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NHS Foundation Trust

*University Teaching Hospital*

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# **Chronic Pain Management – when to involve the Chronic Pain specialist and what can we offer**

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A microscopic view of neurons, showing a central cell body with numerous branching processes extending outwards. The neurons are stained in shades of pink, red, and grey, set against a light, warm-toned background. The branching structures represent the complex network of the nervous system.

# **Chronic Pain Management – when to involve the Chronic Pain specialist and what can we offer**

- Explaining Pain
- When to refer
- What do we offer



# Where have we been..







**Ancient Rome**

3<sup>rd</sup> BC



**Renaissance**

15<sup>th</sup> AD

# The Cartesian Legacy



Descartes 1664

# Modulation at the Spinal Cord level – Gate Control Theory

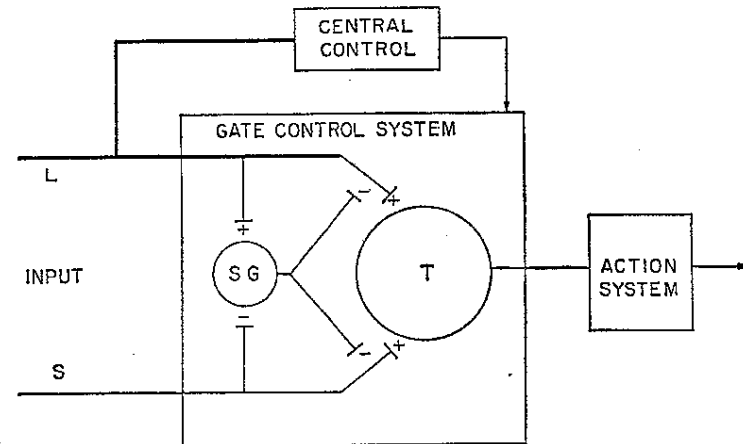


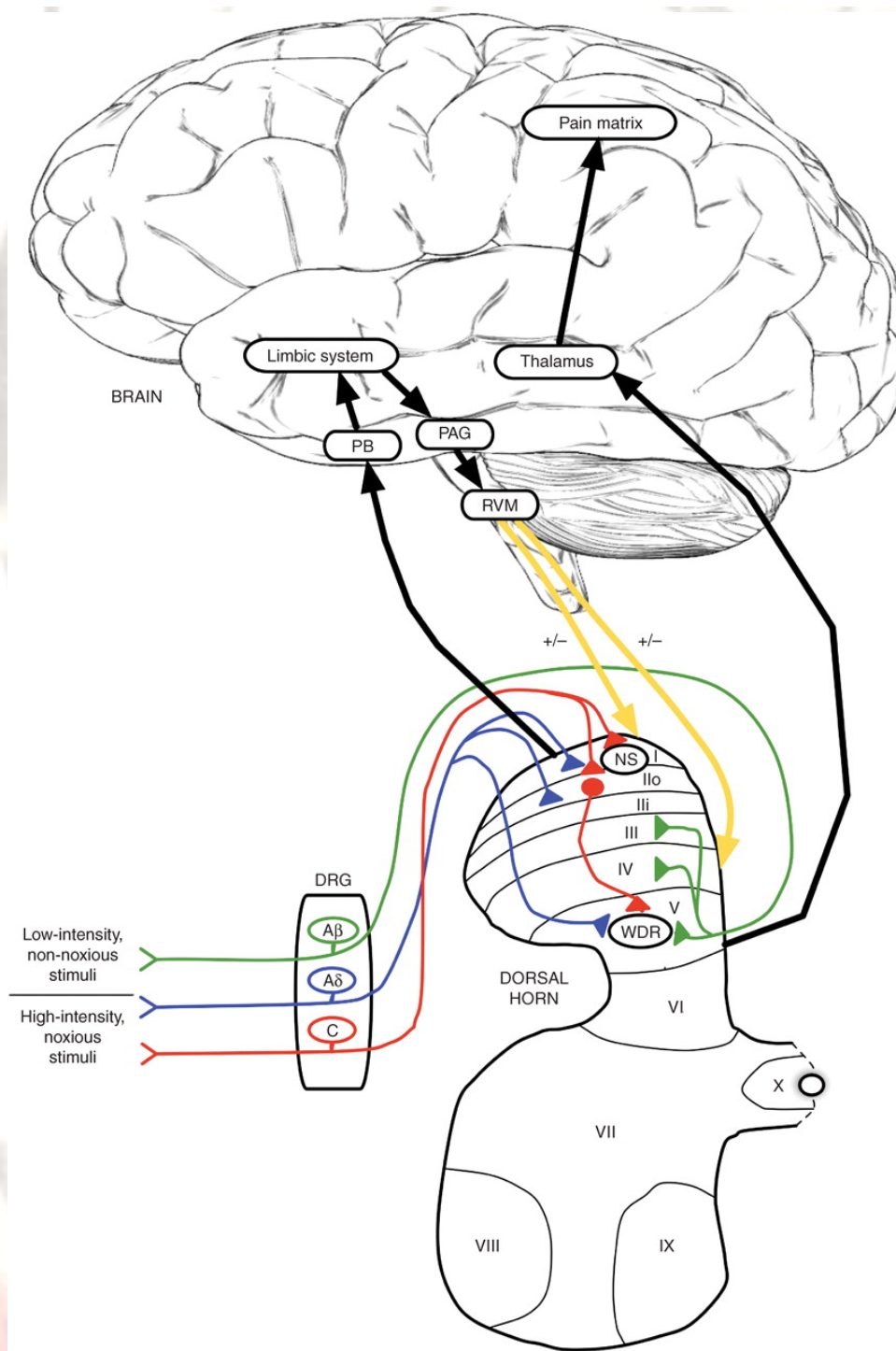
Fig. 4. Schematic diagram of the gate control theory of pain mechanisms: *L*, the large-diameter fibers; *S*, the small-diameter fibers. The fibers project to the substantia gelatinosa (*SG*) and first central transmission (*T*) cells. The inhibitory effect exerted by *SG* on the afferent fiber terminals is increased by activity in *L* fibers and decreased by activity in *S* fibers. The central control trigger is represented by a line running from the large-fiber system to the central control mechanisms; these mechanisms, in turn, project back to the gate control system. The *T* cells project to the entry cells of the action system. +, Excitation; -, inhibition (see text).

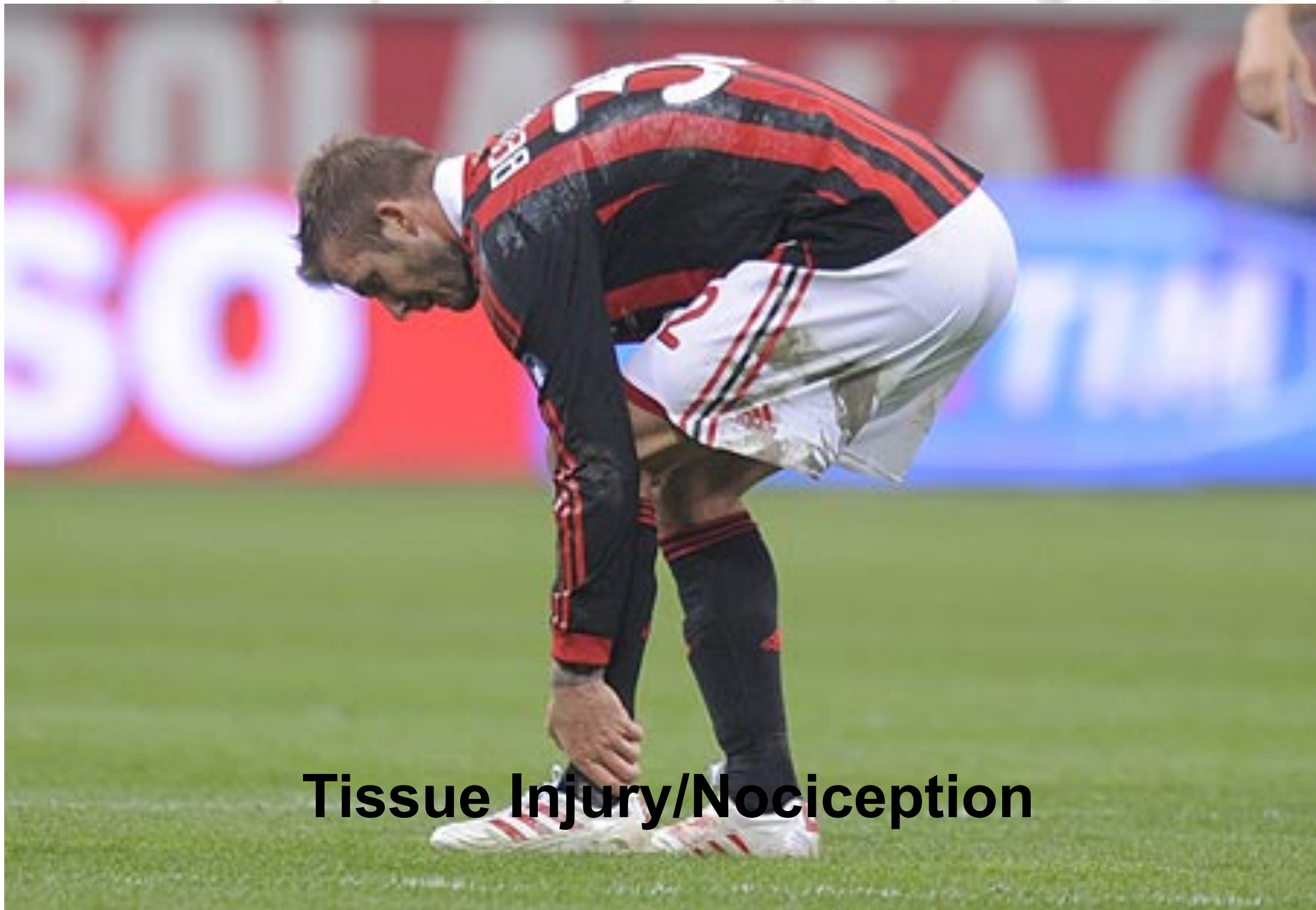
Pain Mechanisms: A New Theory

Author(s): Ronald Melzack and Patrick D. Wall

Source: *Science*, New Series, Vol. 150, No. 3699 (Nov. 19, 1965), pp. 971-979







**Tissue Injury/Nociception**



**Distress/Pain**







Thoughts



© Reuters

# Suffering



# The continuum of pain



*Time to resolution*

**Acute  
pain**

**Chronic  
pain**

*<1 month*

*≥3–6 months*

- Usually obvious tissue damage
- Increased nervous system activity
- Pain resolves upon healing
- Serves a protective function

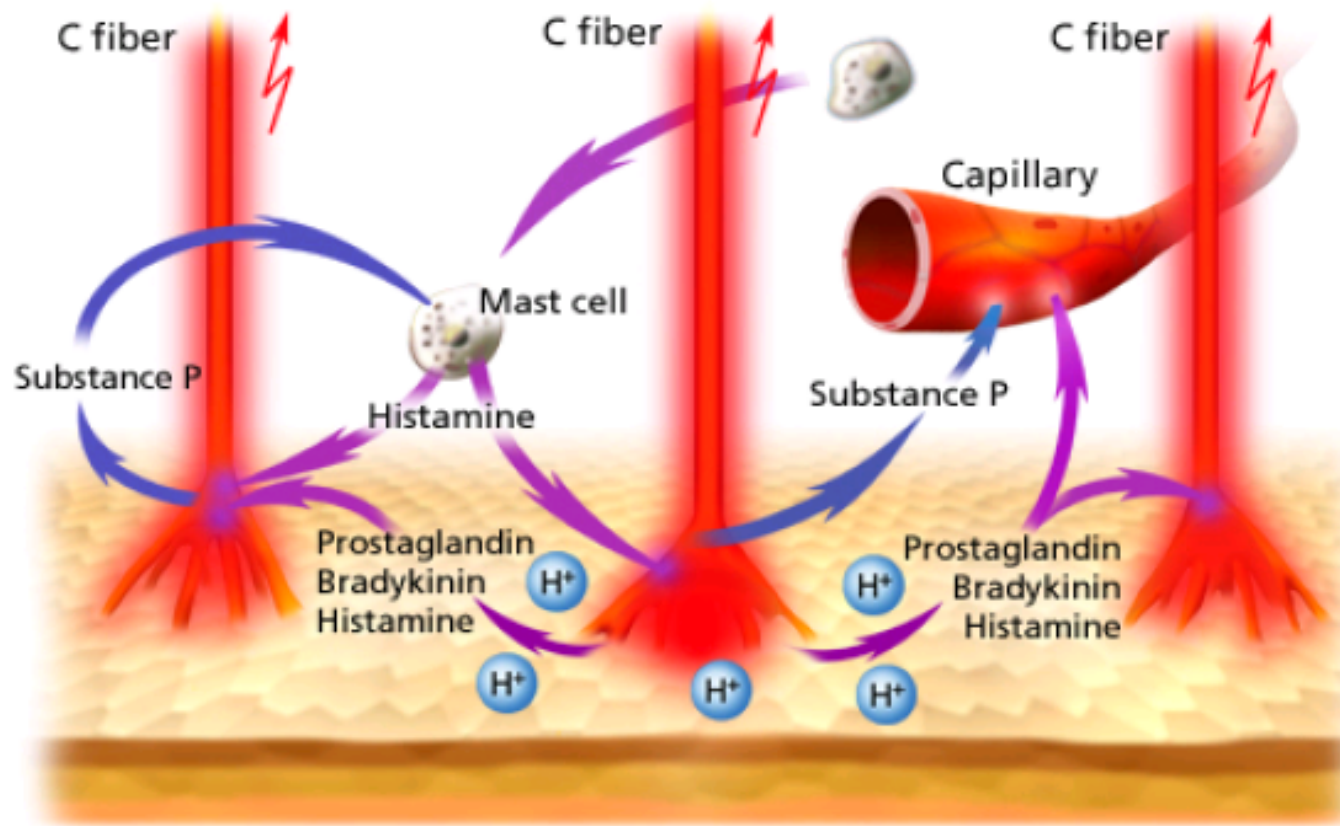
- Pain for 3–6 months or more
- Pain beyond expected period of healing
- Usually has no protective function
- Degrades health and function

1. Cole. Hosp Physician 2002; 38(6): 23–30

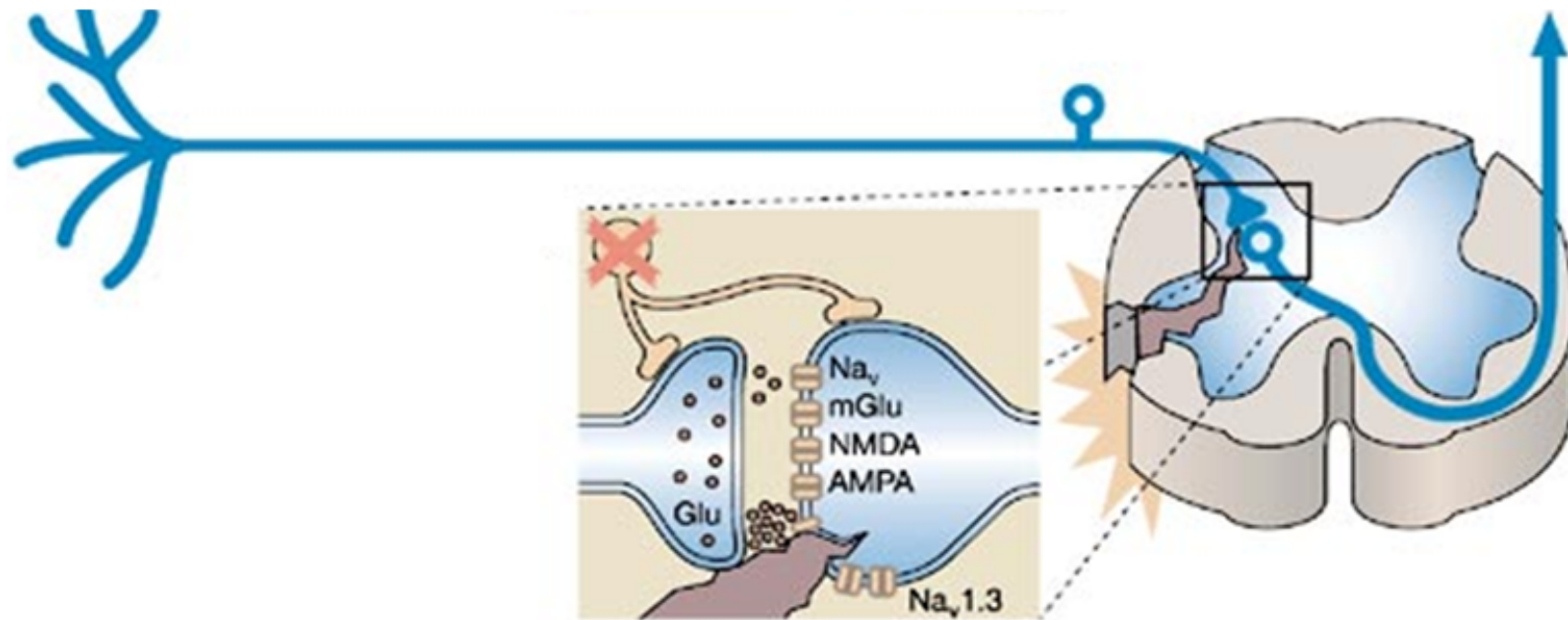
2. Merskey H, Bogduk N (Eds). Classification of Chronic Pain: Descriptions of Chronic Pain Syndromes and Definitions of Pain Terms (2nd Ed). Seattle: IASP Press, 1994

3. Woolf CJ, Mannion RJ. Lancet 1999; 353(9168): 1959–1964

# Peripheral Sensitisation



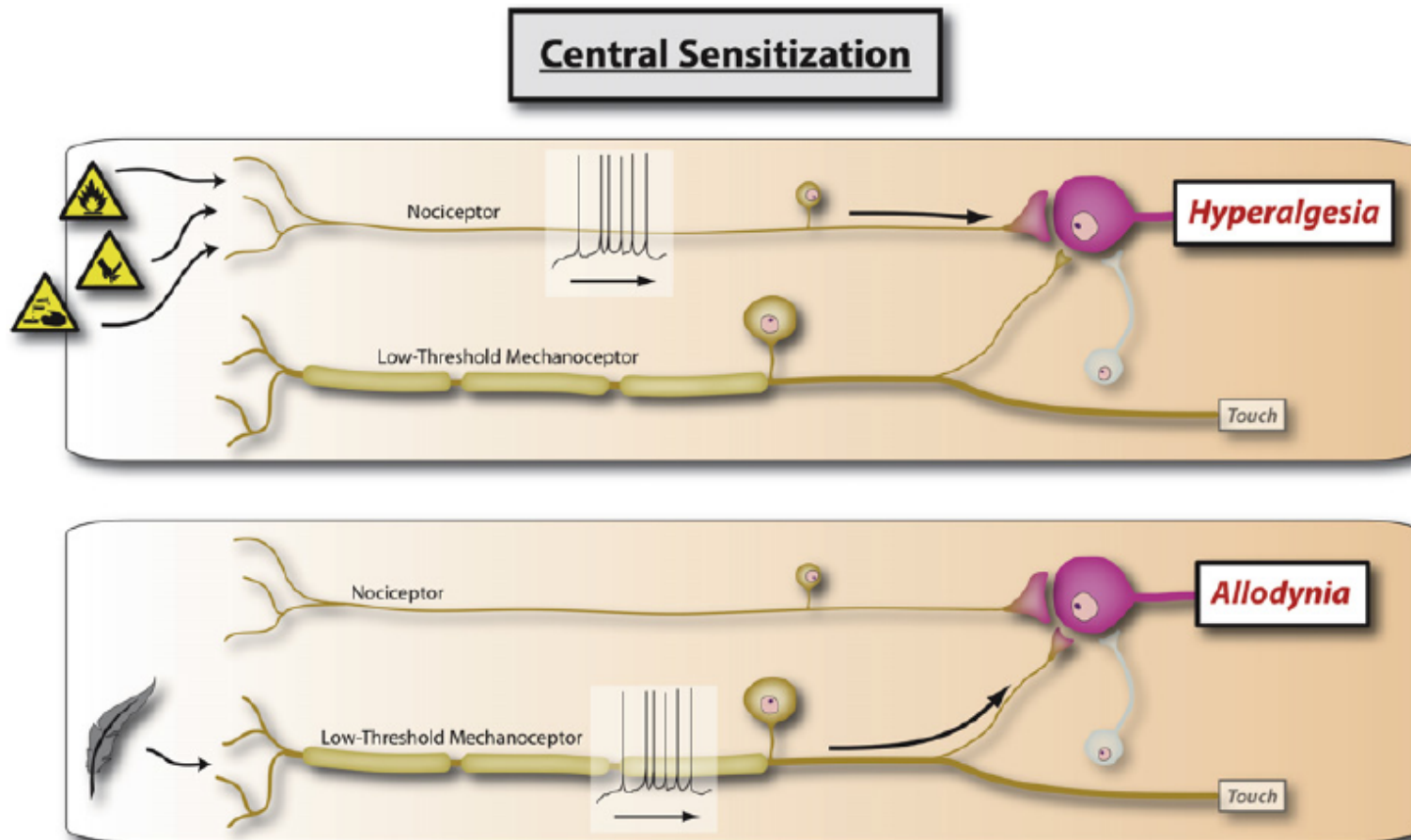
# Central Sensitisation

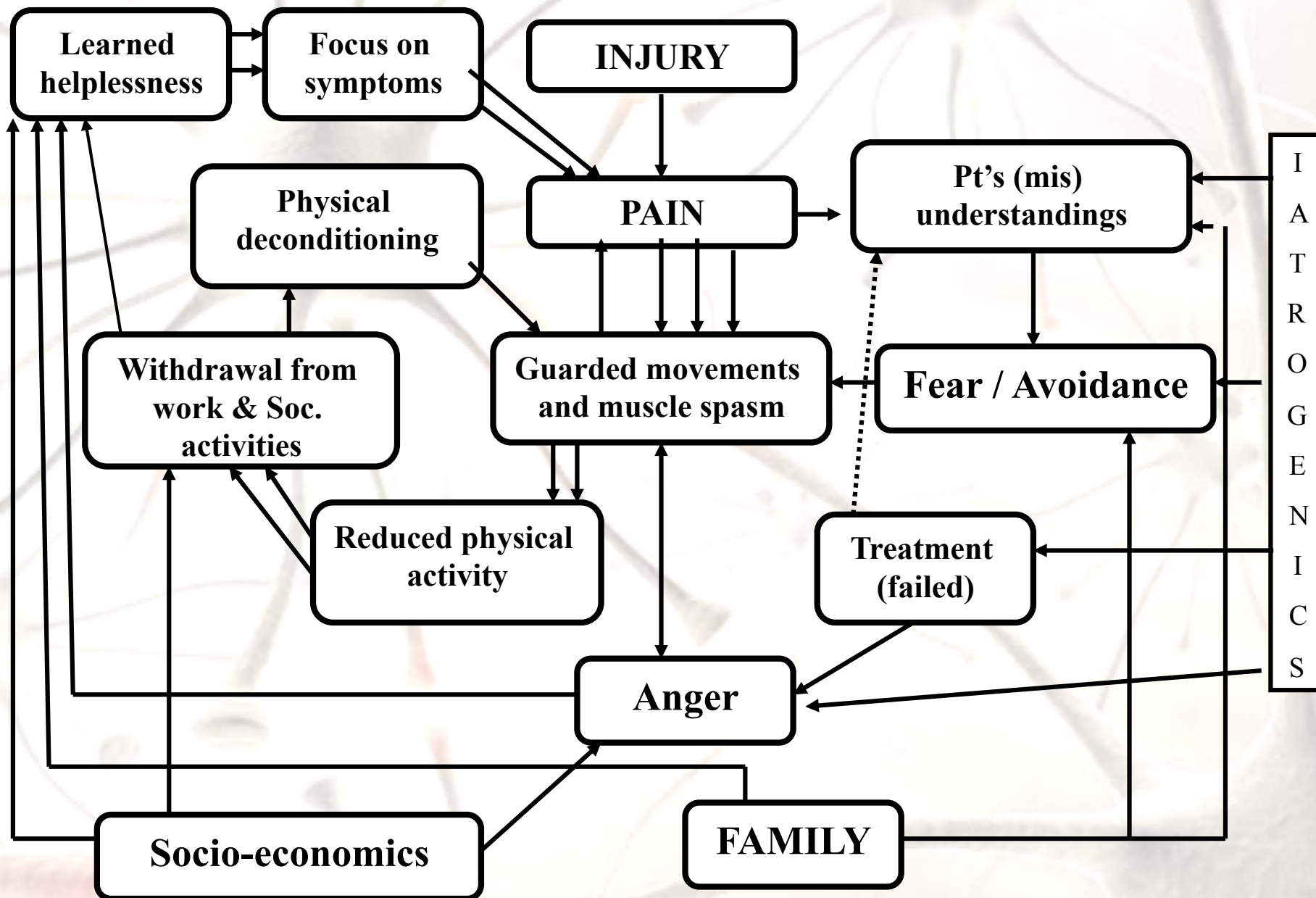


Finnerup N, et al. *Nat Clin Pract Neurol*. 2006;2:107-115.

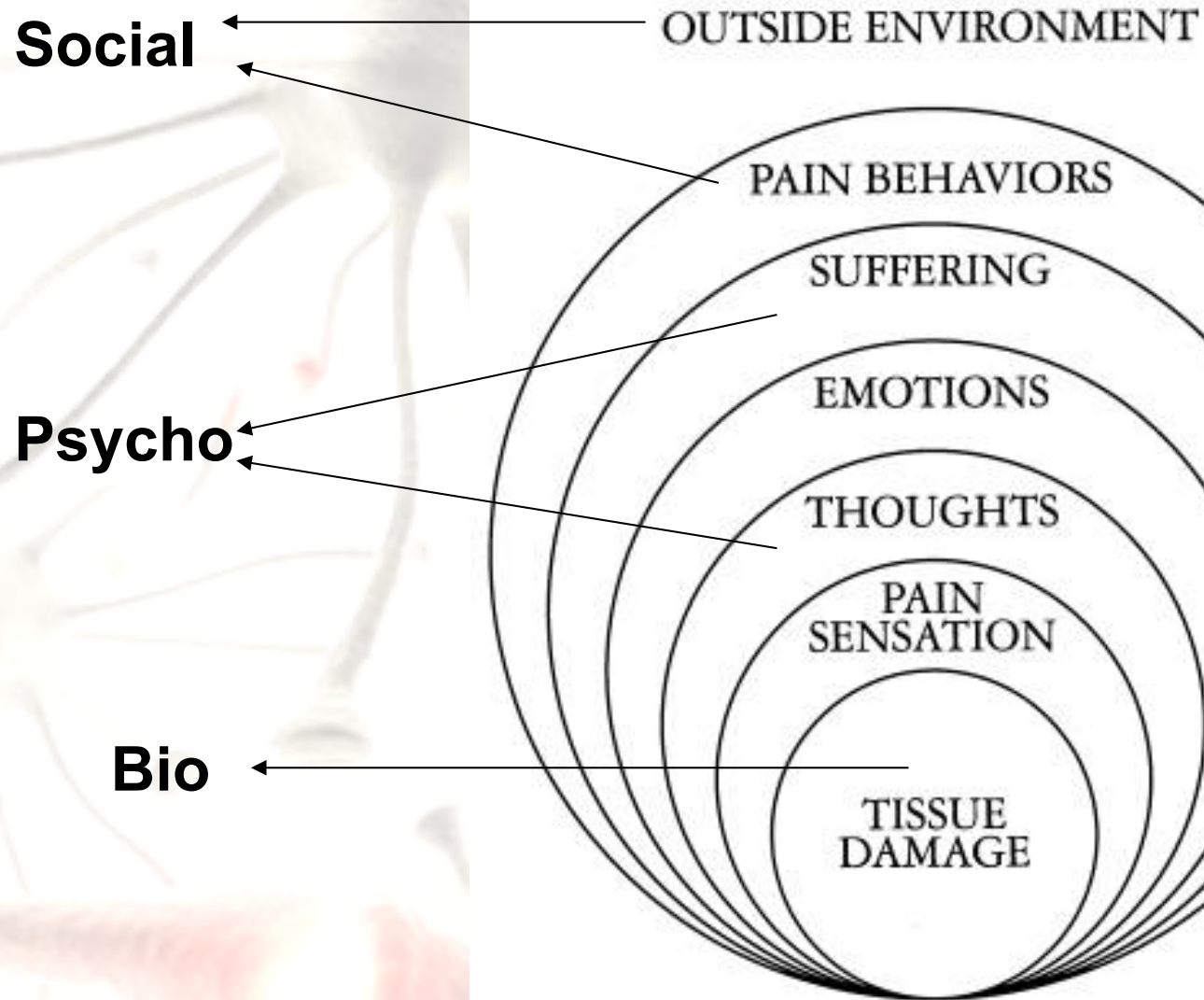


# Central Sensitisation





# Understanding Chronic Pain



Loeser 1982



# Clinical prediction rules for the prognosis of shoulder pain in general practice

## Score chart for prediction of persistent shoulder symptoms at 6 months

Duration of complaints			
<6 weeks	0	...	
6-12 weeks	9	...	
>3 months	17	...	
Gradual onset	10	...	
Concomitant low back pain	13	...	
Shoulder pain (0-10)	<i>score</i> × 2	...	
Shoulder pain score at physical examination (0-18)	<i>score</i>	...	
		<b>—</b>	<b>+</b>
Total score		...	

Total score	Risk
≤1	10% - 20%
2 - 16	20% - 30%
17 - 28	30% - 40%
29 - 39	40% - 50%
40 - 49	50% - 60%
50 - 61	60% - 70%
≥62	70% - 100%

The predicted probability of persistent symptoms at 6 months was determined by  $P=1/[1+ \exp - (-1.48 + 0.34 \times \text{duration of complaints } 6-12 \text{ weeks} + 0.64 \times \text{duration of complaints } >3 \text{ months} + 0.37 \times \text{gradual onset} + 0.50 \times \text{concomitant low back pain} + 0.08 \times \text{shoulder pain} + 0.04 \times \text{shoulder pain score at physical examination})]$ .

# Referral – who and when?

Patients who have

- Clinical Red flags ruled out
- Psychosocial yellow flags
- Psychological distress
- Fail to respond to simple measures
- Medication management

Anyone you need help with!

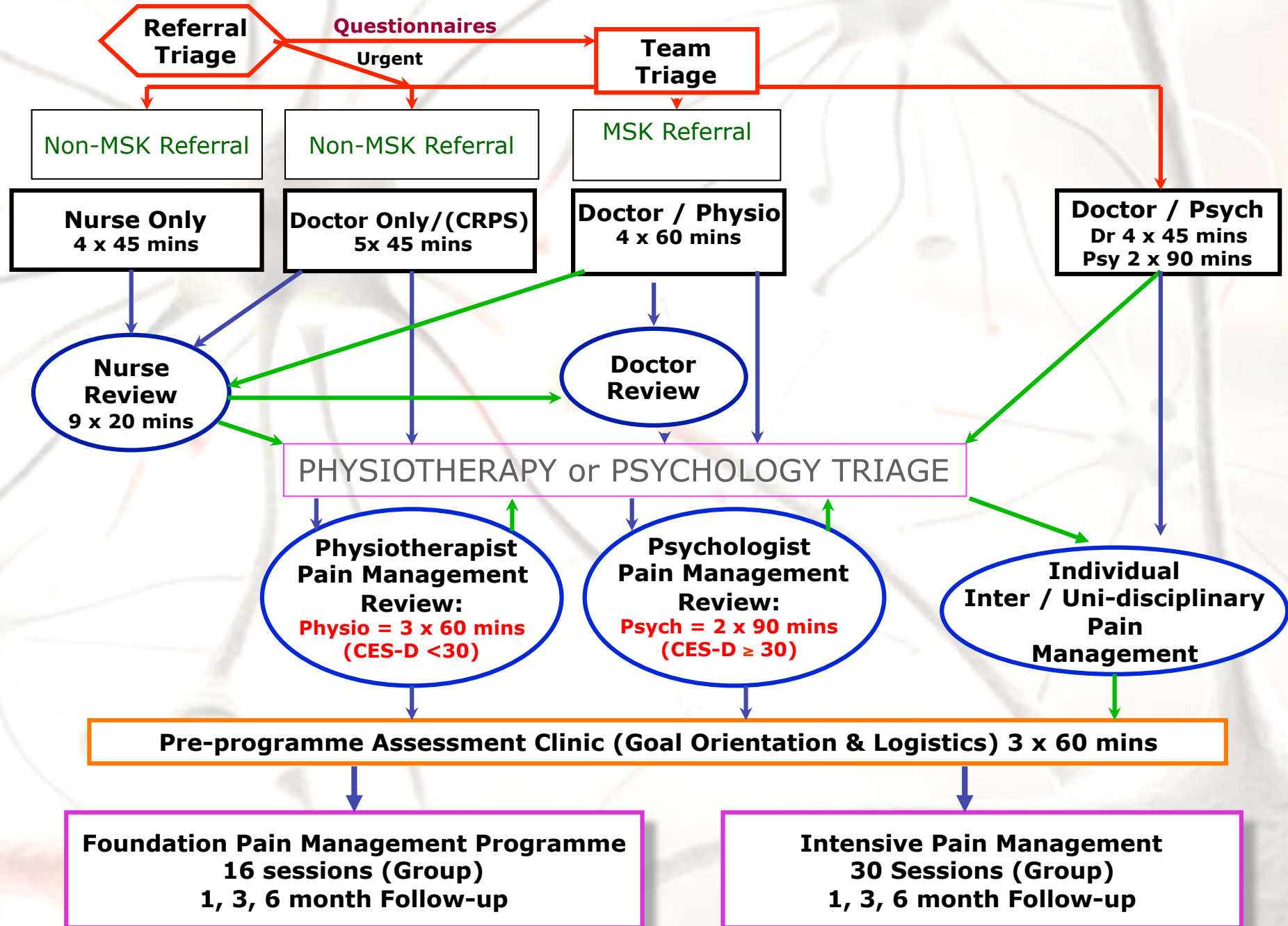
# Manchester & Salford Pain Centre

- Purpose built centre based at Salford Royal
- Staff:
  - 4 Specialist Physiotherapists
  - 4 Clinical Psychologists
  - 5 Acute Pain Nurses
  - 5 Pain Consultants
  - Administrative Team



# Patient Pathway for MSPC\*

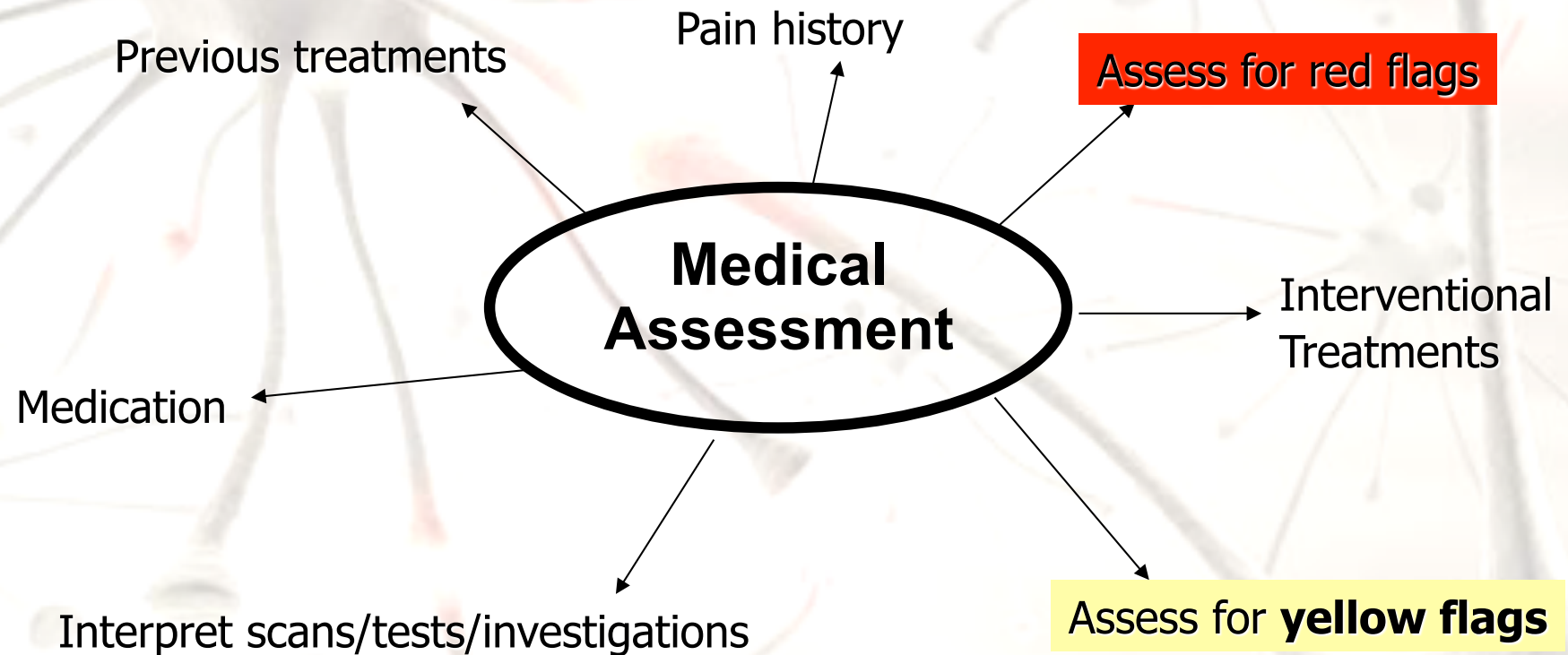
\* Discharge from any Level



# What do we offer

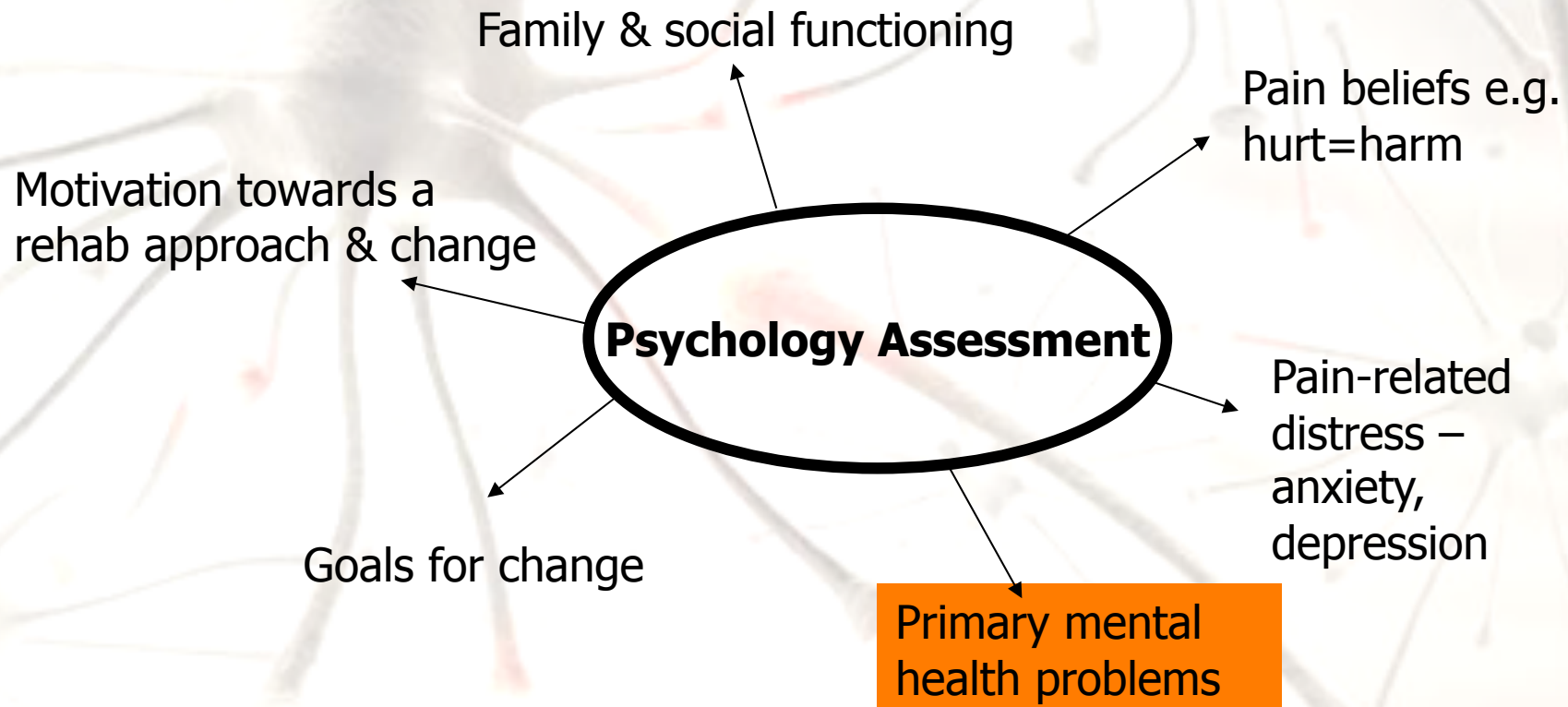
- Pain Management Programmes
- Individualised rehabilitation (Physio/Psych)
- TENS
- Spinal Cord Stimulation
- Interventional Pain Procedures
- CRPS Service

# Medical Assessment

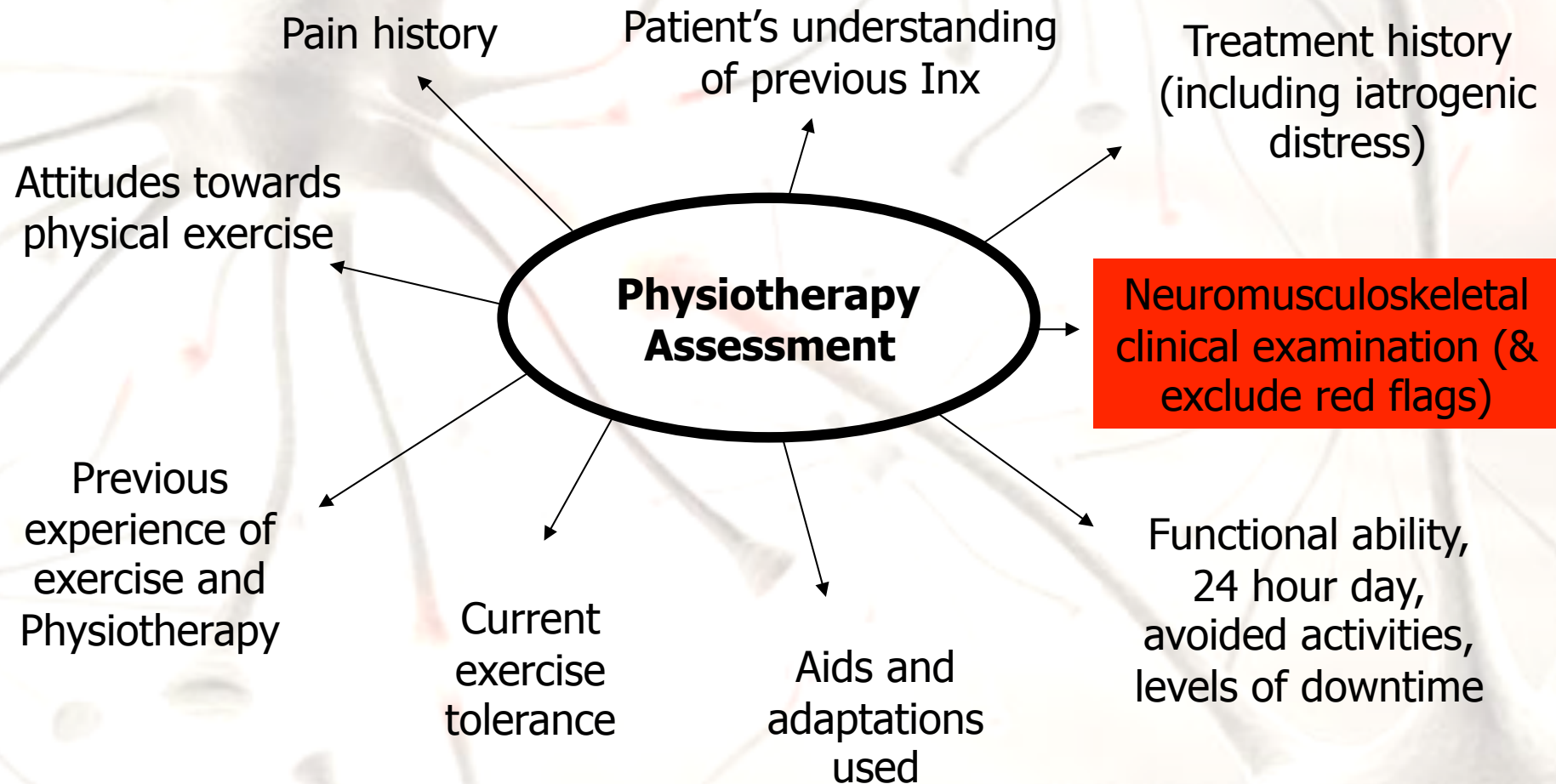




# Clinical Psychologist Assessment



# Physiotherapy Assessment



# Aims of PMP

To reduce the disability and distress caused by chronic pain by teaching sufferers physical, psychological and practical techniques to improve quality of life'

*(British Pain Society)*



# Messages for those in chronic pain

- Relationship between pain and tissue damage
- Pain cannot always be cured
- Pain does not always get worse
- Self-management is very helpful
- Carry on life as usual but in 'smaller doses'
- Flare-ups are normal and will pass