



Pain Management Programme

Nurse-led pain clinics in GP practices

The 'mypainfeelslike...' campaign conducted a pain management programme with General Practitioners in Leinster in 2017. This leaflet is a brief overview of the nurse-led pain management programme. It is not an exhaustive guide, visit mypainfeelslike.ie to watch a video of Dr Rukshan Goonewardena, GP Principal in Ballyjamesduff Family Practice in Cavan and Caitriona Pollard, registered nurse who ran the programme, talk about the clinics in more detail; the steps taken, the challenges and the benefits to patients.

The 'mypainfeelslike...' campaign has been created by Grünenthal Pharma Ltd who also provided funding and support for the nurse-led pain management programme.

Persistent pain – what is it?

Persistent or chronic pain is pain without apparent biological value that has persisted beyond the normal tissue healing time – usually taken as three months¹ – despite the usual customary efforts to diagnose and treat the presenting pain issue.

Persistent Pain Audit: 30-minute nurse-led pain clinics

The assessment and management of persistent or chronic pain in general practice is challenging due to its complex multimodal nature. The programme was developed to support GPs and practice nurses with the management of their patients diagnosed with persistent pain. Patients identified during the audit were invited to attend a pain management review clinic with a registered nurse. The objectives were to help patients achieve better pain control and provide advice and resources on physical and psychological coping strategies so they could improve their quality of life.

This leaflet gives an overview of the programme stages and outlines the ways a nurse or GP can provide support and education in their practice to achieve better patient outcomes and more effective pain control through 30-minute clinics. It is important to note that GPs and practice nurses will need to allocate valuable time and resource to this programme. The reward for your investment could be better management of your patients with persistent pain and an improvement in future consultations.

Clinic preparation

The programme was devised and conducted by IQVIA, a global research organisation specialising in health information technologies and clinical research, with funding and support from Grünenthal Pharma Ltd and with input from Joanne O'Brien a registered advanced nurse practitioner in pain management. Personnel from Grünenthal Pharma Ltd were not involved in the pain management programme at practice/patient level.

Inclusion criteria:

- Patients diagnosed as having persistent pain
- Patients who had been prescribed a World Health Organisation pain ladder step 2 or 3 pain medication for 12 weeks or more

For each practice, desktop research was conducted to identify patients that met the criteria. GPs and nurses from participating practices then went through the list to apply their own knowledge of the patients' current treatment plan.

Patients were invited by GP practices to a 30-minute appointment with the nurse to review current pain medication and treatment plans.

What steps were undertaken by the nurse in the clinic?

Initially, the aims and objectives of the **30-minute pain review** were discussed with each patient to set expectations. Time for the clinic was divided into four stages:

Stage 1: Pain assessment / description of the pain

1. Initial assessment should be holistic and should include an evaluation of the following: The type of pain the patient is experiencing – nociceptive (aching, localised) and/or neuropathic (burning, shooting, stabbing).²

Example of prompting questions:

'Where does it come from?', 'where does it travel to?', 'What does it feel like?'

2. The severity of the pain – review their pain score using a numerical pain rating scale.

Example of prompting questions: 'How intense is your pain?', 'What is your pain score between 0-10?', 'Does your pain score change throughout the day?'

3. The impact of the pain – quality of life issues such as sleeping patterns and general mobility.

Example of prompting questions: 'Does your pain wake you at night?', 'Does your pain prevent you from working?', 'Does your pain score change throughout the day?'

Stage 2: Review of current treatment medication plan

The times, frequency, doses and route that pain medication was administered on a day-to-day basis were reviewed and adherence and compliance to prescriptions were evaluated. Pain scores – pre- and post-administration of these medications – were identified and recorded. Patients were educated on the WHO pain ladder and the benefits of set scheduled dosing versus PRN to give therapeutic pain control. Treatment plans put in place by the pain clinic were reviewed, including when the patient took their medication and evaluated

if they were adhering to the prescription. The aim was to achieve better therapeutic pain control by developing a new treatment plan or adapting a current plan.

Stage 3: Quality of life assessment

Information on patients' mobility, their schedule of activity and how pain affected their daily routine were evaluated. The nurse examined whether patients were not able to work due to pain, how it affected their sleeping patterns and assessed how patients feel their pain was controlled in the past week. This assessment helped with the overall review of their treatment plan, for example, if they were very active and their pain crept up, they may have needed to medicate earlier to prevent the pain worsening.

Stage 4: New treatment plan and advice

Patients were assessed for quality of life scores, pain scores as well as medication adherence and non-pharmacological interventions. Advice on pacing, physical therapy, self-management, mindfulness and cognitive behavioural therapy was given.

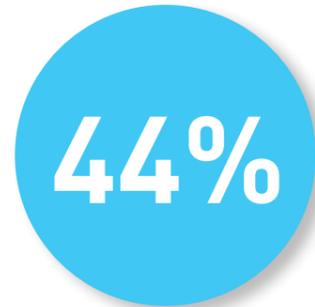
Re-audit

A re-audit was conducted with some patients who received an updated pain management plan to assess if their pain control was being managed more effectively following review by the nurse.

Re-audit inclusion criteria:

- The patients identified in the audit as requiring further intervention were invited back for a face to face review with the nurse adviser.

Initial audit:³ 629 patients reviewed



required **further intervention**



Back and joint pain were the most common types of pain

Pain Levels



pain score of **5 out of 10** or above*



had **poorly controlled** or **uncontrolled pain** in last 7 days



experiencing pain for **over 4 years**

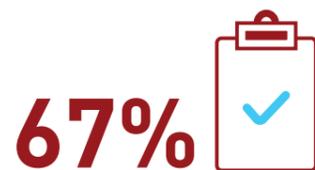


had **limited activity** in the last 7 days due to pain



had **missed work** in the last 7 days due to pain

Pain Management



did not have a pain management plan



not adhering to pain medication



needed **pain medication review**

Audit vs re-audit:⁴ Figures following nurse-led clinic

52 patients attended the re-audit clinic

Pain Management**



had a **pain management plan** – significant increase from the 4% when programme commenced



reduction in the proportion of patients that **needed a pain medication review**

Quality of life**



reduction in the proportion of patients who **missed work days** in the last week due to pain



reduction in the proportion of patients **waking 3 to 4 times** per night from pain



Pain Levels**



decrease in the proportion of patients with **poorly controlled** or **uncontrolled pain** in last 7 days



reduction in the proportion of patients with a pain score of **5 out of 10** or above*

*Pain score of 5 = moderate pain; pain score of 10 = severe pain.

** Difference between first audit and re-audit using first audit as the base (denominator)

This leaflet was developed by Grünenthal Pharma Ltd Ireland

Useful places

- **'Mypainfeelslike...' campaign:**
www.mypainfeelslike.ie
- **Arthritis Ireland:**
www.arthritisireland.ie
- **Chronic Pain Ireland:**
www.chronicpain.ie
- **Irish Pain Society:**
www.irishpainsociety.com
- **British Pain Society:**
www.britishpainsociety.org
- **American Academy of Pain Medicine:**
www.painmed.org
- **American Pain Society:**
www.ampainsoc.org
- **American Society of Regional Anesthesia:**
www.asra.com
- **Association of Anaesthetists of Great Britain and Ireland:**
www.aagbi.org/
- **Australian Pain Society:**
www.apsoc.org.au
- **College of Anaesthetists RCSI:**
www.anaesthesia.ie
- **European Federation of IASP Chapters (EFIC):**
www.efic.org
- **European Society of Regional Anaesthesia:**
www.esraeurope.org
- **General Medical Council:**
www.gmc-uk.org
- **International Association for the Study of Pain (IASP):**
www.iasp-pain.org/
- **International Neuromodulation Society:**
www.neuromodulation.com
- **Irish Pain Nurses Midwives Society:**
www.ipnms.ie
- **Irish Medical Council:**
www.medicalcouncil.ie
- **Neuromodulation Society of UK and Ireland:**
<https://nsuki.memberclicks.net>
- **World Institute of Pain:**
www.worldinstituteofpain.org

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References

- 1: Bridges S. (2012) Health Survey for England 2011: Chronic pain (Chapter 9, pp291–323). Health and Social Care Information Centre. Available at: www.hscic.gov.uk/catalogue/PUB09300/HSE2011-All-Chapters.pdf (last accessed April 2018).
- 2: International Association for the Study of Pain. Classification of Chronic Pain. Pain 1986; Suppl 3: S1-S226
- 3: Grünenthal Pain Audit Report. Developed by IQVIA. January 2018
- 4: Grünenthal Pain Re-Audit Report. Developed by IQVIA. January 2018



my **pain** feels like...

 Grünenthal