

## Residential Pain Management

This type of programme is available at St.Thomas Hospital (INPUT) London, and the Royal National Hospital for Rheumatic Diseases, Bath.

What does it involve?

Bath Pain Management Unit has this mission statement:

' Enabling people to reduce the impact of pain on their lives and influencing society's attitude to pain '

As well as running pain management programmes, the Unit undertakes education of healthcare professionals to raise awareness.

Pain Management involves the following aims:

1. Improving physical conditioning
2. Goal setting and pacing activities
3. Improving understanding of chronic pain and its effects
4. Addressing psychological distress

In particular there is emphasis on:

Restoration of function to facilitate improved participation in chosen life activities

Most programmes include the following strands, implemented by an Interdisciplinary team\*:

1. Psychology: CBT\* (cognitive behavioural therapy) has established benefits in chronic pain. Bath Pain Management Unit uses a new version, known as Contextual CBT \*(Acceptance based Therapy) which stresses the individual's personal values (see below) and expands on CBT.
2. Physiotherapy :encourages improvements in body conditioning and establishes current ability in gentle exercises that are relevant to daily activities
3. Occupational Therapy OT looks at daily activities and lifestyle goals (based on the person's individual values) and how these can be achieved
4. Medical/nursing input provides information on healthy living, chronic pain and taking medication etc.

\*see notes below

Residential programmes (like Outpatient Programmes) involve groups of 6-10 patients who have a variety of pain conditions. In addition to group sessions, there may be the opportunity for 1:1 sessions with members of the team. Programmes tend to last 3-4 weeks.

Who benefits?

Whilst it is important that this type of programme should not be regarded as simply a 'last resort', it may not be fully beneficial to patients who are still searching for a diagnosis or undergoing new treatments.

Chronic pain is a complex condition. Although there are numerous recurring themes, each patient experiences pain in highly individual circumstances. Hence the timing of the programme within the course of the patient's illness should be assessed on an individual basis.

Essentially, anyone with chronic pain may benefit from pain management programmes which help enhance self-management skills and hence quality of life. The aim is NOT to reduce pain but to manage the pain more effectively.

Most programmes are for adults. Bath also runs an adolescent programme and is about to run a Young Person's programme (age 18-30).

Does it work?

Yes, it can be very effective, not just in the short-term but also on a longer-term ongoing basis. Improvements in function, relationships etc are more likely than change in pain level.

Bath Pain Management Unit (website: [http://www.bath.ac.uk/pain-management/adult\\_service.htm](http://www.bath.ac.uk/pain-management/adult_service.htm)) have found that average adult patient who attends one of the treatment programmes experiences significantly improved results in the following nine key domains:

1. Pain
2. Daily activity
3. Physical disability
4. Emotional functioning
5. Walking ability
6. Activity tolerance
7. Medication use
8. Health care use
9. Psychosocial disability

Referral

Referral is through GP or Pain Specialist (or other hospital doctor). Referrals receive a thorough

assessment from a Specialist Registrar or Consultant Rheumatologist and a Clinical Psychologist. The purpose is to ensure that the person is medically appropriate for a programme and checks that all necessary medical investigations and treatments have been completed. The Clinical Psychologist explores the impact that pain has had on the person's life, and establishes if a programme would meet their needs.

The main criterion for acceptance is persistent and disabling pain which is unresponsive to other therapies.

### Follow up

Patients are invited for follow up after 3 and 9 months, when there are afternoon group sessions reviewing achievements and problem solving any difficulties. It is also possible to contact the team between follow-ups to discuss progress by phone.

### \* Notes:

Interdisciplinary teamwork: team members are drawn from different disciplines and there is considerable crossover between the disciplines (cf. multidisciplinary teams in pain clinics where roles are more clearly delineated). Working as a team allows working for common goals with a pooling of expertise. This encourages an integrated approach and helps patients to identify the widespread effects of chronic pain and therefore to be able to find ways of managing the various problems.

Centre for Advanced Palliative Care Manual ( <http://64.85.16.230/educate/content/elements/interdisciplinarycare.html> ) states:

“Multidisciplinary team members work sequentially where the medical record is the chief means of communication. Interdisciplinary teams work collaboratively with regular meetings to discuss patient status and the evolving plan of care.”

CBT is a psychological approach that identifies the link between unhelpful thoughts and feelings and the resulting behaviour, then providing ways of changing habitual ways of dealing with life. (See Psychological Article for more details).

Contextual CBT is based on an individual's values and comprises various approaches that encourage a willingness to accept unpleasant experiences (emotional, mental or physical) without reacting to them or trying to change them (hence the alternative name, Acceptance based Therapy or Acceptance and Commitment Therapy: ACT\* ).

\* The ACT algorithm is:

- Accept your reactions and be present
- Choose a valued direction
- Take action

( [http://en.wikipedia.org/wiki/Acceptance\\_and\\_Commitment\\_Therapy](http://en.wikipedia.org/wiki/Acceptance_and_Commitment_Therapy) )

Guidelines:

The British Pain Society has issued guidelines for Pain Management Programmes (PMP) in general (mostly these are Outpatient Programmes). The proposed 2006 update is undergoing a year-long consultation process. (information is available at [http://www.britishpainsociety.org/pub\\_professional.htm#pmp](http://www.britishpainsociety.org/pub_professional.htm#pmp) )

You can also access information for patients at: [http://www.britishpainsociety.org/pub\\_patient.htm#pmp\\_patient](http://www.britishpainsociety.org/pub_patient.htm#pmp_patient)

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