

## **Chronic Pain: An Information Sheet for General Practitioners and Allied Health Professionals**

This information sheet has been compiled by the staff of Dr Timothy Sharp and Associates for the purpose of educating a variety of professionals on the management of chronic pain. It also provides information regarding referral to our service, which offers specialist services in the treatment of chronic pain.

Chronic pain is defined as pain that persists for a period of more than 3 months. Chronic pain often persists long after musculoskeletal damage has healed or where minimal pathology remains.

### **What can I do to help my patients to manage their pain?**

- 1. Do not facilitate excessive investigation and speculative treatments in an attempt to find a “cure”**
  - “Persistent investigations and speculative attempts at cure can be detrimental, entrenching passivity, dependency and disability” (Nicholas, Sharp and Molloy, *Modern Medicine of Australia*, October, 1999).
  - When findings come up negative or they indicate minimal pathology, treat this as good news and use this as an opportunity to explain to patients that they will not make their condition worse by continuing with their normal, daily activities (Waddell, *The Back Pain Revolution*, 2004).
  
- 2. Encourage patients to remain active**
  - Where no ‘red flag’ conditions are identified (i.e. where surgery is not indicated, and cancer or other serious pathology is not suspected), it is crucial to a patient’s prognosis that he be encouraged to remain active despite pain (Nicholas, *Work Cover New South Wales*, 2002).
  - Encouraging patients with chronic pain to rest when they experience pain will merely serve to prolong the period of their disability and it may foster the unhelpful belief that increased pain is necessarily linked to further tissue damage.
  - Gradual increases in activity will help patients to improve their levels of functioning *despite* pain.
  - Remember that pain and disability are not the same thing. “Pain is a symptom, not a clinical sign, or a diagnosis, or a disease. Disability is restricted activity” (Waddell, 2004, p.27).
  - Severity of pathology and reported pain correlates quite poorly with degree of disability (Waddell, 2004). The evidence suggests that there are many people who manage regular daily activities despite severe pain and spinal pathology, and conversely there are those people with moderate pain levels and little objective pathology who remain extremely inactive. Clearly pain and disability are not the same thing.

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### 3. **Don't see yourself as responsible for ending your patients' pain and solving all their problems**

- Remember that with chronic pain, short-term attempts to reduce pain are often unhelpful.
- Analgesic medication may provide short-term relief, but it can often result in dependency and significant side-effects when used over the long-term.
- It is best to encourage patients to consider how it is that they have coped in the past and to act as a "sounding board" (Nicholas et al., 1999), as opposed to feeling pressure to jump in and solve your patients' problems.
- Solving your patients' problems for them is likely to reinforce their dependence on others, which is a common problem in chronic pain.

### 4. **Recognising the role that psychology plays in pain management and the use of cognitive-behavioural strategies**

- Cognitive-behavioural therapy (CBT) is an approach used by many clinical psychologists and some psychiatrists. It is an approach that has been shown to have very positive effects in improving the quality of life of many pain patients when delivered by the appropriate health professionals (Nicholas, 2002).
- The evidence suggests that avoidance of activity is more related to beliefs about the meaning of pain and fear of pain than actual pathology and severity of pain (Waddell, 2004). Hence, CBT encourages patients to challenge their beliefs about pain such as: "If I experience a flare-up it must be due to further damage"
- CBT is typically aimed at:
  - educating clients about the nature of chronic pain
  - establishing functional goals
  - upgrading their activities gradually and systematically
  - reducing patients' reliance on medications
  - learning techniques to remain more calm during flare-ups
  - challenging the unhelpful beliefs that typically develop with a pain condition

## **Referral and Further Information**

Should you wish to discuss the content of this information sheet or make a referral, please do not hesitate to call us on 9231 2522 and ask to speak with one of our clinical psychologists, each of whom has extensive experience in the treatment of chronic pain. We would be more than happy to explain the structure and aims of our pain management programmes with you.

## **References**

Nicholas, M., Sharp, T. & Molloy, A. (1999). A Collaborative Approach to Managing Chronic Pain. **Modern Medicine of Australia, October.**

Nicholas, M. (2002). **Work Related Activity Program (WRAP): For the prevention of long-term disability in workers with injuries (non-red flag).** Workcover, New South Wales.

Waddell, G. (2004). **The Back Pain Revolution.** Churchill Livingstone, London.