Appendix 32 Patient scenario – Seeking Stronger Opioids

Opioid Patient Scenario: Seeking Stronger Opioids

James, a 45-year-old man developed low back pain about a year ago while he was lifting a heavy chair. His back suddenly gave away and he could barely move. His back was in severe spasm and the pain radiated down both his legs. After a few days, the pain got a bit better, and he was able to walk. He had back pain on and off for years, but it always went away before. This time however the pain persisted. He can walk unaided but only short distances. His sleep is quite disturbed as he cannot find a comfortable position. He could not continue in his work as a delivery driver and is off sick. He is worried that he is going to lose his job.

He had some input from physiotherapy, but it did not help. He has been taking regular ibuprofen and over the counter codeine/paracetamol which takes the edge off but are no longer working. He is now requesting stronger analgesics. No clinical 'red flag' features are present, but he is fearful of structural damage. The movement in his spine is very restricted but neurological examination is normal.

Standard History to include:

- ❑ When and how the pain started
- ❑ Whether the condition is improving or deteriorating
- ❑ What impact it is having on function – hobbies, work
- ❑ Is the patient concerned that they may be causing harm by being physically active
- ❑ What impact it is having on sleep, mood, relationships
- ❑ The patients understanding of why they are in pain and what they have been told by other HCP's
- ❑ What does the patient want out of the consultation

Examination

- ❑ Rule out red flags
- ❑ Ascertain how well the patient can move
- ❑ Don't underestimate the power of physical examination

Timing

It may not be possible to cover every aspect in a short consultation and information may need to be obtained over multiple consultations.

Patient Consultation

The next section describes some of the key messages that you need to deliver in the first consultation and is an example of one possible way that the consultation could proceed.

STEP 1	Rule out / screen for red flags. Ensure that it is safe to move
STEP 2	Communicate that it is safe to move
STEP 3	Assess the efficacy of medications and communicate the lack of efficacy in chronic pain
STEP 4	Take steps to ensure that the patient moves

Click on the steps above to read about each

STEP 1 Rule out / screen for red flags. Ensure that it is safe to move

Back pain is very common and often relapsing. Most recent-onset low back pain episodes settle but only about one in three resolves completely over a 12-month period. About three in five will recur in an on-going relapsing pattern and about one in 10 do not resolve at all. This is the natural presentation of back pain.

The examination and history should rule out any clinical red flags and imaging and surgical opinion are unnecessary because there are no clinical features to suggest a harmful underlying condition. A physical examination, with subsequent explanation to the patient can be hugely re-assuring. Back pain can radiate to the legs but if it does not extend below the knee, it is unlikely that there is nerve root compression.

You have had back pain for a year now. Are you concerned that there is something harmful going on? That we have missed something?

Unfortunately this is very common. Sometimes the back pain persists. We do not know why but from how you describe your pain and from the examination, I think we can be reasonably assured that there is nothing dangerous going on in your spine. I don't think you need an MRI of the back.

I have had back pain for years, but it always went away. I have never had it so bad. This pain is not going away. Surely, I must have done something to my back when I lifted that chair. I think I need a scan to see what is going on in my back.

Patients have unjustified faith in MRI scans and sometimes cannot be convinced that there is nothing wrong. Imaging is generally not required for most patients with back pain but sometimes may be required simply for assurance and should only be conducted if it will influence future management (as per NICE guideline).

STEP 2 (1 of 3) Communicate that it is safe to move

We know it is helpful is to keep muscles and joints working. Unfortunately, because of the pain and belief that moving is causing harm, patients start doing less and less which means muscles become weaker, and joints become stiffer with time. People can then lose their confidence with physical activity. The best way forward is to slowly start using your spine and try and do more.

What do you think is going on? How do you think we can help?

I can't carry on like this. It is affecting everything. My employer keeps asking when I am coming back. But I can't go back. I might lose my job. I need this fixed.

I don't know. If as you say my spine is fine, why is it still hurting?

Your back is structurally fine and your nerves are strong and working as they should be. You still feel pain because your nerves have become oversensitive. Normally, the nervous system will calm down and the pain goes away. For example, when you cut your finger, the nervous system becomes active, and you experience pain which stops you from using your finger until it heals. The pain disappears as you start healing. In chronic pain however, even though there is no ongoing injury, the nerves still think there is something wrong and they try to protect you. The nerves are making your back muscles go into spasm to try and stop you from moving, but this is not helping, it is just making the pain worse.

This is quite a complex concept that patients often fail to grasp. We often use the analogy of a fire alarm. The fire alarm should normally go off when there is a fire, to warn everyone of danger. But sometimes fire alarms can become faulty and can go off even when there isn't a fire. Similarly, the pain messaging system should normally only become active when there is damage. But in chronic pain, there is no damage. The pain messaging system is faulty and goes off even though there is no damage.

STEP 2 (2 of 3) Communicate that it is safe to move

Moving may not take the pain away but will help patients to do more despite pain. If patients don't move, their muscles will weaken and joints will stiffen up, and they will end up doing less and less. They will also lose confidence with movement and inactivity can lead to low mood. Any activity, whether it is housework or exercise has to be paced. Which means doing little and often rather than pushing themselves when they feel good, and then paying for it with more pain afterwards. Doing it this way means that it won't hurt as much, and patients will still be able to do more.

Will this pain go away? I cannot carry on like this. Something needs to be done to fix this.

I can see that the pain is affecting you a lot and you are naturally worried about what it means for your future. We cannot say for sure that this pain will go away. Often if the pain lasts for a couple of years, it does not go away. What we can say for certain is that if you do not move those muscles, they will become weaker and stiffer which means you will be able to do less and less. Unfortunately, because of the pain, you started doing less which meant your muscles became weaker with time. The only way forward is to slowly start using those muscles and try and do more. It is safe to move your back. Although it will be sore when you try doing it, it will slowly become easier.

It is essential to explore the psychological impact of the pain. The patient in this scenario seems quite distressed. It is important to acknowledge this distress.

STEP 2 (3 of 3) Communicate that it is safe to move

Patients should be advised that when they first start moving, they may notice stiffness and pain, but by gently increasing their activities, muscles will start to get more flexible, and they will ultimately be able to do more.

What a person in authority says about the pain can have a huge impact on pain perception. Although chronic pain is defined as any pain more than 3 months, it does not mean that it will continue to persist. The focus of the consultation should move away from prognosis to what can be done to help patients improve function and quality of life.

But I tried the physio, and it only made it worse. They just gave me a piece of paper with exercises to do at home. I can barely move; nothing works! I have tried everything; I think I need stronger pain killers.

Any activity you do, whether it is housework or exercise has to be paced. This means doing little and often rather than pushing yourself. Doing it this way means that you won't hurt as much and will still be able to do more. By gently increasing your activities, your muscles will start to get less stiff, and you will be able to do more. You will still get days when the pain is really bad; it does not mean there is anything changing in your body. It just means the nerves are more sensitive. It's ok to rest for a bit, but you should still try and keep moving.

Many patients find that by being able to move better, the back pain is improved as the spasms get easier.

STEP 3 Discuss the role of medications

We know opioid medicines do not work very well for chronic pain. They may provide initial relief but this impact fades as patients develop tolerance to the medication. These medications also have side effects that can cause harm over time. Patients should essentially use opioids as a tool to help them do more despite the ongoing pain.

Pain killers don't work very well for chronic pain; they can take the edge off at best. Stronger pain killers, particularly opioids also come with more side effects such as sedation, nausea, constipation, effects on the immune system and some patients can get addicted to them. If they are taken regularly, you will quickly develop tolerance and they will stop working.

Can you give me stronger pain killers?

But I would still like to try stronger pain killers. I can't do anything right now. I need to be able to work.

We can try stronger codeine if you wish but it does not always work. Opioids for chronic pain only work in one in every five patients at best. We can start the codeine, but this will be as part of a trial. If we do not see any improvements in your physical activity in the next 4-6 weeks, we will have to stop it.
The best way of using codeine is to not use it for everyday pain but use it to help you move. For example, if you know you are going to do something that will hurt, such as walking for longer or exercise, it is ok to take a pain killer to help you do that. What you should not do is take the codeine regularly as you will just get used to it and it won't work very well.

STEP 4 Take steps to ensure that the patient moves

Where investigations have shown that there is no dangerous cause of chronic pain, patients should be encouraged to move as over time this can increase function and reduce pain. There are options to refer to physiotherapy and social prescribers.

We have discussed a lot today. The one thing I would like you to take away is that although you are hurting, there is nothing dangerous going on. The best thing that you can do is to move those muscles, help them get less stiff so that you can do more. This is the only thing that will help in the long run.

What happens next?

I am going to refer you to my physiotherapy colleagues. But you do not have to wait for the referral, you can start the process yourself. I will contact you again in a few weeks' time to review your progress.

Patients often think that the purpose of physiotherapy is to get rid of the pain. This is probably true for acute pain but not for chronic. The purpose is to keep patients moving despite their pain. Physiotherapy does not primarily affect the pain intensity, although some patients might gain relief from reduced muscle spasm.

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