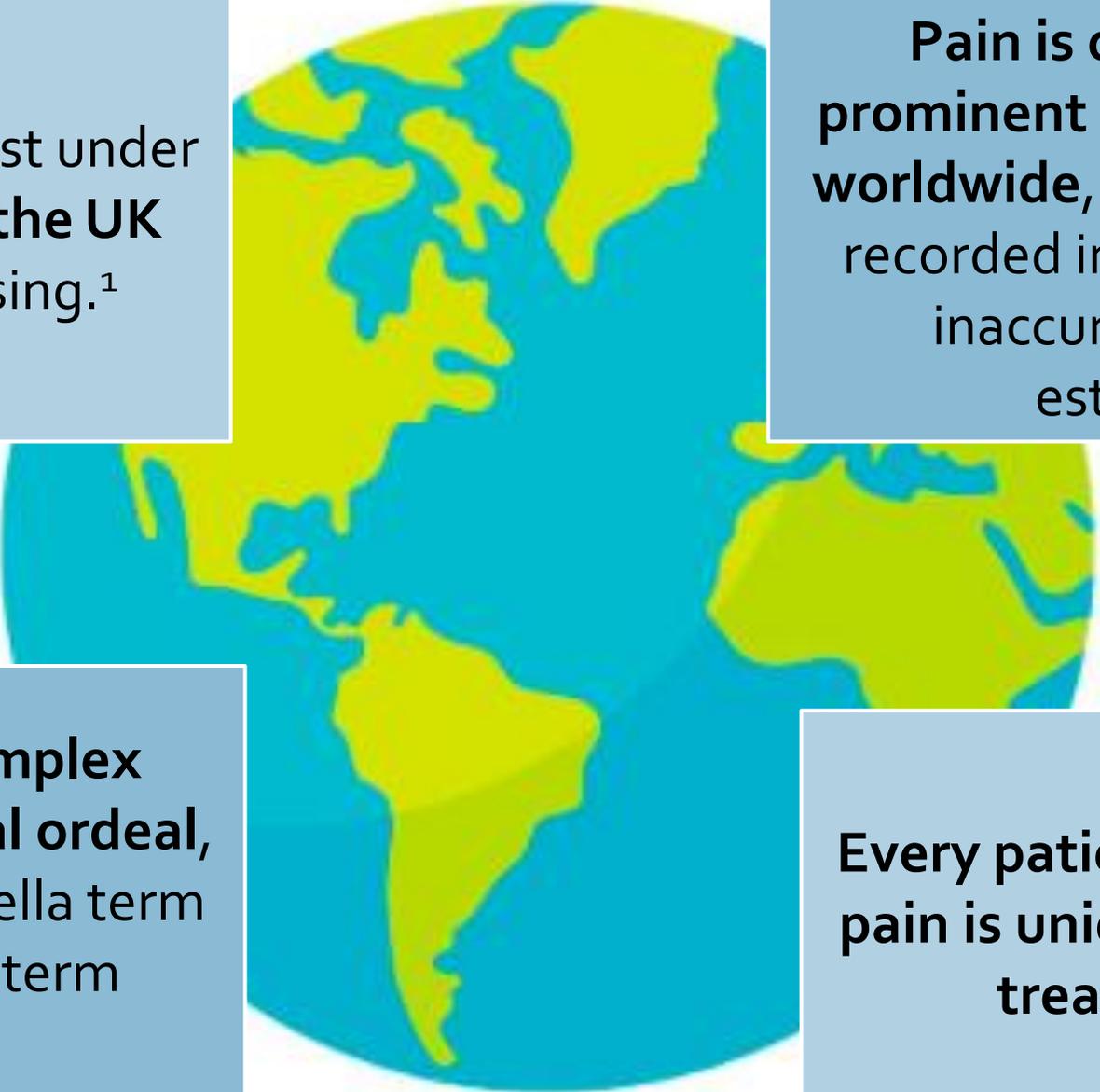


MANAGING CHRONIC PAIN IN THE COMMUNITY – THE INVISIBLE EPIDEMIC.

By Imogen Tuke



Chronic pain affects just under **28 million adults in the UK** and this figure is rising.¹

Pain is one of the most prominent causes of disability worldwide, yet has been poorly recorded in the UK leading to inaccurate prevalence estimates.^(2,3)

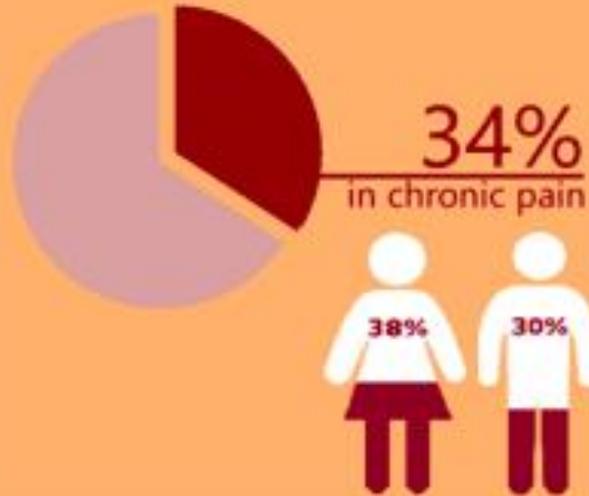
Chronic pain is a **complex sensory and emotional ordeal**, often seen as an umbrella term for a range of long-term conditions.⁴

Every patient's experience of pain is unique and should be treated as such.

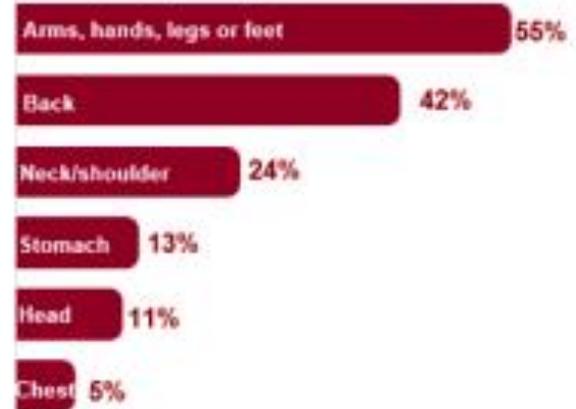
Chronic pain in adults 2017 - Summary

Source: Health Survey for England 2017

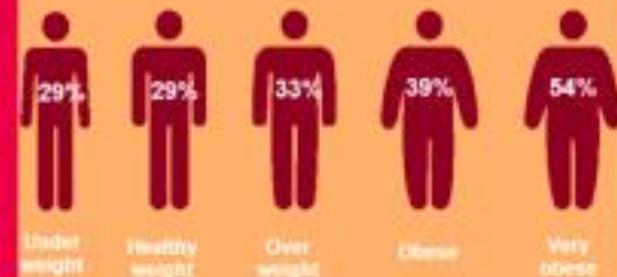
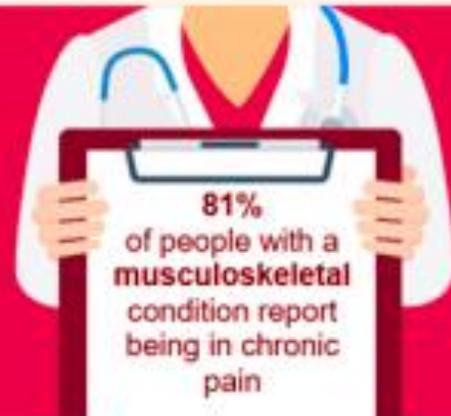
(2)



Location of chronic pain



Chronic pain increases with age



Chronic pain increases with BMI

How is chronic pain currently managed in the UK?

The **NHS Long-term Plan** set out to **expand community multidisciplinary teams** to meet increasing demand and reduce health inequalities.⁵

Primary care services such as GP's and wider community care.

Secondary care services (hospital based).



However, the **divide between these services acting as standalone care providers complicates the management of chronic pain** from a fragmented and ineffective care environment.⁶

How is chronic pain currently managed in the UK?

“Treated like a number, not a person”

“Personal struggles with day to day living”

“Let down by healthcare services”

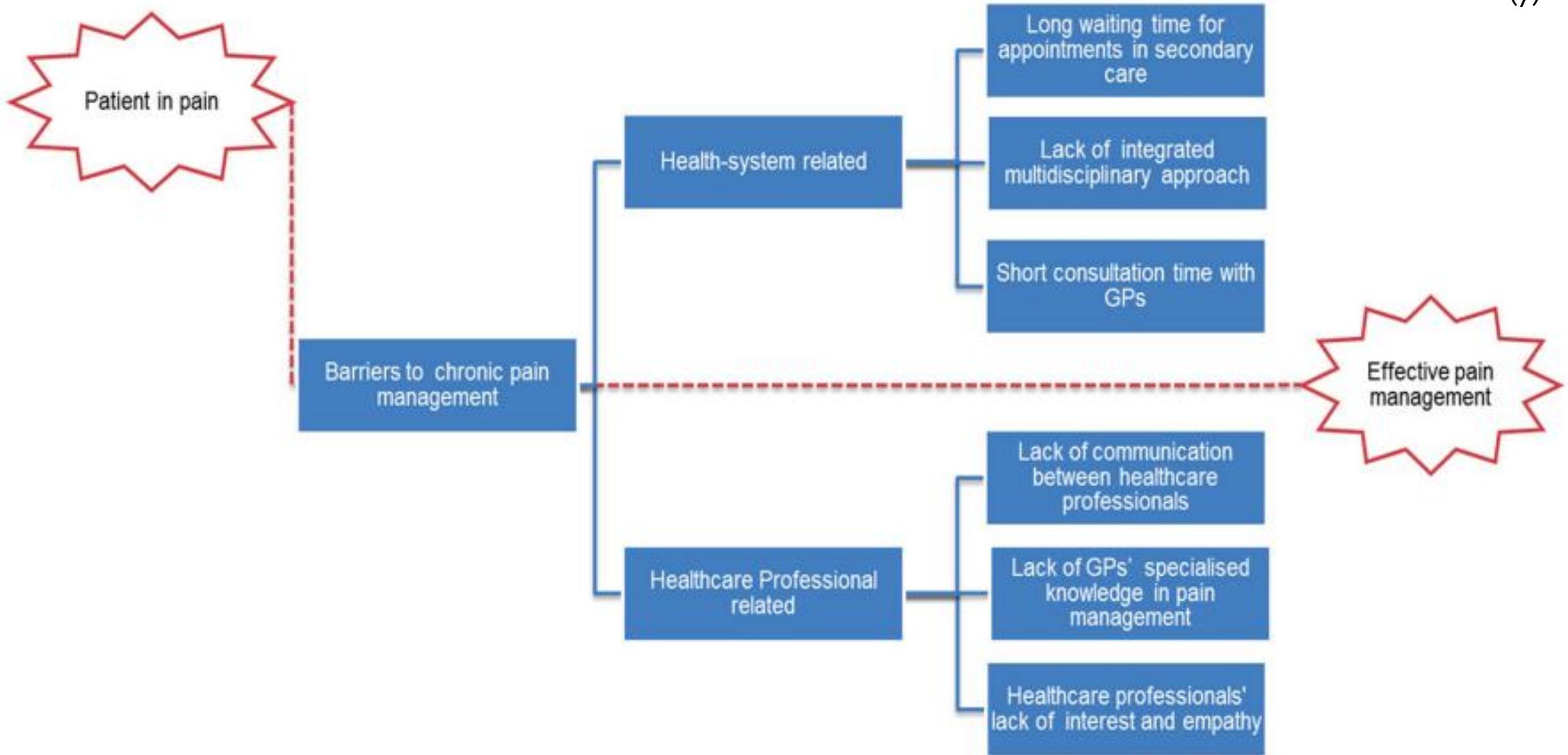
“Poor access the specialists”

(7)

The **NHS Five Year Forward View** aimed to:

- Put a wider focus on preventable healthcare
- Utilise community services⁸

Yet **community services are frequently misunderstood** as care is delivered ‘behind closed doors’.⁹



How is chronic pain currently managed in the UK?

£10 billion of the NHS budget is estimated to be spent on community services.⁹

Yet this has remained static despite growing demand.⁹



More than half of trusts reduced their community funding in 2018/19.⁹

Limited national data on quality and spending makes it difficult to assess their impact and value.⁹

The impact of chronic pain in the UK:

**17 million
people.** ¹⁰

**£400
million per
year.** ¹¹

**62% of the
population
aged over
75.** ¹

**£10.2
billion in
2017
alone.** ¹¹

Pain is seen as a symptom of disease, rather than as a disease state itself.¹²

The impact of chronic pain cannot be ignored.

(13)

CHRONIC PAIN IN ENGLAND

UNSEEN
UNEQUAL
UNFAIR

VERSUS
ARTHRITIS

Our new report on chronic pain in England

(13)



Pain Relief
Foundation

VERSUS
ARTHRITIS

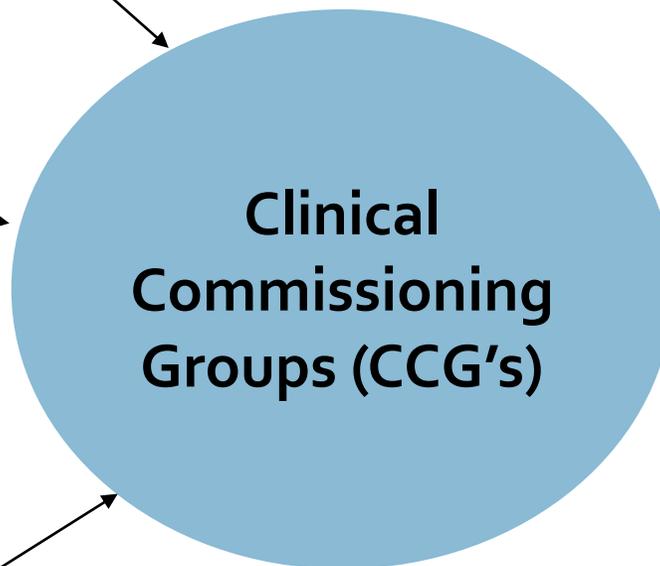


Private Sector



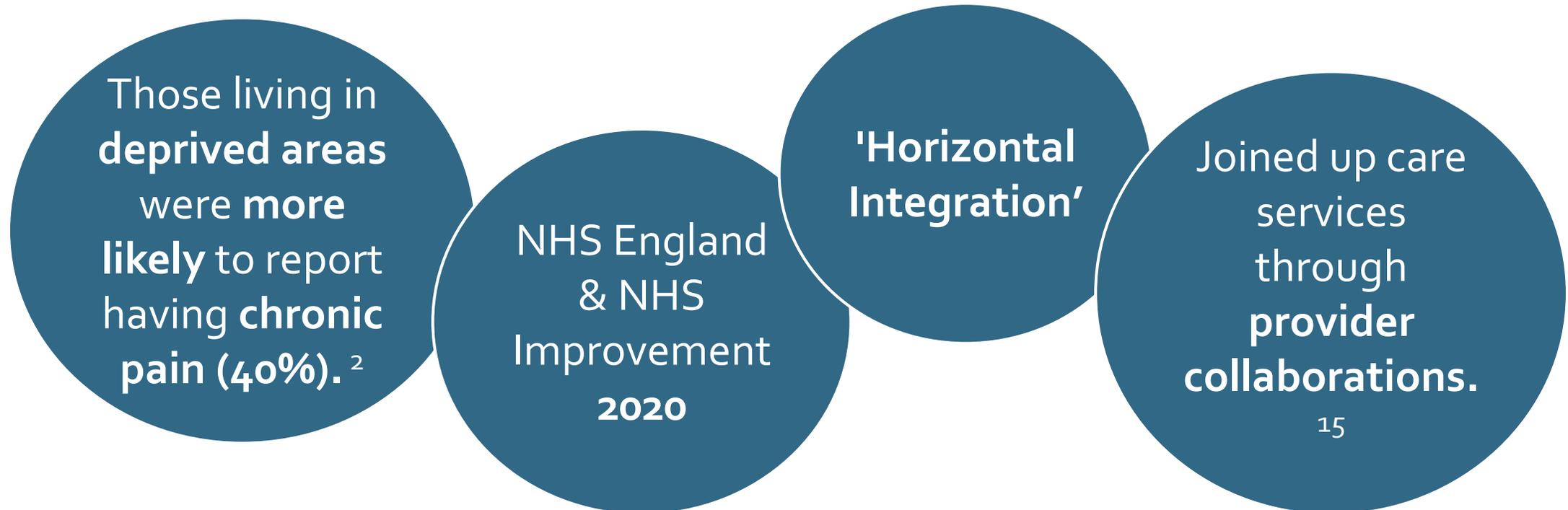
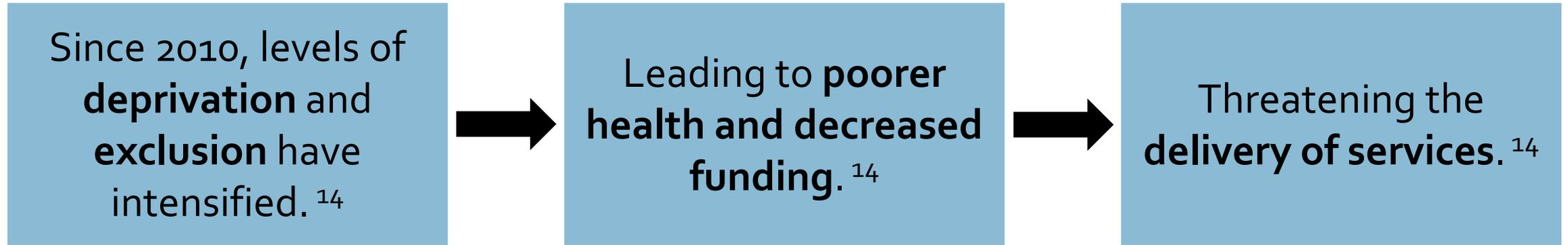
**VERSUS
ARTHRITIS**

**MACMILLAN
CANCER SUPPORT**



Local community services

How are health inequalities addressed?



What does national guidance suggest?

Pharmacological management should focus on **antidepressants** alongside **psychological therapies**.

Chronic pain is split into **Primary** and **Secondary** pain, but these can also coexist.

Guidelines based on the **ICD-11 Classification of Disease**.

NICE National Institute for ⁽¹⁶⁾ Health and Care Excellence

GP's should refrain from **prescribing medication** such as antiepileptics.

Does not recommend **pain management programmes**.

Offer a **supervised group exercise programme**, encouraging people to **stay physically active**.

Psychological therapies can be integrated into care plans.

Availability and delivery of services highly variable.

Patient centered assessment.

Primary pain likely to be musculoskeletal.

How is the guidance affecting patients?

No recommendations for secondary pain.

Emphasizes joined up, MDT care.

Psychological phenomenon.

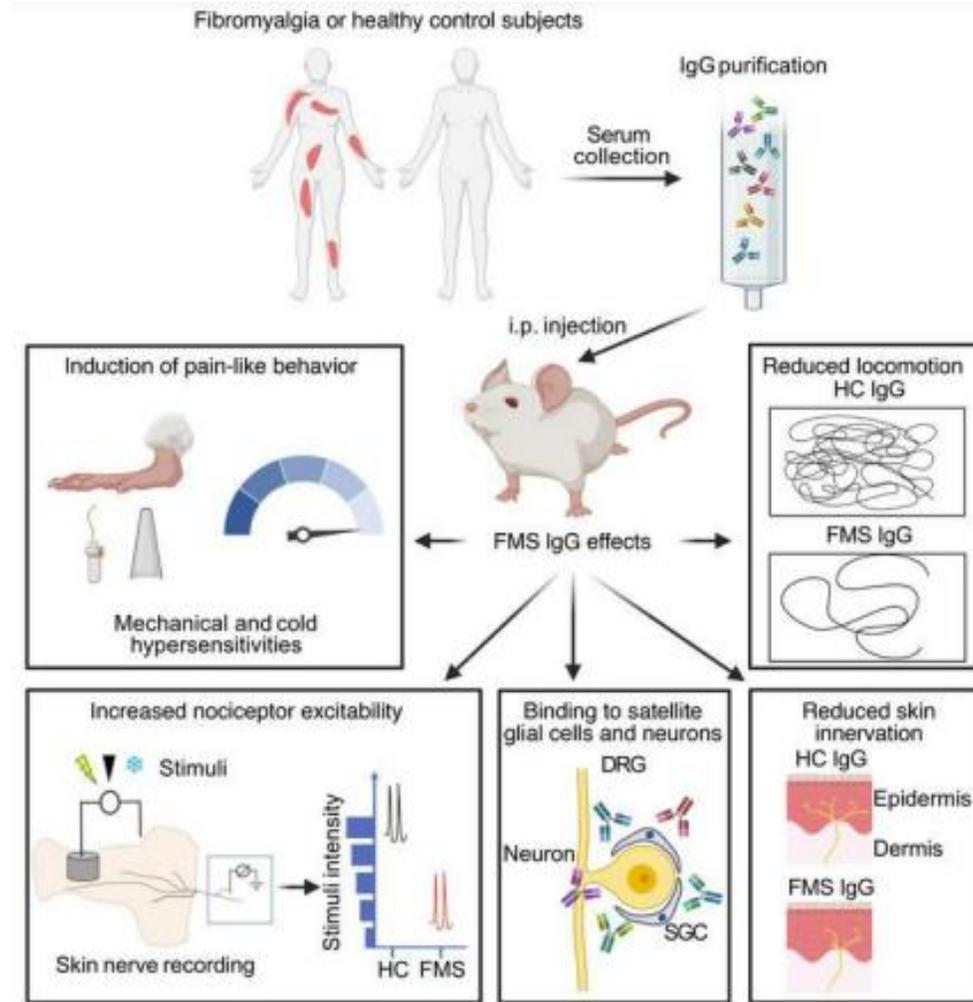
Holistic approach/
Shared decision-making.

How is the latest pain research affecting services?

Many fibromyalgia symptoms are likely caused by antibodies that increase the activity of nociceptors.

17

Other research has suggested an imbalance in cytokine production and secretion may act as a cause of pain in fibromyalgia.^{18,19}



Further research is required to identify the role in the identification of biomarkers to aid in diagnoses.^{18,19}

The common western diet includes food high in pro-inflammatory nutrients which aggravates symptoms of fibromyalgia.²⁰

How is the latest pain research affecting services?

22% of GP's consultations focus on pain management. ²¹

People with chronic pain consult GP's five times more frequently than those without. ²¹

83% of surveyed primary care clinicians stated it was difficult to add chronic pain management to their regular visit. ²²

Does a 'one size fits all approach' work?

A 'one size fits all' approach to the assessment and management of chronic pain is not considered effective.

Pain is a complex phenomenon that is shaped and perpetuated by a person's individual make-up, influenced by different environments and stimuli.

'Pin-ball care', where patients are passed between different healthcare professionals without clear direction or a dedicated pathway wastes time and resources.²³

Approaching a pain free future:

The move to community should not just be a way of freeing up hospital beds but a **unique opportunity to reduce health inequalities, improve the care of patients locally** and encourage self-management.⁸

The continuation of research into the **aetiology and pathophysiology** of chronic pain will be vital in the improvement of current assessment and management strategies.

Treating chronic pain in the community will bridge the gap between services.

Chronic pain should be managed by an **integrated, multidisciplinary team to maximise patient outcomes.**²⁴

Improving health is therefore fostered by a different science, one that considers the behaviour of multiple interacting factors which advance the health of whole people within communities.²⁵

Chronic pain may be a complex and life-changing problem for those that suffer from it, but it's the harmony created from coordinated community services that hold the management of pain together and ultimately help people reach a pain-free future.

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