

Chronic (long term) pain

Headlines

Pain has one of the worst impacts on health functioning of local people, and is by far the most common condition. Of all the groups suffering ill health they are the most likely to feel socially isolated most of the time.

Older people, particularly women, are more likely to experience pain.

3 in 4 people with pain problems were at least overweight and many were living with other long term conditions.

Pain was more common in people of all ages on low incomes.

Why is this issue important?

Pain is a common condition. Nearly everyone is affected by it at some time. One of the most frequent types of pain is low back pain and for most people affected, severe pain or disability is short lived. People soon return to normal activities, regardless of any advice or treatment they receive. A proportion goes on to develop chronic pain and disability. It is this group who account for the majority of the health and social costs associated with low back pain¹. Once pain has been present for more than a year, few people with disability from their pain can return to normal activities.

Chronic (long term) pain is described as:

“pain that persists beyond the point at which healing would be expected to be complete (3-6 months) or that which occurs in disease processes in which healing does not take place”².

Chronic pain is shown to have the largest negative impact on quality of life of any health condition for patients living in the community³. The impact of pain on people’s lives is variable and can cause sleeplessness, depression and interferes with normal physical and social functioning.

Locally, in 2008⁴

- Pain problems (arthritis, not including backache) had affected 1 in 3 people in the past year, with over half (58%) saying pain had limited them in some way over the past four weeks.
- Those aged over 65 years were more likely to experience pain with 46% of men and 57% of women reporting being affected over the past 12 months, irrespective of ethnicity.
- 1 in 3 people had sleep disturbed by pain, a significant indicator of severity of impact on health.

Of the responders living with pain;

- 28% reported suffering from depression compared to 21% of all adults.
- 20% did no physical activity, compared with 12% of all adults.
- 21% were obese, and 54% were overweight, so 3 in 4 were at least overweight. This rose from 2005 where 62% were at least overweight.
- 10% said they had heart disease (compared to 5.6% of all responders) and 12% had diabetes (compared to 7.6% of all responders).

- 42% felt isolated at least most of the time compared to 7% overall.
- They were as likely to smoke as the overall population.

What significant factors are affecting this issue?

Many factors influence how people with pain manage the impact on their daily lives. Often people with pain live with other long term conditions, e.g. diabetes or heart conditions, so managing their range of needs becomes more challenging. Access to early diagnosis, intervention and better management is the key to preventing the spiral of decline that can happen, if the pain condition is not managed effectively.

The impact of pain conditions can be improved by adopting positive health behaviours i.e. increase activity levels and a healthy diet. Self care is an integral part of the management of pain. Evidence supports the additional benefits that self care approaches can provide people with pain to improve their health and wellbeing. Incorporating self care approaches within pain management can help people to manage their own condition, i.e. relaxation, goal setting, activity management and “pacing”.

Economically active

- 64% of economically inactive people aged 45-64 reported suffering from pain problems (arthritis, not including backache), compared with 46% of economically active people of the same age.
- 44% of economically inactive people aged 45-64 reported suffering from sciatica, lumbago or recurring backache, compared with 39% of economically active people of the same age.

Income

Across all ages the proportion of pain sufferers decreased as annual income increased. Pain is highest in those people with an annual income of below £10,000 and lowest in those with an annual income of above £40,000.

Which groups are most affected by this?⁴

Those people who already live with other long term conditions, e.g. heart disease, obesity, are particularly affected by the impact of long term pain.

Older women are affected more by pain than older men.

Those people working on low incomes, or on benefits, are also more vulnerable to long term pain affecting their health and wellbeing.

Where is this causing greatest concern?⁴

Experience of pain conditions showed little difference across the localities. More people reported living with pain in Huddersfield South (36%), with the lowest rate reported in Denby Dale & Kirkburton (28%). The highest rate of those reporting back pain was in Huddersfield South (29%) with the lowest rate in Denby Dale & Kirkburton (24%).

Views of local people⁵

Service users with long term pain living in Kirklees have informed the implementation of a chronic pain pathway across Kirklees and service redesign. From the responders, one key theme was the need for person centred services with improved links between services working at each step in the pathway.

“It’s getting through the system to get to the person you need, but you don’t always know who you need” (patient with long term pain).

In terms of primary care services, individuals have said that they need more time from primary care practitioners at initial assessment, with more involvement from health trainers.

“Every time we think of pain, we go to a GP. We are centred around GPs...we cannot access services unless a GP refers us, you need to break that bond” (service user with long term pain).

Many service users expressed the need for more comprehensive self care information, support and access to self care programmes, such as Expert Patient Programmes.

“Unless you start to self manage your condition, you can’t move on. Going onto an Expert Patient Programme does help you knowing, but you need the GP to tell you” (patient with long term pain).

What could commissioners and service planners consider?

Chronic pain is a long term health condition that causes extensive and unnecessary suffering and disability. In Kirklees, it is imperative that commissioners and service planners achieve the following patient focused outcomes;

- Reduce levels of distress and disability due to long term pain.
- Improved pain symptom control, physical health function and emotional wellbeing.
- Improved patient confidence to self manage their pain condition, medication and their health.

These outcomes can be achieved by:

- Seamless continuity of care, so individuals receive the most appropriate level of care in the most accessible location, using a multidisciplinary approach where feasible.
- Increased access for patients, from a range of backgrounds and literacy levels.
- Reduced inappropriate health care service use, thus stopping the “revolving door” experience.
- Commissioning a higher quality and more cost effective service.

Overall, there needs to be a focused commitment to ensure that the Kirklees chronic pain pathway and service redesign reaches the right people, providing the evidence based services at the right time and place and reduces the variation in patient experience.

References

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