



Health Education Yorkshire and the Humber

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Pain, mental health & the PWP role

Sheffield Bridging the Gap Project Workshop for North of England PWP Conference

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14th September 2016, York Race Course

What have we brought to discuss?

- Our experience as dual trained practitioners working with pain such as osteoarthritis and back pain.
- How these conditions are managed in community settings by GPs and Physios and Nurses. This can be regarded as step 1 and 2 management.
- How stress, tension, anxiety and depression interact with pain.
- What the PWP role might be when you come across these problems.

What we are not going to discuss?

- Severe pain conditions that are managed by secondary care services such as pain clinic.
- These can be regarded as step 3 or 4 interventions.
- But ask questions on any pain issues at end

Our roles before PWP

- We work in community physio and nursing services in Sheffield.
- We assess patients using clinical examination, MRI, blood tests, x-rays and USS, guide patients to either Physio, Orthopaedics, Rheumatology, Neurosurgery or Pain Clinic
- We treat patients with manual therapy, exercises, acupuncture, activity promotion.
- **NB** minimal or no recognition of psychological factors influencing patients **so we did PWP training**

Our role after PWP can now combine physical and psychological inputs

- Now we have: Psychological assessment and measurements: (IAPT dataset, EQ5,) screening: Keele STarT Back. Main et al (2012)
- 5 area formulation
- Low intensity PWP interventions
- Signposting to IAPT, GP re help with pain clinic
psychology/psychiatry



What do you want from today?

- Flip chart



Dictionary Definition of Pain

- Highly unpleasant physical sensation caused by illness or injury: *she's in great **pain**: chest pains*
- (Also **pain in the neck** or *vulgar slang arse*) *informal*, an annoying or tedious person or thing: *she's a pain*
- Mental suffering or distress: *the pain of loss*
- (**Pains**) Great care or trouble: *she **took pains** to see that everyone ate well*



Is pain useful?

- **Plays important** role in the lives of humans, protecting us from harm.
- **Alerts** us to diseases or conditions which we may have.
- **Produces** an emotional reaction, not just a physical one.

Different types of pain.

- **Acute pain** starts suddenly and is short-term.
- **Chronic pain** is felt over a longer period of time.
- **Neuropathic (nerve)** pain can come and go.
- **Visceral pain** is felt when organs or tissues are damaged.



- **Breakthrough pain** occurs
in between regular, scheduled painkillers.

Different types of pain cont'd

- Pain does not feel the same for everyone.
- Keeping a pain diary can be useful
- Describing pain clearly will help find the best treatment:
 - Where pain is, what it's like (dull, sharp, burning), how bad it is; when you are in pain.
 - Also describing how the pain changes over time and what makes it better or worse.



Common health conditions & pain

Common health conditions that cause notoriously severe pain;

- Shingles
- Frozen shoulder,
- Cluster headache
- Endometriosis
- Arthritis
- Heart attack
- Slipped disc
- Kidney stones
- Appendicitis
- Trigeminal neuralgia
- Pancreatitis
- Gout
- Stomach ulcer
- Complex regional pain syndrome
- Fibromyalgia
- Post operation pain
- Cancer

Medications for pain

- Pain associated with inflammation, e.g. [back pain](#) or [headaches](#), paracetamol and anti-inflammatory painkillers work best.
- Pain caused by sensitive/damaged nerves, e.g. [shingles](#) or [sciatica](#), usually treated with tablets that change the way the central nervous system works.
- Aim of taking medication is to improve your quality of life.
- All painkillers have potential side effects.

- Common “simple” analgesics; [Paracetamol](#), [Ibuprofen](#) and [Aspirin](#).
- Compound analgesics; co codamol.
- Opioid analgesics; Codeine, Buprenorphine, Tramadol and [Morphine](#).
- [Amitriptyline and gabapentin](#); designed for depression and epilepsy, both have properties to address nerve sensitivity and nerve pain.
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5 Areas: Where does pain fit in?

1. Pain causing anxiety/depression where it was not present
2. Pain aggravating existing anxiety/depression
3. Anxiety depression aggravating existing pain
4. Anxiety and depression causing pain where it was not present

(Flip chart: 2 mins talk to neighbour about 5 Areas
example - persistent low back pain)

NICE guidelines for osteoarthritis/back pain

What should PWP be aware of?

- Biopsychosocial assessment
- current *knowledge* of condition
- *attitudes to exercise*
- *social situation*
- *assessment of activities of daily living*
- lifestyle *expectations* and effects on family duties and hobbies
- occupational ability to perform job in the short- and long-term
- adjustments to home or workplace

NICE National Institute for
Health and Care Excellence



Nice guidance continued.....

- Mood
- existing thoughts, concerns, and expectations*
- screen for depression*
- other current stresses in life*
- quality of sleep*

Nice guidance continued.....

- support network
- *ideas, concerns*, and expectations of main carer
- how carer is coping
- *isolation*
- co-morbidity
- falls
- Is patient fit for surgery

What PWP methods might help? BA (examples)

- Routine -going out to shops
- Necessary- physio exercises
- Pleasurable- using walk in park 20 mins once a day as a therapy for OA (also helps mood, anxiety, blood pressure, weight loss)
- Ranked (really important to avoid boom bust cycle) easiest to most difficult and put in an agreed plan with SMART goal and easy win start

Cognitive Restructuring (examples of common worries)

I've got cancer, I don't believe the doctor or physio, they are not giving me a scan because of NHS cuts, I'll lose my job, I'm useless because I can't do the exercises, it's because I'm overweight, my mother had this and she ended up in a wheelchair, everyone else at work is so much fitter than me, I'm letting my husband down because I can't keep up with him, the surgeon said I'd get arthritis when I was older.

Who is best placed to help the patient with these worries? PWP, Physio, GP, Orthopaedic surgeon.

Problem solving

- **Re work**; speak to boss, go back phased return, speak to Occy health ,SOHAS, get new chair, walk at lunch time, win lottery.
- **Re medication**; take as prescribed, discuss with GP in 3 weeks, discuss with pharmacist on way out of surgery, do all non pharmacological measures to minimise need for meds, have more wine, sell tramadol on eBay
- **Re exercise, sleep weight loss, shoes etc.**
- *Who's best to make a plan , set timed goals, check and reward achievement? PWP, Physio, GP, Orthopaedic Surgeon.*

Relaxation.

(agree a comfy pain free position, flexible length of time, do as a painkiller)

- Contract relax
- Stretch relax
- Breathing exercises
- Mindfulness
- Mindful breathing
- CD, 1:1, groups
- Add a therapeutic physical element to relaxation with yoga or tai chi, massage

- **Signposting**- Sheffield's Exercise: low mood and anxiety booklet, local groups, health walks, dancing ,gardening, ARC booklets, etc.
- **Sleep Hygiene** very relevant to most pain problems
- **Healthy living workshops**
- **Exposure** (I think relevant in some back pains where it locks up? Trigger is a minor twinge / hot thought "*Oh God, my backs gone again*")

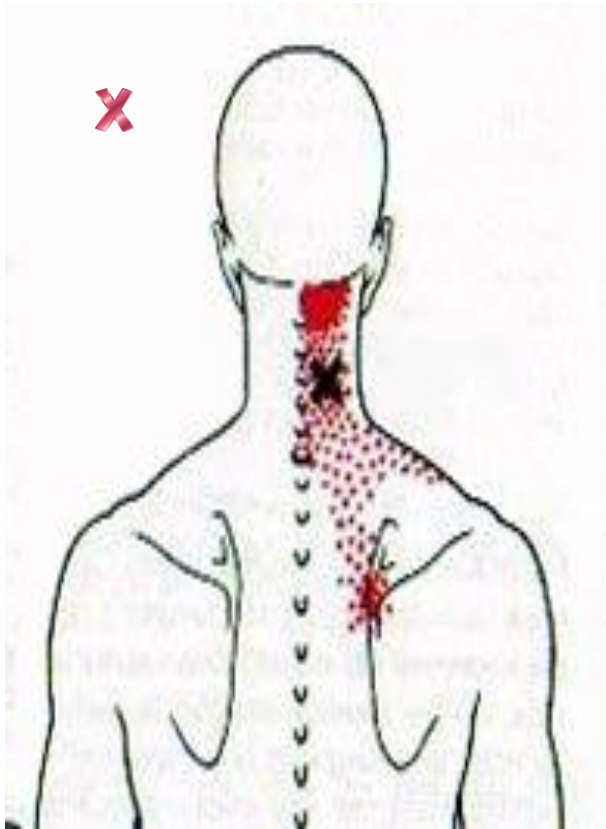
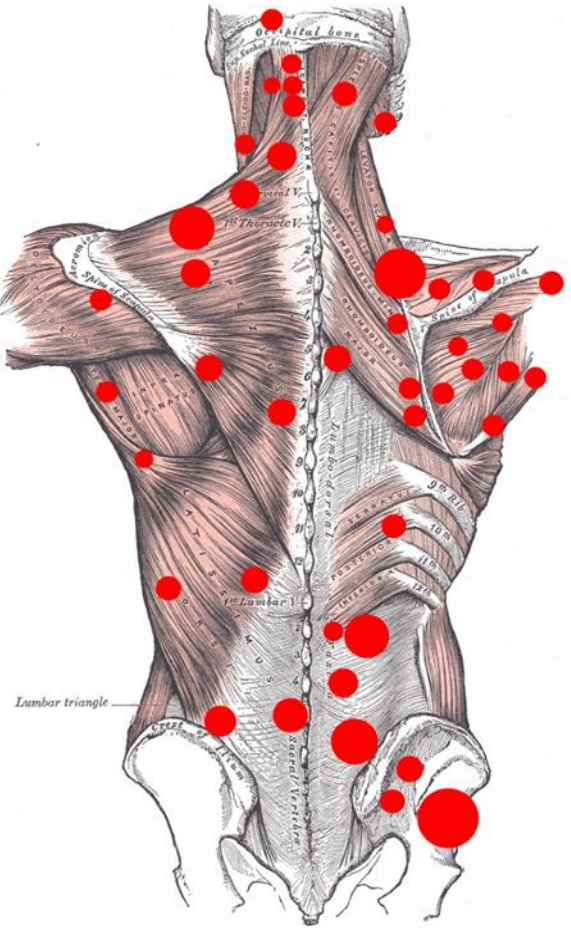
Pain Tool Kit (www.pain toolkit.org)

As used by some physios/pain clinics

- Tool 1: **Accept** that you have persistent pain....and then begin to move on
- ♦ Tool 2: Get involved - building a support team
- ♦ Tool 3: **Pacing**
- ♦ Tool 4: Learn to prioritise and plan out your days
- ♦ Tool 5: Setting **Goals/Action Plans**
- ♦ Tool 6: **Being patient with yourself**
- ♦ Tool 7: Learn **relaxation skills**
- ♦ Tool 8: **Stretching & Exercise**
- ♦ Tool 9: Keep a diary and track your progress
- ♦ Tool 10: **Have a setback plan**
- ♦ Tool 11: Team Work
- ♦ Tool 12: Keeping it up...putting into daily practice the tools



Body chart of pains(trigger points) more closely associated with anxiety/depression (DG Simons, JG Travell, LS Simons – 1999)



Some pain presentations for PWWPs to be wary of.



- Nerve root pain especially with muscle weakness
- Pain, tenderness and visible swelling anywhere especially hands in young people(Rheumatoid arthritis)
- Mid back pain ,severe in older people.(fracture)

A journey in pain

“Back pain is a 20th century health care disaster”

(Waddell, 1998)

- Humans have had back pain though out history
- Back pain has not changed
- What has changed is how we think about back pain and what we do
- We have turned a benign bodily symptom into one of the most common causes of chronic disability in society
- If we can create an epidemic we can reverse it.
- Biopsychosocial patient centred model
- Yellow flags
- Illness behaviour(Waddell)
- Health care is about helping suffering human beings. The challenge is to combine treatment of their physical disorder with care of the whole person.(Hippocrates.)
- **21st century what does the PWP say/bring?**

References

- Main, C. J., Sowden, G., Hill, J. C., Watson, P. J., & Hay, E. M. (2012). Integrating physical and psychological approaches to treatment in low back pain: the development and content of the STarT Back trial's 'high-risk' intervention (StarT Back; ISRCTN 37113406). *Physiotherapy*, 98(2), 110-116.
- NICE OA guideline CG177
- Simons, D. G., Travell, J. G., & Simons, L. S. (1999). *Travell & Simons' myofascial pain and dysfunction: upper half of body* (Vol. 1). Lippincott Williams & Wilkins.
- Waddell, G. (1998). *The back pain revolution*. Elsevier Health Sciences. p421-423

Additional resources

1. Understanding how we respond to physical health problems booklet (Williams 1e)
2. Planning for the future Williams booklet 10 (relapse plan)
3. ARC booklets (information)
4. www.arthritisresearchuk.org
5. www.sheffieldachesandpains.com
6. www.persistentpain.com
7. Pain Tool Kit (www.paintoolkit.org)

For further information

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Thank you