



CLINICAL GUIDELINE

Chronic Pain Management in Primary Care

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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Chronic Pain Management in Primary Care

The Scottish Chronic Pain model outlines the vital role of primary and community care in the management of those with chronic pain. The aim of chronic pain management within these sectors is to improve self-care, health, functional ability, and to enhance a sense of living well with ongoing pain.

As chronic pain is recognised as a long-term condition, these aims cannot be achieved without a focus upon supported self-management and increasing a sense of self-efficacy and confidence in service-users to manage ongoing pain more effectively.

Definition of Chronic Pain

In this guideline chronic pain is defined as pain that has been present for more than 12 weeks.

What is supported self-management?

Self-management is the means that health and care services encourage, support and empower individuals to manage their ongoing health conditions themselves.

The joint role of the patient and clinician coming together in accepting pain as a long-term condition can be key in working towards a self-management based approach.

Purpose of the Guidelines

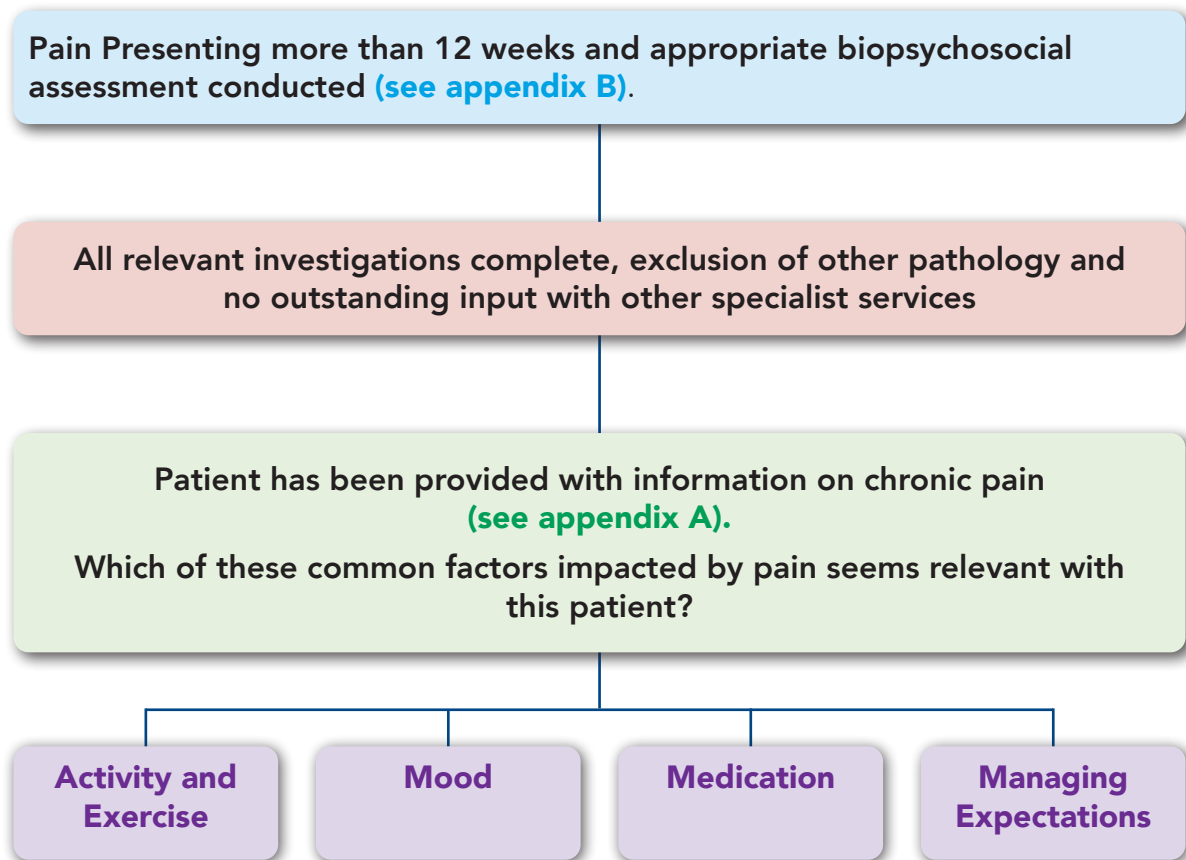
A guideline development group was formed to examine current evidence. In updating the guideline, the group undertook a medical literature review and also incorporated recommendations contained within current national guidelines on the management of chronic pain.

The guidelines are designed to assist health care professionals when they are providing care for adults with chronic pain. They provide recommendations for safe and effective practice in the management of chronic pain. They are not designed to be a rigid protocol and do not supersede clinical judgement. They are not designed to be a barrier to a patient being referred to the hospital based chronic pain service, nor do they aim to transfer work from secondary/acute care to primary care. Chronic pain is a common symptom and it is well recognised that only a small proportion of patients with chronic pain are seen within the Pain Clinic setting.

Whilst these recommendations are suitable for the majority of patients, clinicians should use their clinical judgement to optimise each patient's management.

The aim of this particular guideline is to create short and concise information on the key areas that are most commonly affected by chronic pain.

Please click on any of the common factors below to link to the page with more information on the questions you may wish to explore with your patient or links to signpost to.



If considering an onwards referral to the secondary care pain management service please [click here](#)

Visit GGC Chronic Pain website at:

www.nhsggc.scot/hospitals-services/chronic-pain/



Activity and Exercise

Key recommendation from SIGN 136 and NICE Guidelines (2021) that exercise in any form should be encouraged. Giving advice to exercise without any additional support or explanation is unlikely to be effective.

What questions might be helpful to explore?

What are your main worries about becoming more active?

Other than pain, what might be some of the things that stop you being more active?

Do you feel you need more support with becoming more active?

Can you think of any recent times when you have been a bit more active and you have felt good about doing a little more?

Useful places to signpost the patient to

Short video on understanding activity

[🌐 Information and Resources for Patients - NHSGGC](#)

Versus Arthritis - Movement Session Videos

[🌐 Let's Move with Leon | Versus Arthritis](#)

Online Tai Chi for Chronic Pain

[📺 Welcome to Tai Chi Exercises by Ros Smith \(Chartered Physiotherapist and Tai Chi Instructor\) - YouTube](#)

Further intervention may be required

Significant barriers to being active e.g. fears or avoidance of certain movements or activity in relation to pain.

Has tried some of suggested resources but has been unable to engage and may require support with next steps.

Live Active Referral

MSK Physiotherapy

Pain Management Service

Weight Management Service

Mood

Key recommendation from SIGN 136 and NICE Guidelines (2021) that “It has long been recognised that the perception of pain, and the disability that often arises from it, is inextricably linked to an individual’s emotional, cognitive and social functioning. Living with chronic pain can also significantly affect an individual’s mental health and, consequently, their response to treatment”.

What questions might be helpful to explore?

We know constant pain can really affect how people feel. Is your pain having an impact on your spirits right now?

Are there things you struggle with when your mood is low due to your pain?

Have you tended to withdraw from others as result of your pain?

Does the pain cause you to worry? What sort of things can you find yourself worrying about?

Does your pain affect your sleep? Do you ever have thoughts about not wanting to carry on?

You may wish to use one of the questionnaires below to gauge distress objectively

🌐 **Patient Health Questionnaire (PHQ-9)**

🌐 **Generalised Anxiety Disorder Assessment (GAD-7)**

Please note some questions may score highly due to pain rather than low mood.

Useful places to signpost the patient to

Managing mood 🌐 **Managing Mood – Ten Footsteps to Living Well with Pain**

Sleep advice 🌐 <https://thesleepcharity.org.uk/>

National Sleep Helpline 📞 **03303 530 541**

Crisis help 🌐 **Breathing Space is a free confidential service for people in Scotland. Open up when you’re feeling down**

📞 **0800 83 85 87**

🌐 **Samaritans Scotland**

📞 **116 123**

A new Computerised CBT course for chronic pain is in development from Silvercloud. This can be referred to via SCI.

🌐 **Digital Mental Health and Well-Being Programmes | SilverCloud Health**

If mood is more affected by other aspects of life at present, consider referral to Primary or Community Mental Health Services or to local counselling services.

Further intervention may be required

Psychological help for issues directly relating to the pain may be available through the pain clinic as part of a multidisciplinary plan of care. Most Patients receive a basic understanding of pain through pain information sessions, and their needs will be

Medication

The Scottish Government publication 'Quality Prescribing for Chronic Pain - A Guide for Improvement 2018 – 2021' promotes a focus on analgesic prescribing for chronic pain, leading to structured review of appropriateness, efficacy and tolerability of treatment, and promotion of optimal care. Through consideration of non-pharmaceutical management of chronic pain, there is the potential to reduce medication burden on patients and the associated risk of short and long term adverse effects, as well as better outcomes overall

What questions might be helpful to explore?

Do you know what pain medication you are taking?

What do you expect to gain from taking these medications?

Is there any time where you take less or more of your medication?

What good do you get from taking your medication?

Is there anything negative (bad) that you feel comes from your medication (explore side-effects at this stage? Initially just letting the patient think about this area.

How do you feel about reducing your medication? Concerns / worries / benefits?

Useful places to signpost the patient to

Patient sharing lived experience of stopping opioids

 [Patient Experience \(Live Well with Pain\)](#)

Reviewing if opioid dose is too high

 [Opioid Thermometer](#)

Questioning benefits of Gabapentin or Pregabalin

 [Ask Yourself Leaflet](#)

Further intervention may be required

It is useful before initiating any pharmacological treatment to set clear expectations. Consideration should be made to a range of improvements that are not just focused on pain reduction, these may include increased activity function, social engagement and improvements in well-being.

Integral to success is regular re-assessment of the patient and stopping medication that is not working effectively. Regardless of which analgesia is used, regular review and reassessment to determine that there is continued value from using a particular medication is important in providing ongoing good quality chronic pain management.


For guidance on commencing opioid or pharmacotherapy for neuropathic pain please refer to:

1. [NHS GGC Chronic non malignant pain opioid guidelines](#)

2. [NHS GG&C Chronic Non malignant Pain Neuropathic Pain Guidelines](#)

Recent NICE guideline suggests that consideration should be given to an antidepressant, either amitriptyline, citalopram, duloxetine, fluoxetine, paroxetine or sertraline, for people aged 18 years and over to manage chronic primary pain, after a full discussion of the benefits and harms. If an antidepressant is offered to manage chronic primary pain, explain that this is because these medicines may help with quality of life, pain, sleep and psychological distress, even in the absence of a diagnosis of depression.

Managing Expectations - What is working and what is not?

The principles of  **Realistic Medicine** include shared decision making, reducing harm and managing risk better. When faced with an individual with unrealistic expectations of their medication or struggling with acceptance of the chronic nature of their pain limiting further prescriptions or onwards referrals can feel challenging.

What questions might be helpful to explore?


Can we take a look at what we've tried so far?

How many different medications have we tried? (reflecting on the range of medications used).

From your experience, have the things we've done so far been helpful to you overall?

Given what we've tried so far, what do you think would be a helpful next step?

Useful places to signpost the patient to

GGC Pain Management website  www.nhsggc.org.uk/chronicpain
(QI code at the top of this document)

Pain Concern  www.painconcern.org.uk

Pain Concern helpline (for patients)  **0300 123 0789**

Pain toolkit website  <https://www.paintoolkit.org/>

MSK Physiotherapy - Pain Section  www.nhsggc.scot/hospitals-services/services-a-to-z/musculoskeletal-msk-physiotherapy/pain-management-advice/

Further intervention may be required

Follow up in Primary Care after being provided with information leaflet on self-management.

Primary Care Education Classes – these provide a taster into self-management based tools for living with pain. Patients can call  **0141 277 7649** to book a slot.

Referral onward to Pain Management Service (see section below).

Onward referral to the chronic pain clinic

When making a referral to the service it would be helpful to consider

A description of the strategies they have attempted, and any barriers they encountered e.g. MSK physiotherapy, appropriate medication, understanding of information provided.

Patient has been given some information or strategies at a previous appointment and showed signs of engagement with this.

Aware there is no cure to their condition and that this service will not aim to find one.

Patient has completed investigations.

Any long-standing mental health issues and their current impact.

A willingness to consider making changes in their life.

Helpful information to inform patients of when making a referral

Patient is aware they will be invited to a:

Pain Early Information Session (PEIS)" – this will explain to them what the service will offer.

Patient has an understanding the service is unlikely to offer "a fix" to their pain and the support offered will be helping them deal and live with their pain.

First appointment will be with a doctor, nurse or physiotherapist.

Other services provided in the service may include:

- Individual pain management physiotherapy
- Individual pain management psychology
- A group-based pain management programme
- Group based information sessions

What is a PMP?

Appendix A - Chronic Pain - Information for Patients

What is chronic pain? Some useful links...

Video explaining pain in 5 minutes [🌐 https://www.youtube.com/watch?v=C_3phB93rvI](https://www.youtube.com/watch?v=C_3phB93rvI)

Flippin Pain [🌐 https://www.flippinpain.co.uk/](https://www.flippinpain.co.uk/)

Helpful links for More Information on Chronic Pain

GGC Pain Management website [🌐 www.nhsggc.org.uk/chronicpain](http://www.nhsggc.org.uk/chronicpain)

A short 5 minute video about the GGC Pain Service can be viewed here

[🌐 https://www.youtube.com/watch?v=pkWS2lvttl8](https://www.youtube.com/watch?v=pkWS2lvttl8)

Pain Concern [🌐 www.painconcern.org.uk](http://www.painconcern.org.uk) includes, Pain Concern helpline (for patients) 0300 123 0789

Living Well with Pain [🌐 https://livewellwithpain.co.uk/](https://livewellwithpain.co.uk/)

Being referred to the pain service

When a referral to the chronic pain service is being considered it can often be helpful for you to have more information about the pain service. The approach in the pain service can often feel a little bit different to your experience in other services.

What does the Pain Management Service do?

Our aim is to help you to reduce the impact that persistent pain has on you and to help you live a more fulfilling life, despite having pain. It is unlikely to offer you a cure for your pain. By working together with you, we hope to provide you with strategies to help you to be able to live and function better with your pain. Some of these strategies will include:

- Learning more about persistent pain
- Supporting you to develop your own self-management strategies
- Becoming more confident with movement and exercise
- Help to manage your emotions more effectively
- Helping you understand the role of medication
- Assessing the suitability of other interventions such as the use of a TENS machine

[🌐 www.nhsggc.scot/hospitals-services/chronic-pain/](http://www.nhsggc.scot/hospitals-services/chronic-pain/)



Appendix B

Assessment of Chronic Pain

- Exclude serious pathology – which could include neoplastic disease, infection, or an underlying medical condition i.e. neurological or rheumatological signs for which there are well recognised approaches to treatment. Urgent referral to other services may also be required for active psychiatric morbidity such as mental health problems pre-dating the pain, current suicidal ideation, etc. Pain should be treated alongside these.
- Red flags specific to back pain/cauda equina syndrome i.e. signs of nerve root compression, bladder/bowel disturbance, gait disturbance or saddle anaesthesia or paraesthesia.
- Explain findings of previous investigation to reassure patient and help them to understand their condition, aiming to prevent over medicalisation and unnecessary treatments. Provide explanations for ongoing pain where **possible**.
- Biopsychosocial assessment including screening for major medical, psychological, and social issues of the individual is recommended for initial assessment of those with chronic pain. The table below details the important factors included in this type of assessment.

Medical (bio) factors

- Pain history
- Aggravating or relieving factors
- Pain descriptors
- Previous investigation
- Previous treatment
- Medication
- Examination
- Red flags
- Nociceptive/ neuropathic pain

Psychological factors

- Mood
- Unhelpful beliefs and ideas about the pain
- Loss of confidence and fear of movement or going out
- Readiness to engage with self-management
- Anxiety/stress
- Mental health history
- Trauma history

Social factors

- Self care
- Family
- Benefits
- Compensation
- Work

Examples of tools available for assessing chronic pain

- Risk stratification - we recommend routine use of this in back pain to identify low, medium and high risk patients
- DN4 Questionnaire

Screening for psychological predictors for poor outcome (yellow flags)

- Belief that pain and activity are harmful
- Activity decline and fear avoidance
- Low or negative moods, social withdrawal
- Treatment that does not fit best practice
- Problems with claim and compensation
- History of back pain, time-off, other claims
- Problems at work, poor job satisfaction
- Heavy work, unsociable hours
- Overprotective family or lack of support

SIGN 136

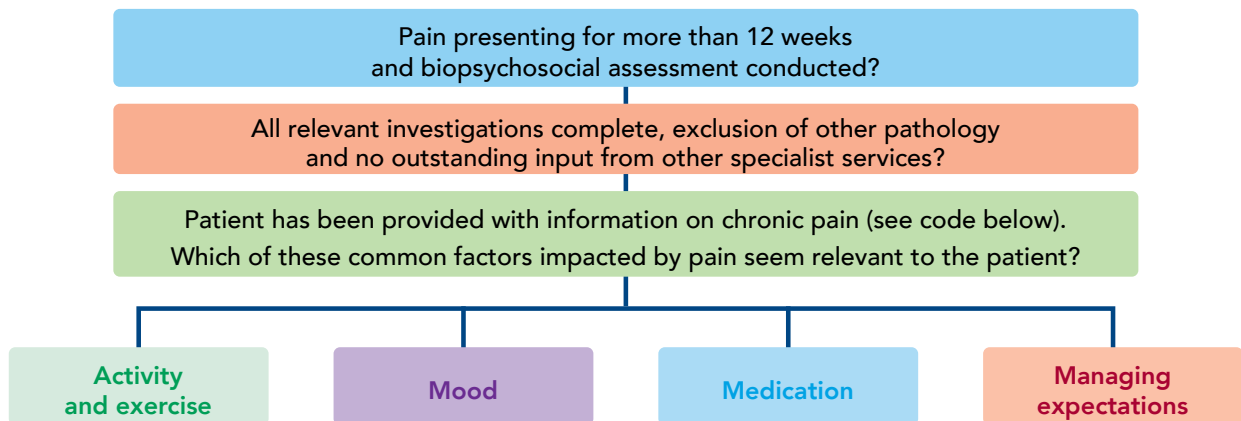
Map of Medicine- initial assessment and early management pathway

<http://www.ckp.scot.nhs.uk/Published/PathwayViewer.aspx?fileId=1445>

Chronic Pain Management in Primary Care

This infographic is designed to highlight the main elements to think about when seeing someone with chronic pain. It helps guide discussions by providing useful questions on the main areas affected by persistent pain of all types. Information is not designed to supersede clinical judgement. A link to the NHS GGC Chronic Pain website can be found below.

This infographic is taken from the Primary Care Chronic Pain Guidelines document
www.nhsggc.scot/hospitals-services/chronic-pain



Activity and Exercise

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Pharmacology

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Do you know what pain medication you are taking? What do you expect to gain from taking these medications? Is there any time where you take less or more of your medication? What good do you get from taking your medication? Is there anything negative (bad) that you feel comes from your medication (explore side-effects at this stage? Initially just letting the patient think about this area. How do you feel about reducing your medication? Concerns / worries / benefits.

Managing Expectations. What's working and what is not?

What questions might be helpful to explore?

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