CHRONIC PAIN

ASSESS[1]

(red flags/yellow flags)

yes – investigate/refer

TREAT (GP Plan)

MUSCULO-SKELETAL CONDITIONS	NERVE CONDITIONS	PHYSICAL DISABILITY[2] POOR NUTRITION	MOOD DISTURBANCE[3], UNHELPFUL THOUGHTS, POOR SLEEP SOCIAL ISOLATION
paracetamol[4] consider NSAID[4,5] Avoid opioids > 60mg OMED[6]	gabapentinoids and/or tricyclic antidepressants[7] Avoid opioids > 60mg OMED[6]	add physical approaches specific or general approaches eg education, exercise and diet Avoid opioids > 60mg OMED[6]	add psychological approaches specific or general approaches eg education, counselling, CBT, MH plan Consider TCA medications

1. Consider deprescribing at every consultation
2. Consider referrals to physiotherapy, rheumatology/other. Dietitian, psychologist as indicated
3. Seek specialist referral/advice if oMEDD > 60 mg oMEDD or low physical/psychological function

MULTIDISCIPLINARY TREATMENT (PAIN CLINIC)

Procedural interventions	Medications review and weaning	Assessment Skill acquisition	Pain program - group or individual

Explanatory notes

1. Record baseline risk assessment, pain intensity, pain interference, Identify red/yellow flags. (OMPSQ – 10 >50 is high for yellow flags, check items with patient to clarify issues and consider implications for management
2. BPI>5 indicates high disability
3. If K10>19 consider psych referral
4. National Institute for Health and Care Excellence (NICE). Non-steroidal anti-inflammatory drugs. Manchester: NICE; February 2014.
5. Long term use of NSAIDs including selective agents is associated with increased risk particularly in the elderly. Most guidelines recommend that if used they should be for short periods.[4]
6. Assess opioid risk. Use of strong opioids in treating chronic is controversial with little evidence for long term efficacy and adverse effects and risks especially with high doses. >60mg OMED is associated with moderate risk and >100mg/day is associated with high risk. Referral to a pain clinic is suggested before exceeding 60mg OMED
7. Finnerup NB, et al. Pharmacotherapy for neuropathic pain in adults: a systematic review and meta-analysis. The Lancet. Neurology, 2015 Other first line options which can be considered include gabapentin, SNRIs and other tricyclic antidepressants such as nortriptyline . Tramadol is recommended a second line agents. Other opioids are recommended as third line taking into account the previous cautions.

Resources

OMPSQ-10, PEG, BPI

www.nice.org.uk

Opioid risk tool