

SAND abstract number 234 from the BEACH program 2014–15

Subject: Chronic musculoskeletal/nerve pain in general practice patients

Organisation collaborating for this study: bioCSL Pty Ltd.

Issues: The proportion of patients at general practice encounters with chronic musculoskeletal and/or nerve pain; causes of this chronic pain; management of pain (current and previous); pain level and functioning.

Sample: 2,848 patients from 97 GPs; data collection period: 24/02/2015 – 30/03/2015.

Method: Detailed in the paper entitled *SAND Method 2014–15* on this website: sydney.edu.au/medicine/fmrc/publications/sand-abstracts/.

Methods for this substudy: 'Live better with pain log' (American Chronic Pain Association© 2005) was used to classify pain levels.

Summary of results

Age and sex distributions of respondents did not differ from those of patients at all 2013–14 BEACH encounters.

Of the 2,848 respondents, 25.4% (95% CI: 22.1–28.6, $n = 722$) had chronic musculoskeletal and/or nerve pain: 20.2% ($n = 575$) had chronic musculoskeletal pain only; 1.8% ($n = 50$) had chronic nerve pain only; and 3.4% ($n = 97$) had both. There was no significant difference in the sex-specific rates of chronic musculoskeletal and/or nerve pain (21.8% males; 27.7% females). No patients under 15 years of age had chronic musculoskeletal and/or nerve pain. The age-specific rates significantly increased with patient age, from 3.4% among 15–24 year-olds to 47.8% among patients aged 75+ years.

Of 672 patients with chronic musculoskeletal pain, reported cause(s) (multiple responses allowed) were: osteoarthritis (58.9%); lower back problem (34.8%); and cancer (1.2%). Of 147 patients with chronic nerve pain, reported cause(s) were: lower back problem (50.3%); osteoarthritis (18.4%); and cancer (2.0%).

Of 711 respondents, 60.6% managed pain with medication only, 25.6% used medication plus other management, 5.5% used non-medication management only, and 8.3% were using no pain management. Over half (51.3% of the 711 patients who responded about chronic pain management) were taking paracetamol, 8.2% were taking pregabalin, 7.7% were taking a paracetamol/codeine 30mg product, and 6.6% were taking oxycodone. Of 224 patients using non-pharmacological treatments, 12.0% used physiotherapy, 5.3% used exercise programs and 3.1% used heat therapy.

For three-quarters of patients (75.1%), management had not changed in the previous 6 months. Of 166 respondents for whom a change had occurred, changes reported were: switch medication (31.3%); initiate medication (where none previously taken) (30.7%); add medication (16.9%); increase dose (6.6%); cease all pain medication (5.4%); stop (one) medication (4.8%); and decrease dose (4.2%). The most common reasons given for management change (136 respondents) were to improve musculoskeletal pain (39%) and nerve pain (16.9%), and because of side effects (13.2%) such as drowsiness, nausea or constipation.

Reported pain level was significantly greater for patients with nerve pain (mean 6.3) than musculoskeletal pain (5.2), as was the impact of pain on activity (5.4 compared with 4.5), sleep (5.5 compared with 4.3) and mood (5.3 compared with 4.1).

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Definitions:






Chronic Pain = 'pain experienced every day for three months in the six months prior to this consultation'¹

Musculoskeletal (nociceptive) pain = caused by damage to body tissue (by painful stimuli e.g. heat, cold, mechanical force or chemical irritants) and usually described as a sharp, aching, or throbbing pain.^{2,3,4}





Nerve (neuropathic) pain = caused by actual nerve damage, often described as a burning, electric shock, shooting, numbness, itching or pins & needles.^{2,3,4}

Live Better with Pain Log






Pain Level

									
No Pain				Worst Pain					
1	2	3	4	5	6	7	8	9	10






Activity

									
Normally active				No activity					
1	2	3	4	5	6	7	8	9	10

Sleep

									
Fully rested				Poor-quality sleep					
1	2	3	4	5	6	7	8	9	10

Mood

									
Cheerful & calm				Depressed, anxious					
1	2	3	4	5	6	7	8	9	10

Adapted from: Live Better with Pain Log; © Copyright: 2005
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<http://www.theacpa.org/painlog/>

1. Blythe FM et al. 2001. *Pain* 89(2-3);127-134
2. Fong A & Schug S. 2014 *PRSJ* 143:8S-14S
3. Boreau F et al. 1990. *Pain* 42(1990); 145-152.
4. Richeimer S. 2000. Richeimer Pain Medical Group <http://www.helpforpain.com/arch2000dec.htm>

PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **CHRONIC MUSCULOSKELETAL (nociceptive) and/or NERVE (neuropathic) PAIN**. You may tear out this page as a guide to completing the following set of forms.

INSTRUCTIONS

The following 30 forms relate to the **next 30 PATIENTS** in the order in which the patients are seen.

Please **DO NOT** select patients to suit the topic being investigated.

Chronic musculoskeletal and/or nerve pain

Please use the tick boxes to indicate whether the patient suffers from **chronic^a musculoskeletal (nociceptive)^b and/or nerve (neuropathic)^c pain**.

Please also indicate the **condition/s** involved using the tick boxes, or by **writing** the condition/s in the space/s provided.

If the patient **does not** have chronic musculoskeletal and/or nerve pain please tick the box labelled '**Neither**' and **END the questions** here for this patient.

- a - chronic pain defined as 'pain experienced every day for three months in the six months prior to this consultation'¹*
b - nociceptive e.g. sharp, aching or throbbing pain^{2,3,4}
c - neuropathic e.g. burning, electric, shooting, numbness, itching, or pins and needles^{2,3,4} (See card in pack)

1. Blyth FM et al. 2001. Pain 89(2-3): 127-134
 2. Fong A & Schug S. 2014 PRSJ 143:8S-14S
 3. Boreau et al. 1990. Pain 42(1990); 145-152
 4. Richeimer S. 2000. Richeimer Pain Medical Group. Available from: <http://www.helpforpain.com/arch2000dec.htm>. Accessed 19th Nov 2014.

Chronic musculoskeletal or nerve pain management

Please advise how the patient's pain is **currently** being managed. Use the spaces provided to **write** the details of any **medications** or **other managements** currently being used by the patient for pain management.

If the patient's pain is **not currently being managed** please tick the box labelled '**NO management**'.

Previous pain management

If the patient's pain management has not changed in the past 6 months, please tick the box labelled '**Same as current**' and go to the last question.

If the pain management has changed in the past 6 months, please **write** the details of any **medications** or **other managements** previously used by the patient for pain management.

Reasons for management changes

If the patient's pain management did change in the past 6 months, please use the tick boxes and spaces provided to indicate the **reason/s** for the change/s.

NB: Please note that any **adverse events** disclosed by the patient should be reported to the sponsor of the product or Therapeutic Goods Administration (TGA).

Ask the patient

Pain level and functioning

Referring to the 'Live better with pain log' tool (see card) please **ask the patient** to indicate their **level of pain**, and its impact on **activity, sleep and mood, when they are in pain** and write the corresponding number in the space provided.

<p>Does this patient have (either or both) - (see card)</p> <p>1. Chronic <u>musculoskeletal</u> pain due to:</p> <p><input type="checkbox"/> Cancer <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Lower back problem <input type="checkbox"/> Other _____ (please specify)</p> <p>2. Chronic <u>nerve</u> pain due to:</p> <p><input type="checkbox"/> Cancer <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Lower back problem <input type="checkbox"/> Other _____ (please specify)</p> <p><input type="checkbox"/> NEITHER → End questions BL170B</p>		<p>If 'yes' current pain management/s are:</p> <p><input type="checkbox"/> Medication (please specify) Name & Form Strength Dose Freq _____ _____ <input type="checkbox"/> Other management _____ (please specify) <input type="checkbox"/> No pain management</p>	<p>Six mths ago the pain management was:</p> <p><input type="checkbox"/> Same as current - go to last question OR Name & Form Strength Dose Freq _____ _____ <input type="checkbox"/> Other management _____ (please specify) <input type="checkbox"/> No pain management</p>	<p>If management was changed in past 6 mths, why?</p> <p><input type="checkbox"/> Side effects _____ (please specify) <input type="checkbox"/> Improve mgt of nerve pain <input type="checkbox"/> Improve mgt of musc. pain <input type="checkbox"/> Drug interactions <input type="checkbox"/> Other _____ (please specify)</p>	<p>Ask the patient to rate their pain and its impact on the following functions when in pain: (see card)</p> <p>Pain _____ Activity _____ Sleep _____ Mood _____</p>
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