

## **Bedfordshire and Hertfordshire Priorities Forum statement**

**Number: 13**

**SUBJECT: Inpatient and Outpatient Pain Management Programmes**

**Date of decision: December 2011**

**Date of review: December 2012**

### **Guidance**

Recommended services for people with chronic pain include medication/ drug therapy, nerve blocks (including invasive procedures such as neurolysis and radiofrequency lesioning), stimulation induced analgesia such as TENS and acupuncture, physiotherapy, psychotherapy, surgery to include specialised neurosurgical techniques such as percutaneous cordotomy and dorsal column stimulation, and rehabilitation. A pain management programme is a rehabilitative service. This guidance deals only with pain management programmes.

Pain Society criteria for pain management services states that a pain management programme should include management by a clinical psychologist and physiotherapist with links to a medically qualified pain specialist (OT & nursing also desirable). Integrated pain management programmes combine physical, social and psychological aspects of pain management and have been shown to be superior to single-discipline treatment of chronic pain. These programmes significantly reduce pain and drug intake, increase perceived control and self-confidence and improve quality of life. Patients who participate in pain management programmes are more likely to return to work and report an improvement in activity compared to those who do not.

Both inpatient and outpatient programmes have been found to be effective. Inpatient programmes may support more significant improvement, but are four times as expensive as outpatient programmes.

A specialist psychologist and physiotherapist from a pain management programme team must assess whether the patient would benefit from a pain management programme. The patient must meet the following criteria:

- The pain has been fully investigated and treated and there are no further surgical or medical investigations or treatments indicated or planned
- Chronic non-malignant pain of least 6 months duration, not associated with progressive disorder
- One or more of the following
  - reduced sense of control over life/loss of confidence
  - reduced quality of life
  - reduced fitness and activity levels
  - distressed by pain

- sleep disturbance
- inappropriate use of analgesic medication
- Pain is the primary problem for the individual at this time
- No acute signs or symptoms
- No current or past history of significant psychiatric problems
- Not impaired by significant levels of depression, anxiety or anger, learning disability or other difficulty, which would affect ability to participate in an educational or self-management based group
- No alcohol or illicit drug misuse
- No significant medical condition that would compromise ability to participate in the programme

To be considered for inpatient pain management, the patient must in addition meet at least one of the following criteria:

- Have major functional disabilities
- Require extensive psychological and behavioural therapy

**The Human Rights Act has been considered in the formation of this guidance statement.**