

Chronic Pain Reviews

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Introduction

- Opioids are effective analgesics for acute pain and end of life
- They have limited evidence for chronic pain
- They cause more harm than good when on >120mg Morphine/day
- They can cause hyperalgesia, which makes pain worse, rather than better
- Chronically, patients build up tolerance and dependence
- Reducing Opioids can be beneficial but this can be difficult at times due to patient resistance

Audits

High Dose Opioid

Patients without Cancer
On more than 120mg or similar
(or equivalent)
daily oral Morphine
Reviewed 52 patients
Reduced 13 (25%) patients

New Opioid Prescribing

New Opioids prescribed in
the last 3-months
Reviewed prescribing and fed back
to Clinicians
Reviewed after 3-months
12.5% less patients
(24 → 21)

Deprescribing

- There's limited evidence for chronic use of Opioids, Gabapentinoids, Benzos and Z-drugs
- Recommend appropriate alternatives
- Need holistic approach → Check on Sleep, Mental Health etc.
- Shared decision making
- Find what motivates patients
- Allow patients to process information in their own time
- No hard and fast rules
- Regular follow-ups with patients

Opioids PO	Equivalent to 10mg Morphine PO
Codeine Phosphate	100mg
Dihydrocodeine	100mg
Hydromorphone	2mg
Oxycodone	6.6mg
Tapentadol	25mg
Tramadol	100mg

Buprenorphine Patch	Equivalent Morphine PO
5mcg/hour	12mg
10mcg/hour	14mg

Fentanyl Patch	Equivalent Morphine PO
12mcg/hour	30mg
25mcg/hour	60mg

Management

- Antidepressants are recommended first-line treatment for chronic pain
- Patients with chronic pain are more likely to suffer from depression/anxiety → Psychosocial link
- Counsel patients on side-effects and delay start, if needed → Driving? Consider side-effects
- Find a medication that works best, given their current presentation → e.g. TCA's for insomnia, secondary to pain
- Exercise → Physiotherapy, Swimming, Yoga etc.

Ankylosing spondylitis and related condition



Fibromyalgia



Back pain



Osteoarthritis



Top Tips

- Holistic reviews
- Build rapport with patients
- Non-judgemental
- Wording is essential
- Education → Live Well with Pain
- Shared decision making
- Find what motivates patients
- Exercise is key
- Deprescribe
- Regular follow-ups
- Take advantage of MDT



References:

1. Faculty of Pain Medicine. Faculty of Pain Medicine [Internet]. London: Faculty of Pain Medicine; [cited 2025 Apr 15]. Available from: <https://fpm.ac.uk/>
2. National Institute for Health and Care Excellence (NICE). Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain [Internet]. London: NICE; 2021 Apr 7 [cited 2025 Apr 15]. Available from: <https://www.nice.org.uk/guidance/ng193>
3. Versus Arthritis [Internet]. London: Versus Arthritis; [cited 2025 Apr 15]. Available from: <https://versusarthritis.org/>
4. Sussex MSK Partnership Central. Self-care [Internet]. Sussex MSK Partnership Central; [cited 2025 Apr 15]. Available from: <https://sussexmskpartnershipcentral.co.uk/self-care/>
5. Live Well with Pain. Live Well with Pain [Internet]. [cited 2025 Apr 30]. Available from: <https://livewellwithpain.co.uk/>