Pharmacists & the journey of pain

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Over the last two decades, Carol has worked at senior executive levels in national health and aged care organisations and has served on national and international boards and advisory groups. Carol has been National CEO of Alzheimer’s Australia, Consumers Health Forum of Australia, Rural Health Workforce Australia and the Victorian Alcohol and Drug Association. She has also managed her own consulting business, working with national peak groups and is a current member of the Medicines Australia Advisory Council and Director of Lifeline Canberra.

Pharmacists can play an important role as part of a multidisciplinary healthcare team in guiding people living with pain through their medication regime, as well as offering encouragement, support and information.

Chronic pain is one of the most significant public health challenges of our time. Over 3 million Australians live with chronic pain. Our national pain price tag is $139 billion each year and will rise to more than $215 billion by 2050.1 In addition to the personal toll on the individuals and their families and carers, we cannot sustain the rising financial costs.

Pain is a complex, multifaceted condition that defies the norms of the biomedical model of healthcare. It stretches our understanding of our nervous system and blurs the boundaries between symptom and condition.

Current approaches to managing pain have us grappling with decades of overprescribing and medical management of what is now acknowledged as a complex health condition informed by psychological, socioeconomic and biological factors.

The gaps in our current treatment approaches mean that far too many people with chronic pain will continue to experience physical and psychological ill health, social exclusion and financial disadvantage. Nearly three Australians are losing their life to opioid misuse and harm every day. Many just wanted help with their pain, but ended up in a worse situation, experiencing serious depression and dependence.

We know that to properly support people dealing with chronic pain we need a multidisciplinary healthcare team working with them. This could include:

- a physiotherapist if that is what will help with function and mobility
- a psychologist who may be able to help with identifying and developing skills to change negative thoughts
- a pain specialist who knows that the management of severe and persistent pain problems requires the skills of more than one medical group.

This multidisciplinary approach should also include a pharmacist who can guide an individual through their medication regime, as well as offer encouragement, support and information.

Most people with pain are supported through primary care. The National Pain Strategy recommends that this is the best approach. Prevention and early intervention at the earliest possible stage are ideal. Pharmacists are often well placed to be involved early in the provision of primary care. There are already important pain management initiatives involving pharmacy, including the Chronic Pain MedsCheck Trial, and the introduction of real-time prescription monitoring. The Home Medicines Review (HMR) and Residential Medication Management Review (RMMR) programs provide an important pharmacy function to support quality use of medicines particularly for more complex pain management cases involving a number of conditions and medications.

The trial underway of a Residential Care Pharmacist employed in a residential aged care facility undertaking RMMRs to support more effective on-site responses to managing medications seems to be showing some promising results in facilitating safety and quality use of medicines. It also highlights interdisciplinary care in practice where the pharmacist works closely with all stakeholders to achieve good outcomes.

Similarly, the GP practice pharmacist model demonstrates a collaborative team-based approach that draws upon the unique skillset of the pharmacist in an environment intended to facilitate better safety and quality outcomes.

While still early days, especially for residential care, these models of practice clearly offer potential benefits for improved consumer-centred care, particularly in managing the complexity typically involved in treating chronic pain.

Pharmacists have a key role to play in informing and empowering consumers so they can make the best choices in managing their pain. Consumers often need support and encouragement to seek out best practice treatment and be active participants in their remedial journey, as well as building resilience in managing chronic pain.

Substantial evidence shows that people with chronic pain who are engaged in active approaches to manage their pain have less disability than those who rely on medication or surgery. Challenging beliefs about pain...
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Addressing chronic pain is an urgent national policy priority. With the release of new research on the cost of pain in Australia and the National Strategic Action Plan for Pain Management, there is a compelling case to act. We are now in a position to not only improve the lives of people with chronic pain, but to benefit all Australians through economic returns and reduced pressure on our healthcare system.

A pharmacist, well educated about effective pain management options beyond the provision of medications, can play a critical role in lessening the cost of chronic pain for the individual, their family, their workplace and the broader Australian community. It is a role Painaustralia hopes pharmacists will embrace.

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References


