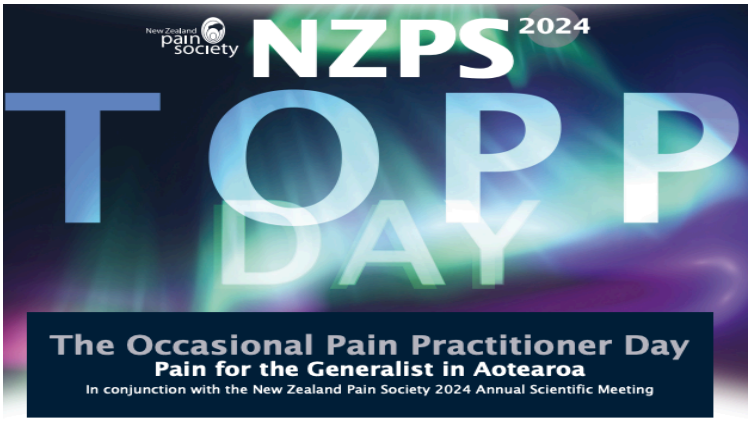
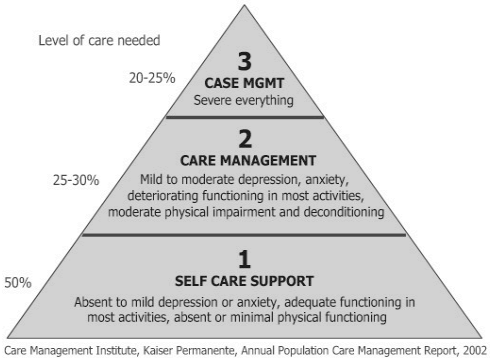


We are looking forward to seeing you in Dunedin. Please find some ‘cases’ below which we will use in discussions during the day. In order to get the most out of the day we encourage you to read and reflect on the challenges and potential solutions to these.

Disclaimer for the day: Clearly we can’t teach a whole persistent pain curriculum in one day!



Some patients really need an experienced and coordinated interdisciplinary team and we can not teach that in one day, nor expect that level of input in the community. However as with any chronic condition there is a continuum of complexity of presentations with many being suitable for primary care management. Even those receiving tertiary level care will have their primary care team involved as a vital component of their management, and will have interactions with many other components of the healthcare system.

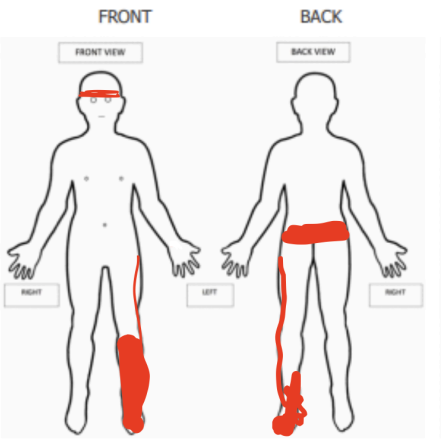
We also recognise this is a varied and multi-professional group and so anticipate each attendee will have different take-home messages from the cases depending on their clinical background.

Our aims for the day are:

- ☐ Equip you with a framework to hang your understanding of pain and management on
- ☐ Provide an outline and resources to support those with ‘level 1’ complexity to self-manage their persisting pain in the community
- ☐ How to recognise and refer on those with more complex presentations (recognising the limitations of current resourcing)
- ☐ Give you an understanding of what is (or should be!) delivered within an IDT pain programme at level 2 and 3
- ☐ Understand the pathways to refer into the ACC system for those with pain caused by a covered injury.

Cases - will be used for discussion and small group work

Dave



Dave is a 54-year-old plumber with low back pain with referral of pain and tingling to his left leg. He has a history of various back injuries over 15 years.

L4/5 disc decompression in 2019. Leg pain improved for the first three months and gradually returned when he returned to his job. He had to reduce his work hours. In 2021 he had a L4/5 spinal fusion without any significant improvement. He tried to return to work via an ACC funded return to work program but each time he tried, pain flared up worse so he stopped. His employer has not been able to hold his job open and currently ACC is reviewing causative factors in his claim and so will not approve any rehab until this is completed. He is anxious about his financial future.

His recent MRI and X-Rays confirm that the fusion is stable and there is no significant neural impingement; there are some expected age-related disc changes and minor osteophytic lipping at multiple levels. His orthopaedic specialist has ruled out red flags or neural compression and has suggested that there is nothing to be gained by further surgery. Dave is confused as he thought this would be the next step. His surgeon offered him a steroid injection in the hope that it might settle the leg pain which has now spread to the whole foot. Dave had the injection and got 2 days of some improvement in the leg pain but his back pain worsened.

His surgeon says he now has chronic back pain/ “failed back surgery syndrome” and suggested he now needs to get on with things and undergo “work hardening”.

Dave has tried a range of medications but over the years this has never really made any difference. He is currently taking paracetamol, nortriptyline and pregabalin. He feels that his medications affect his concentration and are making him gain weight.

Other medical: IBS-C (many years), headaches most days (especially associated with stress).

Past treatment: Dave has had a lot of physiotherapy including hands on massage and mobilisation (pre-surgery), exercises and post-operative core strengthening programs. Every time he tries to go back to the gym or do exercises his pain gets worse. He is not keen to try this again.

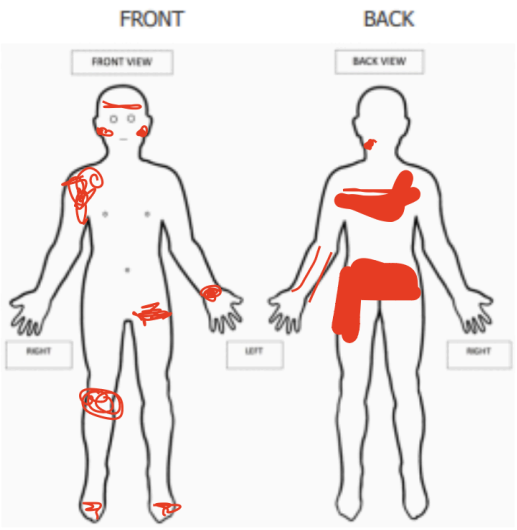
Function: Dave lives with his wife who is working full time. They also have an Alsatian dog. He has now been off work for 18 months and is struggling to know

what to do. He tries to support the family by doing light housework, laundry and shopping but if he does too much he always ends up in more pain. His main strategy is to be guided by the pain and stop when he gets more pain but sometimes he gets frustrated and just keeps going, only to pay for it with worse pain later. He tries to get up every day and do things but about once a week he spends most of the day resting on the couch watching TV because of pain. He struggles to walk far because of pain e.g. he can get around the supermarket using the trolley to lean on; his ability to walk depends on the pain. Some days he can walk for about 15mins but other days he can hardly move. He used to enjoy light walks with his wife in the evenings e.g. 30-40minutes but now they don't attempt this due to his pain. He also needs to exercise the dog, but this is now limited to him driving to the dog park and letting the dog run about whilst he leans on a park bench or sits for short periods.

Dave used to enjoy playing pool about twice a week at the local club. Now he doesn't play at all as he can't handle standing or bending forwards. He misses socialising with his friends who occasionally visit him at home, but he feels embarrassed at being so limited.

Dave understands that he is losing fitness because he is not working or exercising but doesn't know where to start. After a motivational interviewing session with the HIP at his GP practice he has agreed to begin with walking as this seems to be most affected for what he needs to do right now.

Evelyn



History

Forty six year old lady. Gradual onset of widespread pain starting 5 years ago. Fibromyalgia diagnosis made 3 years ago by rheumatologist. She has read about this online and accepts this as a fitting diagnosis.

Symptoms of widespread pain, fatigue and difficulty sleeping. History of depression – presently stable. History of an abusive relationship – has had counselling for this.

Medications

Multiple medications trailed - 'nothing works' / significant side effects. Presently taking 20mg Amitriptyline – reports unsure of efficacy.

Has read about gabapentin and wants to ask about trying it.

Social

Lives alone. Not in a relationship.

Daughter and granddaughter live nearby. Sometimes ‘babysits’ granddaughter.

Function

Ceased work as an administrator 3 years ago. Now receiving a benefit. Tried doing part time hours but some days she ‘couldn’t get out of bed’.

Independent with core activities of daily living – meals, dressing, washing. Finds gardening and vacuuming flares up pain - mostly avoids.

Notes that she does not go out to social events as last time it took 3 days to recover.

Gets groceries delivered.

Uses the bus if required e.g, to the GP

Reports that she is unable to exercise or walk long distances as this is too fatiguing.

Goes to bed at 8pm and watches TV. Has difficulty with sleep onset. Gets out of bed 10am /1130am.

Reported daily activities include making her meals, washing, emailing, watching tv and talking to daughter.

Previously enjoying gardening, baking, social outings, bush walks – reports she can’t do these now because of pain.

Patient goals

‘Not sure’.. but would like to have less pain and less fatigue, and to be able to sleep better at night.

Sophie.

Sophie (21) attends her GP very distressed and accompanied by her mother who says ‘something must be done’ about her daughter’s excruciating pelvic pain which she has attended ED for already this week. Her GP reflects to them that this is clearly something that requires thorough attention, which can not be done justice in 12 minutes. Having taken a targeted history and examination where no red flags were identified and noted the normal bloods, swabs and USS from the ED visit, the GP asks Sophie to fill in a pelvic pain questionnaire and drop it back to reception, and book a double appointment so they can have make a start on ‘doing something’, but set expectations that this might take a few appointments.

Pelvic Pain Questionnaire

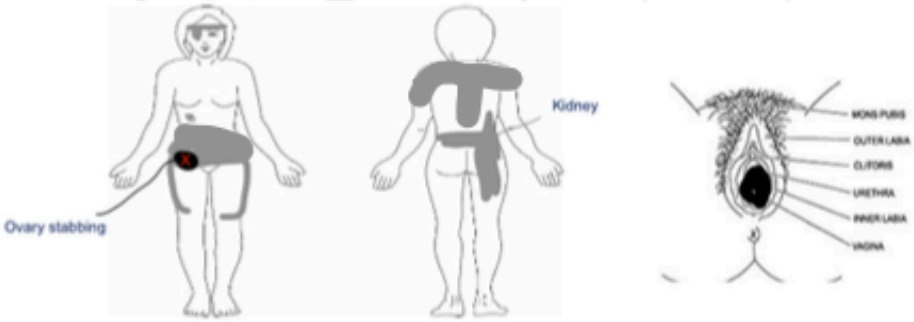
This questionnaire asks about different features of your pain and how it affects your life. It may seem a lot to fill in, but the information allows us more time in your appointment to focus on what troubles you the most.

Read the questions carefully, but don't spend too long thinking about your answers. Your first answer is usually the best. There are no right or wrong answers. This is ***not*** a test of your medical knowledge.

If you find reading or writing difficult, please ask someone to help you fill it in. Make sure the answers are still your own and not those of the person helping you. It's your pain experience that we are interested in. If you need more space add another page.

Name: Sophie	**Date completed:** ...../...../20....	**NHI or DoB:**
Preferred name:	**What pronouns do you use?** She/Her ~~He/Him Other:~~	
Who referred you here? GP	**GP:**	

1. **On the diagram below, shade *all* the areas where you often experience/have problems with pain.**



2. **Mark the worst pain with an 'X'. How long have you had this pain?** 10 weeks/~~months~~/years
3. **Overtime is this pain getting:** ☐ Better ☒ Worse ☐ No change/the same
4. **How long have you had problems with pain of any type** *(above what is normal)?* 10 weeks/months/~~years~~
5. **Please describe your pain(s):** Like someone has pushed a meat hook in, grabbed my ovary and twisted it.
6. **What is your biggest concern/worry about your pain(s)?** That is is damaging my fertility
7. **What do you think is causing your pain(s)?** Endo/my ovary
8. **What treatment(s) do you think you need for your pain(s)?** Laparosopcy to find endometriosis. Ovary removed
   Vaginal valium
9. **In an average month how many days would you have pain?** 30/30

   In an average month how many days would you not have any pain? 0/30
10. **Please rate your pain – where 0 is no pain and 10 is the worst possible pain:**
    - Your pain at its *worst* in the last week? 12/10
    - Your pain at its *least* in the last week? 6/10
    - Your pain on *average*? 8/10
    - How much pain do you have right *now*? 8/10 ☐

Has your pain in the last week been: ☒ Typical for you ☐ Worse than usual ☐ Better than usual?

OTHER SYMPTOMS

11. **Do you also have/had any of these problems?**

- [x] Vulval pain/vulvodynia
- [x] Lower back pain
- [x] Migraine headaches
- [ ] Other frequent headaches
- [ ] Fibromyalgia
- [ ] TMJ/facial pain
- [x] Chronic fatigue/ME
- [x] Irritable bowel syndrome (IBS)
- [x] Bladder pain syndrome/ interstitial cystitis
- [ ] Restless legs syndrome
- [ ] Persisting pain problems in other parts of your body: Where? _____

12. **Please circle the best response to the right of each statement.**

I feel tired and unrefreshed when I wake from sleeping	never	rarely	sometimes	**often**	always
My muscles feel stiff and achy	never	rarely	**sometimes**	often	always
I have anxiety attacks	never	rarely	sometimes	**often**	always
I grind or clench my teeth	never	rarely	**sometimes**	often	always
I have problems with diarrhea and/or constipation	never	rarely	sometimes	often	**always**
I need help in performing my daily activities	never	rarely	sometimes	**often**	always
I am sensitive to bright lights	never	rarely	sometimes	**often**	always
I get tired very easily when I am physically active	never	rarely	sometimes	often	**always**
I feel pain all over my body	never	rarely	sometimes	**often**	always
I have headaches	never	rarely	sometimes	**often**	always
I feel discomfort in my bladder and/or burning when I urinate	never	rarely	sometimes	often	**always**
I do not sleep well	never	rarely	sometimes	**often**	always
I have difficulty concentrating	never	rarely	sometimes	**often**	always
I have skin problems such as dryness, itchiness, or rashes	never	rarely	sometimes	often	**always**
Stress makes my physical symptoms get worse it is NOT in my head!!	**never**	rarely	sometimes	often	always
I feel sad or depressed	**never**	rarely	sometimes	often	always
I have low energy	never	rarely	sometimes	**often**	always
I have muscle tension in my neck and shoulders	never	rarely	sometimes	**often**	always
I have pain in my jaw	never	rarely	**sometimes**	often	always
Certain smells, such as perfumes, make me feel dizzy and nauseated	never	rarely	sometimes	**often**	always
I have to urinate frequently	never	rarely	sometimes	often	**always**
My legs feel uncomfortable and restless when I am trying to go to sleep at night	never	rarely	**sometimes**	often	always
I have difficulty remembering things	never	rarely	sometimes	**often**	always
I suffered trauma as a child	never	rarely	**sometimes**	often	always
I have pain in my pelvic area	never	rarely	sometimes	often	**always**

PERIOD/MENSTRUAL

13. **Are you still having menstrual periods?** ☐ Yes ☑ No

If no, why is this? ☐ Have had a hysterectomy ☐ Menopause/change of life ☐ Taking pill/injection/IUD ☐ Other: _____

14. **Are/were your periods painful?** ☑ Yes ☐ No ☐ Sometimes

If yes, how old were you when they first became painful? 9 years old

15. **Does/did your pain vary through the cycle?** ☐ Yes ☐ No

If yes, is the pain worse: ☑ When I ovulate ☐ When my period/bleeding starts ☐ A few days before my bleeding
☐ Other: _____

16. **Are/were you able to use tampons comfortably?** ☐ Yes ☑ No ☐ Never use tampons for another reason

17. **Do you experience sharp stabbing pains that shoot up into your vagina or rectum?** ☑ Yes ☐ No ☐ Sometimes

BLADDER

18. **Please circle responses in table below**

	0	1	2	3	4
How many times do you urinate during the waking hours?	3-6	7-10	11-14	15-19	20 or more
How many times do you get out of bed to urinate?	0	1	2	3	4 or more
Do you now or have you ever had pain or urgency to urinate during or after sexual intercourse?	never	occasionally	usually	always	
Do you have pain associated with your bladder in your pelvis (vagina, lower abdomen, urethra, perineum)?	never	occasionally	usually	always	
Do you still have urgency (strong need to go again) shortly after urinating?	never	occasionally	usually	always	
If you have pain, is it usually:	none	mild	moderate	severe	
If you have urgency, is it usually	none	mild	moderate	severe	

19. **Have you noticed that when you pass urine the flow is slow to start, has a weak, stream, or you have to strain/push to pass urine?** ☑ Yes ☐ No ☐ Sometimes

20. **Do you have problems with holding on/leaking** ☐ Yes ☐ No ☑ Sometimes

BOWEL

21. **Are you happy with the way your bowel works?** ☐ Yes ☑ No ☐ Mostly

22. **Since you have had the pain have you noticed:**

A change in how often you have a bowel movement? ☑ Yes ☐ No
A change in the appearance of your stool/bowel movement? ☑ Yes ☐ No
Does your pain change after a bowel movement? ☑ Yes ☐ No
Do you notice that certain foods worsen your pain? ☑ Yes ☐ No ☐ Sometimes
Are you troubled with nausea or vomiting? ☐ Yes ☐ No ☑ Sometimes
Are you troubled with bloating? ☑ Yes ☐ No ☐ Sometimes

CONTRACEPTION/INTERCOURSE

23. **Are you trying to become pregnant at the moment?**

☐ Yes How long for? _____months/years
☑ No What do you use for contraception/birth control?

☐ Pill ☐ 'Mini Pill' ☑ Depo Provera/Injection ☐ Jadelle/Implant
☐ Condom ☐ Copper Iucd/'Coil' ☐ Mirena/Jaydess Iucd/Ius ☐ Hysterectomy
☐ Sterilisation/'Tube Tie' ☐ Vasectomy ☐ Other _____

24. **Does the contraceptive pill/injection/IUD help your period pain?** ☐ Yes, a little ☐ Yes, a lot ☑ No ☐ Not tried

25. **Are you sexually active?** ☐ Yes ☑ No – due to pain ☐ No – for another reason

26. **Have you experienced pain with intercourse?** ☑ Yes ☐ No ☐ Occasionally

If yes, do you feel this pain: ☑ Inside your abdomen/belly ☑ Inside your vagina ☑ Outside/on your vulva
☑ On penetration ☑ On orgasm ☐ Other area: _____

MEDICATIONS

27. **Do you have any allergies to any medications?** ☐ Yes ☑ No *If yes*, please list _____

28. **Please list medications you have *tried* for your pain, include ones prescribed by your doctor and ones bought at the pharmacy or elsewhere** *(use an extra page if needed)*

MEDICATION/DOSE	CURRENTLY TAKING	DID IT HELP
Panadol	☑ Yes ☐ No	☐ Yes ☑ No
Codeine	☑ Yes ☐ No	☑ Yes ☑ No
Buscopan	☐ Yes ☑ No	☐ Yes ☑ No
Gabapentin	☐ Yes ☑ No	☐ Yes ☑ No
	☐ Yes ☐ No	☐ Yes ☐ No

OTHER PRACTITIONERS CONSULTED

29. **Apart from your GP, who else have you seen for your pain(s)?**

☑ Public hospital gynaecologist ☑ Private gynaecologist ☐ Pain doctor/pain clinic ☐ Physiotherapist
☐ Chiropractor/osteopath ☐ Psychologist ☐ Sexual health clinic ☐ Other: _____

Please list names if you can: _____

_____

SURGERY

30. **Have you ever had any surgery to try to investigate or treat your pain(s)?**

☑ Yes ☐ No *If yes*, how many times: _____

What operation(s)? Laparosopy

How much did the surgery(ies) help your pain: ☐ A lot ☐ A little ☐ Not at all ☑ Made it worse

If it helped how long for? They said nothign was wrong

Who/what was the surgeon/hospital? _____

Which year(s)? _____

SOCIAL

31. **With whom do you live?** ☐ Alone ☐ Partner ☑ Friends/flat mates ☐ Parents ☐ Other: _____

How do those who are close to you react when you are in pain? _____

32. **Overall, how would you describe your mood most of the time for the last 3 months?**

☐ Good ☐ Low/depressed ☐ Angry ☐ Anxious ☐ Other: _____

33. **Have you had any history of:** ☐ Depression ☐ Anxiety ☐ PTSD
☐ Other mental health condition: _____

34. **Do you have any other significant stress in your life at the moment?** ☐ Yes ☐ No

35. **Have you ever been the victim of physical or emotional abuse?** ☐ Yes ☐ No ☑ Prefer not to answer

36. **Have you had any unwanted sexual experiences?** ☐ Yes ☐ No ☑ Prefer not to answer

EFFECT ON YOUR LIFE

37. **What is your current work status?**

☐ Full time work ☐ Part time work ☐ Home duties/parenting ☐ Retired
☐ Student ☑ Reduced hours/duties due to pain ☐ Unemployed due to pain ☐ Other: _____

38. **How many times in the last 3 months have you had to do the following due to your pain?**

Visit your GP	_____	Visit the after-hours clinic	_____	Go to Emergency Dept	5
Be admitted to hospital	_____	Have a sick day off work or school	20	Spend a day in bed	_____

39. **During the past week, how much has pain interfered with the following?**

0 = *did not interfere* and 10 = *interfered completely*. Circle the number that best describes:

	Did not interfere									Interfered completely
Your general activity?	0	1	2	3	4	5	6	7	8	9 10
Your mood?	0	1	2	3	4	5	6	7	8	9 10
Your walking ability?	0	1	2	3	4	5	6	7	8	9 10
Your normal work (both outside the home and housework)?	0	1	2	3	4	5	6	7	8	9 10
Your relations with other people?	0	1	2	3	4	5	6	7	8	9 10
Your sleep?	0	1	2	3	4	5	6	7	8	9 10
Your enjoyment of life?	0	1	2	3	4	5	6	7	8	9 10

40. Everyone experiences painful situations at some point in their lives. Such experiences may include headaches, tooth pain, joint or muscle pain, injury, dental procedures or surgery.

We are interested in the types of thoughts and feelings you have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the following scale, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

When I'm in pain …	Not at all 0	To a slight degree 1	To a moderate degree 2	To a great degree 3	All the time 4
a) I worry all the time about whether the pain will end	☐	☐	☐	☑	☐
b) I feel I can't go on	☐	☐	☐	☐	☑
c) It's terrible and I think it's never going to get any better	☐	☐	☐	☐	☑
d) It's awful and I feel that it overwhelms me	☐	☐	☐	☐	☑
e) I feel I can't stand it anymore	☐	☐	☐	☐	☑
f) I become afraid that the pain will get worse	☐	☐	☐	☑	☐
g) I keep thinking of other painful events	☑	☐	☐	☐	☐
h) I anxiously want the pain to go away	☑	☐	☐	☐	☐
i) I can't seem to keep it out of my mind	☐	☐	☐	☑	☐
j) I keep thinking about how much it hurts	☐	☐	☐	☑	☐
k) I keep thinking about how badly I want the pain to stop	☐	☐	☐	☐	☑
l) There's nothing I can do to reduce the intensity of the pain	☐	☐	☐	☐	☑
m) I wonder whether something serious may happen	☐	☐	☐	☐	☑

41. **Is there anything else we should know about your pain or situation?** *(please add an extra page if needed)*

My endo is ruining my life. I deserve another laparosopcy to actually find it this time

Gerald

Gerald, an accountant aged 62, had migraines as a teenager; recalling blinding headaches, spots in his vision and vomiting. He however grew out of these and was pretty healthy until an accident two years ago.

He was mucking about with his grandkids and fell off a bicycle. Initially he just thought his pride was wounded but the next day felt very sore and had quite a bruise over his right shoulder. He saw his GP who performed a thorough exam, and arranged x-ray and USS shoulder. A small rotator cuff tear was seen and Gerald's GP reassured him that his neck pain was only some whiplash which would settle. An ACC claim was accepted and he was referred to a PT.

As it was the end of the tax year Gerald had a very busy couple of months at work and struggled to keep appointments with the PT, and generally just took painkillers and pushed on. Over time the shoulder and neck pain slowly improved but Gerald was increasingly troubled with headaches.

He describes a headache present every day for the last six months, which is a constant dull ache but builds to a severe right sided throbbing pain and light sensitivity such that all he can do is go and lie down in a dark room most afternoons. At times the headache has woken him in the night. One night when this was very severe he was worried and attended the ED where a CT of his head and neck was normal. He was prescribed more analgesia and discharged.

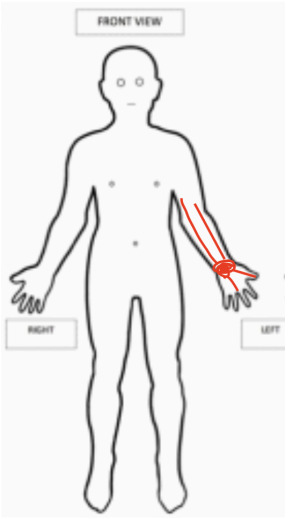
Between his disrupted sleep and medications Gerald feels exhausted and is now drinking a large energy drink to keep him awake driving home from work in addition to six cups of coffee during the day.

Gerald is currently taking: Paracetamol 1g QDS, Ibuprofen SR 800mg BD, codeine 15mg TDS; and has rizatriptan 10mg and morphine 10mg which he takes when pain is severe (uses about 5 of each a week). He was given some amitriptyline but didn't find this helped and worsened his fatigue so he stopped it.

Gerald's GP undertook a thorough examination which was normal, although his BP is a little high at 135/85.

Gerald wonders if he needs another scan of his head - maybe an MRI - and would like some better painkillers (stronger but less sedating) as he is coming into the busy time of year again and can't afford to miss any work or not be at 100%

Ngaire



Ngaire is 64 and usually fit and well. She fell/FOOSH in the garden 8 weeks ago and fractured her wrist. This was reduced in ED and placed in a cast.

Ngaire has attended the ‘Bone Shop’ five times for pain during the 6 weeks it was in the cast and multiple orthopaedic reviews, x-rays and cast changes have not helped nor found any concerns. She does not feel reassured by this as there is clearly ‘something wrong’.

She reports ongoing pain in the wrist and radiating up the arm which can be burning or stabbing in nature. This is severe and disturbing her sleep, especially as the bed sheets touching the limb feels very unpleasant.

The orthopaedic team gave her 75mg BD pregabalin but this made her feel very unwell so she stopped it.

Ngaire was referred to a hand therapist however found the first appointment very confronting as the therapist asked her to look at and move her hand which made her feel nauseous and dizzy. The therapist noted that the limb changed colour through the appointment and that the hairs are dark and thick. Ngaire is not sure when this started as she does not like to look at the limb.

Cases for medication rationalisation small group work

(We recognise that not all attendees are prescribers, however if all members of the MDT understand the rationale and method of medication rationalisation they can support the patient and the prescriber in this mahi)

Case 1:

Sam is an 18 year old NZ European/pakeha cis woman with a diagnosis of fibromyalgia. Co-morbid diagnoses include: BMI>30, depression, anxiety and PTSD. Social: limited supports, unemployed. Pain 10/10 severity and requests effective medication to enable functioning.

Paracetamol 1g 4 x daily
Ibuprofen 400mg 3 x daily
Pregabalin 600mg 2 x daily
Amitriptyline 25mg at night
Venlafaxine 150mg morning
Quetiapine 100mg at night
Clonidine 50 microgm 2 x daily
Tramadol SR 100mg 2 x daily
Tramadol fast acting 100mg prn up to 2 x daily
Morphine fast acting 10 mg prn up to 4 x daily
Zopiclone 7.5mg at night
Clonidine patch TTS1 100 microgm/24 hours
Mirena IUS

Case 2:

Kazuki is a 82 year old Japanese cis man. He has a diagnosis of osteoarthritis bilateral knees and right hip and, chronic primary low back pain. He also has post surgical chronic left hip pain following arthroplasty 5 years ago. Co-morbid diagnoses include: prostate cancer, dyslipidemia, BMI 17, mild-moderate substance use disorder in remission (ex-smoker, ex-high alcohol intake), mild liver dysfunction and mild renal impairment. Social: well supported, retired and active. Pain 7-8/10 severity and requests effective medication to remain independent.

Paracetamol 1g 4 x day
Celecoxib 200mg 2 x day prn
Ibuprofen 400mg prn when not taking celecoxib max 3 x day
Tramadol 50mg-100mg prn max 400mg/day
Nortriptyline 10mg at night
Aspirin 100mg morning
Atorvastain 40mg at night

Case 3:
Ahmed is a 25 year old cis man of Saudi ethnicity. He has persisting pain following surgery for femur osteosarcoma 24 months ago (curative intent). Co-morbid diagnoses include: previous CRPS in childhood (complete resolution), substance use disorder nicotine (vaping and smoking), BMI>30, low mood. Social: well supported, sedentary work. Pain 4-9/10 severity and requests effective medication to enable ongoing employment.

Paracetamol 1g 4 x day
Diclofenac SR 75 mg 2 x day
Codiene phosphate 60mg 4 x day
Tramadol SR 300mg 2 x day
Morphine SR 80mg 3 x day
Fentanyl patch 100micromg/24 hours x1 patch changed 72 hourly
Oxycodone fast release 20mg prn up to 6 x day
Gabapentin 800mg 4 x day
Amitriptyline 50mg at night
Clonazepam 0.5mg at night and 0.5mg prn 1 x day
Orphenadrine 100mg 2 x daily
Clonidine patch TTS 3 300microgm/day 1 x week
Cannabis flower (CBD/THC) vapouriser 3 x day

Cases for ACC representatives to discuss referral pathways

Dr GP is a Specialist General Practitioner working in a regional town practice and has recently completed a range of CME activities in assessing pain and injuries and is very capable at assessing for red flags and indications for urgent hospital referral. As a result the reception staff tend to book most of the ACC related consults with Dr GP rather than the others in the clinic

Sadly the excellent MDT pain clinic at the local public hospital closed last year as they were unable to retain staff, and so Dr GP is now not sure who to call for advice.

There is a private rehab clinic (TOPP central) in the town centre which has a range of allied health professionals and advertises as having "an ACC pain contract" but Dr GP is not entirely sure what they provide.

- *Roshni, 58, is now 10-weeks following a wrist fracture and while the orthopaedic surgeon is happy with the x-rays she is experiencing severe pain and has noticed the limb tends to change colour. Dr GP would like a Specialist Pain Medicine Physician to review ASAP for possible CRPS -* ***what is the appropriate pathway to arrange this?'.***

- *Andrew, 54, developed sudden onset back pain six months ago while trying to pull out a tree stump. He consulted a PT who then referred him on to a sports dr, who arranged an MRI. This showed a large central disc bulge at L4/5 without neural impingement. He was advised to continue with PT. However as he found the strengthening exercises flared his pain Andrew decided to rest up instead. Dr GP took a thorough history and examination and found no red flags but a number of yellow flags including belief that he should not return to PT until his pain was gone* ***- what is the appropriate pathway for Andrew?***

- *Patti, 62, slipped over and landed awkwardly three years ago. She attended ED that night with back pain where x-rays showed expected age related changes only and she was discharged with analgesia and a diagnosis of lumbar sprain. She has had ongoing widespread pain in her back but also aching in her arms and legs ever since, and has struggled to go to work. Her previous GP performed a thorough history and examination and blood tests with no red flags and encouraged her to keep active with gentle activity. Patti asks her Dr GP to sign her off work because of her pain. Mary's previous GP documented "chronic widespread back pain" as the diagnosis -* ***what is the appropriate pathway for Patti?***

- *Michael, 21, sustained an ACL tear playing soccer 6 months ago. He was reviewed by an orthopaedic surgeon who advised that he be put through an ECP as pre-hab as his pain appears 'somewhat neurogenic'. Michael has been attending PT each week and the gym twice a week. He has also visited Dr GP multiple times asking for stronger pain relief (apparently on the advice of his PT) as the rehab exercises are leaving him in pain for a few days after each session. Dr GP would like to refer for*

expert assessment and management of the pain rather than agree to escalating analgesia - ***what is the appropriate pathway for Michael?***

- *Stefan, 52, has had persisting pain following a tibial plateau fracture a year ago. The orthopaedic surgeon who undertook the ORIF was happy with the imaging and felt the ongoing pain was "a regional pain syndrome" and referred him to a local community pain provider. Stefan participated in a group education program and had a course of hydrotherapy with a PT and was given a new chair from an OT. He has now been discharged from the PMP. Stefan comes to see Dr GP saying that he is really not much better and asking lots of questions about medications he heard about on his pain education programme and if he should try gabapentin or maybe CBD. Dr GP would like a specialist to review and advise-* ***what is the appropriate pathway for Stefan?***

- *Doris, 89, lives in a retirement village along with Sooty, her beloved cat. Two months ago she tripped over Sooty and broke her arm. The hospital discharged her with analgesia for conservative management advising likely 3-4 months to heal. Her family have been trying to keep her comfortable with pillows but she is seen to be tearful and groaning much of the day. Doris has been prescribed a number of medications and currently has pregabalin and a fentanyl patch prescribed by the 'bone shop' which her family feel is making her confused and at risk of another fall so they have been looking into nursing homes, but Doris does not want to move and leave her cat. Dr GP does not think that Doris would be able to engage in an MDT rehab program but would like an expert review of her medications. The local hospice has declined a referral as Doris is not dying, and the older person health clinic has a 6 months waitlist-* ***what is the appropriate pathway for Doris?***

- *Suzanne, 29, fell off her horse three years ago suffering multiple fractures and requiring several months of inpatient rehabilitation. She was discharged from the hospital on a cocktail of medications for her persisting post traumatic pain and these have been continued. She is now unexpectedly pregnant and comes to see Dr GP in tears as she has read that many of her medications are not recommended in pregnancy however she does not think she could do without them. Dr GP calls the obstetric team however they do not feel able to advise on what she could take instead-* ***what is the appropriate pathway for Suzanne?***

- *Simon, 59, was in a high speed MVA in 1986 and suffered multiple injuries including concussion. He also has a diagnosis of PTSD which he has decided to manage by smoking cannabis, declining offers of mental health referral. He has had extensive input for his pain both surgical and MDT over the years but has never returned to work. Simon comes to see Dr GP to ask for a prescription of morphine. He has been taking 150mg of M-Eslon twice daily which he bought from a friend who has cancer but is now struggling to afford it. Dr GP feels concern about referral pathways as the last person with a complex pain presentation who he sent to TOPP central community triage team just received an education program and did not have any 1:1 reviews and then returned to Dr GP saying he felt that was a waste of time. Dr GP tried to refer Simon directly to the regional tertiary service but this was declined saying referrals have to come from ACC-* ***what is the appropriate pathway for Simon?***

- *Claire, 24, had her first baby 8 months ago by waterbirth at home. She sustained a first degree tear which was not sutured. Since that time Claire has had ongoing vulvar pain. She has seen a pelvic PT who completed an ACC birth injury claim, and while her bladder control is now much better she did not find much improvement in her pain. She attended the sexual health clinic where the doctor found no abnormalities and hoped the pain would settle when the baby weaned. Sadly despite ceasing breastfeeding and return of her periods Claire's pain continues and she attends Dr GP in tears-* ***what is the appropriate pathway for Claire?***

- *Ariel, 21, has a history of childhood sexual abuse and has been under the care of a sensitive claims therapist for 4 years. She has discussed her problems with dyspareunia with her therapist who has suggested that this is likely a sequelae of her trauma and to ask Dr GP to refer her for MDT care for her sexual pain -* ***what is the appropriate pathway for Zoe?***

- *Rae, 72, is suffering from pelvic and groin pain following complications of a pelvic prolapse mesh which developed exposure and was subsequently removed, sustaining a nerve injury in the removal operation. She is a member of a number of peer-support groups for the mesh injured, and after hearing the experiences of others has declined being referred to the female pelvic mesh service and instead would like her trusted GP to coordinate her care. Dr GP has arranged for Nurse Maude to review her continence needs but is not sure who can help with her complex pain-* ***what is the appropriate pathway for Margaret?***