

## Pharmacist Quick Reference Guide to Persistent Pain

**3.4 million**

Australians live with  
persistent pain<sup>1</sup>

Persistent pain can **reduce the function and quality of a person's life**. It is associated with high levels of psychological distress, anxiety and depression.<sup>2</sup>

### ✓ Think differently about pain

#### Address thoughts and feelings

##### Brain Retraining

- Cognitive behavioural therapy (CBT): changing negative thoughts
- Mindfulness and meditation
- Acceptance and commitment therapy (ACT): improve psychological flexibility
- Graded exposure therapy: address fear avoidance
- Graded motor imagery: visualise moving without pain

#### Consumer resources

- **Tame The Beast:** 5-minute animated video to help consumers understand pain
- **Understanding pain - Brainman chooses:** 3-minute animated video explaining chronic pain and the best treatments)
- **Reach for the facts:** information to help **understand pain** and **how to manage it**
- **ACI Pain Management Network:** help to develop better skills in managing pain with your healthcare team.
- **Pain revolution:** open access modules on learning more about pain.

### ✓ Focus on function (not pain scores)

"What are some areas where you would like to improve function?"

"Let's focus on your goals. What do you want to be able to do day to day that you can't do right now?"



"What are some activities that are meaningful to you and that you enjoy?"

"Pace your activities to maximise function and reduce the risk of the pain flare-up."

### ✓ Helps patients engage with a multidisciplinary approach

A multidisciplinary approach is considered the **most effective** strategy for improving persistent pain.<sup>2</sup>

Patients can talk to their GP to see if they are eligible for subsidised Allied Health visits through:

- GP Management Plans (GPMP) and/or
- Team Care Arrangements (TCA)

Details available at: [www.mbsonline.gov.au](http://www.mbsonline.gov.au)



## ✓ Review the need for pain medicines

Opioids are no longer recommended for the long-term treatment of persistent non-cancer pain.<sup>3</sup>

### Opioids adverse effects



80%

of patients experience at least one adverse effect when taking opioids

#### Neuroadaptive changes with opioid use:

- opioid tolerance
- physical dependence
- opioid-induced hyperalgesia (OIH)

#### Systems affected by opioids

- respiratory
- cardiovascular
- neurological
- gastrointestinal
- musculoskeletal
- neuroendocrine
- dermatological
- urinary

#### Calculate OMEDD

Calculating the oral morphine equivalent daily dose (OMEDD) is useful:

- when people are taking multiple opioids
- assessing risk of harm from total daily opioid intake
- when switching between opioids.

Is this medicine still helping you?

When calculating an equianalgesic dose in adults, use the calculator app available from the Faculty of Pain Medicine.



>50% of patients stop opioids due to adverse effects

### Tapering Opioids

Opioids should be stopped when:<sup>3</sup>

- prescribed for longer than 12 weeks (unless under specialist advice)
- there is evidence of misuse or abuse
- there is no significant progress towards achieving management goals after 4 weeks
- if the opioid is causing intolerable adverse effects.

Reduce the daily opioid dose by **5-25%** every 1-4 weeks (tailored to the individual)<sup>2</sup>

### Opioid prescribing resources

- **NPS MedicineWise. Reducing or stopping opioids in persistent pain.** At: [www.nps.org.au/professionals/opioids-chronic-pain](http://www.nps.org.au/professionals/opioids-chronic-pain)
- **Primary Health Tasmania (Tasmania PHN). A guide to deprescribing opioids.** At: <https://www.primaryhealthtas.com.au/wp-content/uploads/2023/03/A-guide-to-deprescribing-opioids.pdf>\*
- **Deprescribing Guide for: Regular Long Term Opioids Analgesic Use in Older Adults. 2018.** At: <https://www.nswtag.org.au/wp-content/uploads/2018/06/1.8-Deprescribing-Guide-for-Regular-Long-Term-Opioid-Analgesic-Use-in-Older-Adults.pdf>\*\*
- **RACGP. Prescribing drugs of dependence in general practice, Part C2, The role of opioids in pain management.** At: <https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/view-all-guidelines-by-topic/pain-management/drugs-of-dependence/part-c2>
- **Clinical practice guideline to deprescribing opioids. MJA.** At: <https://www.mja.com.au/journal/2023/219/2/clinical-practice-guideline-deprescribing-opioid-analgesics-summary>

\* Developed by Primary Health Tasmania (Tasmania PHN) and Consultant Pharmacy Services under the Australian Government's Primary Health Networks Program.

\*\* Hosted on NSW Therapeutic Advisory Group (TAG) Inc's website

#### References

1. Painaustralia. Painful Facts. 2020. At: <https://www.painaustralia.org.au/about-pain/painaustralia-painful-facts>
2. Australian Government Department of Veterans' Affairs. Persistent Pain. Veterans' MATES Therapeutic Brief. April 2022. At: <https://www.veteransmates.net.au/topics/persistent-pain/therapeutic-brief/>
3. Opioids in pain management. Therapeutic guideline; [updated June 2023]. At: [https://tgldcdp.tg.org.au/viewTopic?etgAccess=true&guidelinePage=Pain%20and%20Analgesia&topicfile=role-analgesics-chronic-noncancer-pain&guidelinename=Pain%20and%20Analgesia&sectionId=toc\\_d1e654#toc\\_d1e654](https://tgldcdp.tg.org.au/viewTopic?etgAccess=true&guidelinePage=Pain%20and%20Analgesia&topicfile=role-analgesics-chronic-noncancer-pain&guidelinename=Pain%20and%20Analgesia&sectionId=toc_d1e654#toc_d1e654)

### Language Matters

- Use the term 'medicines to manage pain' rather than 'pain killers'.
- Use language that builds relationships and reduces stigma: refer to *the* pain, not their/your pain.
- **Discuss non-medicine approaches** to help when tapering and ensure patient feels supported (see page one for suggestions).
- Explain that many people feel more alert, able to participate in more activities and experience less pain with less side effects when they reduce or stop the opioid.

### Resources

#### NPS MedicineWise

- **Talking to patients about deprescribing.** At: [www.nps.org.au/assets/NPS\\_MedicineWise\\_Opioids\\_Conversation\\_Starter\\_FINAL.pdf](http://www.nps.org.au/assets/NPS_MedicineWise_Opioids_Conversation_Starter_FINAL.pdf)
- **Communication videos.** At: [www.nps.org.au/opioids-communication-videos](http://www.nps.org.au/opioids-communication-videos)

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