

Focussed education sessions for patients with chronic non-cancer pain: Impact of a service improvement project

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Background

- Improvements in functional and psychological status in chronic non-cancer pain (CNC) are best brought about in the context of a bio-psycho-social model together with patient education and self-management skills training [1-5]
- Traditional Pain Management Programs (PMPs) promote [1]:
 - Leading as normal a life as possible
 - Reducing physical disability & emotional distress
 - Improving self-management of pain and disability
 - Reducing reliance on healthcare resources
- Typically, PMP teams engage with patients for half a day per week over 12 weeks and course facets might include:
 - Education on pain physiology & psychology
 - Guided exercise, activity and goal-setting
 - Identifying and changing unhelpful beliefs and ways of thinking
 - Relaxation techniques

Aims

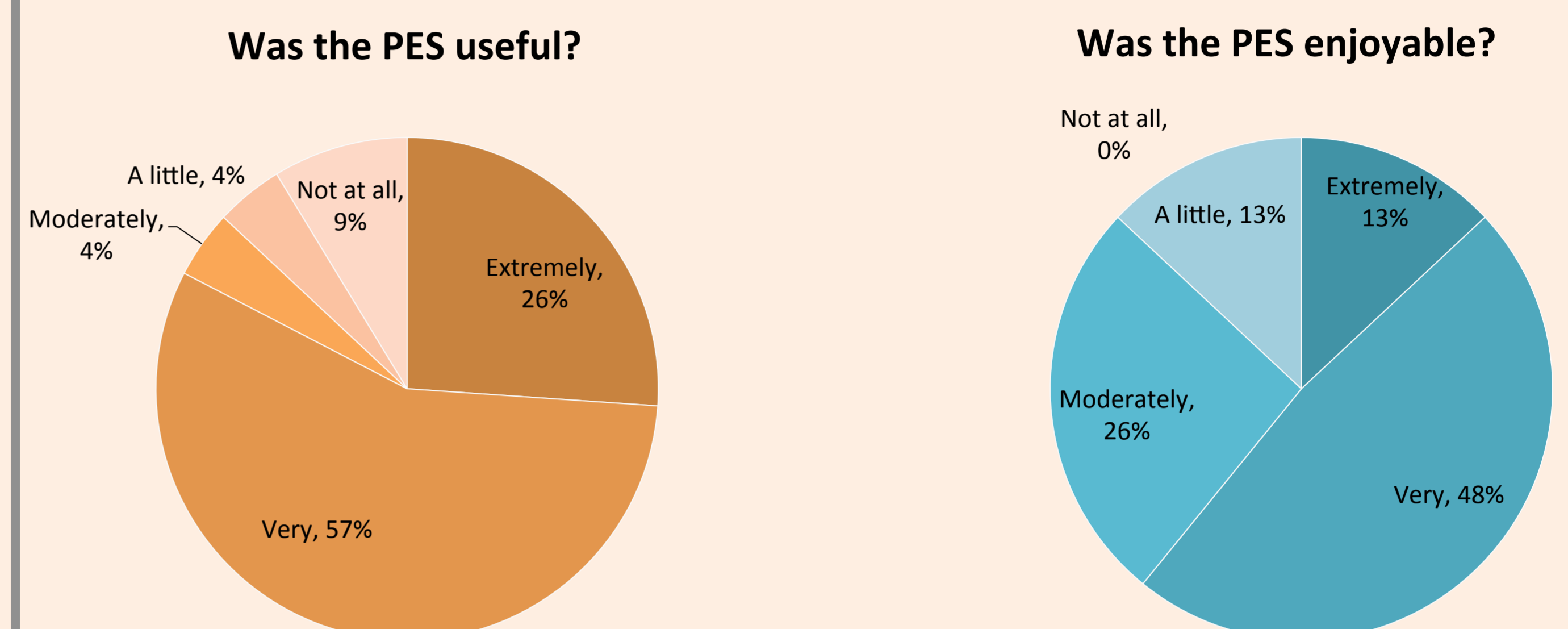
- PMPs are often utilised as a treatment of last resort
- Our aim is to apply PMP principles early in the management of those with CNC presenting to our pain service through a one-off half-day Focussed Education Session (FES)
- We believe this approach will reduce pain associated disability

Methods

- We designed a bespoke half-day (2½-hour) FES based on the principles of traditional PMPs
- This was led by a multidisciplinary faculty comprising pain physicians, pain physiotherapists and pain psychologists
- The PES covered:
 - Pain biology
 - Medications and interventions
 - The impact of pain and self-management
 - Exercise advise and goal setting
- Pre-session quantitative data collected:
 - General demographics, health-professional interactions, Pain Catastrophizing Scale score, Pain Self-Efficacy Questionnaire score and EuroQol questionnaire data
- Post-session qualitative data collected:
 - General feedback on the delivery of the session
 - Whether the session helped patients understand or manage their pain better

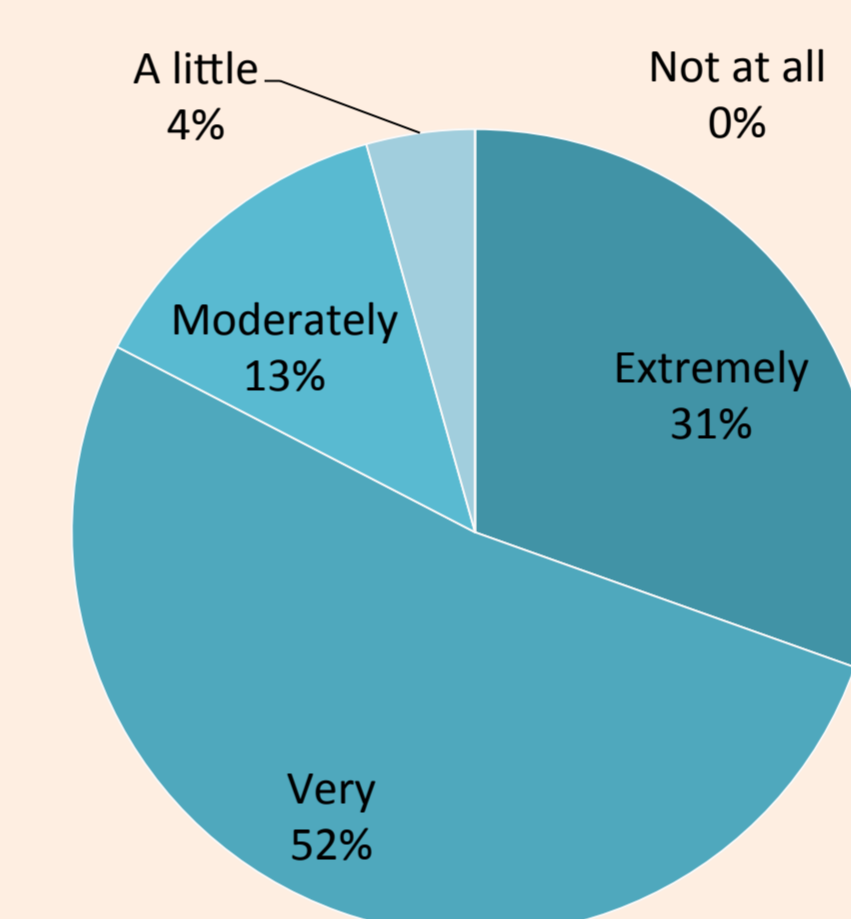
Results

Complete data sets from 23 patients over four sessions were available

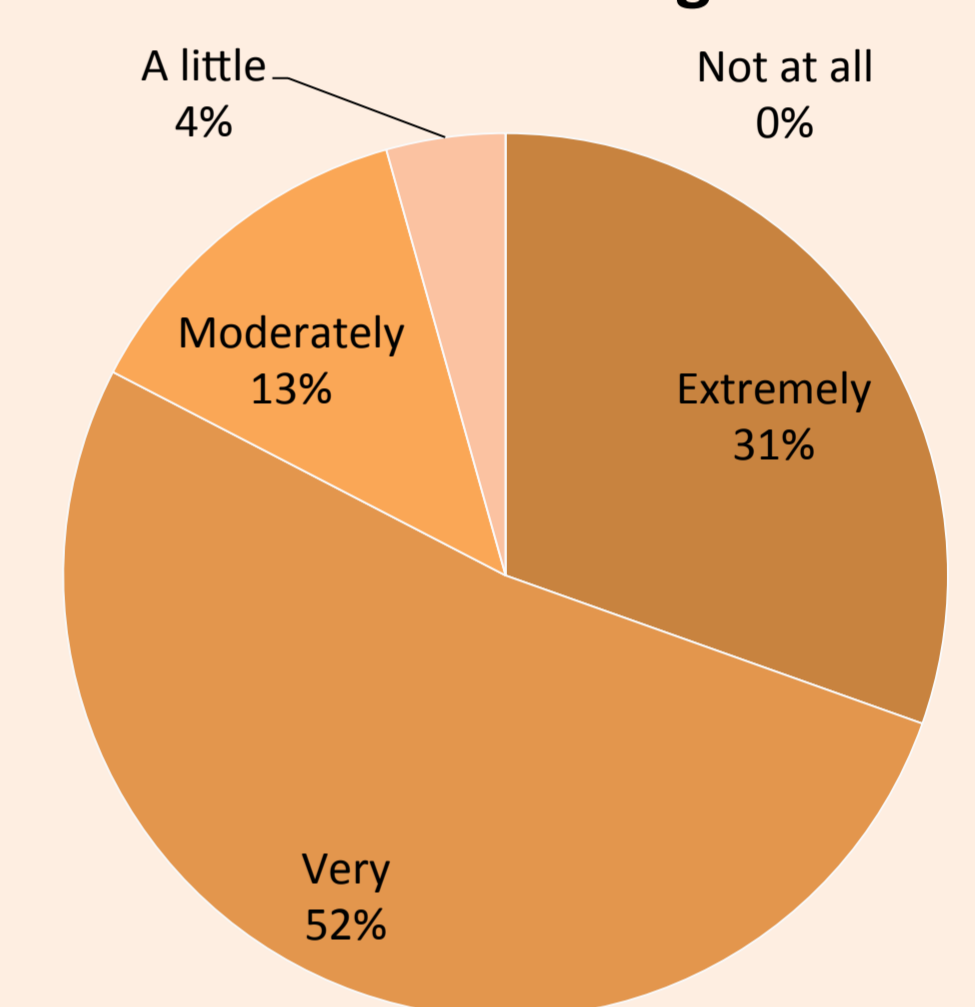


Patients suffered from a wide variety of pain diagnoses but mainly from widespread pain/fibromyalgia, musculoskeletal pain or neuroaxial pain

Was the information given understandable?



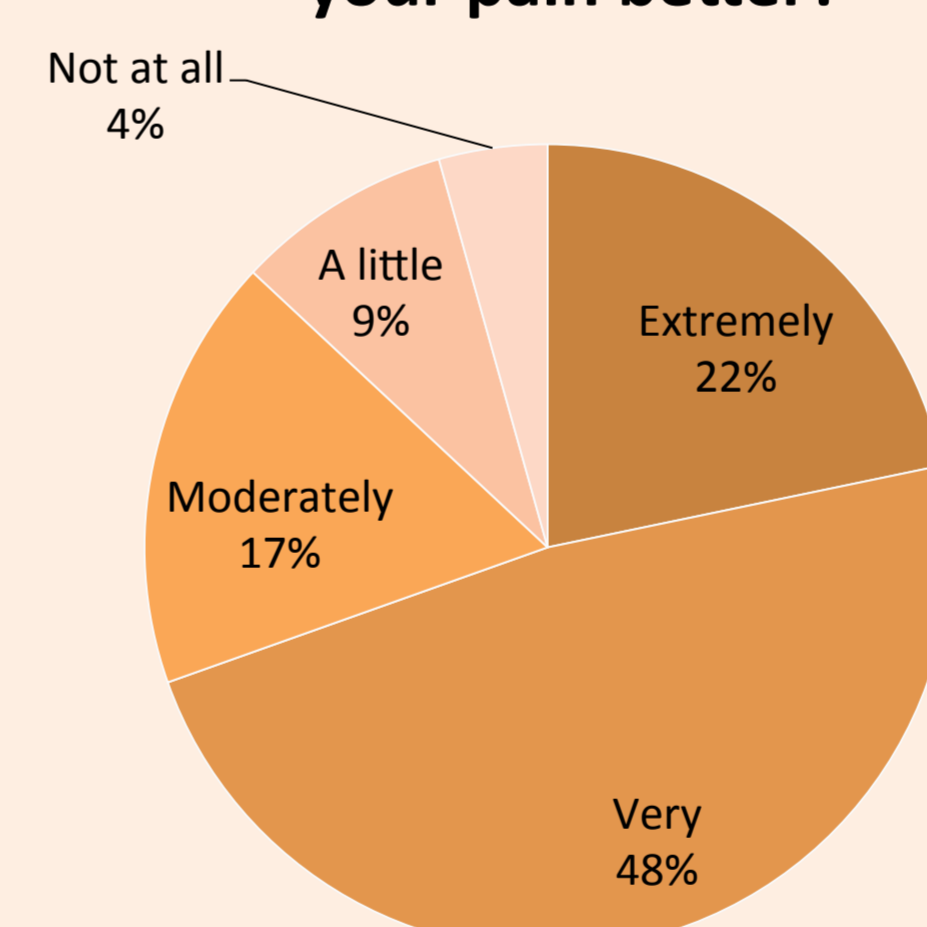
Was the information given clear?



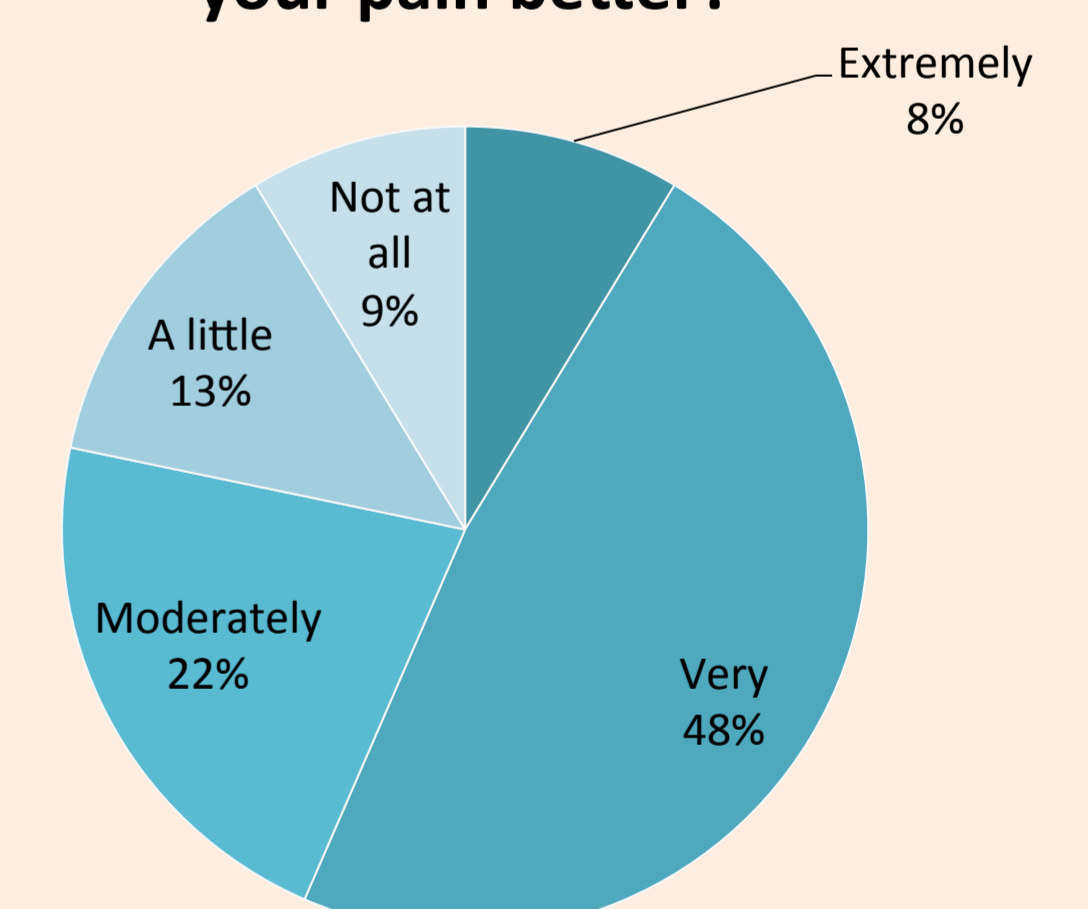
All patients were on analgesics

Some patients had already received invasive pain management procedures and others were awaiting their first

Did the PES help you understand your pain better?



Will the PES help you to manage your pain better?



Conclusions

- Although in its infancy, anecdotal comments and qualitative data suggest that that future quantitative data from validated questionnaires is likely to show significant impacts on satisfaction, well-being and functional outcomes
- With positive impact data, formal commissioning of this type of intervention will enable us to expand the participants invited to other patient populations including orthopaedics, rheumatology and spinal surgery. This will help us to develop a wider pool of expertise and available resources
- Ongoing data collection using a PDSA cycle will help us to self evaluate and enable our program to evolve

References

- [1] Guidelines for pain management programs for adults: an evidence based review prepared on behalf of the British Pain Society 2013. www.britishpainsociety.org/static/uploads/resources/files/pmp2013_main_FINAL_v6.pdf (accessed 8th December 2016)
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- [5] Core Standards for Pain Management Services in the UK. Faculty of Pain Medicine of the Royal College of Anaesthetists 2015. www.rcoa.ac.uk/system/files/FPM-CSPMS-UK2015.pdf (accessed 8th December 2016).