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Finding the best pain strategy for you and your patients

► IN THIS ARTICLE

- Pain-education deficits.
- Pregnancy risks and non-codeine therapies.
- Mental-health pain in pharmacists.

By Jayamala Gupte.

Pain is one of the biggest health issues today – every bit as big as cancer, AIDS and coronary heart disease. Painaustralia says one in five Australians, including adolescents and children, live with chronic pain – and almost one in five GP consultations involve a patient with chronic pain. This prevalence rises to one in three in the older (65-plus years) age group. The greatest prevalence of chronic pain occurs in the 65-69 age bracket for men and the 80-84 age bracket for women. Currently, there are about 3.2 million adults living with chronic pain in Australia, and this number is projected to increase to five million by 2050.

Painaustralia says the economic cost of chronic pain in Australia is estimated at \$34.3 billion per year. It is the nation's third most costly health problem, ranking only behind cardiovascular disease and musculoskeletal conditions. The impact on the nation's productivity is significant, with losses estimated at \$11.7 billion per year (34 per cent of total pain-related costs). This equates to 36.5 million workdays lost each year. The cost to the health system is about \$7 billion per year. It is estimated that half of the economic cost of chronic pain could be saved by giving effective and timely treatment.

Painaustralia explains that, left untreated, chronic pain can have a devastating impact on all aspects of sufferers' lives – such as sleep, sex, work, exercise and routine self-care. As chronic pain is largely invisible, sufferers can feel misunderstood and stigmatised by coworkers, friends, family and even the medical profession. Rates of depression are 20 per cent higher among people with chronic pain than the rest of the population, and up to one in five suicides in Australia are related to physical-health problems.

This year's Global Year Against Pain initiative highlights alarming deficits in the

provision of pain education and training in the curricula of health professionals – putting pain patients' lives at risk.

Unmanaged or poorly managed pain can have devastating consequences, including depression and suicide. People with ongoing pain are also at higher risk of drug dependence and misuse, as well as accidental death from prescription-medication overdose.

Despite strong evidence indicating opioids are largely ineffective for chronic pain, they continue to be prescribed to pain patients. In areas where access to services is limited, prescribing rates tend to be higher, especially in rural and remote Australia.

Painaustralia CEO Carol Bennett says it is time for Australia to prioritise pain, in particular chronic pain, so consumers can receive the best possible level of assessment and treatment.

"One in five Australians live with ongoing chronic pain, and many others suffer the effects of acute pain, which if left untreated or poorly treated can transition into chronic pain," she said.

"The pain epidemic is our third most costly health problem and the leading cause of early retirement and absenteeism. It is associated with disability, poverty, depression and suicide.

"Finding the right diagnosis and treatment is essential to help people recover from acute pain episodes and to properly manage chronic pain. However, this can be problematic, especially for people living in rural and remote areas, as our pain clinics and specialists are concentrated in major urban centres.

"The upcoming changes to codeine regulation have highlighted the number of Australians dependent on pain medications who are not accessing, or not aware of, alternative pain-management strategies and treatments.

"Opioids alone are not a suitable response and we need to do better as a nation at managing pain. The right education for health professionals will be a necessary part of this."

Ms Bennett says people with pain often need and want information and advice from a trusted healthcare professional.

"Pharmacists, as the most accessible health professionals, are well placed to take on this role, and it is important the

information they provide is evidence-based," she said. "Pharmacists need to be across the complexity of pain – from acute to recurrent to ongoing chronic pain – and the safest and most effective forms of treatment.

"When it comes to chronic pain, the evidence shows a multidisciplinary approach gives patients the greatest chance of improving levels of pain, reducing disability and regaining quality of life. This includes treatments relevant to the individual, such as psychological services, physiotherapy and self-management strategies. Pharmacists are an important part of the multidisciplinary healthcare team.

"Pharmacists can give sound advice on medicines, conduct medicine reviews and provide information on multidisciplinary pain-management principles. They may also have knowledge about other primary health professionals in the local community who have expertise in pain management."

Well-known clinical pharmacist Debbie Rigby says it is important to determine if a patient has acute or chronic pain, as the treatments are different. In that regard, it is best to take a comprehensive pain history and record it, she says.

"Think around functioning with pain rather than getting rid of pain," Ms Rigby said. "It's all about tolerability with chronic pain, so the patient can function and do most of the things they want to, such as go to work, school or play sport.

"In that regard, I don't think pharmacists are doing this well, as taking a patient's history takes time and people in pharmacy are in a hurry, but these are the challenges. It's so easy to just serve a customer who asks about a product they have seen advertised, but we still have to do our duty to determine if it's the appropriate medication for the person at that point in time."

Ms Rigby also stresses that in the whole discussion with codeine the non-drug therapies have "got a bit lost".

"We do sell non-drug therapies, whether they are hot or cold packs, TENS-type machines and other devices, stockings, braces as well as topical anti-inflammatory creams, gels and sprays," she said.

She also says pharmacists should look closely at evidence and therapeutic guidelines as there are several alternatives to using opioids such as nonsteroidal anti-inflammatory drugs (NSAIDs), aspirin, ibuprofen and paracetamol.

"NSAIDs are first-line therapy for period pain, and aspirin and NSAIDs for migraines and headaches – not codeine," she said. "So, there are several options still available OTC, as well as non-drug products."

Topical NSAIDs are effective for an acute pain flareup on a chronic condition such as back pain or osteoarthritis of the knee. "It's about dampening down the pain, and here short-term NSAIDs can do the work," Ms Rigby said.

Pregnant and in pain

Ms Rigby says pharmacists should, as part of taking a patient's history, be finding out if the customer is pregnant. They should advise them that, in the first and third trimesters, and especially in the last few weeks before birth, NSAIDs can increase the risk of bleeding, delay labour and birth, and may also cause a condition called patent ductus arteriosus, where a blood vessel closes prematurely leading to pulmonary hypertension.

"That's how NSAIDs work where they inhibit prostaglandins synthesis and you need the prostaglandins for contractions," Ms Rigby said.

Ibuprofen and paracetamol

There is evidence of a synergistic effect of the combined ibuprofen and paracetamol analgesics, according to Ms Rigby. "The combined product provides more analgesia than the individual drugs – it's as, or more, effective than the paracetamol and codeine combination," she said.

"As pharmacists we should say this with confidence to our customers, even if they're sceptical about it, because we should be supporting the evidence. And at low doses the vast majority of people can take NSAIDs with very little risk of harm. We should also only be giving these pain analgesics OTC for no more than three days." ^{Rp}

Facing mental-health pain in the professions

Every day, pharmacists deal with stressful situations in their day-to-day practice of pharmacy, Pharmacists' Support Service (PSS) Executive Officer Kay Dunkley says.

She went on: "This includes dealing with difficult customers who may be aggressive or even violent; supporting patients with chronic disease or terminal illness; working under

pressure to ensure services are delivered quickly and accurately; or dealing with the many regulations and red tape that govern the profession of pharmacy.

"Often pharmacists are required to work long hours with minimal opportunities for a break, all the time solving problems and being the checkpoint to make sure that what is

prescribed is appropriate for each patient, and that the patient understands how to use their medication.

"Pharmacies are often noisy and busy environments, and pharmacists are frequently interrupted mid task to deal with an urgent request for advice or take a phone call from a

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doctor. The need to multitask, but at the same time be accurate, is inherently stressful.”

In 2017 in the first survey of this type in Australia, and one of very few worldwide, research into the stress and wellbeing of pharmacists, interns and pharmacy students was completed¹. The project was funded by Pharmacy Board of Australia (the Board) under contract with the Australian Health Practitioner Regulation Agency (AHPRA) and carried out by Emeritus Professor Colin Chapman together with Master Research Australasia and the PSS.

The findings of the extensive survey included:

- Participants reported higher stress levels than the general population, with those under 30 years of age and/or with less than 10 years of experience reporting the highest levels of stress.
- The reported stress appears to be no greater, or only marginally greater, than what has been reported for other health professions in Australia, or to what has been reported in other parts of the world.
- Forty-five per cent of pharmacists were satisfied with their professional role as a pharmacist; 42 per cent were satisfied with their workplace environment; but only 30 per cent of pharmacists were satisfied with their workload.
- Fifty per cent of respondents had observed behaviour in other pharmacists that departs from accepted professional standards. Twenty-six per cent reported that they are expected to practise as a pharmacist in a manner that is a departure from accepted professional standards, which causes them stress.
- Barriers to seeking help included fears of reprisal, of experiencing stigma, and of feeling intimidated or embarrassed. Job-security issues were also a significant barrier to help seeking help.
- Others expressed that it was not in their

Amazon sells OTC pain and other medicines in US, and buys land in Sydney

Amazon has quietly launched an exclusive line of OTC medicines in the US, CNBC reports, saying it may be a possible challenge to pharmacy-retail chains that could spark a price war and put pressure on store-brand profit margins.

CNBC reports that, technically, Amazon doesn't own these products, which are produced by private-label manufacturer Perrigo, but it does put Amazon in a position to squeeze other retailers. The e-commerce giant launched the Basic Care line in August, including 60 products ranging from ibuprofen to hair-regrowth treatment.

CNBC reports that an Amazon spokeswoman says Basic Care does not give it a pathway into selling prescription drugs. However, CNBC has reported on the company's interest in the space, saying Amazon has participated in exploratory talks with generic-drug makers.

A 500-pill bottle of 200mg Basic Care ibuprofen costs US\$6.98, in line with Walmart's price for its Equate private-label brand, but almost half the average of US\$12.41 across Walmart, CVS Health, Walgreens and Rite Aid, CNBC reports.

Meanwhile, Fairfax Media reports Amazon paid \$7 million for 2.11 hectares of vacant land at Lot 4331, 42A Bluett Drive, Smeaton Grange – an industrial area about 60km from central Sydney.

The empty block is next to the Goodman Group's Ironbark Industrial Estate, where Amazon has reportedly rented warehouse space since 2015.

The speculation is that the land will be developed into a fulfilment centre for Australia's most populous city, avoiding the need to deliver items out of Melbourne's centre in Dandenong South, *Business Insider* reports.^{Rp}

nature or culture to complain or seek help; for others, a perceived lack of time was a barrier.

- Most of the respondents did not have established coping strategies to deal with stress. For those who did, two categories stood out: first, turning to colleagues, family and friends; second, undertaking mindfulness/meditation/prayer and exercise. Respondents considered these coping strategies to be effective.
- Even though members of the pharmacy workforce have ready access to substances that could be abused, there appears to be very low prevalence of this maladaptive coping behaviour, and the same applies to alcohol.
- Respondents also reported that they did

not feel well prepared to deal with stressful situations at any point in their pharmacy-career journey. However, respondents rated the following as very effective: having an individual mentor; having a support group; participating in personal-development courses; education about maintaining wellbeing; assertiveness skills; how to deal with difficult customers; and communication skills.

Dealing with constant stress in the workplace predisposes pharmacists to burnout and 'compassion fatigue', and increases risk of a deterioration in mental health. While there are no figures available on the diagnosis of anxiety and depression in Australian pharmacists, they do have a higher risk of suicide, alongside other health professionals².

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A better understanding of the impact of the pharmacy workplace on the mental health of pharmacists is needed, Ms Dunkley concludes. Strategies also need to be developed to minimise the risks to pharmacist wellbeing, including the need to prepare early-career pharmacists to counter the stressful environment.

Pharmacists should also be aware that mental-illness rates among other healthcare professionals are worryingly high compared with the national average³. They are being driven by emotionally challenging cases, threats of violence, long hours, fears of misconduct allegations and, worst of all, stigma around discussing mental-health concerns.

These issues are most prevalent in trainee/graduate doctors and nurses, who are twice as likely to report high levels of psychological distress compared with senior peers³. About a quarter (24.8 per cent) of these medical professionals also reported experiencing thoughts of suicide in the previous 12 months, with two per cent³ having tried to take their own lives.

Marcela Slepica, Clinical Services Director of AccessEAP, a leading employee-assistance-program (EAP) provider in Australia, said: "Healthcare organisations need to tackle the unique challenges their employees face, including patient care and mortality, workplace

DEALING WITH CONSTANT STRESS IN THE WORKPLACE PREDISPOSES PHARMACISTS TO BURNOUT AND 'COMPASSION FATIGUE'.

stress and, worryingly, a stigma around asking for support with their mental wellbeing.

"It makes sense for healthcare organisations to invest in the mental health of their staff, as the benefits are seen in reduced absenteeism, sick leave and work-related psychological injuries."

Ms Slepica says the unique challenges the healthcare industry faces include:

- Exposure to trauma on a regular basis: staff in emergency departments, for example, will see life-threatening injuries, accidents and fatalities on most shifts.
- Aggression and violence: there is a concerning level of violence and aggression aimed at medical staff from patients and visitors. Recent research shows that 70⁴ per cent of nurses, midwives and carers experience violence or aggression at work, with 25⁴ per cent saying this happened on a regular basis. This is backed up by similar findings among doctors⁵.

- Shift work: changing shift patterns can disturb sleep patterns, making it difficult to maintain social connection and a healthy diet.
- Dealing with grief and loss: medical staff are often challenged by their own grief following the loss of patients in their care, which can then be compounded by having to manage the emotions of the patient's grieving family and friends.
- Allegations or complaints: the threat of potential allegations or complaints by patients and family members is ever present.
- Compassion fatigue: this usually manifests in one of two ways: a) caring too much and becoming over-invested in the outcomes of patients; or b) becoming emotionally distant, numb and exhausted.
- Mental health stigma: according to the Mental Health Council of Australia, 69 per cent⁶ of people are uncomfortable discussing their mental wellbeing with an employer. Supervisors and managers are often best able to identify mental-health issues in employees. Educating these team members on how to spot the signs, talk to employees and encourage them to use services available, such as an EAP, can make a huge difference. ^{Rp}

References available on request.

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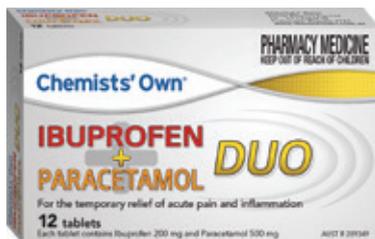
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*where inflammation is present.

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