

Managing chronic pain



What is chronic pain?

Pain is defined by the international association for the study of pain as 'an unpleasant sensory or emotional experience associated with actual or potential tissue damage or described in terms of such damage'.

What this means in simplistic terms is that pain is a subjective feeling and cannot be measured objectively as can things such as movement and strength. Pain may be present even if there is no underlying damage to any bodily structure.

Chronic pain has been defined in a number of ways. Generally it is accepted that chronic pain is such that it continues beyond the tissue's normal healing time (normally defined as over 3 months). However using this timing alone is too simplistic an explanation.

Take the example of a muscle tear, pain is expected as the muscle is going through the various stages of tissue healing but would generally be expected to improve and resolve as someone moves through these stages and the muscle heals. Pain would be described as chronic if the muscle had healed and rehabilitation completed and there was no underlying structural explanation for the ongoing pain.

Chronic pain occurs because of changes within the nervous system. And studies have shown that changes can be seen on scans, suggesting that chronic pain does exist in its own right as a condition.

However, there are likely to be other precipitating factors with chronic pain including genetics, gender and previous episodes of acute pain.



25%
lose their job¹



8 million people live with chronic pain³



£584 million
spent on prescriptions for pain²



1.6 million adults suffer per year with chronic low back pain⁴



16%
feel the pain is so bad they want to die³

¹ painuk.org

² <http://www.csp.org.uk/professional-union/practice/your-business/evidence-base/physiotherapy-works/chronic-pain>

³ Donaldson 2009 British Pain Society

⁴ https://www.britishpainsociety.org/static/uploads/resources/files/pmp2013_main_FINAL_v6.pdf



How is chronic pain assessed?

Investigations will have been completed to exclude any structural cause of the pain that may respond to targeted treatment.

Chronic pain is multi factorial and therefore the assessment of chronic pain should reflect this. There is good evidence that medical, psychological and social factors affect the development and maintenance of chronic pain. The areas to be assessed with chronic pain generally include:

- Pain intensity: 0-10 VAS.
- Physical functioning.
- Emotional Functioning.
- Patient rating of overall improvement.

Psychological factors and chronic pain

There are a number of psychological factors associated with chronic pain. These include:

- individual beliefs
- fear avoidance
- catastrophising
- poor coping
- attitude towards work
- psychological distress.

These are often collectively known as 'yellow flags' and when present suggest an increased risk of progression to long term distress and disability.

How can chronic pain be treated?

There is good evidence that medical, psychological and social factors affect the development and maintenance of chronic pain.

This is the fundamental basis of the Biopsychosocial model. Consequently, successfully treating chronic pain patients requires attention, not only to the organic basis of the symptoms, but also to the range of factors that modulate and moderate the pain experience and related disability.

Psychological Therapies:

These can include:



Cognitive Behavioural Therapy (CBT) CBT aims to replace unrealistic or unhelpful thoughts about pain with more positive ones. CBT has been shown to improve quality of life in those with chronic pain in comparison with normal medical care.



Acceptance and Commitment Therapy (ACT) is another form of Psychological therapy. It encourages people to embrace their thoughts and feelings by combining mindfulness and self acceptance. It has been shown to improve quality of life, sleep and reduce pain in people with chronic pain.



Physiotherapy The focus is on active treatment encouraging self management strategies. There is significant research supporting the use of supervised, professionally led exercise in chronic pain. There is no evidence that one particular type of exercise is better than another. Studies show it improves pain and quality of life. It is important to continue with exercise once any supervised group or class has been completed.



Medications There is evidence for the use of antidepressant medication in chronic pain to help improve quality of life and pain.

What can an employer do to assist with the return to work process in these cases?

Returning to work is important in the process of restoring function and reducing disability in people with chronic pain.

- Be aware that the majority of those with chronic pain will not become pain free and when they return to the work place and will have some degree of symptoms in the long term. However, if an employee has pain, it does not necessarily mean that damage is being caused or that being at work is causing them harm.
- Chronic pain can be associated with mental and physical fatigue, reduced concentration, reduced self-esteem and self-confidence.
- Seek advice from a health care professional if you are unsure as to whether an employee is fit for work and if they are, what adjustments may be necessary. This may be Occupational Health or the employee's GP (with their consent). Input from a Rehabilitation Consultant may be useful in providing guidance with managing the return to work process.
- Ask the employee about their concerns and what they think will assist with their return to work. Studies have shown that an employee feeling in control and having some influence over their return to work (hours and tasks) can assist in their recovery and successful return to work.



You can find out more information from www.hse.gov.uk/

