



# PIG-NI NEWS

## Pain Interest Group Nursing Issues

Newsletter April 2016

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All correspondence to newsletter editor:

Lee Beeston

[Lee.Beeston@health.nsw.gov.au](mailto:Lee.Beeston@health.nsw.gov.au)

### Sandra Tutt

#### Chairperson, Pain Interest Group Nursing Issues

Good day to you all.

I believe the Acute Pain Society Annual Conference held in March, in Perth, was great. If you went I hope you had a great time and came away refreshed and with great ideas.

If you went have you thought of submitting some candid photos or writing a bit for the newsletter? Our new chief newsletter editor Lee Beeston and her team have been working hard to put this edition of the newsletter together. It is a big job and so let me encourage you to submit any articles, poems or pictures for future editions. Remember this is an opportunity to have your say.

The annual PIGNI conference on 21st October is shaping up to be an outstanding meeting with some excellent guest speakers. This professional day is an invaluable opportunity to network with others who have interest in pain management.

As mentioned in my last report, 2016 marks our 10th year that we have run a Professional Development day.

We are planning big things so book your diaries.

Keep well

**Sandi**



## Editor's Message April 2016

The editorial committee have been working hard to provide you with interesting editions of the Newsletter.

We welcome your feedback and hope you will request and contribute to topics for discussion and distribution.

Currently, this edition includes an update of the Australian Pain Society Conference held in Perth in March, 2016.

Apart from the broad range of scientific and practical topics presented, there was, as always, a great deal of camaraderie enjoyed. Sharing and networking, gaining support and exchanging ideas is one of the major benefits of attending.

Next year's conference will be held in Adelaide. Plan to attend. Apply for a scholarship through the Australian College of Nursing, your hospital or a pharmaceutical company

[www.acn.edu.au/scholarships](http://www.acn.edu.au/scholarships)



# ACI Annual Pain Management Workshop

<http://www.aci.health.nsw.gov.au/>

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW.

The workshop was attended by doctors, nurses, allied health professionals, managers and consumers who work in pain management and who were exploring specific topics.

There was a review of the development of the NSW Pain Plan and an outline of future directions to continue development of pain management access for all residents of NSW through Tier 2 and primary care avenues.

The main topics of the day enabled a greater understanding of

- Adolescents and young people's special needs with chronic pain as they enter the adult world and adult pain management services. Points to note are:-
- There is a well-developed toolkit for assessing and treating young people 14-25 years;

there are three Transition Coordinators who can advise re assessment and treatment of young people, regardless of whether the patient has been involved with a Paediatric pain service or not.

- Progress in the primary care sector to facilitate best practice which gave some excellent models of treatment in the rural sector

Attendance on the day enabled networking with others, enlightenment of pain management issues in lesser known areas such as the NSW Ambulance and included a consumer's presentation of his experience with pain, surgeries and years of opiate use.

You are welcome to join the pain network. If interested, please contact

[jenni.johnson@health.nsw.gov.au](mailto:jenni.johnson@health.nsw.gov.au)



## JUST BE THERE By James Tekiko

A new opioid is in the offing  
Another neuropathic agent is in the making  
It may all sound promising  
But just be there and listen

Hydrotherapy, yoga or walking  
Keep the muscles going  
Overall health will be improving  
But just be there and listen

Stop smoking we say  
Lessen the alcohol, we convey  
Have a healthier lifestyle if you may  
But just be there and listen

Mindfulness and Psychotherapy  
One on one or group it shall be  
It may all seem too easy  
But just be there and listen

Support and concern is necessary  
Make them feel valued and not just one of many  
The pain may lessen and so is their worry  
If we are always there to listen

## AUSTRALIAN PAIN SOCIETY 36th Annual Scientific Meeting, Perth March, 2016

The program was packed full of presentations across the spectrum of pain management topics in varying formats giving participants information, new science, education, visual and computerised poster presentations, panel discussions using twittered questions from the audience and opportunities galore for networking. All this and more was enjoyed on a background of good food, great weather and hospitality from trade and the Perth Convention and Exhibition Centre.

International and local speakers presented the plenary sessions each morning, while topical concurrent sessions were held in the afternoons.

Breakfast programs sustained the audiences physically and mentally with further education related to assessment and pain perceptions, use and overuse of opioids, the NeuPSIG recommendations and the AGM in a new time-slot of a breakfast meeting too!

You are encouraged to plan for next year's conference, 'Expanding Horizons', 9-12 April 2017 to be held in Adelaide.



## Intensity of Chronic Pain - The Wrong Metric

**By Jane Ballantyne and Mark Sullivan in  
New England Journal of Medicine, Nov 26,  
2015**

**Summary: David Beverige**

Are we asking the right questions when it comes to chronic pain? Should reducing pain and focussing on pain intensity be our primary goal? This thought provoking article by Ballantyne and Sullivan looks at one of the central issues of pain management. The issue of pain intensity in the context of chronic pain.

The last three decades have produced an epidemic of prescription-opioids abuse, overdose and deaths with no reduction in the burden of chronic pain. Opioids have good short term efficacy when used in the acute setting but there is little evidence supporting their long term benefits.

The primary question raised in this article is whether a reduction in pain intensity is the right goal for the treatment of chronic pain? Pain intensity ratings aren't a reflection of tissue damage in patients with chronic pain. Suffering may be related as much to the meaning of pain as to its intensity.

Persistent helplessness and hopelessness may be the root causes of suffering for patients with chronic pain yet is reflected in a report of high pain intensity.

Reliance on pain intensity ratings tends to result in the use of opioid treatment for patients with mental health or substance abuse problems who are least likely to benefit from opioid treatment and most likely to be harmed by it.

Multimodal therapy encompasses behavioural, physical and integrated medical approaches.

It is not titrated to pain intensity but has a primary goal of reducing pain related distress, disability and suffering. When it does that successfully a reduction in pain intensity might follow.

Ballantyne and Sullivan propose that pain intensity is not the best measure of success of chronic pain treatment.

Nothing is more revealing or therapeutic than a conversation between a patient and a clinician, which allows the patient to be heard and the clinician to appreciate the patient's experience and offer empathy, encouragement, mentorship and hope.



# Nurse practitioners can effectively deliver pain coping skills training to osteoarthritis patients with chronic pain: A randomized, controlled trial

Joan E. Broderick a,†, Francis J. Keefe b,c, Patricia Bruckenthal d, Doerte U. Junghaenel a, Stefan Schneider a, Joseph E. Schwartz a, Alan T. Kaell e, David S. Caldwell b, Daphne McKee b, Shelby Reed c, Elaine Gould f

## Article history:

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## Abstract:

A multisite, randomized, controlled clinical effectiveness trial was conducted for osteoarthritis patients with chronic pain of the knee or hip. Adult health nurse practitioners provided a 10-session intervention, pain coping skills training (PCST), in patients' doctors' offices (N = 129 patients); the control group received usual care (N = 127 patients).

Primary outcomes assessed at baseline, post-treatment, 6-month follow-up, and 12-month follow-up were: pain intensity, physical functioning, psychological distress, self-efficacy, catastrophising, use of coping strategies, and quality of life. Secondary measures included fatigue, social functioning, health satisfaction, and use of pain medication. Methods favouring external validity, consistent with pragmatic, effectiveness research, were utilized. Primary ITT and secondary per-protocol analyses were conducted.

Attrition was within the expected range: 11% at post-treatment and 29% at 12-month follow-up; rates did not differ between groups. Omnibus ITT analyses across all assessment points indicated significant improvement for the PCST group compared with the control group for pain intensity, physical functioning, psychological distress, use of pain coping strategies, and self-efficacy, as well as fatigue, satisfaction with health, and reduced use of pain medication.

Treatment effects were robust to covariates (demographics and clinical sites). Trends in the outcomes across the assessments were examined. All outcomes, except for self-efficacy, were maintained through the 12-month follow-up; effects for self-efficacy degraded over time. Per-protocol analyses did not yield greater effect sizes. Comparisons of PCST patients who were more vs less treatment adherent suggested greater effectiveness for patients with high adherence. **Results support the effectiveness of nurse practitioner delivery of PCST for chronic osteoarthritis pain.**

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## Global Pain Day 2016 - Monday 29th February

### ALBURY WODONGA PRIVATE HOSPITAL Global Pain Day 2016: Pain in the Joints

The Albury Wodonga Private Hospital once again held its annual Pain Education Day for nurses, with this year's topic focusing on Pain in the joints. This education day is unique to Albury and has been hosted by the Albury Wodonga Private Hospital for the past 11 years. This is a great opportunity for nurses to enhance their education locally. As in past years, the conference has been held at the Commercial Club, Albury.



Cheryl Bester (Clinical Psychologist), Frances Farrar (Pharmacist), Melissa Pol (talking about pain from a personal perspective), Leisa Bridges (infection control), Jenni Robertson (Wound care), Annie Gould (Physiotherapist), Melinda McDonald (Orthopedic Nurse) and Acute pain nurse from Albury Wodonga Private Hospital: Pamela Goldspink



Mary Morgan, Theresa Mosinski, Gerardine O'Brien, Pamela Goldspink, Barb Heran and Melinda McDonald



110 attendees

One hundred and ten nurses from Albury, Wagga Wagga, Shepparton, Wangaratta, Mount Beauty and surrounding areas registered for the day. Several medical companies also attended and set up trade displays and provided educational resources to the nurses.

Guest speakers presented information relating to the topic – Pain in the Joints, which included several speakers from Albury, including Dr Elie Khoury (orthopaedic surgeon),



Dr Elie Khoury and Pamela Goldspink

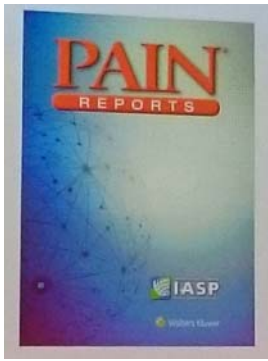
The International Association for the Study of Pain (IASP) and the Australian Pain Society have fact sheets and information available on their web site.

The day was a fantastic success.

Next year the focus is on Pain after surgery which will provide some great topics of interest I am sure.

**Pamela Goldspink.**  
**Pain Management CNS.**





**PAIN REPORTS** is an official publication of the International Association for the Study of Pain (IASP).

An open access multidisciplinary journal, PAIN Reports promotes a global, rapid, and readily accessible forum that advances clinical, applied, and basic research on pain.

The online journal publishes full-length articles as well as brief reports, reviews, meta-analyses, meeting proceedings and selected case reports.

PAIN Reports gives special attention to submissions reporting results of enterprising and high-risk research and pilot studies as well as locally developed clinical guidelines from scientists and clinicians in developing countries.

## Are multidisciplinary interventions multicultural? Pain Feb 2016 vol 157 no 2

Brady B<sup>1,2</sup>, Veljanova I<sup>1</sup>, Chipchase L<sup>1</sup>

Affiliations: <sup>1</sup>Western Sydney University, <sup>2</sup>South West Sydney Local Health District.

Email: [Bernadette.Brady@sswahs.nsw.gov.au](mailto:Bernadette.Brady@sswahs.nsw.gov.au)

### Background

According to the International Organisation for Migration, the number of international migrants rose by 77 million to 232 million worldwide between 1990 and 2013. With global increases in migration, populations are becoming more diverse, with migrants retaining values and beliefs reflective of their social and ethnocultural backgrounds. In health, ethnocultural diversity presents additional challenges with effects on the patient, service provider and health system. Recognition of challenges and opportunities from such diversity is vital to enable health professions to be culturally responsive to the needs of their consumers. Despite the cultural diversity of the global population, research studies into chronic pain interventions often exclude participation of patients from culturally and linguistically diverse (CALD) backgrounds; specifically, because culturally adapted questionnaires and interpreters are not available for minority populations, such as those who do not speak the dominant language of the country. Thus, it is not known if current chronic pain approaches are effective for CALD and migrant populations.



### Purpose

The purpose of this review was to identify and critically appraise randomised controlled trials (RCTs) evaluating the efficacy of multidisciplinary interventions for chronic pain within CALD populations.

### Methods

Using a systematic approach, 20 years of chronic pain literature were reviewed. Peer-reviewed articles investigating multidisciplinary approaches for chronic pain were sourced from multiple subject databases, manual review of reference lists and citation indexes. A total of 202 articles were retrieved and analysed, with 75 meeting criteria for inclusion. Included papers were critically appraised using the PEDro scale.

### Results

Only four of the 75 RCTs published in the last 20 years included CALD populations. Three publications scored a PEDro score of 5/10 and the other scored 7/10. The findings of the four papers demonstrated no significant in pain or quality of life parameters and mixed results for psychosocial outcomes.

### Conclusions

There is a paucity of high quality studies addressing CALD populations in chronic pain management research. The current evidence, while limited in quality and limited to two countries, suggests that the efficacy of multidisciplinary strategies for the management of chronic pain CALD populations is yet to be demonstrated.

# Simple tool helps prevent chronic pain and long-term disability

16 February, 2016 Helen Signy

GPs can help almost one in four workers who suffer a workplace injury avoid chronic pain, long-term disability and get back to work faster with a simple intervention within the first week after injury, a study suggests.

The Work Injury Screening and Early intervention (WISE) study is examining the impact of a 10-question survey for GPs and health workers<sup>1</sup> to use with patients who have suffered from soft tissue workplace injuries.

The tool identifies patients for whom early psychosocial intervention could result in an improved outcome.

"GPs don't always think of the psychosocial aspects of pain management in the first instance, but these risk factors have been shown to be key predictors of delayed recovery," says lead author Professor Michael Nicholas of the Pain Management Research Institute at Royal North Shore Hospital in Sydney.

The psychosocial risk factors identified include:

- High pain ratings;
- Anxiety and depression;
- Impaired sleep;
- Expectations of delayed recovery; and
- Beliefs that rest and avoidance of certain activities are necessary until the pain eases.

If severe enough, these problems can become serious obstacles for return to work.

Yet study participants who were treated by a clinical psychologist working in collaboration with a GP and the patient's workplace were able to return to work sooner.

"Identifying people at risk within a week of their injury and getting them to see a psychologist straight away would be more effective, cheaper, and would mean they would get back to work sooner, compared to a wait and see approach," Professor Nicholas says.

Patients who were identified as being at risk and then participated in the treatment arm of the controlled trial spent significantly less time off work than similar high-risk cases in the control (treatment as usual) arm (on average, 29 days versus 53 days), and their claim costs were

significantly less after 18 months (on average, \$16,000 versus \$20,000 – 22% less).

The study involved 17 hospitals in NSW and found 24% of screened workers to be at high-risk of long-term disability.

The NSW Ministry of Health is now rolling out a plan to implement the routine use of the protocol used in the study for all injured public health workers. It means that in future, these injured workers will get much quicker access to a comprehensive, biopsychosocial assessment of their injuries and earlier help in dealing with a range of complex issues often initiated by these injuries.

"These results were achieved with no new treatments, just much earlier screening for psychosocial risk status (the major predictor of outcomes) and much faster response times to injured workers than normally

happens," Professor Nicholas says.

"It also emphasised the benefit of good communication between the workplace, treatment providers and the insurer. For GPs, the results should mean a much more efficient and less complicated approach to dealing with injured workers."

Professor Nicholas says the questionnaire takes two to three minutes to complete and could be handled by a practice nurse.

He cautions that identifying those at risk is only part of the intervention and the next step is to provide relevant help for the injured workers identified. In many cases, especially if there is no readily accessible clinical psychologist, the GP could deal with several of the psychosocial issues identified, but they may require additional training to gain confidence in doing this.

This content was independently produced by Cirrus Media with a sponsorship from Pfizer Australia.

*The Pain Management Research Institute is offering a webinar for GPs on 'Putting Cognitive Behavioural Therapy Skills into Practice'.*  
[www.sydney.edu.au/medicine/pmri/education](http://www.sydney.edu.au/medicine/pmri/education)

## References

- <sup>1</sup> The 10-item Orebro Musculoskeletal Pain Screening Questionnaire (Linton et al., Spine, 2011).



# 2016 PIGNI Committee List

## Chair:

**Sandi Tutt**

Concord Repatriation General Hospital

[Sandra.tutt@swsahs.nsw.gov.au](mailto:Sandra.tutt@swsahs.nsw.gov.au)

## Alt Chair:

**Denise Wilson**

Concord Repatriation General Hospital

[Denise.wilson@sswahs.nsw.gov.au](mailto:Denise.wilson@sswahs.nsw.gov.au)

## Sec:

**Toula Kranitis**

Canterbury Hospital

[Toula.kranitis@sswahs.nsw.gov.au](mailto:Toula.kranitis@sswahs.nsw.gov.au)

## Alt Sec:

**Kate Lancaster**

St Vincent's Health Network

[Kate.Lancaster@svha.org.au](mailto:Kate.Lancaster@svha.org.au)

## Treasurer/Mailing list Co-ord:

**Sonia Markocic**

[Sonia.Markocic@sesiahs.health.nsw.gov.au](mailto:Sonia.Markocic@sesiahs.health.nsw.gov.au)

## Alt Treasurer/Mailing list Co-ord:

**Sue Lee**

[Susan.Lee@sesiahs.health.nsw.gov.au](mailto:Susan.Lee@sesiahs.health.nsw.gov.au)

## Public Relations Officer:

**Emily Edmonds**

Blacktown Hospital

[Emily.Edmonds@health.nsw.gov.au](mailto:Emily.Edmonds@health.nsw.gov.au)

## Alt. Public Relations Officer:

**Bernadette Bugeja**

Prince of Wales Hospital

[Bernadette.Bugeja@sesiahs.health.nsw.gov.au](mailto:Bernadette.Bugeja@sesiahs.health.nsw.gov.au)

## Newsletter Editor:

**Lee Beeston**

Royal North Shore Hospital

[Lee.Beeston@health.nsw.gov.au](mailto:Lee.Beeston@health.nsw.gov.au)

## Newsletter Assistants:

**David Beveridge**

Lismore Base Hospital

[David.Beveridge@ncahs.health.nsw.gov.au](mailto:David.Beveridge@ncahs.health.nsw.gov.au)

**Linda Pope**

Liverpool Hospital

[Linda.Pope@sswahs.nsw.gov.au](mailto:Linda.Pope@sswahs.nsw.gov.au)

**James Tekiko**

Prince of Wales Hospital

[James.Tekiko.sesiahs@health.nsw.gov.au](mailto:James.Tekiko.sesiahs@health.nsw.gov.au)

## Committee Members:

**Amal Helou**

Royal Prince Alfred Hospital

[ama.helow@sswahs.nsw.gov.au](mailto:ama.helow@sswahs.nsw.gov.au)

**Michelle Cook**

Prince Alfred Hospital

[Michelle.cook3@sswahs.nsw.gov.au](mailto:Michelle.cook3@sswahs.nsw.gov.au)

**Kathie Baker**

Tamworth Hospital

[kathleen.baker@hnehealth.nsw.gov.au](mailto:kathleen.baker@hnehealth.nsw.gov.au)

**Vicki Croker**

Tamworth Hospital

[vickie.croker@hnehealth.nsw.gov.au](mailto:vickie.croker@hnehealth.nsw.gov.au)

**Jacqui Jensen**

St Vincent's Hospital

[Jacqueline.jensen@svha.org.au](mailto:Jacqueline.jensen@svha.org.au)

**Lynda Gundry**

Central Coast Local Health District

[lynda.gundry@health.nsw.gov.au](mailto:lynda.gundry@health.nsw.gov.au)

**Jane Elvy**

Hunter Pain Clinic

[janee@hunterpainclinic.com.au](mailto:janee@hunterpainclinic.com.au)

**Colleen Faul**

Orange Hospital

[colleen.faul@health.nsw.gov.au](mailto:colleen.faul@health.nsw.gov.au)



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