PERSISTENT PAIN MANAGEMENT & REFERRAL GUIDELINES - TARANAKI

PROBLEM	ACTION	IMPLEMENTATION	LIKELY PRIORITY
CHRONIC/ PERSISTENT PAIN			
All persistent pain	Surgically treatable cause →→ **Simple analgesics & non-drug measures** (see **Box 1&/or 3** below) Refer **early** to pain clinic if lack of response Consider P.E.P. (see Box 3)	• Refer relevant specialist • Refer pain clinic *include 'OMPSQ' please* ***Other options:*** • ACC eligible: refer ACC • On benefit (pain prevents work) – consult WINZ re eligibility for PATHS funding • Private pain specialist (nil local)	Semiurgent
• **Longstanding** persistent pain • **Phantom limb pain** >6 mths	**Simple measures** (Box 1 &/or3) (response less likely) Consider P.E.P. (Box3)	GP management ?Refer pain clinic/specialist or relevant private specialist	Routine
Low back pain (LBP) without leg pain & with no red flags	Activity/exercise. (Refer ACC Back Pain guidelines if relevant)	Exercise/Green prescription +/- community psychologist +/- P.E.P.	Routine
LBP with 'sciatica' –severe, persisting, extending below knee, neurological deficit,+/- other red flags.	Refer ACC Back Pain guidelines Orthopaedic referral ? epidural steroid option (see ACC website*)	Orthopaedic referral (under ACC if relevant)	Urgent or semiurgent
Local pain syndromes: shoulder capsulitis lat. epicondylitis, CTS.	Local steroid injection (see ACC website*)	GP management or orthopaedic referral	
Inpatient with incidental persistent pain issue	No inpatient persistent pain service	Refer to outpatients as per these guidelines	Semi-urgent or routine
Inpatient with Acute on persistent pain problem	No inpatient persistent pain service Discuss with Acute Pain Service	Refer to outpatients as per these guidelines. Inpatient psychology sometimes available	Semi-urgent
CANCER PAIN			
Cancer pain	• **First line management** -Analgesia including opioids as indicated. (Box 1&3) &Trial of **adjuvant Rx** (Box 2)	Refer hospice or oncology	Pain clinic no longer taking GP referrals
NEUROPATHIC PAIN			
Recent onset neuropathic pain	• **Simple measures** (Box 1 & 3) • Trial of **adjuvant Rx** (Box 2) Refer **early** to pain clinic if lack of response	Refer pain clinic *include "OMPSQ" please.*	Semiurgent
Longstanding neuropathic pain	As above (box 1/2/3) (response less likely)	GP management ?refer pain clinic or specialist	Routine
COMPLEX REGIONAL PAIN SYNDROME (CRPS) (causalgia/RSD)			
Recent onset (<1 yr) CRPS or exacerbation	• **Simple measures** (Box 1 & 3) • Trial of **adjuvant Rx** (Box 2) • Clonidine patch to affected limb Refer **early** to pain clinic if lack of response	Trial GP and physiotherapist management • High dose Vitamin C for 3months Refer pain clinic *include "OMPSQ" please*	Semiurgent
Longstanding CRPS	As above (Box1/2/3) (response less likely)	? Private spec. referral ? refer pain clinic/specialist	Routine

BOX 1: SIMPLE ANALGESICS
- Regular **paracetamol** (4g /day or less) – preferred in OA
- +/- NSAID or Cox2 inhibitor
- +/- Opioid (e.g. Tramadol; preferable to other opioids for non-malignant pain. *)*

BOX 2: ADJUVANT ANALGESICS
May benefit from continued Box 1&3, e.g. if mixed nociceptive & neuropathic pain.
- Tricyclic antidepressant -low dose –especially if night sedation needed (eg Ami/Nortriptyline)
- Antiepileptic (eg. carbamazepine #, sodium valproate, clonazepam)

Gabapentin #

BOX 3 NON-PHARMACOLOGICAL
Physical modalities: active physiotherapy, exercise (green Rx), acupuncture
Psychology referral for anxiety/depression or pain management skills.
PEP Pain Education Programme – contact persistent pain service. No referral needed 7536139 x 7532 Lara Blundell.

* ACC website for Interventional Pain Management: http://www.acc.co.nz/for-providers/interventional-pain-management/index.htm?ref=5

Gabapentin is licensed for neuropathic pain (GP special authority criteria apply), **carbamazepine** for diabetic neuropathy and trigeminal neuralgia, the others are unlicensed for this indication – although widely used and recommended

OMPSQ = "Orebro Musculo-skeletal Pain Screening Questionnaire" (available from TDHB intranet/policies and procedures/pharmacy/acute pain service).