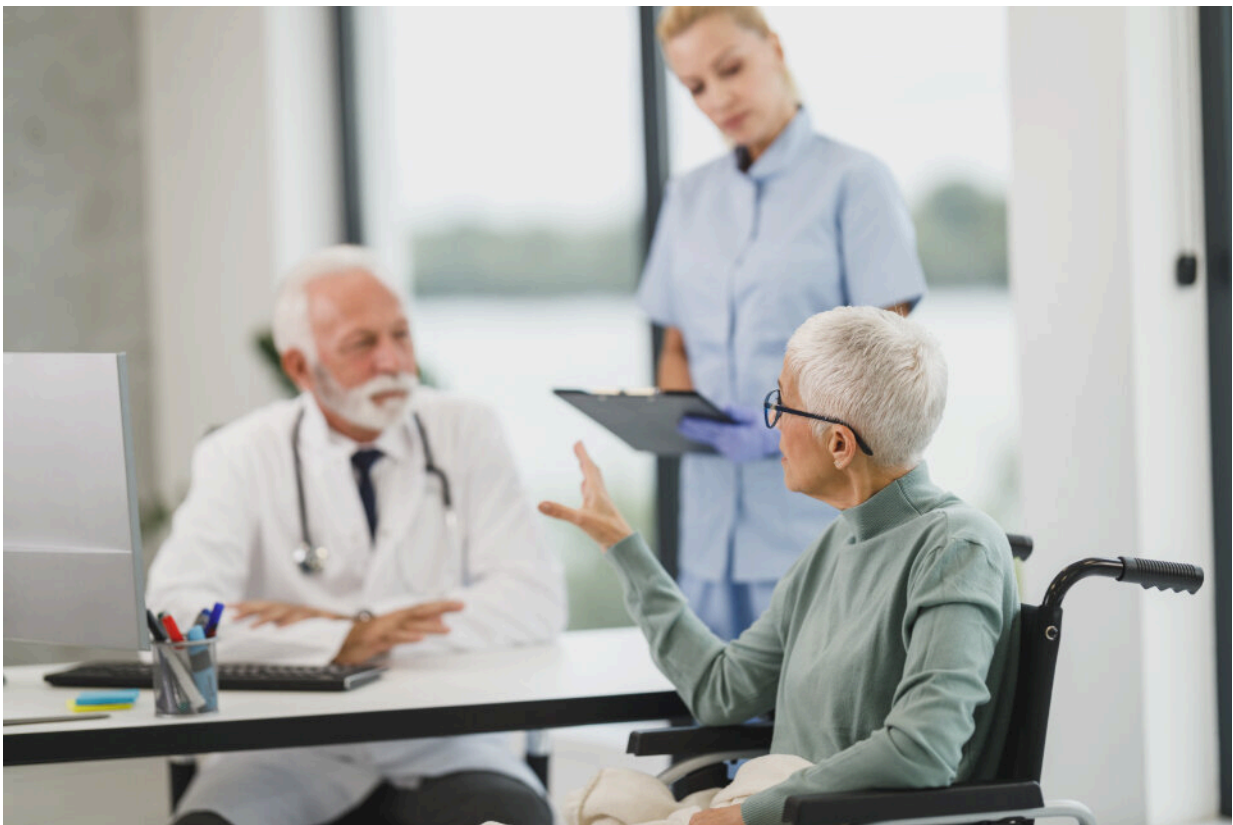


Multidisciplinary care of chronic non-cancer pain needs better support in Australia

November 9 2021



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A new study by researchers at the National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, has found that there is wide variation in the extent of use of non-medicine based treatments for chronic non-

cancer pain (CNCP), highlighting a need for more equitable provision of treatments for CNCP.

The longitudinal cohort study, published in the journal *Pain*, investigated recent and ongoing use of a range of treatments commonly used for CNCP. Researchers interviewed 1,334 Australians with CNCP using prescribed opioids over four years and found that in addition to opioids, most people reported use of both non-opioid medicines and other non-medicine based treatments (such as physiotherapy) at some point during follow-up. Recent and ongoing [treatment](#) use, however, was variable, according to lead author Ria Hopkins, a Ph.D. candidate at NDARC.

"When reporting treatments accessed in the 30 days prior to interview or looking across the four years, non-medicine based treatments were used less frequently and consistently than medicines, which had evidence suggestive of more regular and sustained use. These findings point to potential inequities in access to non-medicine based treatments for CNCP," Ms Hopkins reported.

The study found associations between use of physical and specialized non-medicine based treatments and having private health insurance at the time of entry into the study, highlighting that the cost of services is a key barrier to accessing some treatments to manage CNCP.

"Some specialist, [mental health](#), and allied [health services](#) are subsidized in Australia for [chronic conditions](#); however, out-of-pocket costs vary, and the number of subsidized allied health visits is capped at five per year, which is insufficient for pain conditions which may be chronic and complex. People without [private health insurance](#) may also experience longer waiting periods for specialized services like multidisciplinary pain clinics, potentially increasing reliance on medicines," said Ms Hopkins.

Participants in the study reported living with a range of conditions

including back pain and arthritis for a median of ten years. Despite use of treatments, most participants continued to report experiencing moderate pain.

Dr. Natasa Gisev, Scientia Senior Lecturer and senior author of the study said that "the study demonstrates the complexity of managing [chronic pain](#), particularly in the long-term, and that many Australians continue to live with unmet treatment needs."

With one in five Australian adults living with CNCNP, Ms Hopkins states that "the study highlights the need for multidisciplinary management to be better supported in Australia to ensure timely and equitable access to evidence-based care for [pain](#)." This is in line with current priorities around increased access to treatments for those living with CNCNP at a number of levels, including the National Strategic Action Plan for Pain Management, which was developed by Painaustralia, and endorsed by the Australian Government in early 2021.

More information: Ria E. Hopkins et al, Use of pharmacological and nonpharmacological treatments for chronic noncancer pain among people using opioids, *Pain* (2021). [DOI: 10.1097/j.pain.0000000000002484](#)

Provided by National Drug and Alcohol Research Centre (NDARC)

Citation: Multidisciplinary care of chronic non-cancer pain needs better support in Australia (2021, November 9) retrieved 18 April 2024 from <https://medicalxpress.com/news/2021-11-multidisciplinary-chronic-non-cancer-pain-australia.html>

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