



Persistent Pain:

not an inevitable part of growing old

Optimising the Management of Pain – Melbourne 25 August 2011

Paul Murdoch, Australian Pain Management Association Inc. (APMA)



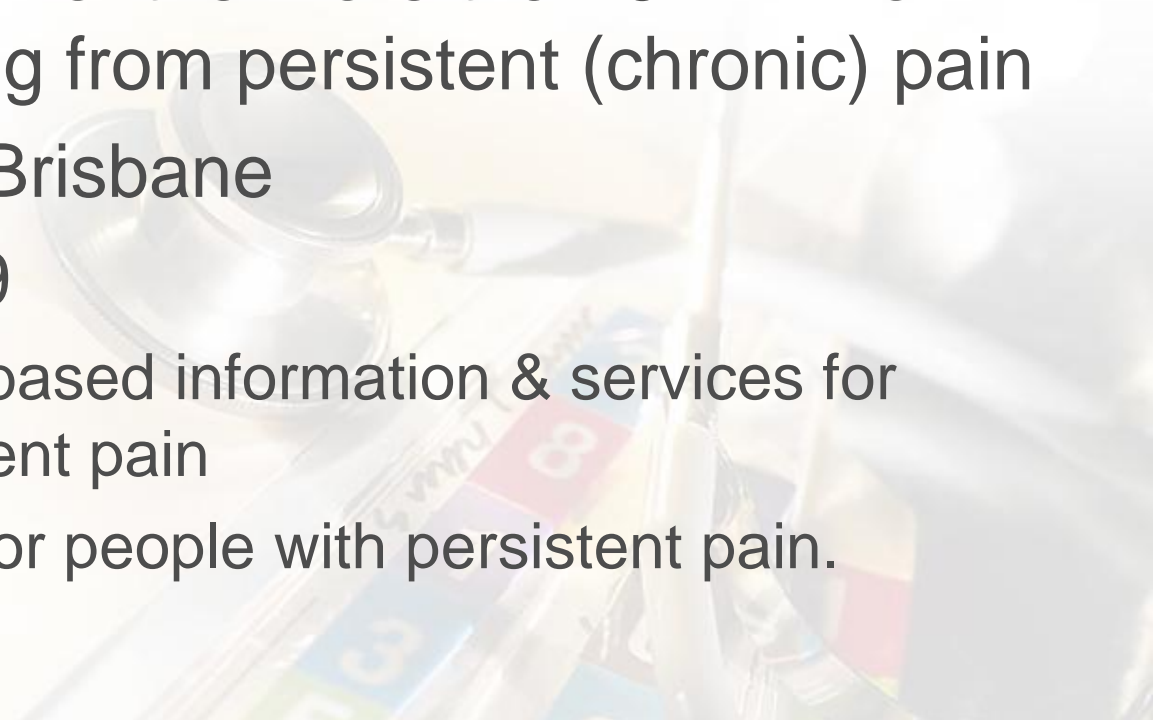
“Pain is not a normal part of the ageing process but the prevalence of persistent pain increases with age and illness, reaching its highest levels among older people residing in long-term care settings.”

**Dr Carolyn Arnold, Foreword,
Pain in Residential Aged Care Facilities: Management Strategies
The Australian Pain Society, 2005**



What is APMA?

The Australian Pain Management Association Inc.
(APMA)

- a national consumer health charity
 - advocates on behalf of the more than 3.2 million Australians suffering from persistent (chronic) pain
 - head-quartered in Brisbane
 - established in 2009
 - need for evidence-based information & services for people with persistent pain
 - to provide a voice for people with persistent pain.
- 



What does APMA do?

Services include:

- website www.painmanagement.org.au/
- **Pain link** - national telephone helpline service
1300 340 357;
- community education & outreach;
- pain support groups;
- lobbying for improved hospital, medical & health services.

Deals on a daily basis with impact of persistent pain,
chronic disease & ill-health



Management of persistent pain

The area of persistent pain treatment/management is characterised by:

- *severe resource constraints;*
- *deficiencies at the primary level;*
- *almost non-existent community-based services;*
- *high level of treatment (s) with little/no evidence-base*



Effects on elderly Australians

Persistent pain far more prevalent in older adults

Range of reasons:

- *Highest incidence of painful diseases;*
- *Highest rates of surgical procedures*
- *Often limited treatment options*
- *Cognitive impairment & communication problems*
- *Less access to multidisciplinary pain programs.*

Older adults have a reduced sensitivity to mild pain but an age-related decline in ability to tolerate severe or persistent pain.



Chronic disease

An increasing focus now on the impact of chronic disease on the population and the health system

- traditional medical approach seeking to ‘cure’ by active treatment ineffective in the long term
- active partnership required - patient/consumer, in partnership with the GP, allied health professionals – and hopefully CHO
eg Diabetes - National Diabetes Services Scheme & Diabetes Australia)

Despite extent of persistent pain, issue often downplayed (‘just’ a symptom rather than a condition in its own right)

& not recognized as a chronic condition

Result - no prioritisation, funding or support for pain management




Self-management

Range of views about appropriate definition, who it should involve, how to successfully deliver

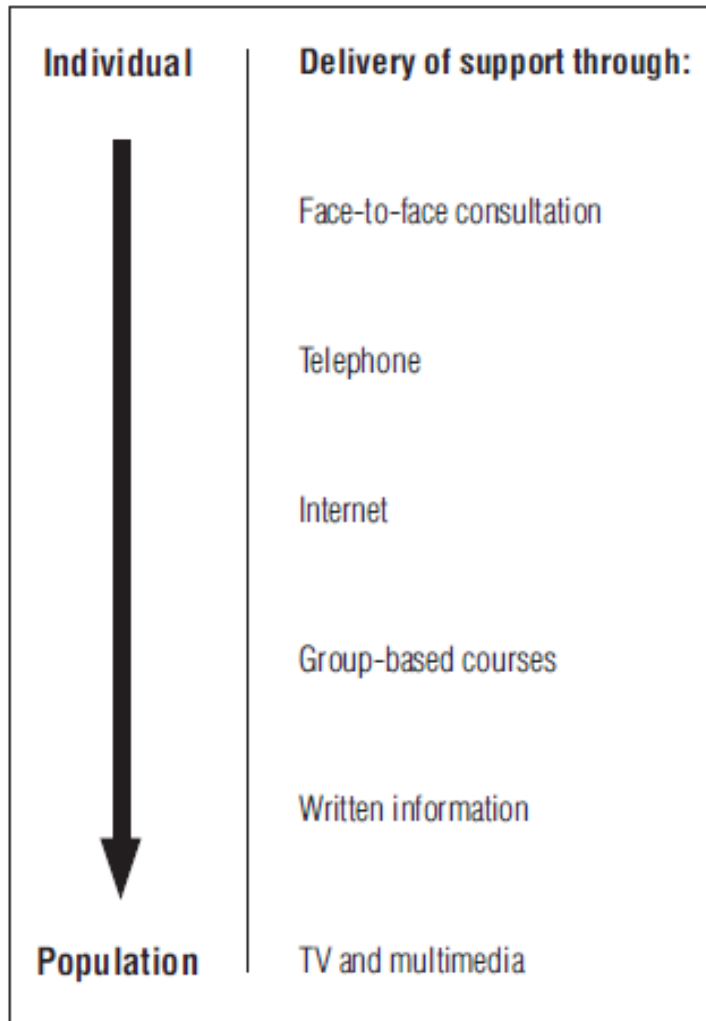
↳ ***health literacy*** a critical element

Generally accepted that it is possible to reduce level of pain & improve function and quality of life.

Opinion/results vary re

- *Level of benefit*
 - *Whether benefits are sustained*
 - *Most efficacious design, delivery & setting*
- 

Delivery of self-management support



Nb. Target audience not just patients – can/should include health practitioners

Source: Jordan, Briggs, Brand & Osborne
MJA Vol 189, No. 10



How PAT originated

Design of PAT (**P**ositive thinking, **A**ctivity and **T**reatment – our community based pain education program) determined by APMA's situation

- no staff, office, venue or funding

But

- *did have key volunteers with lengthy education backgrounds and/or experience & contacts in aged care sector*
- *awareness of extent of problem amongst older Australians through work on draft National Pain Strategy*
- *a need to raise awareness of pain, self-management & APMA*

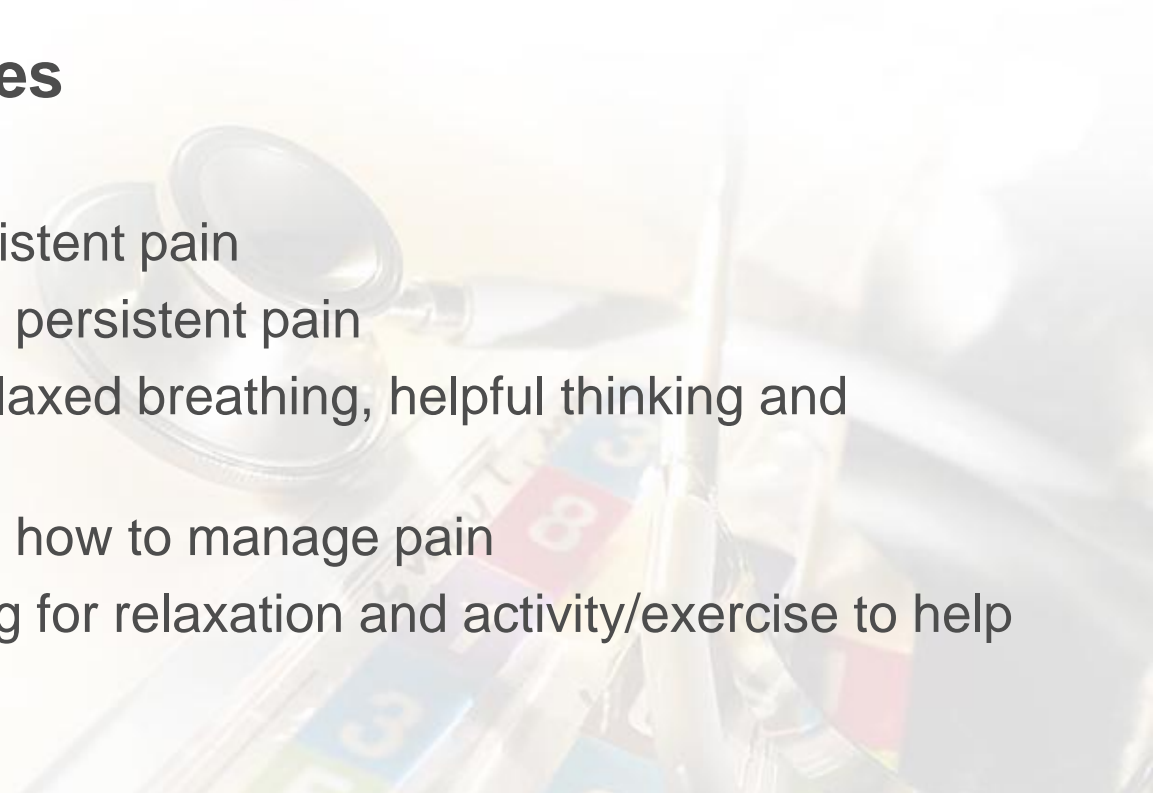
Sessions delivered in a wide range of community settings by peers



PAT aims & objectives

PAT examines impact of persistent pain on daily life & ways people can take greater control on a day-to-day basis

Session objectives

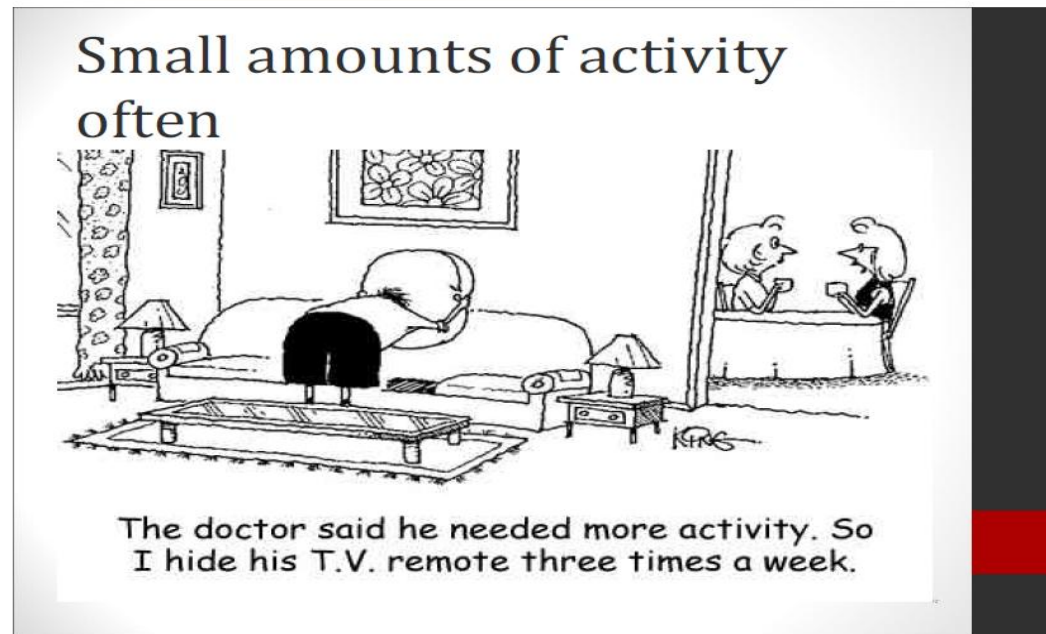
- Greater awareness of persistent pain
 - Improved understanding of persistent pain
 - Clear demonstrations of relaxed breathing, helpful thinking and activity/exercise
 - Improved understanding of how to manage pain
 - Willingness to try breathing for relaxation and activity/exercise to help manage pain
- 



PAT design & delivery

Each session 90 minutes (plus 15-30 minutes for questions);

- designed as a stand-alone session
- involves information delivery
- interactive participation format
- humour





Coaching, not teaching

Using peer coaching education theory,
PAT involves:

- 👍 interactive activity (melds group & improves individual confidence)
 - 👍 explanation of acute v persistent pain
 - 👍 demonstration (using colours) to aid understanding of 'neuroplasticity'
 - 👍 demonstrations & modelling of helpful/unhelpful thinking
 - 👍 modelling & practice of physical activity
 - 👍 modelling & practice of breathing for relaxation
- 👍 coaching & reflection of successful guided self-management using role-play



PAT evaluation

- 80.9% (72) found PAT presentation ‘relevant to my interests’;
- 78.6% (70) now understand what chronic pain is;
- 78.6% (70) found demonstrations of deep breathing, helpful thinking, activity & exercise to be clear;
- 73% (65) believe now have a better understanding of how to manage their pain;
- 68.5% (61) were likely to try deep breathing, helpful thinking and activity/exercise to manage their pain in future.



Lessons learned

- Delivery of training in the community/familiar surrounds – not in hospital/medical or unfamiliar settings;
- Comfort & ‘capacity’ of attendees needs to be addressed;
- Less ‘chalk & talk’ – more coaching & interaction
- Incorporation of adult learning principles more important than subject matter expertise.





What next for PAT

- change of name (HAT) – ‘put your hat on’;
- expansion to (some) regional Queensland locations (& enable provision of some take-home materials) thanks to small grant
- looking for researchers/academics interested in collaborating on an evaluation of next phase – **interested?**
- will continue lobbying for recognition of persistent pain as a ‘chronic disease’.



A picture is worth a thousand words

