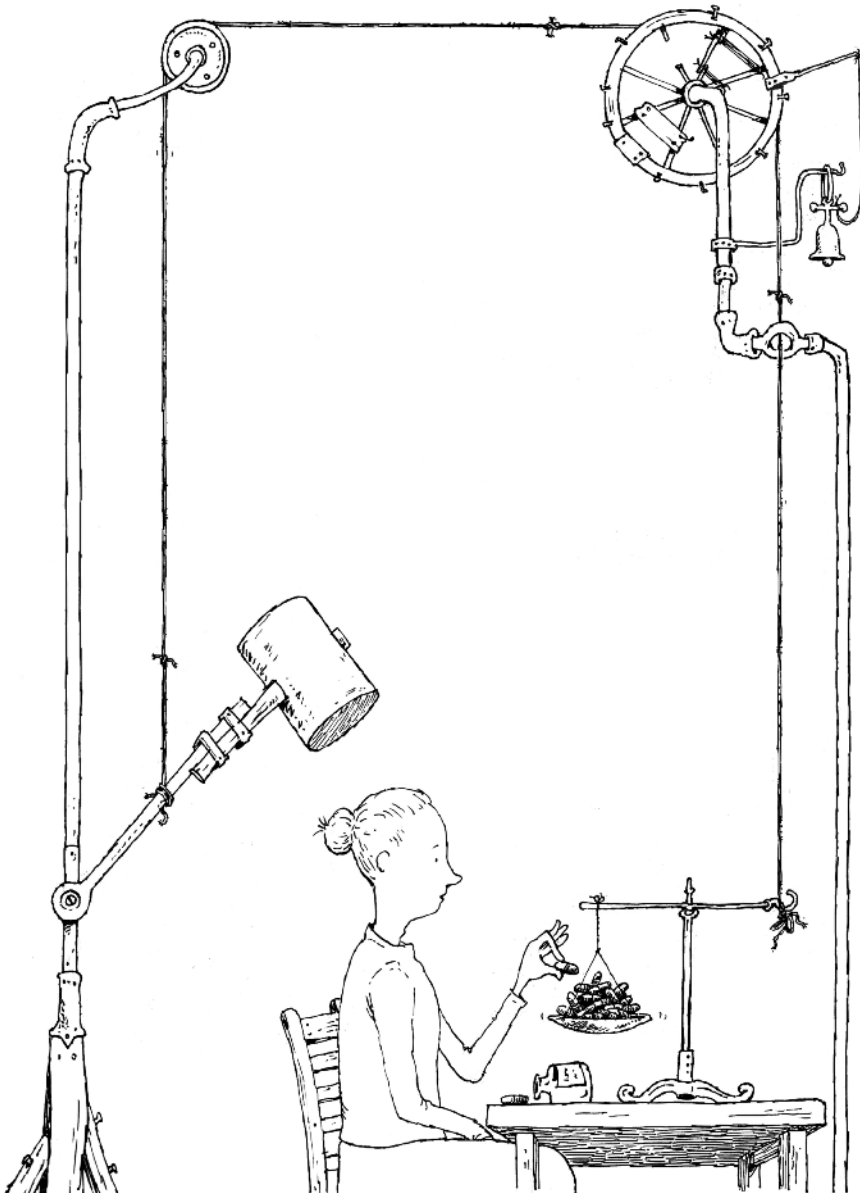


# Hammering home the message

New resources with an eye-catching approach to raising awareness of the dangers of long term opioid use



## Also inside:

### **Changing roles:**

Part two in our persistent pain self-management series, by Patrick Hill, Clinical Psychologist

### **Pain and the brain:**

Guiding patients towards a better understanding of how pain happens

### **Opioids and Benzodiazepines**

Sharing a key paper by the UK's leading pain medicine specialist

### **How was it for you?**

We need your feedback on these new resources to use with patients

### **Beyond managing meds**

What is the Pharmacist's role in offering non-pharmacological strategies?

### **Training update:**

Courses and workshops to build the knowledge and skills you need for working on the frontline

The second in our four part series about supporting self management. Clinical Psychologist Patrick Hill shares some practical ways to work jointly with the patient.

# Changing roles and establishing a collaborative working relationship

In the last issue we looked at the importance of clarifying people's beliefs and understanding as the starting point for a conversation about the nature of their pain and how to deal with it. In other words, introducing the idea that they have a long-term health condition and some initial discussions about the kind of support they are going to need to self-manage it.

Supporting self-management involves a change in role for the health professional as well as the person with pain. Engaging people in self-management is not just correcting an 'information deficit'; everyone knows smoking is bad for them, but that's usually not enough to help them stop.

People need information; their understanding is important and your expertise can help, but they need more help to make a change in their behaviour. In essence, they will also need encouragement, guidance, coaching and support to make some difficult changes and maintain them over time.

Their relationship with you is an important part of this. When people with long-term pain tell us they have a great relationship with their GP and we ask them what defines this, they say; "He or she is a good listener". In other words, it's not about ordering loads of tests, making referrals or prescribing on demand! In practice this means that the patient feels confident to ask their GP for appointments to check about some aspect of their self-management including drug reduction, as well as seeking reassurance about any changes or new symptoms they are worried about. This suggests a more collaborative doctor - patient relationship than we might traditionally expect.

So, in practice, once we have established that the problem is the pain and its consequences and not some dangerous or progressive underlying problem and elicited the patient's concerns, the next step is to build a collaborative working relationship, as you start to discuss self-management as a possible way forward.



"I'm sorry doctor, but again I have to disagree."

## Why is this important?

Traditionally a consultation with the doctor puts the person into the passive role of the patient, which reinforces the idea that it is all the expert clinician's responsibility. This type of consultation is:

- Usually driven by clinician's agenda
- Contains decisions led by clinician
- Results in goals set by clinician

This can initially work in the clinician's favour, but puts all the pressure on them to come up with solutions and risks putting them into conflict if their suggestions don't match the patient's goals.

A collaborative approach emphasises working together to build confidence and means enabling the person to take an active role. This involves:

- Sharing of agendas
- Agreeing on use of consultation time
- Supporting the patient to define *their* goals

## What can you do?

Establish a shared agenda – explore the LINK  
Some practical questions to ask:

- **What did you want to achieve from today?**
- **What's most important to you?**

### 1. Accept the story you are told with empathy:

Often we are told a sequence of events that don't make sense at first or can be difficult to believe, such as: "I have pain everywhere – its 10/10 all the time"

Usually people describe pain like this because they want to be taken seriously and need you to understand how much they are struggling with it.

### 2. Reassure them that their pain is *real but complicated*:

All pain is real and comprises physical, psychological, social and emotional elements. It's not helpful to think of pain as either physical or psychological – but lots of people do this.

### 3. Say you understand they are not exaggerating or making it up or think they are being a wimp!

Empathise realistically – not: "I know how you feel" unless you have pain yourself – you don't!

Better to say: "That sounds really difficult to deal with" or "I've heard other people struggle with this in the same way you're describing"

### 4. Once you know what they want to achieve, agree on a way forward

For example: "I really want to know what's causing this pain"

"OK lets agree on what we can do today..."

In the early stages of establishing a more collaborative working relationship it may take a while for both of you to adjust from your more traditional roles.

One of the most important things to feel confident about saying when facing a problem is: "I don't know." This should be usually followed up by: "What do you think?"

Your job in these early stages is not to supply all the answers but to keep the focus on their self-management, not making more referrals or ordering more tests.

"What might help you manage that more easily?" is a good question to ask.

*In Part 3, we will look at the process of agreeing on a shared model of long term pain as a basis for self-management.*

## Pain and prescribing – what's in a number?

*Live Well with Pain* is very pleased to be hosting a key paper by Cathy Stannard, the UK's leading pain medicine specialist, from Gloucester CCG.

The paper is a beautifully crafted, readable summary of where we are now regarding opioids and their use. Also the emerging issue of concern – opioids and the use of benzodiazepines.

The main messages: more harm than relief.

1. **Fewer than 10% of people with pain will be helped by opioids. 90% will not be helped with their pain.**
2. **Do not prescribe for pain related distress.**
3. **There is no data on long term efficacy of opioids.**
4. **Do not co-prescribe benzodiazepines and opioids; the added side effects can mean unexpected death and probable coroner's court outcome.**

So overall the focus with opioids is review, reduce by tapering and stop. Self management options can include enabling access to relaxation skills training, mindfulness training and CBT approaches to sleep management.

The paper is available on the *Live Well with Pain* website later this month.

## Prescribe a book

Despite the surge in popularity of self-help literature, books are not a greatly used resource by people with pain.

The Reading Agency is a good place to find out what is recommended. There are some useful books on their website that can be used to refresh knowledge and understanding. Visit:

[reading-well.org.uk/books/books-on-prescription/long-term-conditions/pain](http://reading-well.org.uk/books/books-on-prescription/long-term-conditions/pain)



Pharmacist, Tauheed Ahmed recently appeared in the ITV programme: *Britain on Painkillers*, along with Dr Frances Cole from *Live Well with Pain*. During his segment, Tauheed was shown demonstrating non-pharmacological management which included ‘anchoring’, a neuro-linguistic programming technique. Here, Tauheed shares his thoughts about why he uses these techniques and details a couple of the methods he uses most regularly in his practice.

# Beyond managing medication

By Tauheed Ahmed (Brisdoc Lead Clinical Pharmacist – GP Practices and GP Out Of Hours)

## Persistent Pain – What is the Pharmacist’s role in non-pharmacological strategies/therapies?

The role of pharmacists who regularly reviews and supports people with persistent pain needs to go beyond discussing and managing medication. Pain is multifactorial, and medication is one piece in this complex jigsaw.

The long-term harms of, for example, opioids are now increasingly well known. If patients are being encouraged to reduce and eventually come off their medications then a holistic approach is required, incorporating individually tailored non-pharmacological strategies and therapies. Whilst this could be done by referring to other healthcare professionals, in reality, service provision and referral time is problematic. This leaves the patient in limbo and you as the primary care healthcare professional with a dilemma. What do you do?

Whilst I do not claim to be an expert in any non-pharmacological therapies there is no reason why these holistic strategies/

therapies cannot be offered in primary care (in some capacity). These can be started and reviewed regularly with the patient. Many of the techniques and strategies may have overlapping functionality with other aspects of health and well-being. This provides a true holistic approach and in fairness is what your patient deserves and all healthcare providers should be offering in some form or shape.

The goal of pain management is to reduce the pain to such a level that it is tolerable for the patient and improve functionality and thus quality of life. Emotional state can impact the degree in which pain increases or decreases, so taking steps to better manage pain, by working with the subconscious mind, can help provide immense relief.

I have developed a non pharmacological toolkit which includes some strategies/techniques I routinely “prescribe” in addition to tapering off medication. These may not work for all patients, but in my opinion there is no harm in exploring them as part of the overall care plan.



‘Pain is multifactorial, and medication is just one piece in this complex jigsaw’



## Diaphragmatic breathing

More commonly known as “belly breathing.” This engages the diaphragm, the main muscle involved in breathing. The pain/stress response is controlled by the sympathetic nervous system and turns off diaphragmatic breathing.

Our aim is to achieve a relaxation response and this is controlled by the parasympathetic nervous system. It is triggered by diaphragmatic breathing and will in turn reduce the pain/stress response. By slowing and deepening your breath, you trigger an automatic wellness cascade. When the diaphragm is engaged through breath, signals are sent the brain that the muscles in the body need to relax. Thus you do not need to focus on relaxing your muscles but can shift the focus into diaphragmatic breathing. This will increase oxygenation and reverse the stress/pain response. As you go into a deeper state of relaxation you will also experience mental relaxation. Think of this technique as a medicine – it needs to be dosed regularly to have an effect.

Relaxation skills are powerful mind-body medicine that should be used daily and not only in times of crisis.

## Walk Your Way to Mindfulness

Many people enjoy a walking meditation where they walk silently and observe the beauty of nature. The idea of a walking meditation is derived from Zen Buddhism and it is also known

as *kinhin*, a practice in which practitioners walk around the room while holding their hands in what is *shashu*: holding one hand closed in a fist behind the back and the other hand closed within the fist. During the walking meditation, steps are taken after each full breath. To do a walking meditation, you can simply choose to walk while contemplating the beauty of your environment.

## Neuro Linguistic Programming Anchors

Anchors are like triggers, which occur in your external environment. Many things you experience day in and day out serve as anchors. Anchors are something that elicits an emotional response. This might be a positive emotional response like happiness or joy or a negative response like anger or rage.

You can use anchors to help you supercharge positive memories or positive feelings.

Many of us use food as a trigger, which is one of the reasons people eat for emotional comfort. When we eat a piece of chocolate cake or taste a warm cookie, it often reminds us of our childhood, and of happy memories.

In NLP, you can use an anchor to create a deliberate new helpful association, which in turn helps you remember a desired state of mind. Anchors can be visual, auditory or kinaesthetic.

‘Many people enjoy a walking meditation where they walk silently and observe the beauty of nature’



# Pain and the brain – how it really works

Live Well with Pain’s latest tool to help patients develop a robust understanding of how they experience pain.

Dr Dave Tomson, a GP from North Tyneside, together with Dr Frances Cole and Emma Davies from the *Live Well with Pain* team, have developed a new resource which is now available to download from the *Live Well with Pain* website.

Dave came up with the idea for the tool following work with GP colleague Dr Lesley Ashton and colleagues from physiotherapy and psychology services in North Tyneside in which they addressed the service pathway for chronic pain and medicines management. It became clear that increasing patient knowledge of why pain persists is an important component in supporting them to develop self efficacy. Dave was keen that the tool should enable patients to move beyond widely held but inaccurate beliefs around how pain happens. This entails looking at more complex ideas, and so the tool uses humour and simple language to make the concepts accessible.

The ‘simple’ model of pain, although believed by many, fails to explain the experience of pain for people with persistent pain. The tool contrasts this outdated interpretation with more recent insights from neuroscience research about pain systems and their function. This current understanding of the multiple

## How we might think pain works



Many of us have a very simple view of how our brain feels pain. But in reality, pain is a two-way street...

factors that contribute to the person’s experience of pain is presented to offer the patient a more useful way of making sense of their pain.

France Cole explains how the tool can be used:

It is best to use the tool within a patient consultation, to explore with the individual the different understanding of pain that recent research has uncovered.

It may help to ask the patient:

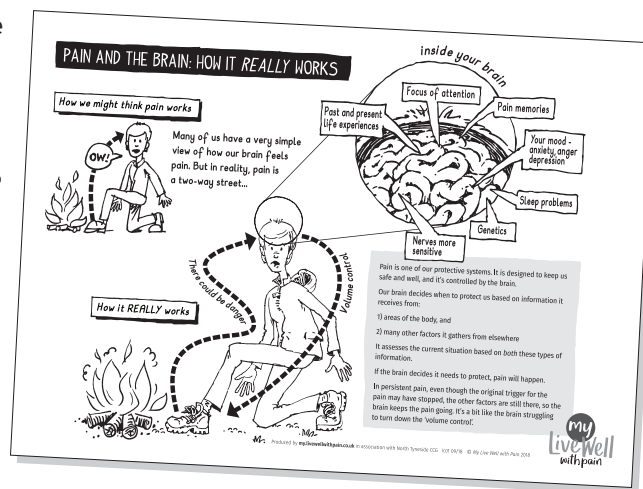
“How does this relate to your experience?”

“What does this tell you about your pain and ways to manage it?”

Draw on examples where the medications may not have helped and ask them:

“What other areas would be helpful to focus on now?”

Sometimes it may help to let people take this resource away with them and reflect on it. They can then share their reflections with you during their review. It means they can track their understanding of their pain in their day to day life. This may help them see possibilities to manage their pain differently.



Download and print *Pain and the Brain* to use with your patients, at: [livewellwithpain.co.uk/resources/supporting-self-management/pain-and-the-brain-explained](http://livewellwithpain.co.uk/resources/supporting-self-management/pain-and-the-brain-explained)

## How was it for you?

*Live Well with Pain* is regularly adding new tools and resources such as this to our website, where clinicians can download them free, to use with their patients. So just how useful are they in your work with patients with pain? We’d love to know, because it’s only through receiving feedback that we can ensure future resources are tailored to what you need. There are two ways to give us feedback on the website:

### 1. Rate it!

The simplest way is to give us a star rating – no need to log in, just one click and you’re done. The website displays an aggregate rating based on the scores submitted, below each resource.

### 2. Add feedback

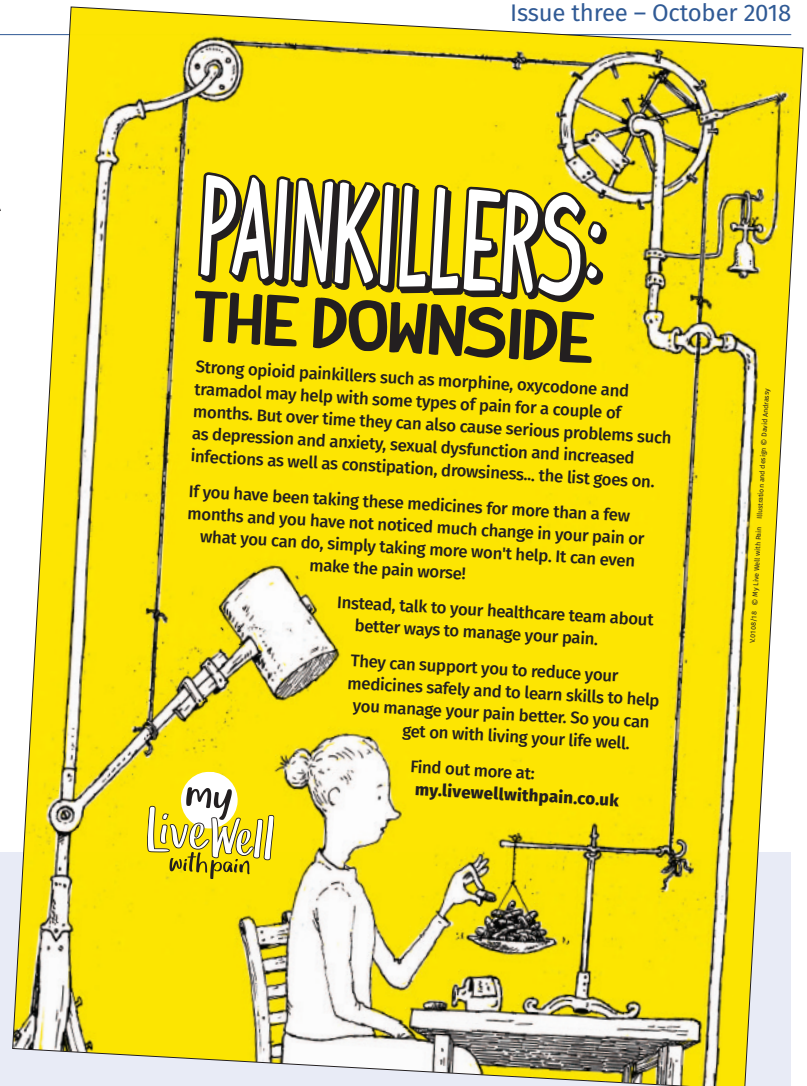
The second way if you have a few moments to spare, is to send us feedback. Just click the **add your feedback** button below the resource you’re feeding back on. Then type your comments. From time to time we’ll publish clinician feedback on the site – anonymously – so others can see how their peers have used it.

# More new visual resources from Live Well with Pain...

## Painkillers – the downside

Strong opioid painkillers may bring with them more problems than people realise. This new poster for GPs' waiting rooms and other health care settings gets the message across in an eye catching way.

As well as pointing out 'the downside' in a striking and humorous way, it offers patients a reminder that their clinicians can help them review and reduce their use of opioids as well as find better ways to manage their long term pain. **Download it free from the *Live Well with Pain* website and put it up on your noticeboard!**



## The Great Opioid Side Effect Lottery

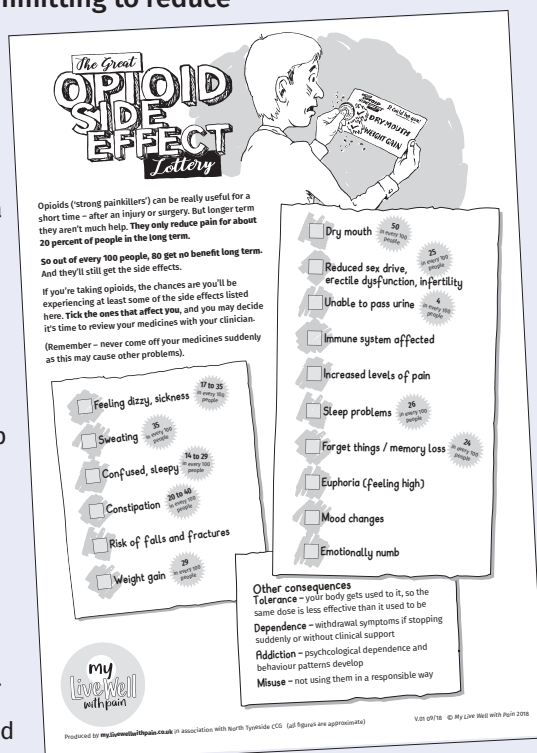
Patients with persistent pain who find themselves using opioids over the long term with little or no benefit, may need information before committing to reduce or seek alternatives.

In a further creative collaboration with Dr Dave Tomson, *Live Well with Pain* has developed a shared decision making tool to do just that.

Designed to help you tease out the side effects that your patients are experiencing as a first step towards reviewing and reducing their reliance on ineffective opioids, you should use it within a consultation or give it to your patient prior to an opioids/medicines review.

Dave is an expert in 'shared decision making', so this tool is very much built around the idea of giving your patient the knowledge to make informed decisions.

**Download it free from the *Live Well with Pain* site**



## Case examples needed!

It is now entirely clear from Dr Cathy Stannard, the UK's leading expert in opioids for persistent pain, that 90% of people taking opioids for persistent pain do not get any benefit in pain reduction. Opioids may well contribute to more pain as well as many other unpleasant symptoms/side effects. **We are getting anecdotal reports from clinicians about patients who have taken them for many years and since they reduced and stopped them, they are pain free!**

Any further case examples of this occurrence would be valued by our team here at *Live Well with Pain*. We hope to be able to collate examples so we can this feed back to pain scientists.

Please let us have your case examples - email: [info@livewellwithpain.co.uk](mailto:info@livewellwithpain.co.uk)



# Get connected, stay connected

## ... with us and other clinicians

Get connected to share thinking and ideas on chronic pain and its management. In response to several clinicians' request in primary care *Live Well with Pain* has set up a Google Group for clinicians to connect and share. If you'd like to join this closed group, email us at *Live Well with Pain*.

Send us your contact information, including your name, professional group and current registration number and you will be invited to join.

Send your request to [info@livewellwithpain.co.uk](mailto:info@livewellwithpain.co.uk)

# Courses and events

## Training workshops

GP Red Whale is running full day workshops on MSK and Chronic Pain with a specific focus on ways to support self management for persistent pain. *Live Well with Pain* have been working closely with the Red Whale team and they have produced some excellent support resources.

The MSK and Chronic Pain Update courses offers a comprehensive guide to understand and managing MSK and chronic pain – not to be missed. The workshop day offers a balanced person-centred approach and includes aspects on supporting self management in addition to understanding the role and place for medicines for pain.

For venues and dates see box, right.

### The MSK and Chronic Pain Update Course Red Whale

Did you know that 30% of repeat visits are MSK problems? That's a BIG chunk of your practice time.

On the course, we'll cover the latest on common **MSK conditions**, **diagnostic pitfalls** and **management tips**, and you'll take away a tool box of strategies to make those tricky consultations easier.

#### AUTUMN 2018 COURSE DATES

**Leeds - Thursday 11 October**  
**Birmingham - Friday 12 October**  
**London - Thursday 18 October**  
**Brighton - Wednesday 21 November**

#### BOOK YOUR PLACE TODAY:

03330 093 090  
[www.gp-update.co.uk/course/MSK](http://www.gp-update.co.uk/course/MSK)



## About *Live Well with Pain*

*Live Well with Pain* is a collaborative project, led by Dr Frances Cole, Emma Davies and Eve Jenner, with support from other clinicians.

*Live Well with Pain* is for clinicians who want to develop their patients' self confidence to live well with pain through better knowledge, skills and resources to guide them.

Developed and maintained by clinicians, for clinicians, *Live Well with Pain* has an online presence at [livewellwithpain.co.uk](http://livewellwithpain.co.uk) where clinicians can access a wealth of resources for free, to use with their patients who are experiencing persistent pain.

## Support *Live Well with Pain*

*Live Well with Pain* is a completely free resource, developed by clinicians who have given their time and expertise freely to support best practice in pain self management.

Maintaining and developing the website takes time and money. If everyone who finds it useful helps to support it, the future for *Live Well with Pain* will be secure.

Donating only takes a moment, and even a small amount will help ensure *Live Well with Pain* continues to develop as a valued, free source of knowledge, skills and tools by and for clinicians working with persistent pain.

To make a donation, go to:  
[livewellwithpain.charitycheckout.co.uk](http://livewellwithpain.charitycheckout.co.uk)

# Book of the month

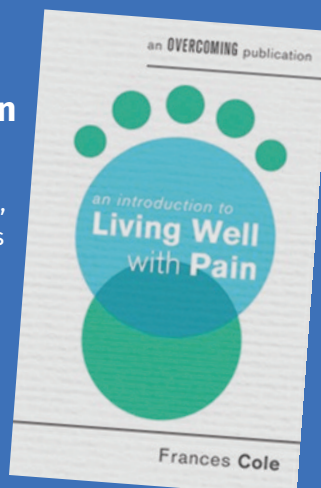
## An Introduction to Living Well with Pain

A pocket size book designed to guide people with pain through '10 Footsteps' of self management to live a full, valued life despite pain. An easy read, with illustrations – a great a starter to self management.

Published by Little, Brown Book Group  
 £4.99

ISBN 9781472137722

Available online from Amazon; Wordery; Waterstones and from all good bookshops



## Get the *Live Well with Pain* newsletter straight to your inbox

For the latest and best in clinical expertise on all things persistent pain-related, make sure you sign up for this quarterly newsletter, at:

[livewellwithpain.co.uk/news/sign-up-for-our-newsletter](http://livewellwithpain.co.uk/news/sign-up-for-our-newsletter)