

Self Management for Chronic Pain Patients – Will they Come? Will They Benefit?



**SHELLIE BUCKLEY RN BA C(ONC)
STRATFORD FAMILY HEALTH TEAM**

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What is Chronic Pain??



- Chronic pain is defined as pain that lasts longer than 3-6 months (usual timeframe for healing and recovery)
- Can vary considerably in intensity
- Has no survival value
- Rarely curable
- Unpredictable
- Can affect multiple parts of the body



Chronic Pain has Major Implications...



- For the individual suffering from the pain
- For the family and loved ones
- For the workplace/ employers
- For the healthcare system
- For the community which is deprived of active citizens
- It is estimated over 1 million Canadians have neuropathic pain

Productivity Costs Associated with Chronic Pain



- Uncontrolled pain continues to be the single most common cause of disability among working-age adults in Canada
- 60% of people with chronic pain eventually lose their job, incur loss of income or have a reduction in responsibilities as a result of their pain
- For those who are still employed, it is anticipated they will have a mean of 28.5 lost work days per year
- Lynch, ME “The Need for a Canadian pain Strategy “ Pain Res Manage 2011; 16: 77-79

Where Self Management Comes In



- “..wait times for care are greater than one year at more than 1/3 of the publically funded pain clinics in Canada, with vast areas of the country having no access to appropriate care”

- PengP, ChoiniereM, DionD, et al. Challenges in accessing multidisciplinary pain treatment facilities in Canada. Can J Anest 2007; 54:977-84

What is “Self Care Management”



- There is no universally accepted definition of *Self Management*
- In the field of [medicine](#) and [health care](#), self-management means the interventions, training, and skills by which patients with a chronic condition, disability, or disease can effectively take care of themselves and learn how to do so. - Wikipedia

From Kate Lorig



- Self-management has become a popular term for healthful behaviours. This is especially true for the management of chronic conditions. There are three self-management tasks--medical management, role management, and emotional management--and six self-management skills--problem solving, decision making, resource utilization, the formation of a patient-provider partnership, action planning, and self-tailoring.

Stanford's Self Mgt Program for Chronic Pain



- 6 week group series
- 2 hours per session
- Exercise and goal setting
- Plus wide variety of other topics including time for discussion and team work



Week One



- Introductions
- “What Chronic Pain Means to Me”
- Debunking the Myths about Chronic Pain
- Acute vs Chronic Pain
- The Pain and Symptom Cycle
- Tools in the Self Management Toolbox
- Action Planning



Week 2



- Review action plans from last week
- Steps involved in Problem Solving
- Benefits of Exercise
- Pacing (balancing activity and rest)
- Progressive Muscle Relaxation (with Practice)
- Action Planning

Week 3



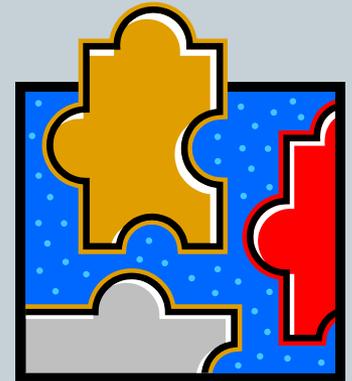
- Action Plan feedback
- Moving Easy Program
- Ways to Deal with Difficult Emotions
- Distraction as a Self Mgt Tool
- Fatigue and Sleep Management
- Guided Imagery (with practice)
- Action Planning



Week 4



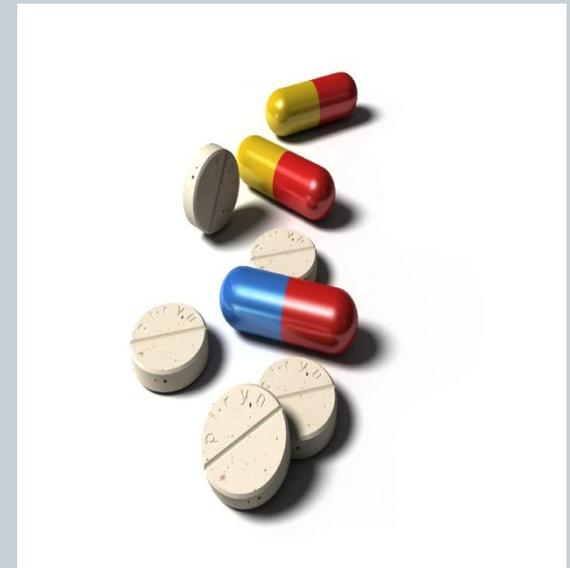
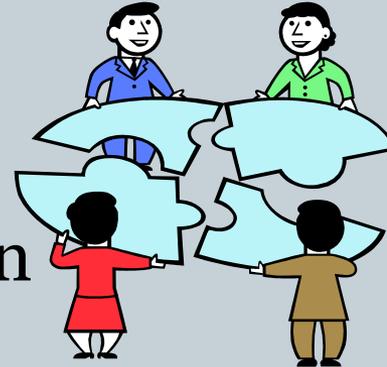
- Action Planning Feedback
- Moving Easy Program
- Communication Skills
- Healthy Eating
- Problem Solving
- Action Planning



Week 5



- Action Planning Feedback
- Moving Easy Program
- Medications and chronic pain
- Depression
- Positive Thinking
- Visualization
- Action Planning



Week 6



- Action Planning Feedback
- Making Informed Treatment Decisions
- Working with your Health Care Professionals
- Communicating about Pain
- Looking Back & Planning for the Future
- Moving Easy Practice

Strengths of the Stanford Program



- Well organized and written
- Scripted for lay leaders
- Well researched (Kate Lorig)

Drawbacks of Stanford Model



- 2009
- Must pay for licence and use Stanford trained leaders
- Does not allow for quest speakers or any other variation from the script
- Patients report it is not enough time for some topics and there are things they would like to discuss not covered by the script

Patient Feedback



- “I found out it’s OK to feel sad, a sense of lost and the quilt I was carrying was NOT OK. I also found out why certain pain was happening in a caring and direct way. Just getting rid of some quilt has helped. I got good info and I feel somewhat better knowing people do care and not the sense of “NEXT ” that some doctors make you feel you are just another person. How to talk to Doctors also helpful”
- “I was hoping to talk to a dietitian and maybe a pharmacist. Also someone to talk to about disability or what you can claim if any from income tax”
- “I am glad that I went through the program. It helps so much knowing other people have the same feelings”

Another Pt



- Rated her overall improvement as - Very much improved
- “I found a great improvement and would definitely recommend the program to others”

And so for the SFHT...



- Based on feedback from 6 groups we are developing our own program
- 10 weeks in length for 90 min
- Quest speakers
- Adding new content on grief, yoga, meditation, Tai Chi
- More time for sex and intimacy, communication



Comments?



- Sbuckley@sfht.on.ca
- 519 273 7017 ext 225



Good Tools



- Lorig,K., Holman,H. Self-management education: history, definition, outcomes, and mechanisms. [Ann Behav Med.](#) 2003 Aug;26(1):1-7.
- RNAO Strategies to Support Self-Management in Chronic Conditions: Collaboration with Clients. Best Practice Guideline Sept 2010