

**Welcome to MHPN's first GP focused
webinar on collaborative care for
people with chronic pain and mental
health issues.**

We will begin at 7:15pm AEDT.

**Mental Health
Professionals
Network Ltd**

Tel. 03 8662 6600

Fax. 03 9639 8936

Add. Emirates House,
Level 8 251-257 Collins St
Melbourne VIC 3000

Email. info@mhpn.com.au

Web. mhpn.org.au



Webinar

An interdisciplinary panel discussion

Collaborative care for people with chronic pain
and mental health issues; **an interdisciplinary
case study panel discussion for general
practitioners.**

Wednesday 21st November 2012

“Working together. Working better.”

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by



Panel

- Dr Stephen Leow (GP)
- Mr Nick Economos (physiotherapist)
- Dr Jacqui Stanford (psychologist)
- Dr Tobie Sacks (pain psychiatrist)

Facilitator

- Dr Mary Emeleus (GP)



Learning Objectives

This webinar will:

- *Help improve your understanding of the relationship between chronic pain and mental health*
- *Improve your referral pathways, by identifying the role of different disciplines in contributing to the assessment, treatment and management of people with chronic pain and mental health issues*
- *Explore GP specific tips and strategies for interdisciplinary collaboration in supporting people with chronic pain and mental health issues.*

What are we taught about pain?

- Pain is the result of disease or injury
- Pain is proportional to the damage from disease or injury
- If we cure the disease or fix the injury, the pain will go away
- If the pain doesn't go away, it is in the patient's head
- There is something called neuropathic pain, which comes from nerve damage



Dr Stephen Leow
(General Practitioner)

IASP Definition of Pain

“An unpleasant sensory or emotional experience associated with actual or potential tissue damage or described in terms of such damage.”



**Dr Stephen Leow
(General Practitioner)**

What we would like you to consider...

- **Pain does not simply equal injury and vice versa**
- **Pain is complex and many things affect our experience of pain**
- **We can do much to influence outcomes, simply by being aware of these factors**
- **Chronic Pain is very much a general practice issue**



Dr Stephen Leow
(General Practitioner)

We really can have an impact on pain!

- **Psychological factors have a major impact on our perception of pain**
- **What we say, do and act has an impact on pain**
- **We are often unaware of the way of how pain unfolds**
- **Small shifts in what we do can have major impacts on outcomes!**



**Dr Stephen Leow
(General Practitioner)**

Physiotherapist perspective

Assessment:

- **Current treatment is passive which is not evidence based for the management of chronic pain**
- **Knee and back pain continue despite scans clearing sinister pathology**
- **High Orebro score signifies that addressing psychosocial factors in a co-ordinated approach is necessary**
- **Current physiotherapy treatment may be providing supportive "counselling" and social contact**
- **Early psych referral to address psycho-social factors**



Mr Nick Economos
(physiotherapist)

Physiotherapist perspective

Management:

- **Education that pain may not relate to further harm but it is real**
- **Early shift from passive to active approach required**
- **Set goals and communicate**
- **Importance of increasing function/re-engage in meaningful activity to reduce pain**



Mr Nick Economos
(physiotherapist)

Physiotherapist perspective

Management:

- **Provide graded exposure to movement through exercise and through gradual upgrades in activity (cooking/walking/dancing/work/household chores)**
- **Utilise the benefits of returning to work**
- **Communicate with other treaters and employer/insurer**
- **Develop self management strategies**



Mr Nick Economos
(physiotherapist)

Psychologist perspective

Role of Psychology:

- **Psychosocial factors**
 - Including conflict, fear, worry, stress, coping
 - Often a small number of sessions
- **Mental Illness**
 - Pre-existing
 - Secondary to an injury



Dr Jacqui Stanford
(psychologist)

Psychologist perspective

What to look for in an assessment:

- **Standard psychosocial assessment**
 - Including mood and sleep
- **Pain and Function Assessment**
 - Factors at the time of injury that may have precipitated the presentation
 - Understanding and beliefs about pain
 - Impact on function
 - Acceptance



Dr Jacqui Stanford
(psychologist)

Psychologist perspective

Goals and Treatment Plan:

- **Functional goals are very important, not simply focusing on symptom reduction**
- **The goals are the clients and therefore ideally all treaters know the goals and can look at how their intervention can facilitate achievement**
- **The treatment plan should focus on addressing the barriers to achieving the goals**



**Dr Jacqui Stanford
(psychologist)**

Psychologist perspective

Treatment:

- **Biopsychosocial approach – need to consider the whole person**
- **Function needs to be a part of treatment, not something that happens at conclusion**
- **RTW is all treater's responsibility, important to find psychologists with understanding of this area**
- **Communication with other stakeholders/ treaters is needed**
- **Cognitive Behaviour Therapy and Acceptance and Commitment Therapy**

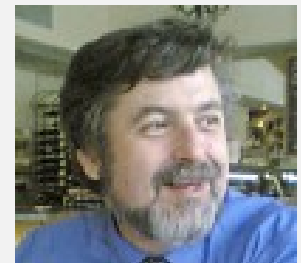


Dr Jacqui Stanford
(psychologist)

Psychiatrist perspective

Bron has decompensated:

- **Unable to cope with the persistent, intractable pain and its consequences, she has become depressed, i.e. she has, in addition to the chronic pain disorder, developed an adjustment disorder with anxiety & depressed mood.**



Dr Tobie Sacks
(pain psychiatrist)

Psychiatrist perspective

Bron's failure to adjust to the chronic pain is the result of her:

- a) Lack of understanding about the nature of her pain (she believes that the persistent pain reflects continuing damage)
- b) Lack of any effective strategies to deal with her pain when it arises or flares up (other than passive ones that result in escalating dependence on either drugs or other people) resulting in kinesiophobia, reduced self-efficacy, reduced self-esteem, and demoralization
- c) Lack of any strategies or avenues to grieve for or to deal with her losses – financial, personal and emotional – resulting in feelings of helplessness, hopelessness and despair

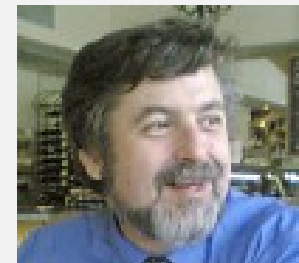


Dr Tobie Sacks
(pain psychiatrist)

Psychiatrist perspective

If Bron were referred to me I would be focusing on:

- a) Reducing her emotional distress by
- providing her with information about the underlying pathology (central sensitization of her pain pathways)
 - facilitating her gaining understanding of the relationship between her pain (the sensation), her emotions (how the pain makes her think and feel) and her behaviours (how the pain affects her gait, posture and other behaviours)
 - I might also introduce an antidepressant drug.



Dr Tobie Sacks
(pain psychiatrist)

Psychiatrist perspective

If Bron were referred to me I would be focusing on:

- b) Reconditioning her responses to pain by:**
- **providing self-management strategies to control her pain**
 - **reducing her reliance on medications and passive treatments**
 - **changing social and environmental contingencies that enhance sick-role behaviours (e.g. Bill taking over all of her former domestic activities)**

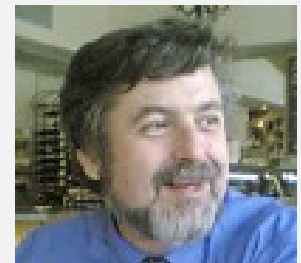


Dr Tobie Sacks
(pain psychiatrist)

Psychiatrist perspective

If Bron were referred to me I would be focusing on:

- c) Facilitating her re-engagement in normal meaningful activities by:
- encouraging her to become an active participant in her own recovery
 - engaging in moderate exercise
 - reinstating some of her former social and other meaningful activities.

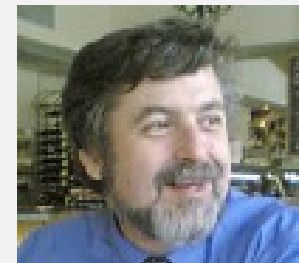


Dr Tobie Sacks
(pain psychiatrist)

Psychiatrist perspective

Key Messages:

1. Anxiety and depression are *very common* in patients suffering from chronic pain.
2. Chronic pain both *aggravates* and is *aggravated by* anxiety and depression.
3. Treatment of patients with chronic pain disorders needs to address not only the management of the pain itself but also the emotions and behaviours that result (a) from the changes in the patient's circumstances and (b) their mistaken/erroneous beliefs (and expectations) about their pain
 - Physical treatment alone – fails
 - Passive treatment alone – fails
 - Psychotherapy alone - fails



Dr Tobie Sacks
(pain psychiatrist)

GP perspective

History: Descartes View of Pain



Dr Stephen Leow
(General Practitioner)

GP perspective

Pain History

- **Location**
- **Nature**
 - Dull
 - Sharp
 - Aching
 - Burning...
- **Intensity**
- **Radiation**
- **Exacerbating or Relieving Factors**



Dr Stephen Leow
(General Practitioner)

GP perspective

Examination: **The RED Flags**

- **Infection**
- **Fracture**
- **Malignancy**
- **Nerve Compromise**



Dr Stephen Leow
(General Practitioner)

GP perspective

Investigations: for Back Pain

- X-ray
- CT Scan
- MRI Scan
- Bone Scan
- Nerve Conduction Studies
- DEXA Scan
- Bloods (for signs of infection)



Dr Stephen Leow
(General Practitioner)

GP perspective

Treatment: **Options**

- **Analgesia**
- **Simple** i.e. Paracetamol, NSAIDS
- **Rest**
- **How long?**
- **Language**
- **Physiotherapy**
- **Review**



Dr Stephen Leow
(General Practitioner)

GP perspective

Review: non progression

- **Red Flags?**
- **Need investigation now?**
 - » What?
- **Yellow Flags?**



Dr Stephen Leow
(General Practitioner)

GP perspective

Review: **Follow up**

- **Is the Plain XR useful?**
 - » What do you do if it showed “disc degeneration” or “spondylolesthesis” or “facet joint degeneration”?
- **There is often a push by the patient to “do something”**
- **Using an opioid analgesic is often the “simple option”**
- **Using a Opioid Risk Management Tool**



Dr Stephen Leow
(General Practitioner)

GP perspective

Review: Further Review

- **Now 4 weeks history of pain**
- **Should she have progressed by now?**
- **Why is she not progressing?**
- **Is there some damage which was not detected previously?**
- **Do you investigate?**
- **Is she malingering?**



Dr Stephen Leow
(General Practitioner)

GP perspective

Options:

- Send her to an orthopaedic specialist
- Send her to a pain specialist
- Send her to a psychologist
- Increase her analgesia
- Do more tests
- Try and tackle the psychological issues?

» How?



Dr Stephen Leow
(General Practitioner)

GP perspective

Next visit:

- Time now 8 weeks
- Does her frustration have an impact on her pain?
- Would an MRI really help?
- Is what is happening to Bill significant?



Dr Stephen Leow
(General Practitioner)

GP perspective

Next visit (2):

- Time now 14 weeks
- Is the orthopaedic surgeon right?
- Do you give her the opioid?
- Is the belief that PAIN=DAMAGE destructive or unbelievable?
- What do you think of her chances of recovery now?
- What outcome do you foresee for her?



Dr Stephen Leow
(General Practitioner)

GP perspective

Finally:

- **Bron started out like someone quite average**
- **She ended up being a “heartsink” patient**
- **Does this really happen in general practice?**
- **Is this all just inevitable?**
- **Can we do something about it?**



Dr Stephen Leow
(General Practitioner)

Thank you for your participation



- Please ensure you complete the *exit survey* before you log out (click on the exit survey tab at the bottom of your screen). Points will be uploaded and certificates of attendance for this webinar will be issued in 4-5 weeks
- To continue the interdisciplinary discussion please feel free to stay online and utilise the chat box
- Each participant and registrant will be sent a link to online resources associated with this webinar within 2-4 days
- The next MHPN webinar will be *'Working together, working better to support a young woman struggling with bulimia and depression'* on Tuesday December 4th 2012

Interested in participating in a chronic pain and mental health MHPN network?

MHPN, in conjunction with **Australian Pain Management Association** and *'PainAustralia'*, are keen to support the establishment and maintenance of chronic pain and mental health networks across the country.

In a couple of days you'll receive a follow up webinar resources email with a link to a survey where you can register your interest.

Thank you for your contribution and participation

Don't forget to fill out the exit survey (by clicking the exit survey tab at the bottom of your screen)!