

Developing cross-sector pain support

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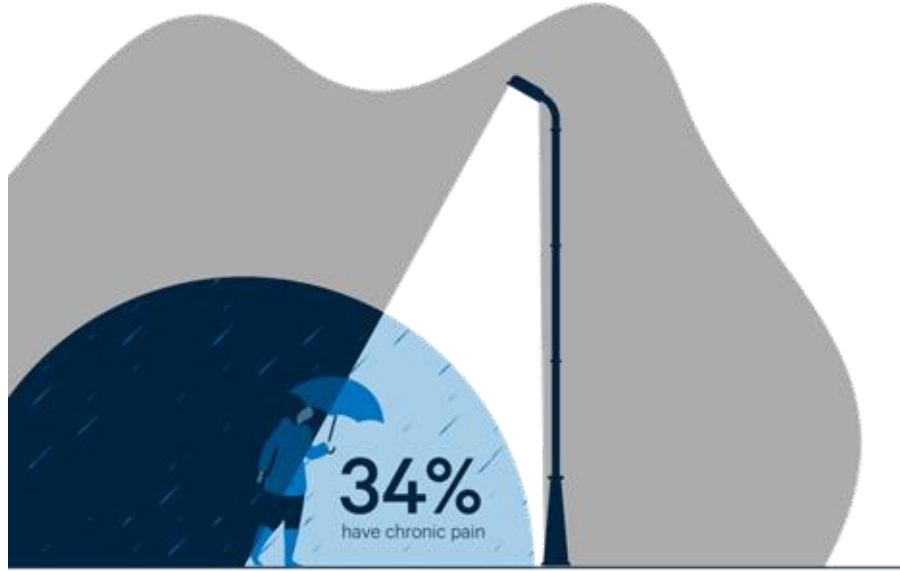
Imperial College Healthcare



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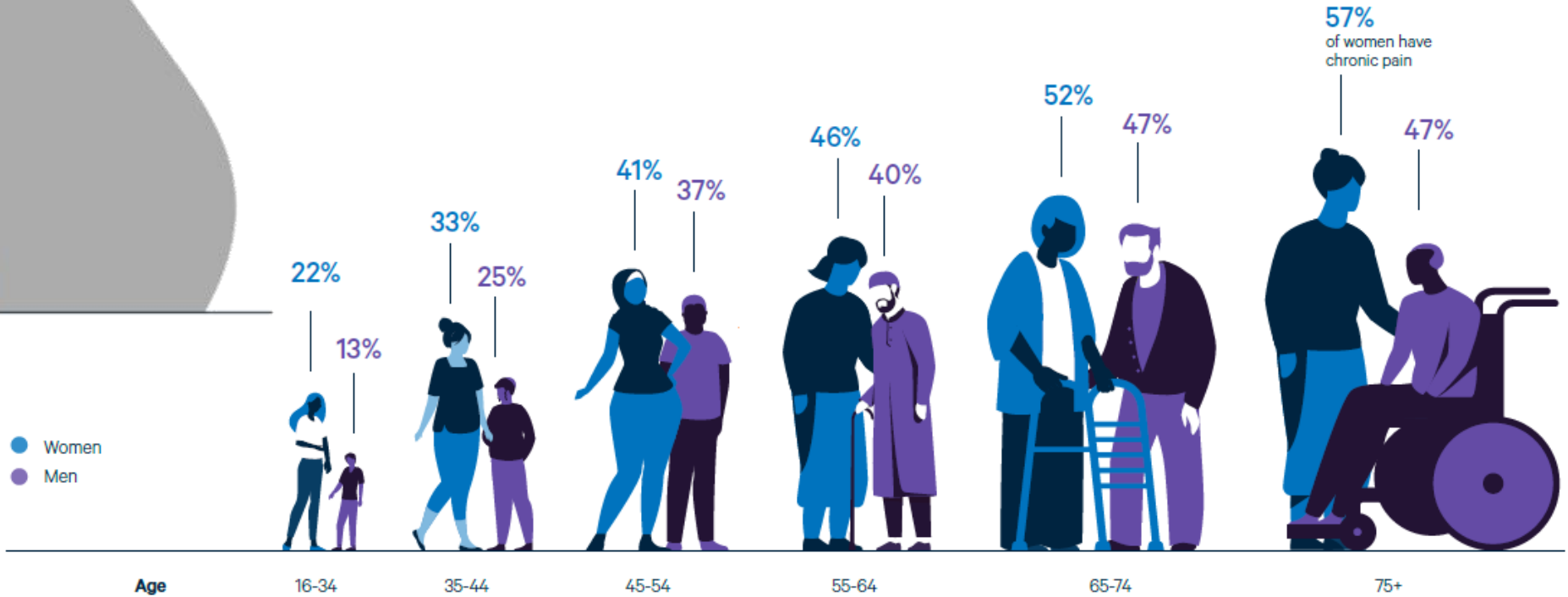
High-impact chronic pain: HSE 2017



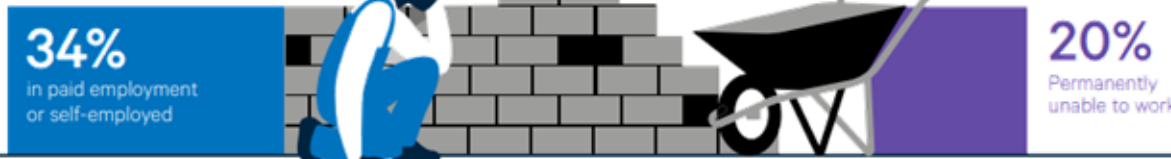
22%
Low-impact
chronic pain

12%
High-impact
chronic pain

About 8 in every 10 people (84%) with chronic pain report that at least some of their chronic pain is in the neck or shoulder, back, limbs or extremities – all sites where pain is most likely to be musculoskeletal.

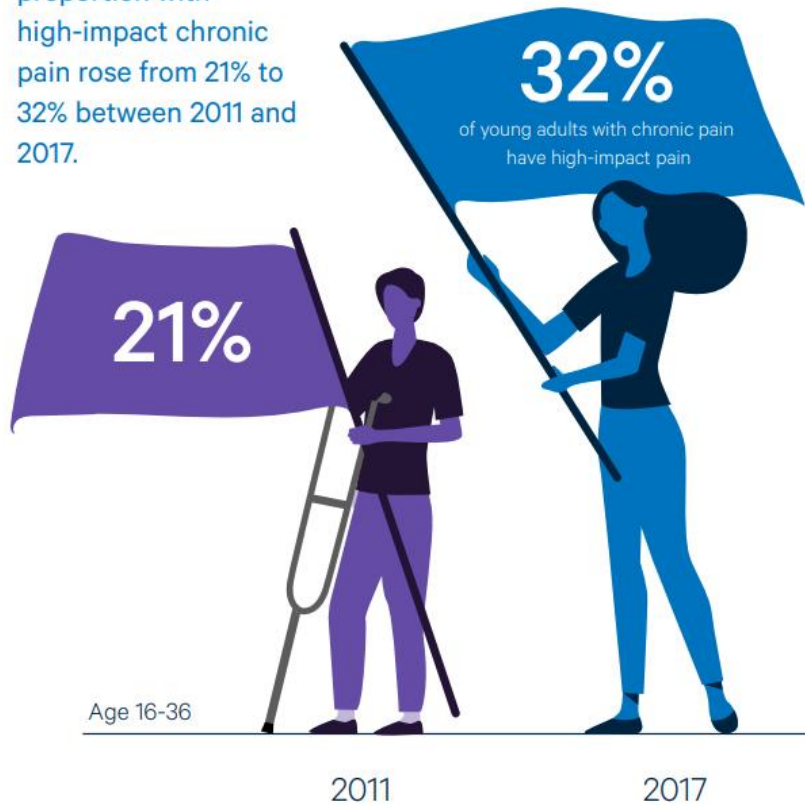


High-impact chronic pain

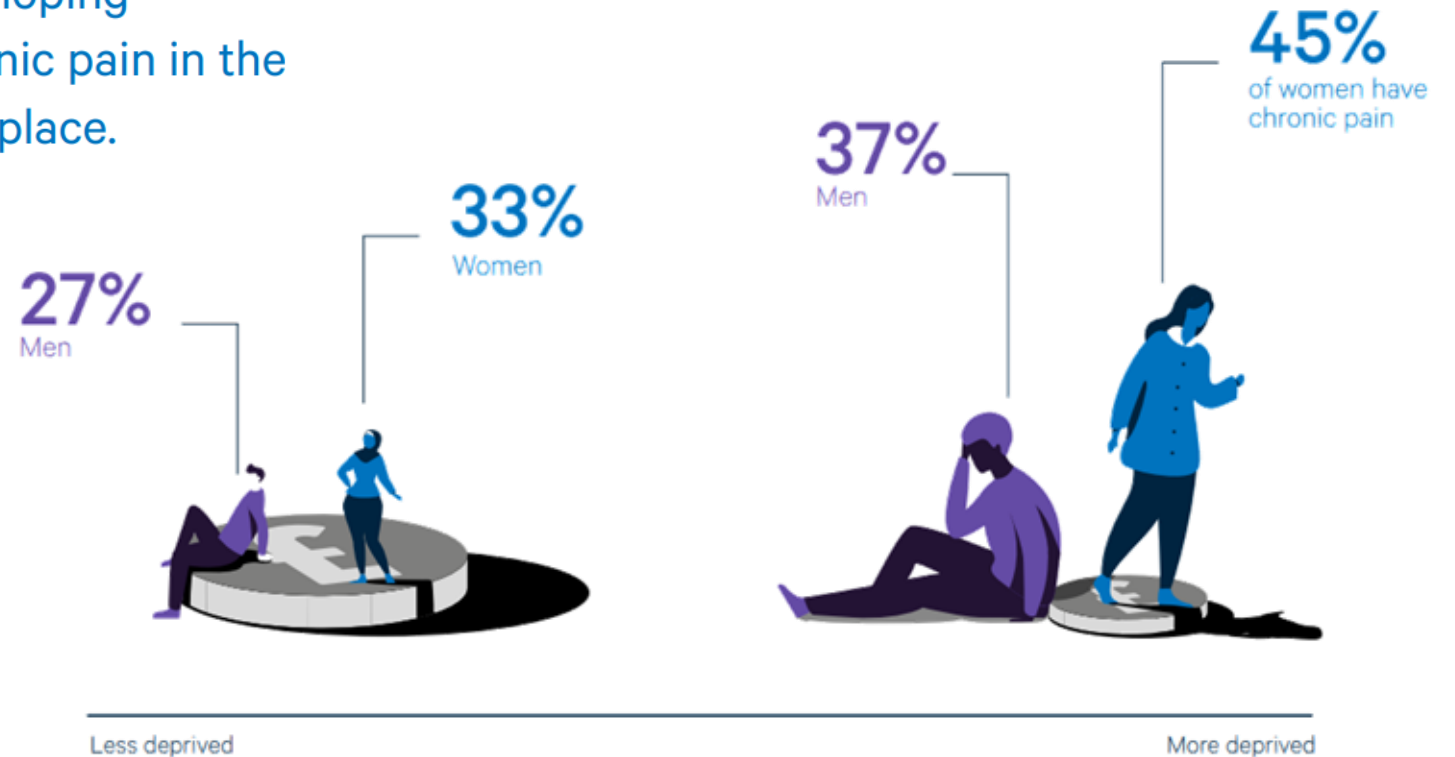


High-impact chronic pain: HSE 2017

Among young adults with chronic pain, the proportion with high-impact chronic pain rose from 21% to 32% between 2011 and 2017.



Social disadvantage and psychological stress increase people's risk of developing chronic pain in the first place.



High-impact chronic pain: HSE 2024

- 26% of adults reported chronic pain; **13% reported high impact chronic pain.**
- Prevalence of both chronic pain and high impact chronic pain was higher in women (29% chronic pain; 15% high impact chronic pain) than men (22% vs 11%)
- **Older people more likely than younger people** to report chronic pain, prevalence increasing from 12% among aged 16-24y to 40% among those aged 75 and over.
- The proportion of adults with chronic pain was **highest in the most deprived areas** (36%) and lowest in the least deprived areas (19%).
- Those with chronic pain had lower **levels of mental wellbeing** and more likely to **feel lonely** at least some of the time (32% vs 18% without chronic pain)
- Among all adults, those with high impact chronic pain were **less likely to be in employment** (38%) than those who did not have high impact chronic pain (61%).

The Karpman Drama Triangle



The Persecutor

In this mode the person doesn't value other people's views and integrity

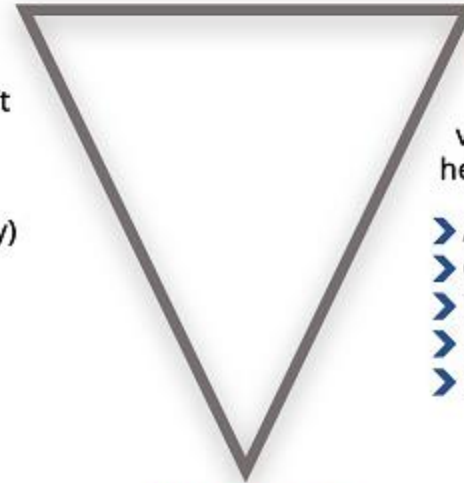
- > Angry (opening and passively)
- > Aggressive
- > Judgemental
- > Bullying
- > Demanding
- > Spiteful and scornful



The Rescuer

In this mode the person doesn't value other people's capacity to help themselves

- > Appear self sacrificing
- > Over helpful and facilitative
- > Like to be needed
- > Prone to meddling unnecessarily
- > Engulfing



The Victim



In this mode the person doesn't value self and defers to others

- > Manipulative
- > 'Poor me' syndrome
- > Helpless and needy
- > Complaining and whinging
- > Fretful
- > Downtrodden
- > Blaming others

הַוָּיָא לְהוּ פּוֹרְיִיתָא דְּהוּוּ מִגְּנִי עֲלֵהּ אוֹרְחִין.
כִּי מֵאַרְיֶה – גְּיִיזִי לִיָּהּ, כִּי גּוּזַן – מְתַחִין לִיָּהּ.



The Talmud continues to discuss the sins of the people of Sodom: They had beds on which they would lay their guests; when a guest was longer than the bed they would cut him, and when a guest was shorter than the bed they would stretch him.

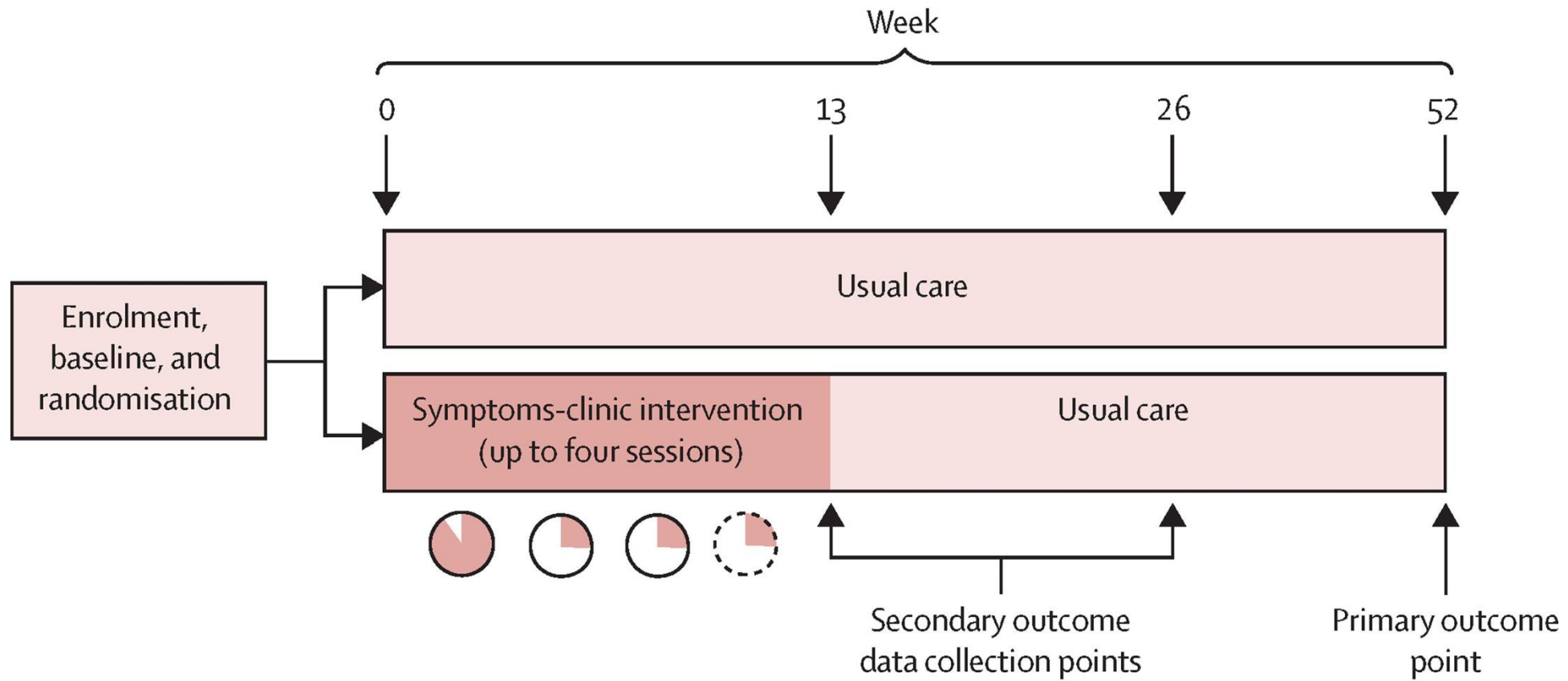
Babylonian Talmud; Sanhedrin 109b

Procrustes, a robber ... had an iron bed (or, according to some accounts, two beds) on which he compelled his victims to lie. Here, if a victim was shorter than the bed, he stretched him by hammering or racking the body to fit. Alternatively, if the victim was longer than the bed, he cut off the legs to make the body fit the bed's length. In either event the victim died. Ultimately Procrustes was slain by his own method by the young Attic hero Theseus.

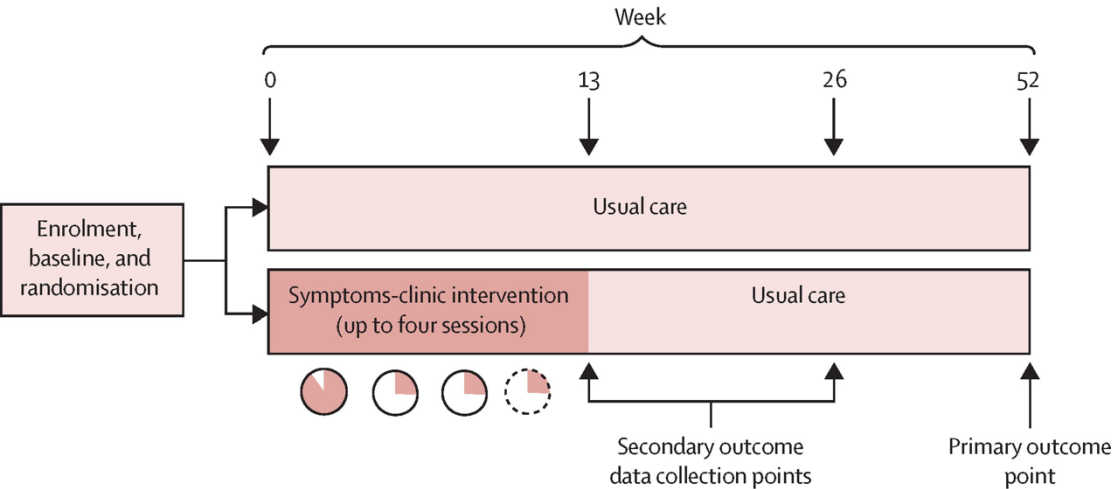
<https://www.britannica.com/topic/Theseus-Greek-hero>

Diodorus Siculus, Library of History

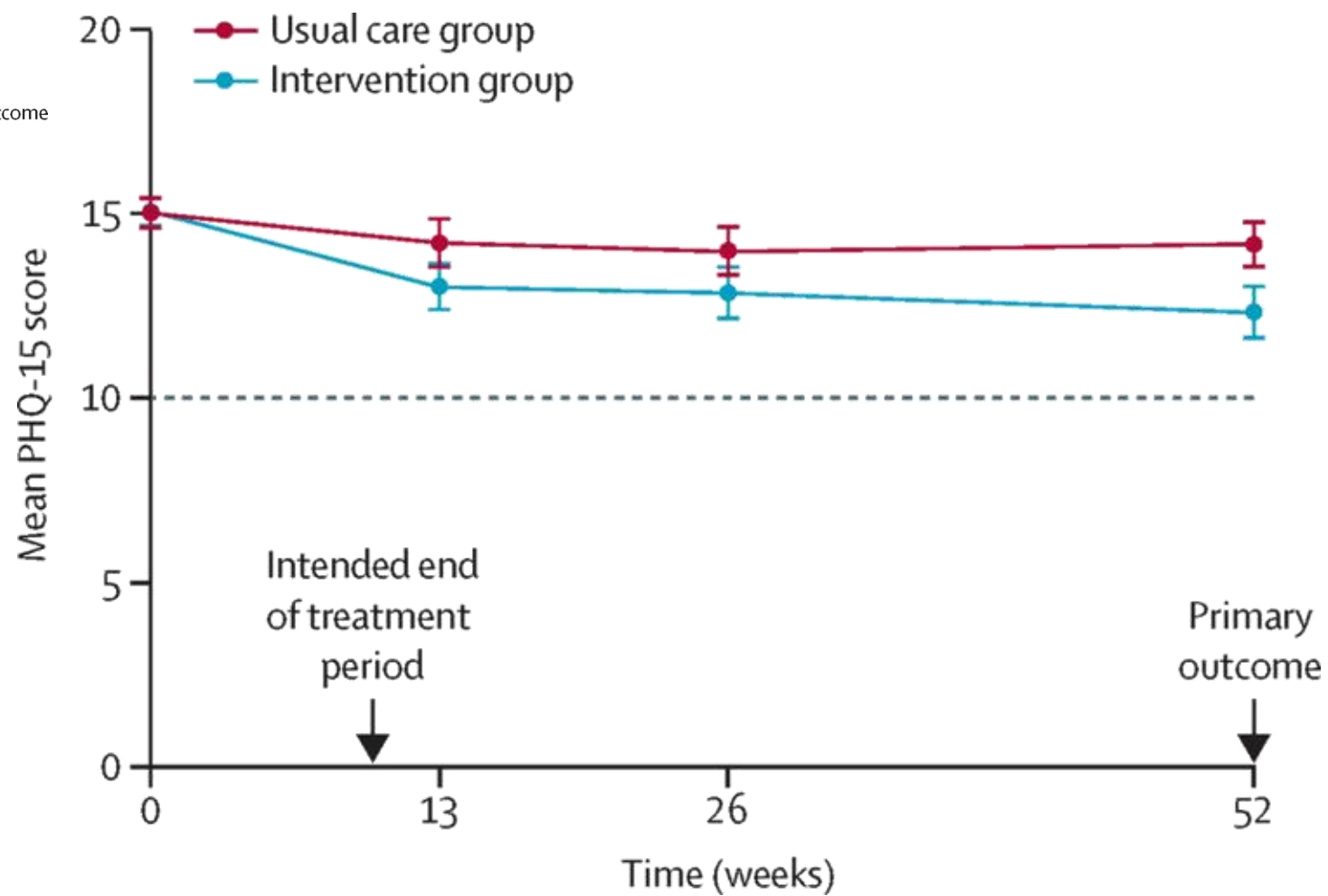




- Recognition: active listening and validating the person and the symptom as legitimate
- Explanation: co-producing personal explanation on the basis of symptom science
- Action: teaching and learning symptom management techniques
- Learning: consolidating new knowledge and skills



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Chronic widespread pain/fibromyalgia

Why 'boom and bust' (push and crash) matters

Predisposing factors

Early life trauma

- Neglect
- Abuse
- Instability
- Poverty

Other potential factors

- Hypermobility
- Neurodivergence

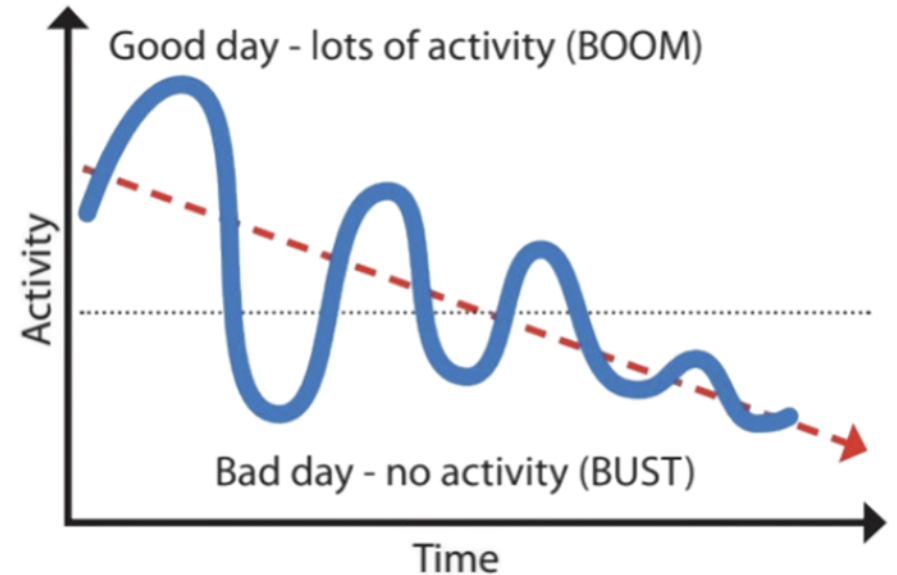
Precipitating factors

localised muscular/
joint pain

disease,
illness

anxiety, life
crisis

Perpetuating factors



People's needs and preferences vary over time, and can benefit from a wide range of services; many of which already exist in some form locally

Everyday activities

Getting about

Being physically active

Social isolation and peer support

Mental health, wellbeing and sleep

Employment and financial stability

Young people and education

Support for carers

Shifting mindset of individuals, professionals and services from 'curing' pain to 'living well' with and '**managing the impact**' of chronic pain

Options to help you manage your symptoms

Continue as I am

You may decide that you do not want to make any changes right now

Things I can do myself (with support if I need it)

For more on these options, click here to be taken to page 11



Things I may be able to try through my health and care team

For more on these options, click on the tabs below to go to that page:

Support to identify and access things I can do for myself:

page 11



Physical activity in a group: page 13



Talking therapies: page 14



Acupuncture: page 15



Medicines: page 16



Making decisions to help you
**live well with
chronic primary pain**

NHS

What is this document?

This document is called a **decision aid**. It is for people aged 16 years and over with chronic primary pain.

It can help you think about what options you might like to consider to help you live well with pain.



What works for one person might not work for another

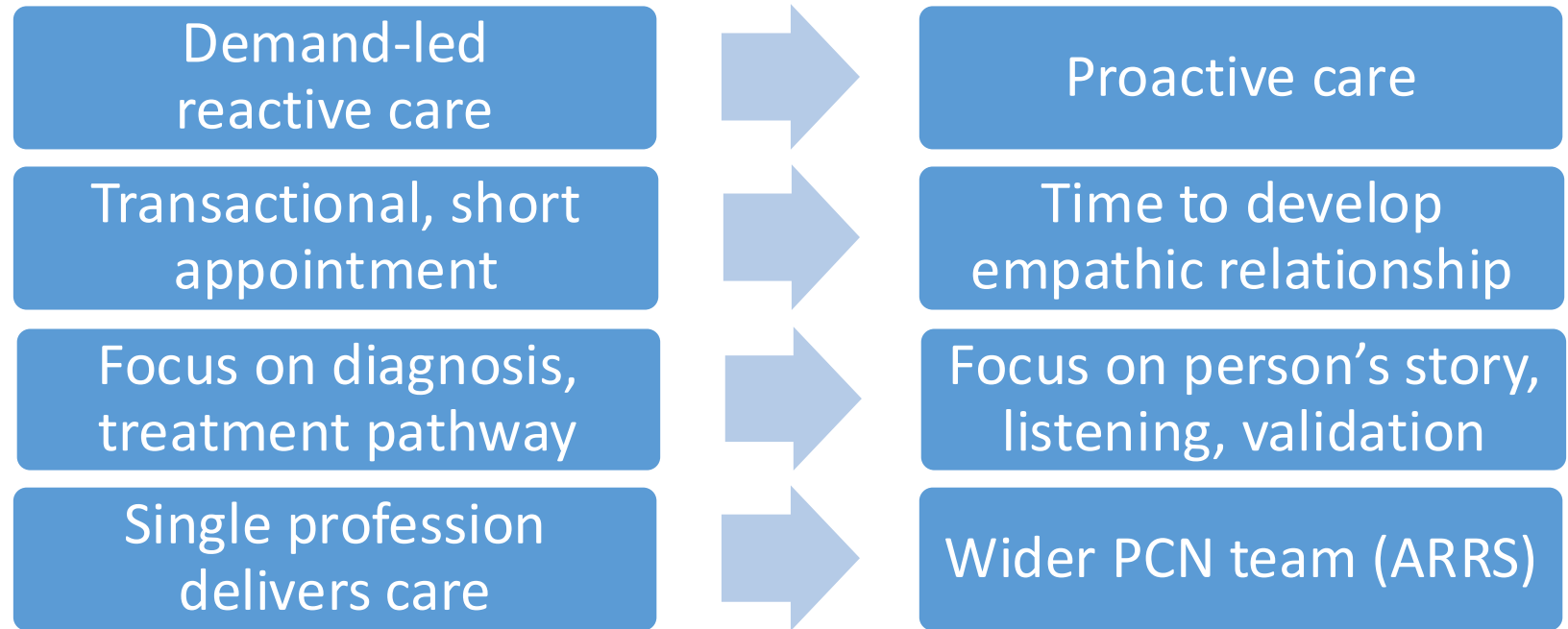
There are possible advantages and disadvantages with all the options but we cannot tell who might benefit or who might experience problems – everyone responds differently. You can try more than one at the same time. You may need to try a few things to find out what helps for you.

You do not have to try any of these things if you do not want to or you feel now is not the right time.

You can continue as you are if you are happy to do so.

Population health management

Data-driven tool or methodology that refers to ways of bringing together health-related data to identify a specific population that health and care systems may then prioritise for particular services.



Improved understanding of chronic pain:

- Local extent and impact
- Local demographics, need and inequalities
- Psychological, social, economic drivers

Chronic pain - personalised care pilot

Longer appointment with GP/other trained HCP
Listening to patient journey, exploring trauma

Supporting understanding of chronic pain
Help patients identify concerns, needs, preferences
- *What matters to me*

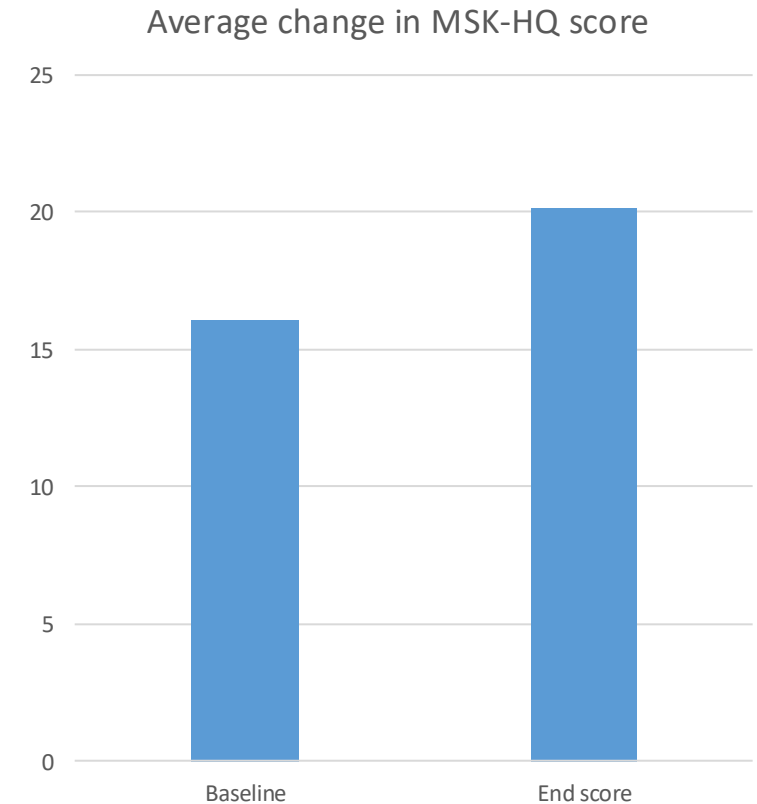
Six-weekly MDT to discuss complex patient
Primary care team, secondary care input

Review progress and need
Signposting, referrals; discharge to usual care

Clinical outcomes: MSK-HQ score

Pilot site data:

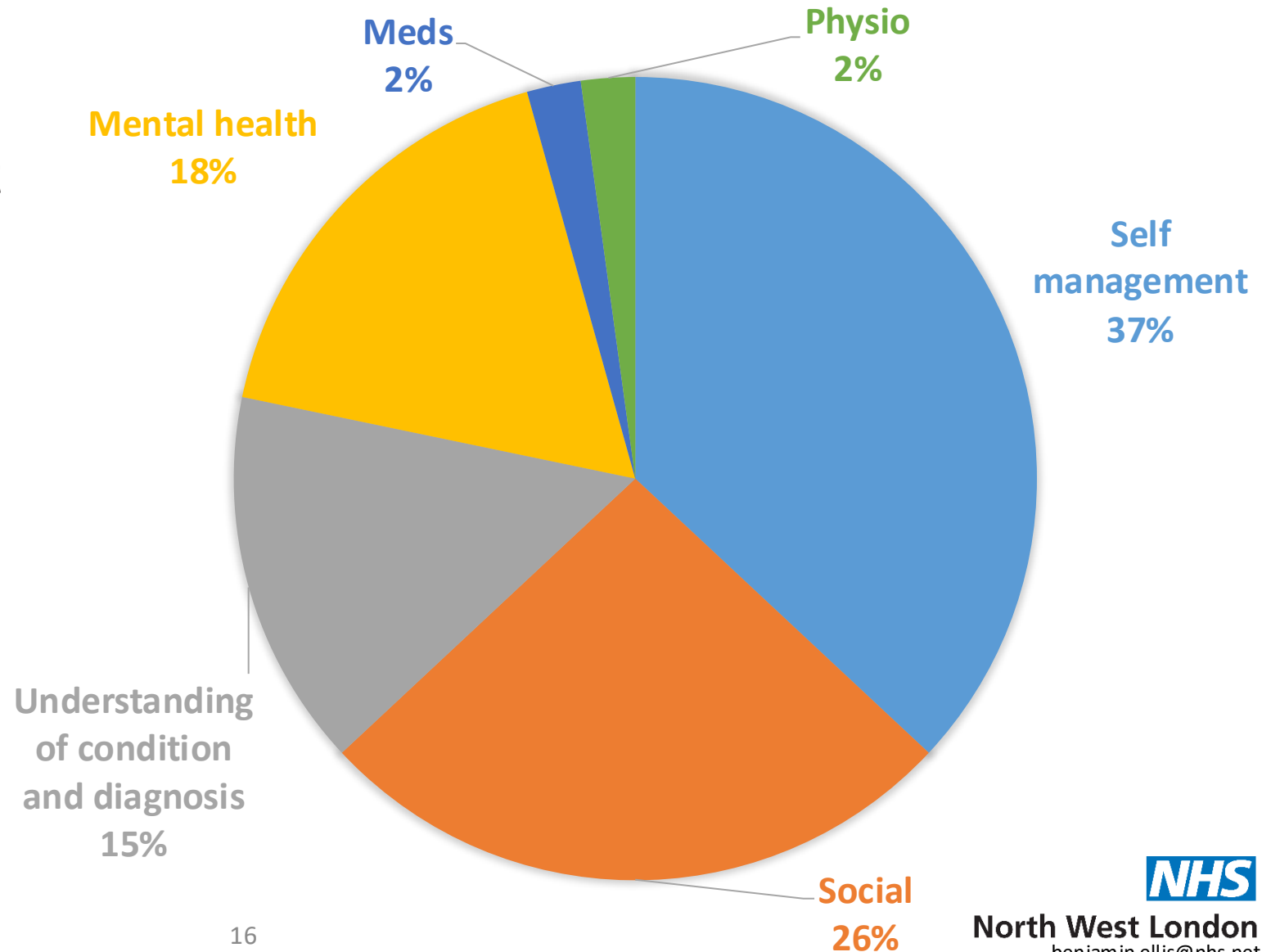
- MSK-HQ score
- 14 questions focusing on MSK symptoms, non-MSK symptoms, wellbeing, understanding of condition and confidence in managing symptoms
- Significant improvement in average MSK-HQ score:
 - **Average pre – 15.75**
 - **Average post – 19.875**



Social outcomes

Pilot site data:

- Most patients wanted support with self-management and social support
- Limited focus on medical aspects of pain (pilot and expansion)
- Onward referrals most commonly to social prescribers and psychological support



This article is more than 11 years old

Everyone is totally just winging it, all the time

Every time a public figure behaves with less-than-stellar competence, we're incredulous. We probably shouldn't be



Even this man is essentially just winging it. Photograph: Yuri Gripas/Reuters Photograph: YURI GRIPAS/REUTERS



Oliver Burkeman

Wed 21 May 2014 15.31 BST



Supporting communities for change

Connect:

- Find others who share your priorities and values

Collaborate:

- Listen, learn
- Share ideas, resources

Coach:

- Focus on what can be done
- Build on existing skills
- Set achievable goals
- Follow up and mutual support

Care about

- People, values and skills (not structures, rules and systems)