



# The Pain Management Plan

Frances Cole, Polly Ashworth, Laura Coote, Emily Toomer, Patrick Hill, Eve Jenner and Robert Lewin

The authors describe a new tool for use to help patients with persistent pain, the Pain Management Plan: a brief, cognitive-behavioural, manual based, self-management programme, facilitated by trained staff for people with long-term pain.

## Background and Aims

The Chief Medical Officer has reported that every year 5 million people in the UK report long-term pain. In a recent survey only 14% had been referred to a specialist clinic and a tiny percentage of these were offered a multidisciplinary pain management programme: 'Very few respondents in our survey reported having been exposed to effective pain management strategies.'<sup>1</sup>

It seems very unfortunate that there is so little help for the majority of people living with pain and likely that many more might benefit if they were able to try some simple pain management strategies. It is common for people completing a pain management programme (PMP) to say 'if only someone had told me all this earlier!' and intervening earlier in the 'pain cycle' might prevent some people's descent into a life dominated by pain.

A similar problem, too much demand, too few multidisciplinary programmes and a one-size-fits all policy, had existed in cardiac rehabilitation. It led to the development of brief, facilitated, cognitive-behavioural interventions.<sup>2,3</sup> A recent Cochrane review concluded that these self-management programmes can be as effective in cardiac populations as hospital-based, group multidisciplinary team (MDT) programmes.<sup>4</sup> Currently around 20,000 cardiac patients a year use the Heart Manual or the Angina Plan

and about 4,000 health care staff have trained as 'facilitators'.

We wondered if a similar resource could be developed for people with long-term pain. Our aims were to:

- increase the number of people receiving treatment for long-standing pain
- increase the number of ways to access pain management
- provide an option for people who do not need a full MDT programme
- make better use of specialist skills, reserving these for more complex needs
- offer an alternative method for people who cannot, or do not want to, take part in a group-based outpatient programme.

Together with our MDTs, we created the Pain Management Plan (PP) and pilot-tested it by adding it to the options being offered in each of our three pain services, in Bradford, Birmingham, and Gloucestershire and Herefordshire.

## The Pain Management Plan

The PP is a workbook divided into two sections.

*Part one* introduces the ideas of self-management and addresses the common misconceptions that can lead to the pain cycle. It illustrates the key skills of pacing, goal setting and stress

management. A CD of relaxation, breathing and other stress management techniques is included.

*Part two* starts with a 'Menu' of information and self-management techniques, allowing the participant to generate solutions for issues that trouble them, such as:

- pain flare-ups
- sleep problems
- anger
- relationship problems
- the correct use of medications
- worry (anxiety)
- low spirits (depression).

The PP is written to engage people with quizzes, short vignettes of pain management stories, cartoons and humour. It has a readability quotient equivalent to a 9–10-year-old reading level (Flesch-Kincaid formulae).

The PP can be used in a number of ways but the key elements that must be observed are as follows:

1. A clinical assessment, to ensure that there are no medical or psycho-social contraindications.
2. A first, face-to-face meeting with the facilitator and, if the person agrees, his or her partner or a significant other. The aim of this meeting is to develop rapport, discuss what the participant wants to achieve, and to introduce the PP and set some initial

goals, including trying the relaxation and breathing CD.

3. A series of brief contacts, these can be face-to-face, by phone or in small groups to discuss and reward success with the goals, solve difficulties, discuss increasing the goals and 'signpost' the person through the 'Menu' in Part 2 or to external services.

### The evaluation

The evaluation ran from April 2011 to January 2012. Each participant was asked to complete pre- and post-treatment measures, the Pain Disability Questionnaire (PDQ)<sup>5</sup> and the Pain Self-Efficacy Questionnaire (PSEQ).<sup>6</sup> We also collected information on people's experience and views about the PP using a specially written questionnaire (reported in the accompanying article).

### Results

Data were collected for 88 participants, the mean age was 47.5 years with average pain duration of 10.8 years,

88% were female, and the average school-leaving age was 16.8 years. Reasons for referral to the pain services included: musculoskeletal (55%); fibromyalgia (20%); rheumatology (10%); others (including gastroenterological, neurological and unknown, 15%).

Seventy-five per cent of participants completed the whole of the intervention. Reasons for not completing included: intervening life events (e.g. diagnosis of cancer; moving to a group-based programme; literacy and dropout). People completing the intervention had an average of 4.5 contacts and a mean total duration of 2.9 contact hours, either face-to-face or on the phone or a mixture of both.

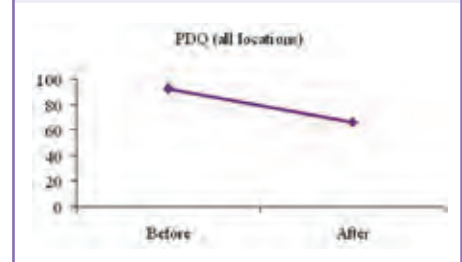
Disability as reflected in the PDQ scores was significantly reduced from a mean score of 85 prior to the intervention to 66 after ( $p > .001$ ) (Figure 1). Self-efficacy (PSEQ) significantly improved from a mean score of 28 to 37 post-intervention ( $p < .001$ ). Participant feedback is reported in the accompanying article. There were no gender differences in benefits or satisfaction with treatment.

### Limitations

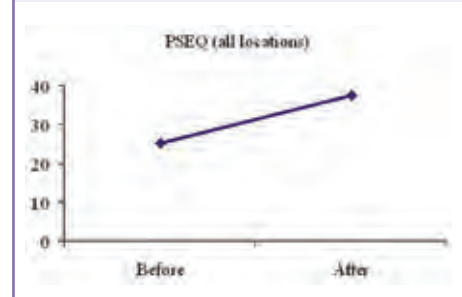
This was not a randomised trial and so we cannot be sure if these changes would have happened without the PP; however, left untreated, most people do not experience a rapid improvement in pain-related disability. The great majority of participants were very satisfied with their treatment. The PP uses the same cognitive-behavioural and self-management delivery methods that have an established efficacy from large multi-centred trials.<sup>4</sup>

It is part of the method of the PP to signpost people towards the help they need and a few people were given additional exercise advice and other medical interventions alongside it; these interventions may also have had an impact on the outcomes.

**Figure 1**  
The reduction in Pain Disability Questionnaire scores



**Figure 2**  
The improvement in Pain Self Efficacy scores



### Discussion

Some people seeking help with pain will prefer, or need, a group-based programme, but others will prefer to work on their own or will not need or want to attend a resource-intensive, multidisciplinary, group programme. Another group of people will choose the PP because they are unable to fit their life around attending an outpatient group programme.

Many pain services are keen to extend their service. We believe that the PP will be another way in which people can access the key messages of pain management and that a flexible, stepped-care model, triaging according to need, is likely to prove attractive to commissioners. We intend to continue to use and develop the PP and we are testing other ways of delivering the intervention, for example using it in brief

#### Additional Information

The Pain Management Plan: how people living with pain found a better life. The things that helped them and the things that set them back.  
ISBN: 978-0 9566628 0-4

Single copies are available on Amazon at £12.99 per copy. For health care providers it is supplied in boxes of 15 at £7.00 per copy (with further reductions for larger quantities).

Look inside, download a brochure, read FAQs or order from <http://www.Npowered.co.uk>

For details of staff training please contact Dr Frances Cole at [frcole@btinternet.com](mailto:frcole@btinternet.com)

## The Pain Management Plan



group meetings and using the PP within a traditional MDT PMP.

The PP, like most self-management programmes, probably works best for

people who have accepted that there is no further medical investigation or treatment available and who are keen to find better ways of managing their pain.

However the PP is used, some additional training is important because for many health professionals it represents a very different way of working. We have developed a one-day training programme for pain teams or individual staff wishing to use the PP. We have already provided several of these events, which have been well rated on anonymised feedback forms, and the PP is increasingly being taken up in other pain services. Further information about the training and the PP, including a 'look inside' can be found at <http://www.npowered.co.uk>

### Conclusions

The pilot demonstrated that the PP can be successfully implemented by trained staff within an established pain service.

Clinical outcomes and user feedback are encouraging and the efficiency and effectiveness of our pain services has

been enhanced.

The PP does not replace a multidisciplinary PMP. It is an additional tool to improve people's access to pain management support and a cost-effective way to help 'motivated self-managers'.

### References

- 1 Breivik H, Collett B, Vittorio Ventafridda V et al. Survey of chronic pain in Europe: Prevalence, impact on daily life, and treatment. *European Journal of Pain* 2006; 10: 287-333
- 2 Lewin B, Robertson IH, Cay EL. Effects of self-help post-myocardial-infarction rehabilitation on psychological adjustment and use of health services. *Lancet* 1992; 339: 1036-40
- 3 Lewin RJ et al. A randomised controlled trial of a self-management plan for patients with newly diagnosed angina. *British Journal of General Practice* 2002; 52(476): 194-6, 199-201
- 4 Dalal HM et al. Home based vs centre based cardiac rehabilitation: Cochrane systematic review and meta-analysis. *British Medical Journal* 2010; 340: b5631. DOI: 10.1136/bmj.b5631
- 5 Anagnostis C, Gatchel RJ, Mayer TG. The Pain Disability Questionnaire: A new psychometrically sound measure for chronic musculoskeletal disorders. *Spine* 2004; 29: 2290-302
- 6 Nicholas MK. The pain self-efficacy questionnaire: Taking pain into account. *European Journal of Pain* 2007; 11: 153-63

# The users' experience of the Pain Management Plan

Emily Toomer, Laura Coote, Polly Ashworth, Frances Cole, Patrick Hill, Eve Jenner and Robert Lewin

In the previous article, we described a new tool for use in pain management programmes, the Pain Management Plan: a brief, cognitive-behavioural, manual based, self-management programme, facilitated by trained staff for

people with long-term pain. An accompanying quantitative assessment showed that it significantly reduced disability and improved pain self-efficacy. We also wanted to know what the people using it thought about it.

### Method

A questionnaire about the Pain Management Plan (PP) was administered, comprising two sections. The first asked closed questions, such as 'Was the PP explained clearly?' or

'Would you recommend the PP?'. People were presented with four possible responses: two positive, 'yes' and 'mostly yes'; and two negative, 'mostly no' and 'no'. They could also answer 'don't know'. We scored the answers from 4 (yes) to 0 (no). As we could not tell what 'don't know' may have meant, we have assumed the worst, that it meant 'no' and added the 'don't know' to the 'no' responses.

The second section asked open-ended questions such as: 'How has the Pain Management Plan helped you or why wasn't it helpful?' Two of the authors (LC, ET) independently read all of the verbatim responses looking for common themes. These were discussed and differences were settled by discussion.

## Results

### The closed questions

Fifty-seven (65%) participants provided complete answers to Section 1. Adding all of the questions showed a positive satisfaction level ('yes' or 'mostly yes') of 93%. The highest possible satisfaction total a person could score was 21 and the mean score was 19 (SD = 2.1); 40% of people scored 100% satisfaction (Figure 1).

### The open-ended questions

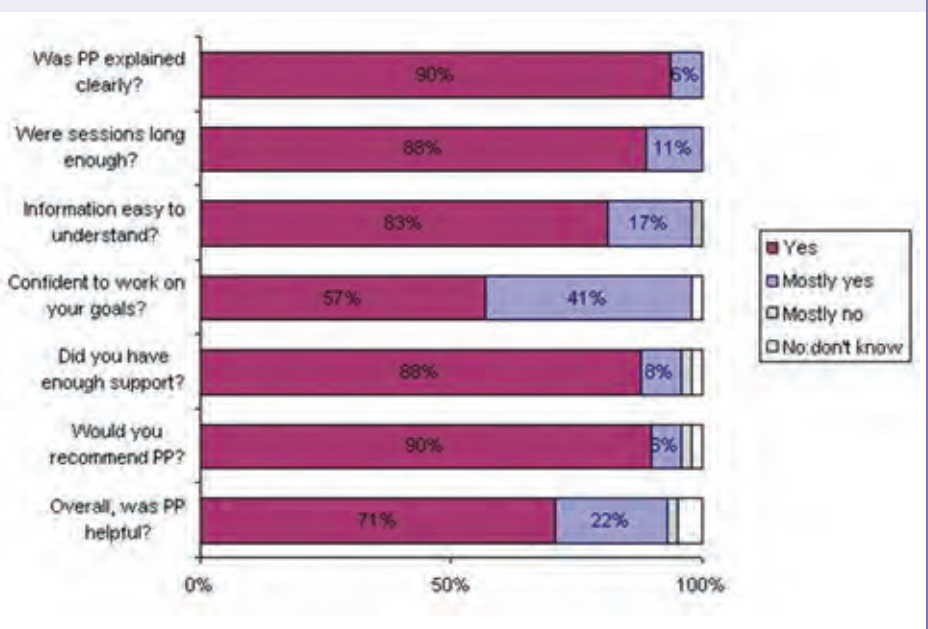
*How has the Pain Management Plan helped you or why wasn't it helpful?*

There were three common answers: being provided with an opportunity to talk to someone who could validate and explain their experience, being made aware they were not alone and how easy the PP was to follow.

*What was the best thing about the Pain Management Plan?*

Most of the answers to this question were repeats of the previous responses; several others mentioned the relaxation CD.

**Figure 1** Responses to the closed questions on the satisfaction questionnaire (N = 57)



*What was the worst thing?*

The majority of respondents could not think of a worst thing. Six people reported difficulties with the acceptance of their pain. Problems with the relaxation and concentration exercises were reported by 5%. Other comments were on aspects of the delivery of the intervention unrelated to the PP, such as the time of the appointments or the cost of parking at the hospital.

*How do you think we could improve the Pain Management Plan?*

Sixty-three per cent of participants could not think of any improvements. Some suggested ideas such as facilitating the PP as part of a small group. Several commented that the PP should be made more accessible to people living with pain.

*Do you have any other comments about the Pain Management Plan?*

The most common response was that the PP had helped them. Others used the opportunity to report things such as

bereavement, which may have posed setbacks in their personal use of the PP.

### The overarching themes

Eight themes were identified:

- Support and validation for the experience of living with pain
- Improved understanding of pain mechanisms and coping strategies
- The PP as a continuing resource after the end of the 'programme'
- The practicalities and constraints experienced in using the PP
- Understanding how mood, thoughts and beliefs alter the experience of pain
- The value (and occasional problems of) relaxation and the CD
- Success with goals and motivation
- Pacing techniques

### Support and validation

A large number of respondents (26 out of 57) felt that the PP validated their experience of living with pain.

The users' experience of the Pain Management Plan



[It] gives examples of other pain sufferers' experiences and solutions which I could identify with, and use myself.

It made me realise that there are other people out there that suffer like me, and that it wasn't just in my head.

People 'felt believed' by 'the encouragement and support' and having 'someone to talk to, instead of being talked at'.

### Improved understanding

Comments included:

It helped me understand my pain better and how to deal with it.

Understanding my medication and being given options.

It helped me identify how I was making it worse or magnifying it.

### Resources

Most comments supported the idea that the PP will remain a useful and helpful reference for a long time. It was described as 'written in a light-hearted

but sensible way – not scary or boring like some textbooks can be.'

It was easy to understand:

... [it] helped me a great deal by simply following the easy instructions in the book.

Having the book there 100% is like having someone on tap... you don't feel like you're putting on anyone.

I have felt it to be a lifeline when I have been struggling.

If you lose some of the skills you can go back to reading, using the plan as many times as you need to.

One patient reported a negative experience:

I didn't find some parts of the book that helpful. Information not detailed enough... there were quite a few mistakes and grammar errors.

### Practicalities and constraints

The PP worked for the great majority but some comments provided suggestions, for example 'email or text' might improve

communication. Four proposed the idea of the PP in group sessions.

Some highlighted the convenience: 'I couldn't make the classes in person so you did it over the phone for me, great stuff' and 'not time consuming'.

### Mood and thinking

Most comments reported positive changes:

I now have a bit of positivity in my life.

[It] helped me... work out my thinking, change negative to positive.

[A]fter the first appointment I started feeling better.

Another reported being:

... a lot happier. Not as depressed. Able to manage pain a lot better.

For some the experience was noted as challenging:

[I] felt frustration towards the pain of how it had interfered with my career, learning to accept that my plans had to change was challenging.

But many suggested that the challenge was worth it:

It helped me to say "No" and not feel guilty.

I therefore placed the pain and all its effects as my responsibility. I had brought it all on myself. The course and one on one sessions enabled me to see that this was not the case.

### Relaxation

For some, the relaxation CD was the best thing. One described the relaxation techniques as 'Simple but manageable'. Only three patients had negative comments: 'I found it wasn't deep enough for me'; another 'found it too relaxing, felt like I was wasting time!'



that unless they have the discipline of attending they will not be able to stick to their goals. Some people suggested combining both approaches and using the PP in a group setting; in Birmingham and Gloucestershire, we are following this idea in a pilot study.

### Conclusion

The messages from the participants were clear: the great majority of people found the PP helpful in lots of different ways and would recommend the plan to others. There were few requests for improvement. The PP is not suitable for everyone but for those who can self-manage and have accepted that doing so is their only way forward, the PP is a welcome resource.

### Goal setting

Goal setting was appreciated, with comments including:

The set your own goals plan is very good.

At first I found it was difficult to write things down as it looks stupid. My goals looked very small I have lately realised that writing things down is a help.

### Pacing and other techniques

Comments included:

Helped me recognise that by taking breaks in between activities helps me to achieve so much more.

[The PP is] making me stop and look at myself – slow down and not try to overdo [it] – Tomorrow is another day!

### Discussion

There is always a tendency for people to want to please those who have helped

them but the feedback was anonymous and overwhelmingly positive. There were, of course, a few who were not fully satisfied and the majority of negative comments and the 'mostly no' or 'no' scores on the questionnaire came from just one or two individuals. The PP was clearly not for them. The PP can be used in a number of ways but personal choice should be the main determinant. Some people will not attend a group however bad their pain; others know



**Medico-Legal  
Conference**  
 Peterhouse  
 Cambridge  
**2012**

## The Cambridge Annual Medico-Legal Conference

**Thursday 13th  
September 2012  
Peterhouse,  
Cambridge**

*"A conversation between Medicine and the Law"*

### Exaggeration and psychological diagnosis in personal injury cases

- Aimed at doctors, solicitors and barristers involved in the assessment, treatment and litigation of pain
- Talks from leading medical and legal experts
- Daytime lectures, evening reception and banquet in the Hall for £275 inclusive
- Free 1/4 page CV summary in programme



[www.medicolegalpain.com](http://www.medicolegalpain.com)

CPD points applied for