Initial Assessment & Management of Pain

1. Initial consultation: Pain symptom elicited quick information:
   - Primary assessment and management of pain can be undertaken by a range of health professionals or health practitioners.
   - Types of pain mechanisms:
     - Neurogenic pain
     - Neuropathic pain
     - Visceral pain
     - Inflammatory pain
   - It is increasingly recognised that many types of pain have features of ‘manifolds’ and ‘invasive’ pain mechanisms that are important for assessment and treatment.

2. Initial risk assessment quick information:
   - Initial risk assessment can be undertaken with relatively easy to administer and valid tools. Recommended for use are:
     - Leeds Pain profile Tool (LPT)
     - RAND (Research and Development Network) tool (available at http://www.rand.org/health/drugtreatment/primarycare/tools.html)
     - See also Visser M et al. tool (available at http://www.visserm.nl/index.php)
   - Consider VAS — depression, alcohol/drug use problems, respiratory symptoms — ask questions around patient's living the 4 'D's.
   - Red Flags: (e.g. specific tests or medical pathology is suspected, diagnostic tests such as a x-ray or MRI scan in the context of persistent pain are not appropriate).

3a. Usual care quick information:
   - Management plans should be evidence-based whose possible and focused on self-management. General approach to management may include:
     - Referral to local exercise reimburse.
     - Simple medications.

3b. Review
   - Ask advice and information given earlier to identify progress or lack thereof.
   - If there is no improvement, less complex case issues and require specialist care, they should be referred to specialist pathways and services.

4. Problematic pain quick information:
   - 1. Problems at work
   - 2. Threat to benefits
   - 3. Bureaucracy
   - 4. Advice on friends or relations
   - 5. Significant life event
   - 6. Depression in mental health
   - 7. New information from external source
   - 8. Beliefs about what is happening to them
   - 9. Physical examination
   - 10. Medication and/or treatment not working

5. Serious Pathology suspected:
   - This pathology may include an acute medical condition such as ischaemia, MI or PE, acute peripheral ischaemia, infection, idiopathic, or for which there are well-defined approaches to treatment.
   - Urgent referral may also be required for psychiatric morbidity such as mental health problems, suicide ideation, etc.
   - Pain should be treated alongside these.

6. Develop and agree a management plan with patient.
   - Consider alternative healthcare programmes.
   - For patients with early diagnosis factors, an intervention including telephone-based interventions and video-based programmes should be considered. (Work directed advice)

8. Review management plan.

9. Consider change in treatment and/or referral.

10. Referral to specialist services for multidisciplinary care.

11. Ongoing support and evaluation.

12. Background and scene setting for this pathway:
   - Chief Medical Officer's report of 2008 highlighted Chronic Pain as a clinical priority.
   - The need for an emphasis of best practice care pathways.
   - Over 7 million people in the UK are affected by chronic pain and it is the second most common complaint for benefits claimants (Chronic Pain Policy Coalition).

13. Refer to condition specific pathways:
   - Pathways contain specific assessment tools and management regimes specific to neuropathic, MSA, pelvic and spinal pain.

14. Self-care and management:
   - Underlies all activities within this pathway and should be considered alongside each care.
   - Complementary therapy can provide a structure to what is required in terms of education and appropriate resources and a link to HCPR should be able to refer patients to the peer support offered by voluntary organisations.

15. Principles of managing ongoing analgesic therapy include the 4 As:
   - Analgesia: Is the medicine still providing useful pain relief?
   - Adverse effects: What side effects is the patient experiencing and can these be managed more effectively?
   - Activity: Does the patient maintain suitable physical and psychological functioning?
   - Adherence: Is the patient taking medication as agreed in the management plan?