral, with the aim of improving quality of life and functionality in the presence of persistent pain.

Is phone advice available for GPs?

Yes, phone advice is available and can be sought by contacting the nearest Persistent Pain Management Service to your practice. See www.health.qld.gov.au/persistentpain/html/clinicianinfo.asp for referral pathways and contact details.

Does gabapentin or pregabalin require prescription by a Pain Medicine Physician?

No, gabapentin and pregabalin do not require prescription by a Pain Medicine Physician. They are not subsidised under the Pharmaceutical Benefits Scheme (PBS) for the treatment of neuropathic pain, however they are available through a non-PBS or private prescription.

Gabapentin and pregabalin are also available under the Repatriation Pharmaceutical Benefits Scheme (RPBS) as an authority required medicine for the treatment of refractory neuropathic pain not controlled by other drugs. Visit www.pbs.gov.au for further details.

What persistent pain-related professional development and training opportunities are available for GPs?

The Royal Australian College of General Practitioners offer a pain management unit within their *gp learning* program. The *check Independent learning program for GPs*, November 2011, unit 476 on pain management is available at www.racgp.org.au/gplearning

Contact your local PPMS to express interest in future education and service orientation programs.

What other resources might I find useful in the treatment and management of persistent pain?

Visit www.painaustralia.org.au (click on 'healthcare professionals' tab) and www.health.qld.gov.au/persistentpain/html/clinicianinfo.asp for further educational resources, clinical guidelines and courses.

What resources might my patients find useful?

Visit www.painaustralia.org.au (click on 'consumers' tab) and www.health.qld.gov.au/persistentpain/html/consumerinfo.asp for helpful self management resources and reading materials.

The information in this guide is general and should be applied with discernment to individual patient circumstances and medical history. Queensland Health is not responsible in any way for application of this information to patient care at your facility. It is a guide only and your professional judgement must always prevail.

Partners in persistent pain management:

- the person with pain
- the GP
- the PPMS
- the community.