

GP Focused Podcast on Chronic Pain and Mental Health Presentations

A CASE STUDY FOR GENERAL PRACTITIONERS

Bron is a 54 year old woman married to Bill. They have three adult children and two grandchildren. For the past five years, Bron has worked at a local solicitor's office as a receptionist and general administrator. Bill works at the local hospital as a registered nurse. Both Bron and Bill have been long time patients of your practice.

Two of Bron's children live locally and attend the family home with their children, every Sunday night for one of Bron's "infamous" roasts.

Presentation:

Earlier today, Bron sustained a work place injury by tripping over some recycling boxes in the photocopying room. She fell clumsily on her right knee and immediately complained of pain and sensitivity in her lower back. A compensation claim was filed.

What would you look for in her history?

The pain is dull in nature but on occasion it becomes sharp and is totally localized to the lower lumbar spine. She finds it difficult to stand or walk.

What would you look for on examination?

Your examination is essentially normal. The knee is not reddened or swollen but has a limited range of movement. She holds the knee in a semi flexed position and does not weight bear.

Would you order any tests at this time?

You do not order any tests at this stage.

How would you treat her?

You decide to prescribe some Panadeine Forte as required, together with anti-inflammatory, ask her to rest and to return in 2 weeks.

When she returns, she is no better. Examination is unchanged. She is a little better with the medication but still is in pain when standing or sitting. She is able to walk now, albeit with a limp. The knee is still painful.

Would you order any tests at this time?

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You decide to do a plain XR of the lumbrosacral spine and knee and this shows mild osteoarthritis of her lumbar spine. There are no other abnormalities detected on the XRs.

How would you treat her now? Would you increase the analgesia at this time?

You elect to treat her with some Endone, schedule an appointment for her in another two weeks and arrange for her in the meantime, to visit a local physiotherapy clinic, where she attends three times a week for massages and stretching.

At the physiotherapy clinic Bron completes a Orebro Musculoskeletal Pain Questionnaire for which she scores 171 - indicating a high risk, based on psycho-social factors, that she'll develop chronic pain and disability and have difficulties returning to work.

Two weeks later Bron returns and tells you, "I like seeing the physio ... he makes me feel better... I feel like he understands me ... I want to get back to work but as long as I have this pain, I just can't do it. It looks like I will never return to work. You know what? The only thing which is keeping me sane at the moment is the painkillers".

What do you do now?

You elect to continue the Endone and NSAID and see her in another two weeks.

When she returns, Bron consistently focuses on the damage to her knee and back along with the collateral damage to her lifestyle. She is concerned she will be unable to return to work following two failed attempts to do so - on both occasions she returned home after half a day, complaining of pain in her knee and lower back, restricted movement and exhaustion. She worries about family finances if she can't work.

Bron has withdrawn from her regular Thursday evening dance classes with friends and has stopped walking her dog; both activities she once relished. She can't remember the last time she cooked a roast for the kids.

Bron is having trouble sleeping through the night. Her sleep is broken by "...I know not what..." and upon awakening is further interrupted by "... an urge to pee". She can't remember how long this has been going on for, as everything since the accident has been a "blur".

You worry that Bron has not made much progress in managing her pain. In fact, she appears to be getting worse. Upon prompting she admits she is despondent "I'm just not the same woman that I used to be ..." She also complains of burning epigastric pain, worse after a meal.

Why is she not progressing?

You decide that a specialist opinion is warranted and book her in to see an orthopedic surgeon. The first available appointment is two months away.

What do you do in the meantime?

You decide to keep her off work and keep her comfortable by giving her some controlled release Oxycodone. You ask for her to return in a month. You ask her to continue the physiotherapy, but now she complains of pain after each session. You

This is a de-identified vignette.

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reassure her that the increased analgesia “will take care of the pain”. You stop the NSAID.

When she sees you next, she attends with her husband, Bill. She is frustrated that the appointment with the orthopedic surgeon is still a month away. She appears flat and disengaged and expresses frustration “... just how long does it take to find a cure to this pain?” On the bright side, the epigastric pain has settled but she is now constipated. She cannot sleep at night and she remarks that a friend said that she should have an MRI to find out what is really wrong, so that she can get the right treatment.

Bill tells you that he has reduced his number of shifts at the hospital to take over household chores and that while he worries that their income has been significantly reduced he states “I’ve always said Bron can depend on me ... while Bron is sick I’ll look after her and make sure she gets the rest she needs.”

They insist that the MRI be done as “it will provide the answer”

Do you do the MRI?

What else is happening?

They have the MRI and when the MRI results come back they are normal. Bron is devastated. “You mean to say that there is nothing wrong with me? Do you think I am putting all this on?”

You reassure her that she will be getting an expert opinion soon and ask her to be patient. She vents her anger at “the system” and how it has failed her.

She appears again after six weeks. She has asked for a repeat of Oxycodone, without seeing you in that time. The orthopaedic surgeon has seen her and has sent you a report saying that she is not a candidate for surgery and recommends physiotherapy and rehabilitation.

What do you do now?

You suggest that she should see a psychologist.

She reacts angrily. “You think this is all in my head? The pain I am suffering is real! And now, you don’t believe me” She starts crying. Bill puts his arm around her but is silent. He just stares at you.

How do you handle this?

Bron presents at the first psychologist appointment with flat affect, disengaged and teary. Results of her DASS (Depression, Anxiety and Stress Scales) indicate high stress, anxiety and depression and SOPA (Survey of Pain Attitudes) indicate that Bron has a firm belief that pain equals damage; she is hopeful for a cure and does not readily identify with how she might contribute to her own recovery.

After a couple of sessions the psychologist calls the GP to talk with him about making a referral for Bron to see a psychiatrist for a psychiatric assessment.

Could this have been handled any better?

This is a de-identified vignette.