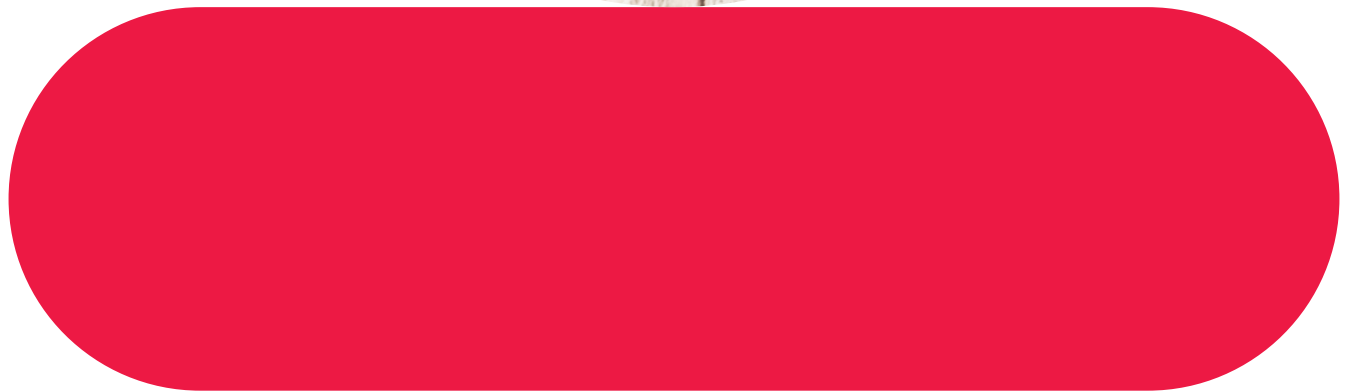


Living with chronic pain.

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People experiencing chronic pain face a complex set of challenges and barriers that have been amplified by the pandemic, opioid regulation reforms, and prescription monitoring programs.¹

There is no one size fits all solution for chronic pain, but being an active participant in your care and reaching out for support can help you find the solutions that work best for you.

What is chronic pain?

For many people, pain is a temporary feeling of discomfort connected to injury, illness, or surgery.

There are many different types of pain:

- **Acute pain** lasts for a short time after a surgery, injury, or other condition. This is a signal to your body to seek help. It usually settles as your body heals.
- **Sub-acute pain** is close to being chronic pain. Often known as the transition phase.
- **Recurrent pain** occurs on a cycle, such as a migraine.
- **Cancer-related pain.**
- **Chronic or persistent pain** lasts beyond the expected healing time (usually 3-6 months) following a trauma, surgery, or other condition (excluding cancer).²

Chronic pain is complex, and each person experiences it differently.

WHAT ARE THE IMPACTS OF CHRONIC PAIN?

Chronic pain can negatively affect your mood, relationships, and body.

This can impact your quality of life, work, education, and social participation.³

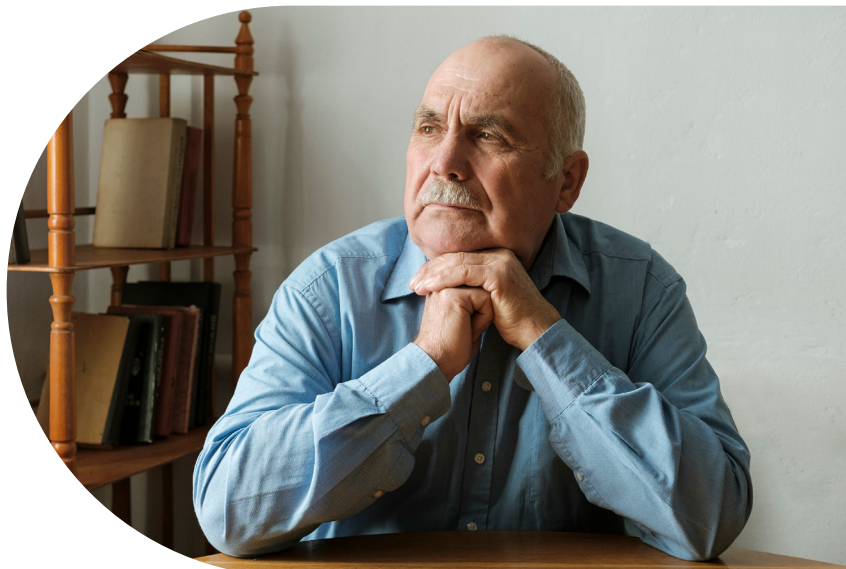
People experiencing chronic pain often also experience depression, anxiety, sleep disturbance, and fatigue. These co-occurring conditions can contribute to poorer health, societal and financial outcomes.^{3,4}

People experiencing chronic pain also have a 20% greater suicide risk than the rest of the population.⁵

And, chronic pain is estimated to be Australia's third most costly health condition in terms of health spending – the cost of chronic pain in Australia is estimated to be \$215.6 billion dollars by 2050.^{6,7}

HOW COMMON IS CHRONIC PAIN?

- Chronic pain affects the quality of life of more than 3.4 million Australians (14%), including children and young people.^{8,6}
- 1 in 5 Australians over the age of 45 lives with chronic pain.⁹
- 1 in 4 Australians over the age of 85 lives with chronic pain.¹⁰
- 40% of forced retirements are due to chronic pain.¹¹
- Between 50 – 80% of people experiencing chronic pain are undertreated, despite effective care options being available.¹²
- Chronic pain particularly affects older people, women, and those experiencing disadvantaged socioeconomic and health status.^{8,9,13}



Who can help manage my chronic pain?

Chronic pain can be an isolating experience.

People with chronic pain often receive the same approach to treatment that would be applied to acute (short-term) pain. But this is generally not effective.¹⁴

Treatment that only focuses on reducing your pain in the short-term is not the most effective approach.

A more achievable aim is to slowly reclaim your functioning, without making your pain worse.¹²

Pain Australia recommends a multidisciplinary pain management plan that includes a combination of medical approaches, physiotherapy, and psychological treatment.¹⁵

This would likely mean seeing a number of health professionals which may include:

- doctors
- nurses
- psychologist
- psychiatrist
- exercise physiologist
- physiotherapist
- occupational therapist
- pharmacist
- dietitian
- social worker or counsellor.^{12, 15}

Multidisciplinary pain management can be provided by pain management clinics.

A pain management clinic is a health care practice that specialises in the treatment and management of chronic pain.

These multidisciplinary pain services can be offered through the community, public hospitals, or private services. Depending on the service, you can attend an inpatient or outpatient program.

Typically, however, most pain care is delivered and maintained by GPs (doctors) and other non-pain specialists.¹⁶

People consider meaningful relief from chronic pain has been achieved when their pain intensity is reduced by at least 50%. Most patients achieve this through a multidisciplinary approach, not solely through medicines, such as **opioids**.^{16, 17}

It's best to ask your GP about which pain management options are suitable for you. This will also involve self-management options - but more on that later.

HOW DO I GET AN APPOINTMENT WITH A PAIN MANAGEMENT CLINIC?

Your doctor will need to give you a referral to a pain management clinic.

You can find your local clinic by asking your GP or referring doctor, or through the **National Pain Services Directory**.

Your doctor's referral should note if you are eligible for compensation of services through Transport Accident Commission (TAC) or WorkSafe.

You should also check with the pain management clinic to see what documentation and information they need, as this can vary depending on the hospital, state, or territory. For example, this is the **Victorian Statewide Referral Criteria** which gives you an idea of what information your clinic might need.

Once your referral has been accepted, you will typically be asked to complete a questionnaire about the impact of pain on your daily life. Then, you'll likely get an appointment to discuss expectations and needs.

You may also have a medical assessment.

Some clinics require evidence of:

- previous treatment in the past 12 months, such as exercise or pain medication
- impact on daily activities, including work, study, school, or carer role
- being at risk of medication dependence, or physical or mental decline
- adequate trial of self-management options.

After your initial assessment, you may be assessed by the multidisciplinary team and/or a medical pain specialist. A report will then be sent to you and your referring doctor with the assessment outcomes and pain management recommendations.

Depending on your individual needs and availability of local services, you may be placed on a waiting list before treatment begins.

In some cases, people seek out pain management privately if they can afford it.

Throughout the process, clinic staff and your referring doctor will support you and let you know the next steps.^{18, 19, 20}

What treatments are available?

If you're eligible for services at a pain management clinic, your team will use a range of approaches to create a unique treatment plan for you.

These can vary depending on the clinic, your pain, and your personal goals, but types of pain treatment include:

- **psychological therapy** such as cognitive-behavioural therapy (CBT), acceptance and commitment therapy (ACT), and family therapy
- **relaxation** techniques such as meditation, mindfulness, and yoga
- **exercise** that helps achieve your desired wellness, physical, and functional goals
- **self-management** education through individual and/or group programs that aim to reduce stress and promote self-confidence in dealing with pain
- **support groups**
- **pain medication**
- **joint blocks** - an injection of anaesthetic and steroid that is used to diagnose and treat joint pain
- **nerve blocks** - a specialised injection that targets a certain nerve or group of nerves to help diagnose and treat nerve pain
- **radiofrequency ablation** (or RFA) - treatment that targets joint and nerve pain to interrupt the nerves that transmit pain signals to your brain
- **spinal cord stimulation** - a pain treatment that sends an electrical impulse to the spinal cord to block the pain signals to your brain. This treatment is used for persistent nerve pain.
- **IV infusions** of pain relief medications that help manage certain chronic pain
- **platelet rich plasma injections** (PRP injection/therapy) that are designed to accelerate your natural healing process of musculoskeletal injuries.^{21,22,23,24}

It's important to remember pain specialists and pain management clinics are not the only options for multidisciplinary care.

You can ask your GP to connect you with services that offer some of the above treatments, outside of pain management clinics.





How does pain medication work?



Chronic pain management is complex, and medication is often a part of this.

Let's take a look at some commonly prescribed pain medications:

Benzodiazepines can provide a relaxing effect from chronic pain and related effects, like anxiety and insomnia. They can be helpful when used with other forms of therapy – but they can also be dangerous in high doses and when combined with alcohol and other drugs.²⁵

There are three types of benzodiazepines: long, intermediate, and short-acting.

Common names for **long acting** benzodiazepines are diazepam (Valium®); **intermediate acting** benzodiazepines are nitrazepam (Alodorm®, Mogadon®); and **short acting** benzodiazepines are oxazepam (Serepax®), temazepam (Euhypnos®, Normison®) and alprazolam (Xanax®, Kalma®, Alprax®), among others.²⁶

In 2020, benzodiazepines accounted for 36% of all unintentional drug-induced deaths in Australia; this was the second-most common drug group identified, behind opioids.²⁷

The risk of developing a dependence increases the longer you are on the drug.

It generally shouldn't be used for longer than two weeks.

However, benzodiazepines are one of the most commonly used medications in Australia with long term prescribing contributing to non-medical use and dependence.²⁸

Opioids such as codeine, fentanyl, and oxycodone can be effective in the short-term but have been shown to lose effectiveness quickly.

They can also be dangerous in high doses and when combined with alcohol and other drugs.^{25, 29}

Common types of opioid-based medications include codeine (Panadeine®, Panadeine Forte® and Nurofen Plus®), fentanyl, morphine, oxycodone (Endone® or OxyContin®), buprenorphine (Subutex® or Suboxone®), methadone and tramadol, among others.²⁵

In 2020, pharmaceutical opioids accounted for 47.3% of unintentional drug-induced deaths in Australia involving opioids.²⁷

Opioids often help many Australians experiencing strong and intense pain, for example after surgery or dental work.

However, Australians are increasingly using them for longer and experiencing negative side effects and harms, including dependence.³⁰

According to the Therapeutic Goods Association (TGA), in 2020 only half (56%) of consumers using opioids felt they were using them safely, and around one-third (30%) felt they were dependent on their opioid medication.³¹

But simply stopping the use of opioids and benzodiazepines doesn't fix the problem of chronic pain as you will still need support to address underlying health concerns.

It's important that your withdrawal and tapering off process is supported by your GP and specialist support where needed.^{32, 33}

In the 2022 Pain Australia survey on the impact of opioid reforms, 61% of people who had their medication stopped or reduced said they would like to be more involved in the decision regarding their medication.¹

If you're concerned for your wellbeing, you can speak to another GP or doctor who will support you to slowly come off your prescription, safely. You can also ask your local pharmacist for advice. Do not stop taking medication without first talking to your GP.

My GP will no longer prescribe me my pain medication

Due to the lack of services and long wait times to see a pain specialist in Australia, medicines have often been the main treatment for people living with chronic pain.¹

But in an effort to reduce the harm, opioid reforms were introduced in June 2020 and guidelines for pain management shifted away from these prescriptions, towards alternative medicines and therapies.³⁴

The Australian Government also has to approve doctors to prescribe drugs of dependence which include medications commonly used in chronic pain management.²³

This has seen a decrease in prescribing patterns.

According to Pain Australia after the opioid reforms in June 2020, 37.7% of survey participants said their opioid medication had been reduced, and 18.5% had their medication ceased.¹

If you're living with chronic pain, being cut off from your routine opioid or benzodiazepine prescription can make you feel lost, alone, and unsupported.

But you're not alone, this is an increasingly common experience, and help is available.

What can I do to self-manage my chronic pain?

If you have chronic pain, it's important to learn how to manage it on a daily basis, with the support of loved ones and health professionals - and not only through medication.³⁵

The following tips from [Pain Australia](#) can help you manage the physical, psychological and social factors that impact your pain.

- **Daily stretching and walking.** Start small and increase your activity slowly, you can ask a physiotherapist to help you out with an exercise program.
- **Pacing activities.** Be sure to plan daily rest and stretch breaks and keep physical activity at an even pace throughout the day.

- **Relaxation techniques** such as deep-breathing, yoga, and meditation.
- **Mindfulness** exercises can help you learn how to accept and explore your thoughts and feelings, including your pain.
- **Desensitisation and distraction** is about retraining your brain to respond differently to pain. Distraction can help you focus on something you enjoy, such as listening to music, rather than focussing on your pain.
- **Cognitive Behavioural Therapy (CBT)** is a common psychological therapy to help people explore their thoughts, feelings, and behaviours associated with pain. Your GP can help you find a psychologist to help you with this.
- **Sleep** - ongoing restful sleep can help you manage the symptoms of pain.
- **Diet and exercise** - low impact exercises and a diet that works well for the needs of your body can support you in managing your pain.
- **Support groups** - chronic pain can be an isolating experience and finding a community of people who are familiar with your experience can be helpful.^{8, 35}

If you want to find out more about chronic and persistent pain, check out some of these resources:

- [National Pain Services Directory](#)
- [Pain Australia - Factsheets](#)
- [Pain Australia - Getting the right care](#)
- [Pain Australia - Care in community](#)
- [Chronic Pain Australia](#)
- [Australian Pain Management Association](#)

Getting support:

Speak to a Peer Guide on the Pain Link Helpline

1300 340 357

(Monday – Friday; 7am – 7pm AEST)

Chat to Reconnexion about getting help with Benzodiazepines

1300 273 266 or info@connexion.org.au

(Monday – Friday; 9am – 5pm AEST)

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