

Monitoring and support help patients and primary care physicians dealing with chronic pain

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Within the past 10 years, the prescription of opioids for the treatment of chronic pain has increased and the abuse of opioid medications leading to addiction has been described as epidemic. Primary care practitioners (PCPs) are increasingly concerned regarding the misuse of opioid medications, and many PCPs have little training in the area of pain management. PCPs and other health care professionals may be reluctant to prescribe opioids for patients with chronic pain because of concerns regarding addiction, adverse effects, and the long term commitment necessary to properly care for pain patients who require opioids.

New research from Brigham and Women's Hospital (BWH) published in *Pain Medicine* (Vol.17 (1), February, 2016) found that through monthly monitoring and support from pain specialists, PCP confidence in prescribing opioids for pain was raised, the rate of identifying patients at risk for misuse of opioids was improved, and PCPs were more likely to feel satisfied about their communications with pain specialists. The patients reported greater compliance with their opioid medications and also felt that monthly monitoring was beneficial.

"This study demonstrates the benefits of careful monitoring of chronic pain patients and the need for pain management support within the primary care setting so that clinicians can make informed treatment decisions and gain confidence in addressing the risks of opioid abuse," said Robert N. Jamison PhD, chief psychologist at the Pain Management

Center at BWH, and the corresponding author of the study. "There is also evidence that improved communication among practitioners can increase adherence among chronic pain patients."

Fifty-six PCPs and 253 chronic pain patients were recruited into the study. Patients were assessed for risk of [opioid abuse](#) and called once a month for six months to monitor their [pain level](#) and opioid compliance. Practitioner knowledge about opioids, concerns about pain medication prescriptions, practice behavior, and attitudes of managing chronic pain patients were assessed. Practitioners in the experimental group received monthly patient summary reports that consisted of pain, mood, activity levels, healthcare utilization, and results of an opioid compliance checklist. Practitioners in the control group received baseline risk assessment of their patients, but no summary reports.

After one year, researchers found that [primary care](#) providers felt that treating pain patients was less of a problem in their practice, particularly among the experimental group, although younger practitioners continued to express more concern about prescription opioid use than older practitioners. Researchers suggest that greater attention in improving the knowledge and support of younger PCPs should be encouraged. Study results underscore the need for continuing education among PCPs about [pain management](#), specifically opioid prescribing, and the need for improved means of communication between PCPs and pain specialists.

"Our results suggest that implementing comprehensive specialty support, risk assessment, and shared summary reports could be useful for practitioners in managing chronic pain patients. Additional strategies such as use of electronic tracking programs and smartphone pain apps may be valuable to improve communication between PCPs, pain specialists, and [chronic pain](#) patients," said Jamison.

Researchers also note that electronic medical records with shared clinical

messaging and software programs designed to track compliance among [pain](#) patients may continue to prove to be helpful in increasing practitioner confidence managing challenging [chronic pain patients](#).

Provided by Brigham and Women's Hospital

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