

[CQE 2021]

Acknowledgements

Original material prepared by the Clinical Quality and Education team, Pegasus Health, Christchurch New Zealand.

Others consulted by Pegasus while preparing the original topic include:

- Pegasus Small Group Leaders: Jennifer Lawrenson (GP), Joy Harding (PN), Stuart Walker (CP)
- Dr Tracey Pons, Specialist Registered Pain Physiotherapist
- Associate Professor Ben Darlow, Musculoskeletal Specialist Physiotherapist and Clinical Lecturer, University of Otago
- Blair Cross, Occupational Therapist/Clinical Coordinator, Burwood Pain Management Centre
- Dr Ian Holding, Musculoskeletal Pain Specialist, Burwood Pain Management Centre
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- Ester Vallero, CALD Health Manager, Pegasus Health
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- Melody Tuliau, Hauora Māori Manager, Pegasus Health

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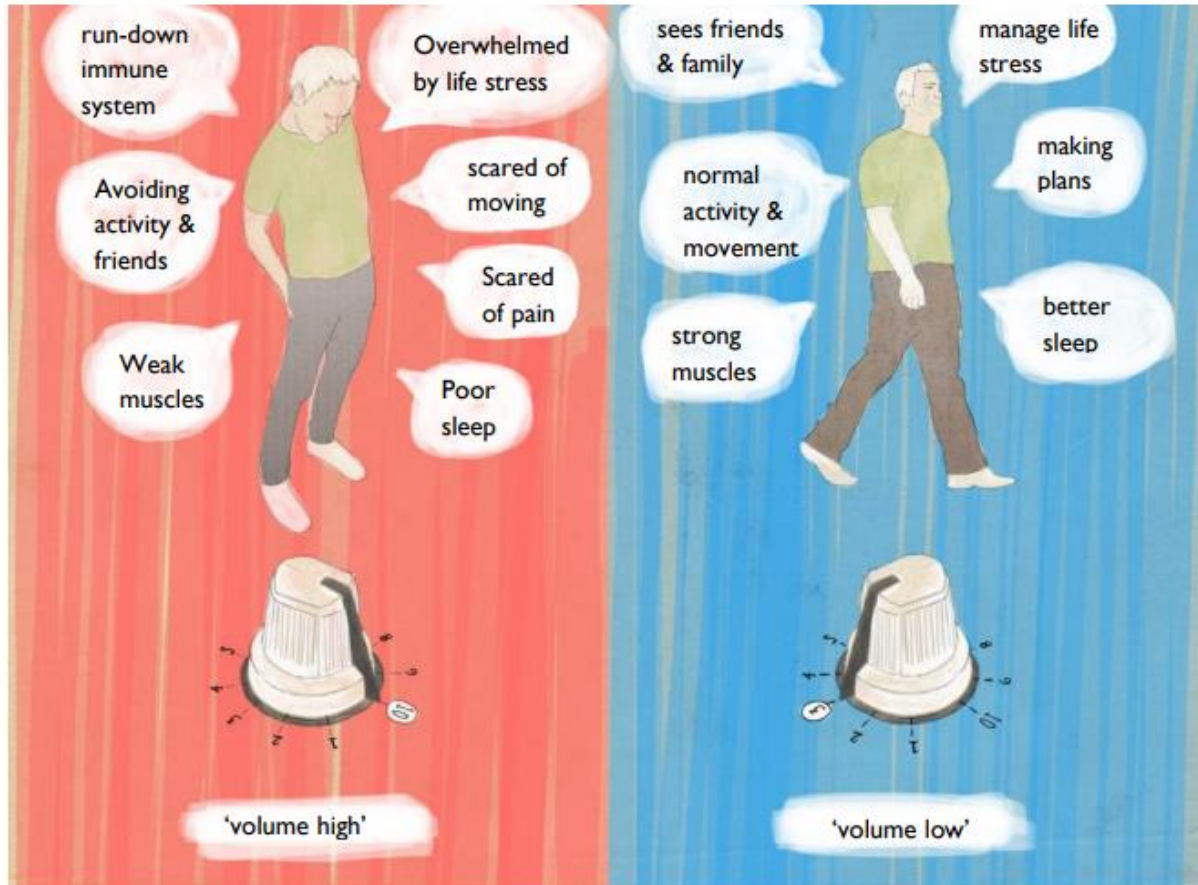
Dr Jon Tose, GP Northern Moor Medical Practice, GP Appraiser Greater Manchester, Clinical Editor Healthpathways NHS South Tyneside Clinical Commissioning Group

Learning Objectives

After completing the pre-reading and attending this Small Group meeting, participants will be able to:

- Describe persistent pain and how it is influenced by multiple biopsychosocial factors
- Assess elements that contribute to an individual's pain using the biopsychosocial model of health and wellbeing and discuss how they can be addressed
- Recognise how your interaction with a patient can positively or negatively affect a patient's journey
- Explain how imaging correlates poorly with level of pain or loss of function
- Review the current evidence for medications and surgical interventions and understand their limitations
- Identify inequity and outline ways to reduce barriers contributing to persistent knee pain
- Outline a teamwork approach to supporting patients with persistent pain

Persistent pain



Personalised Care



4Ps Framework



PAIN



PERFORMANCE



PSYCHOLOGY



PAST MEDICAL
HISTORY

[CQE 2021a]

Radiology report: right knee pain with crepitus

Findings:

There is severe osteoarthritis in the medial and patellofemoral compartments with joint space narrowing and osteophyte formation. Moderate osteoarthritis affects the lateral compartment, also medially in the left knee.

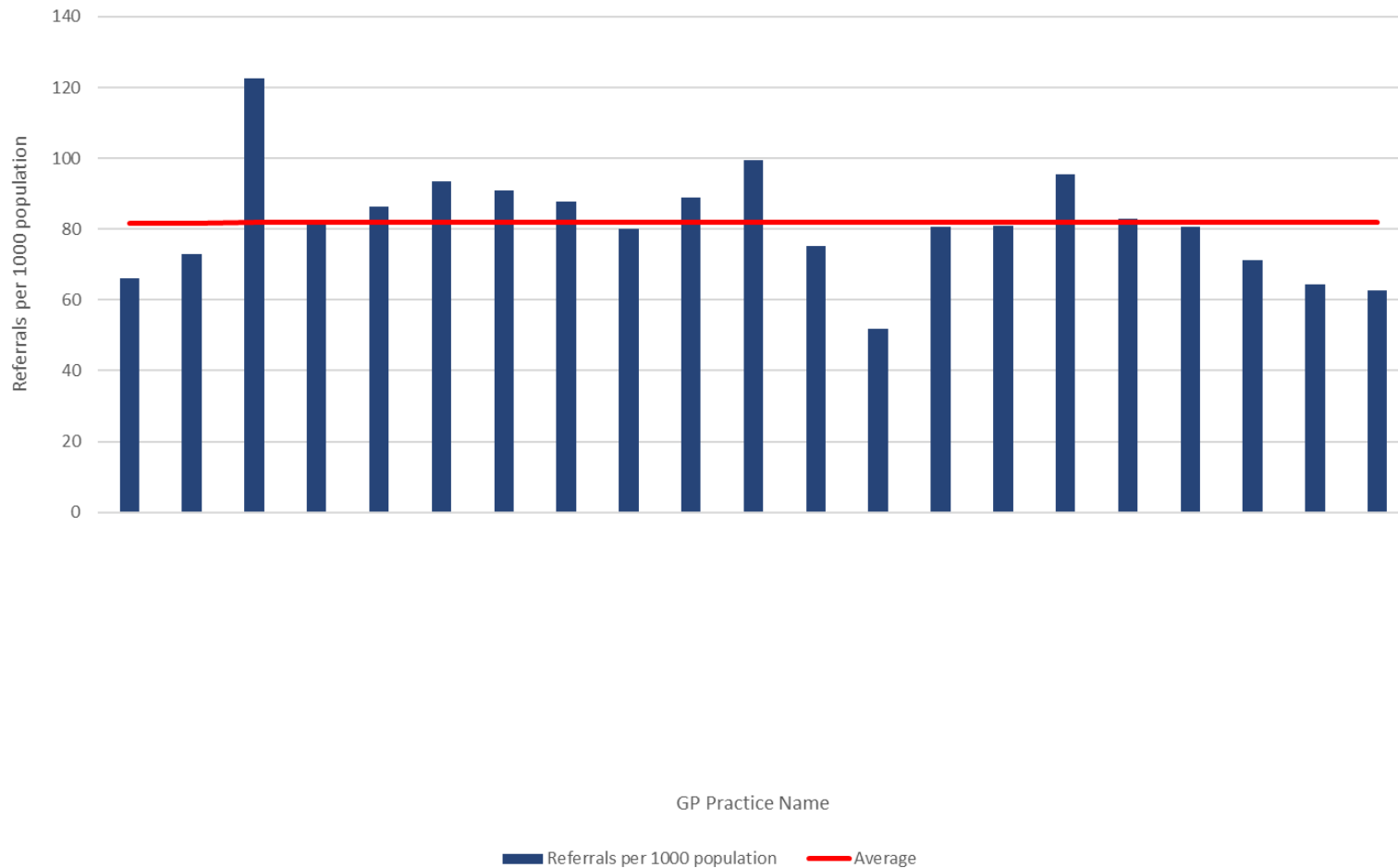
What management options are there?

- Reassurance
- Empowerment of patient involvement and self-management
- Addressing overall health
- Exercise and weight loss (*best evidence*)
- Medication review
- Using positive language and phrases
- Referral

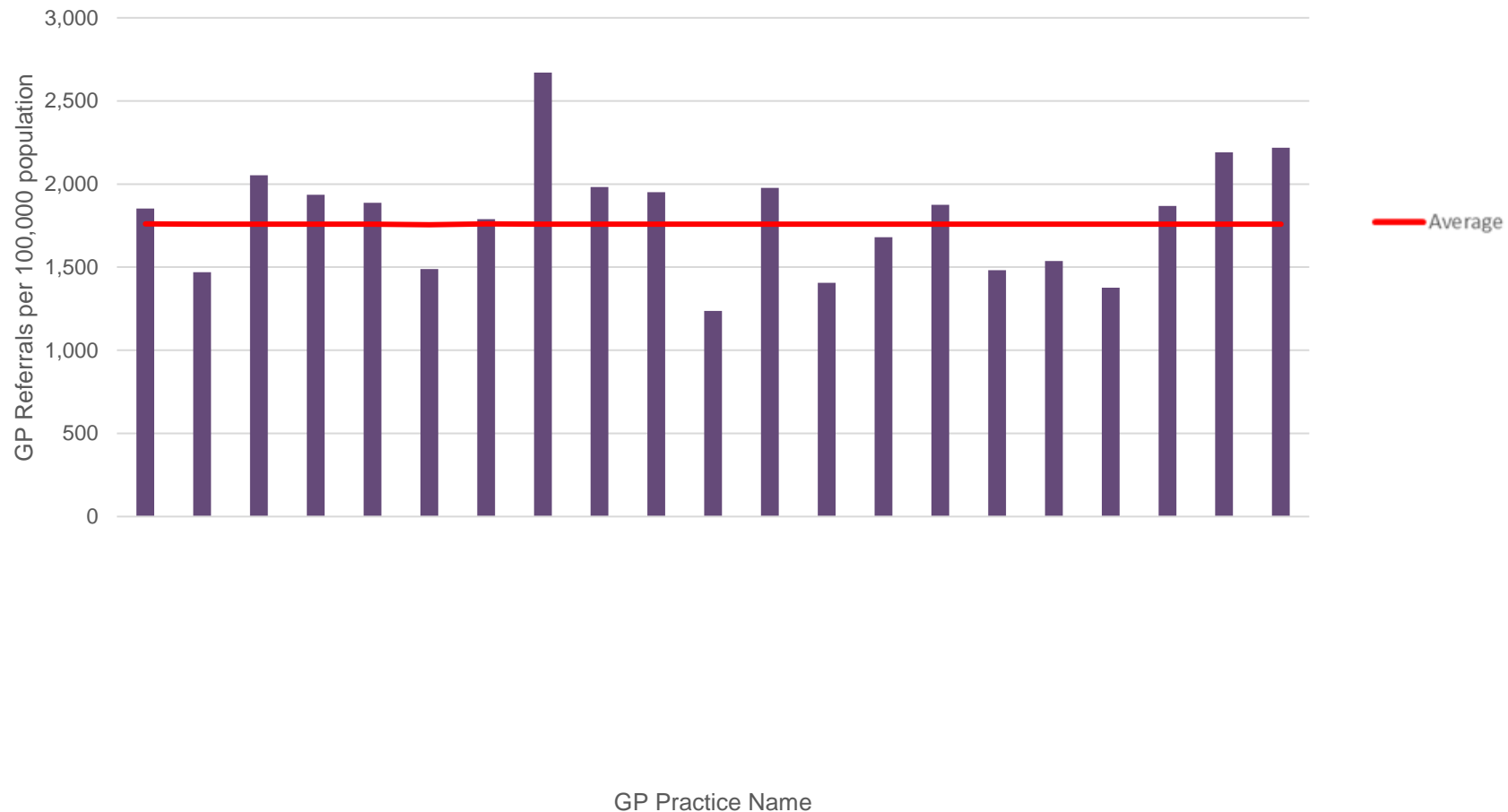
What referral options are available?

- Biological options?
 - Psychological options?
 - Social options?
-
- How do you support patient self referral to these services?

South Tyneside CCG – Community Physio Referrals



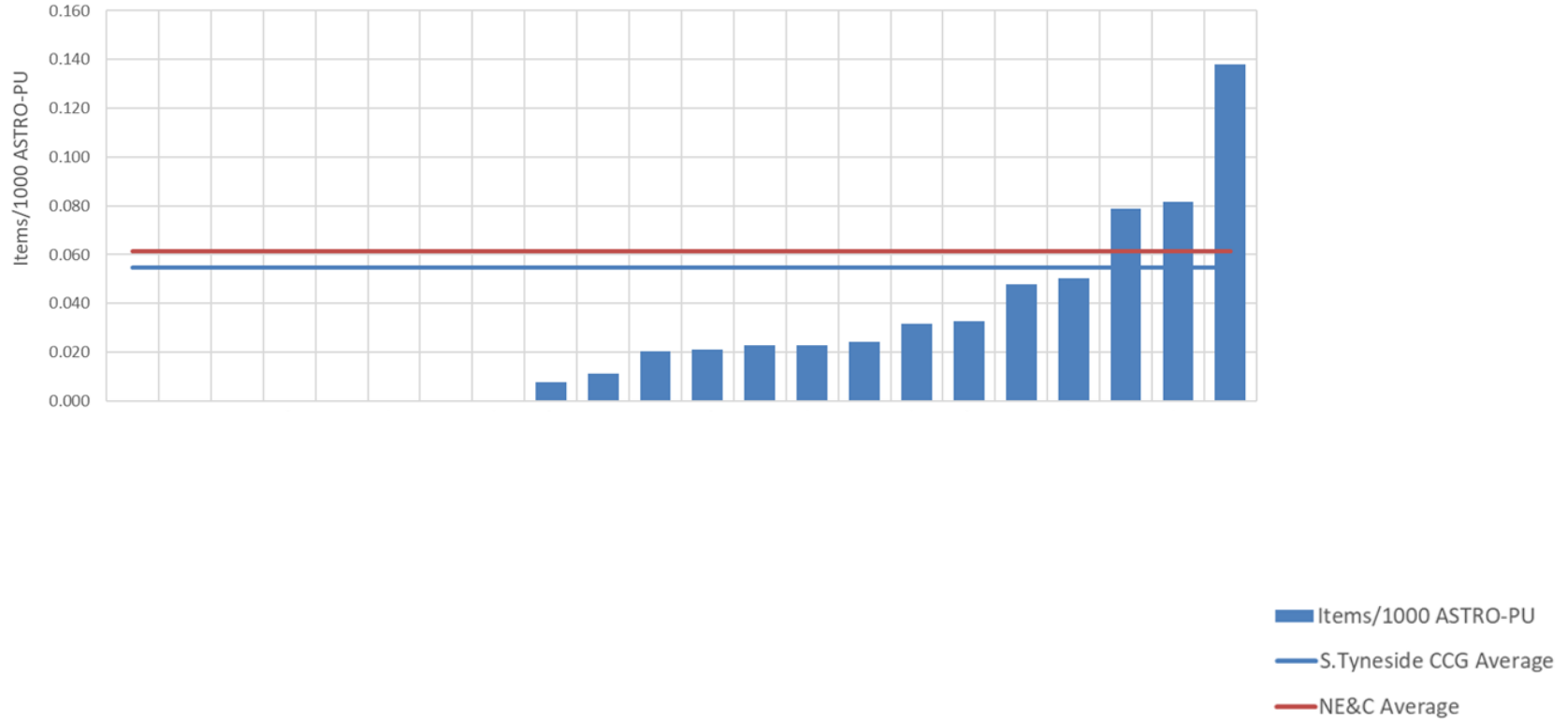
South Tyneside CCG – Orthopaedic Referrals



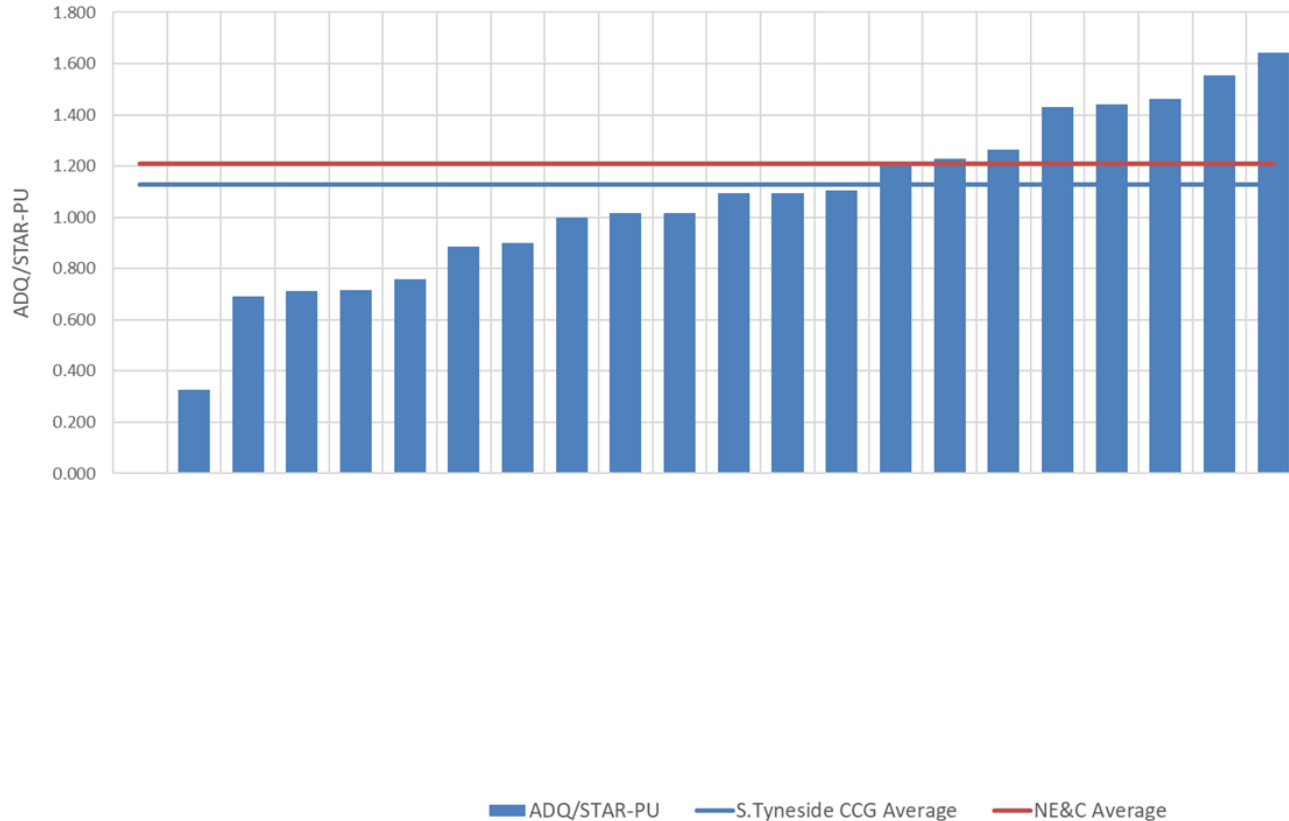
Prescribing for Leone

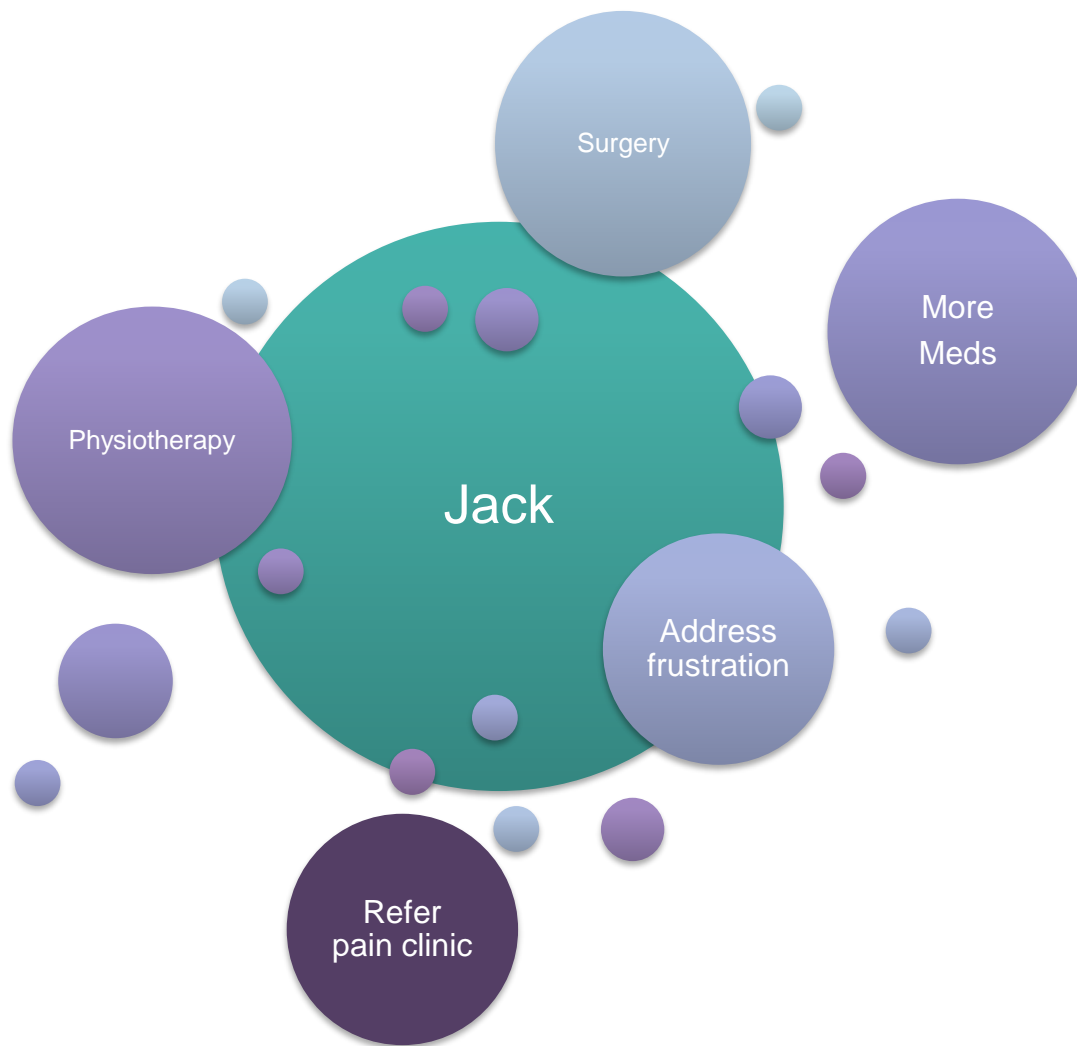
- Exercise rehab and weight loss?
- Topical capsaicin/NSAIDs?
- Oral NSAIDs/paracetamol/codeine?
- Stronger opioids?
- Amitriptyline/SSRI/gabapentin?
- Other?

Capsaicin 0.025% Prescribing South Tyneside CCG - Q4 20/21

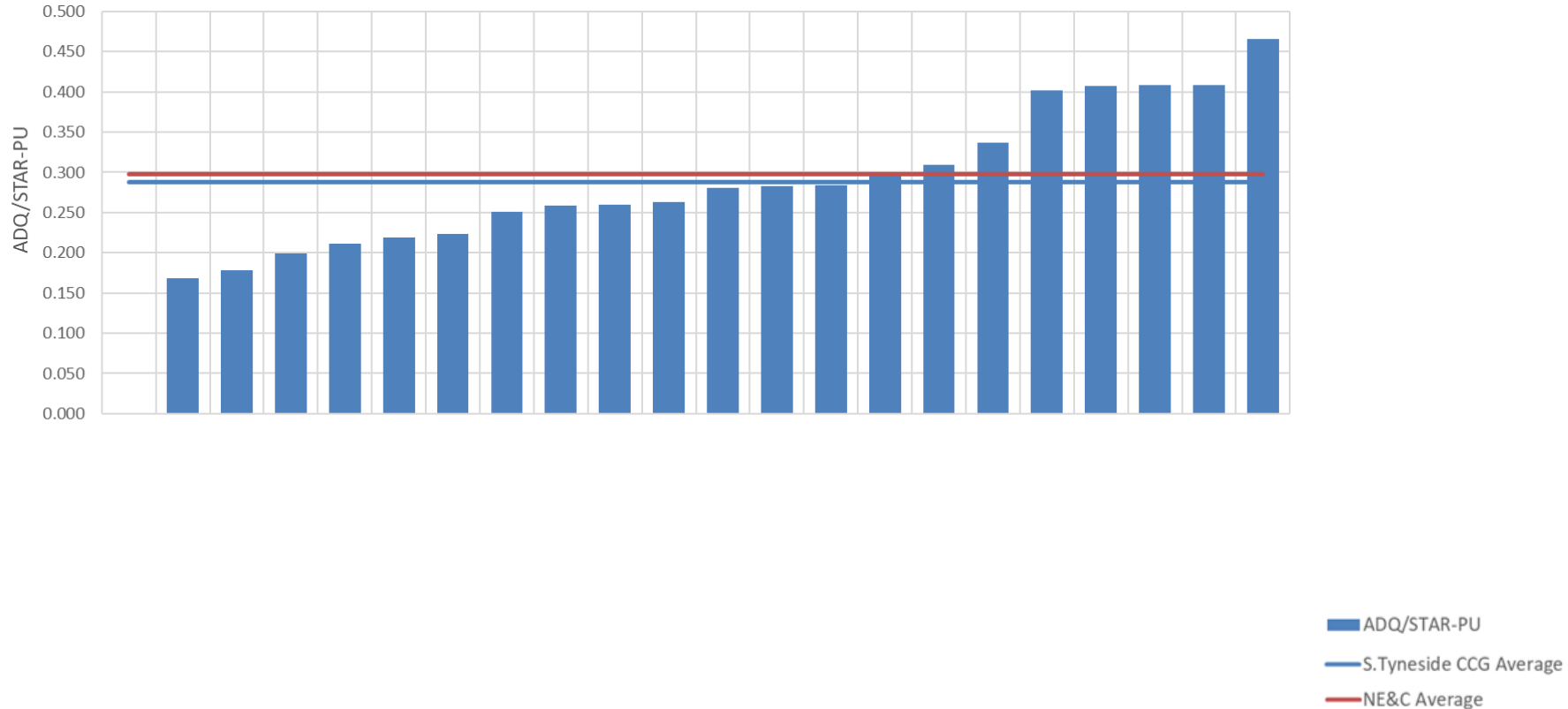


NSAIDs Prescribing South Tyneside CCG – Q4 20/21





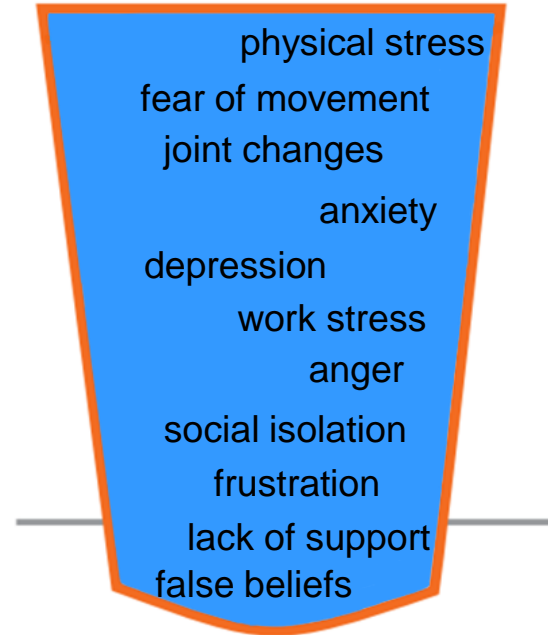
Gabapentinoid Prescribing South Tyneside CCG – Q4 2021



What if Jack asks for more interventional management?

- Joint Injection
- Orthopaedic opinion
- Arthroscopy

Lots of Options for Change



Reflection

Reflecting on this meeting,
how will you apply your learning
in practice tomorrow?

Take Home Messages

- Pain is influenced by much more than what is going on in the tissues
- Take a holistic approach and use personalised care
- Work as a team
- Changing persistent pain e.g. in OA requires treating the whole person
- Exercise is key: hurt does not mean harm
- Best evidence-based interventions are rehabilitation and weight loss
- Imaging does not correlate with level of pain and function
- Medications are of limited benefit
- Do not underestimate the power of the placebo (and nocebo) effect