# *New perspectives on pain management, including the roles of opioids and medical cannabis*

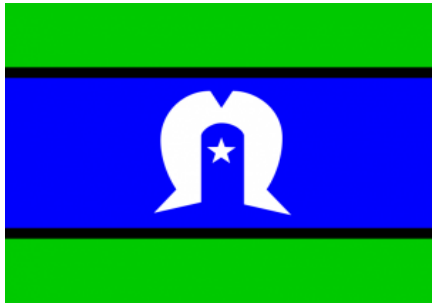
**Thursday 31 August 2023**

***The content in this session is valid at date of presentation***

# *Acknowledgement of Country*

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, The Wurundjeri Woi Wurrung People, The Boon Wurrung People and The Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



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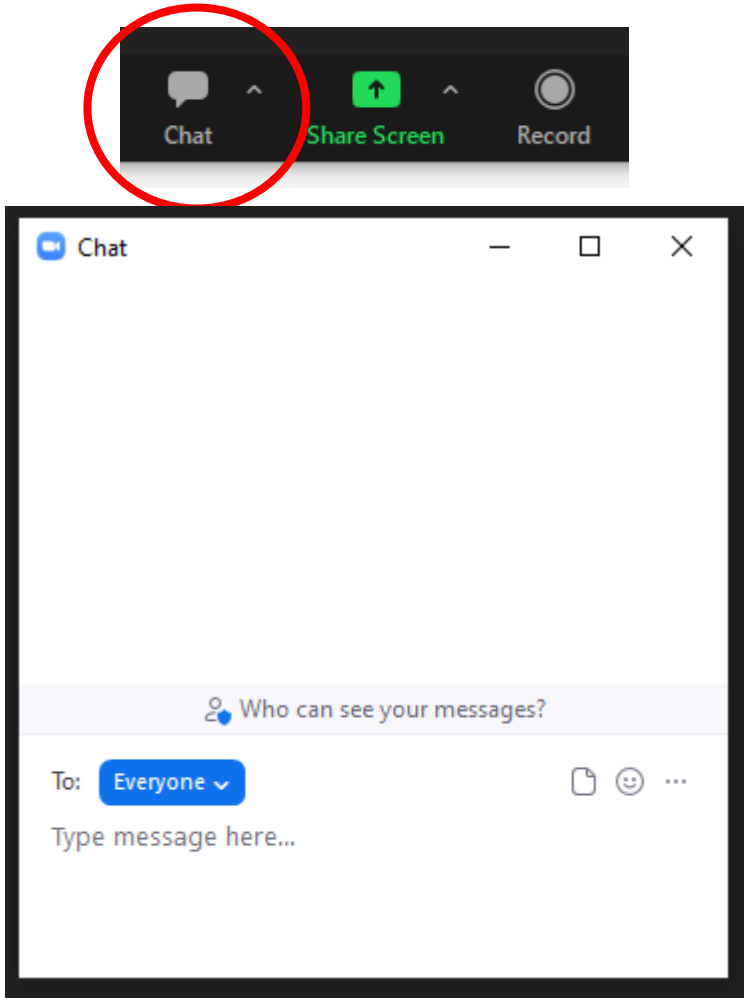

# How to change your name in Zoom Meeting

1. Click on ***Participants***
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   **Mac:** hover over your name and click *More*
3. Click on ***Rename***
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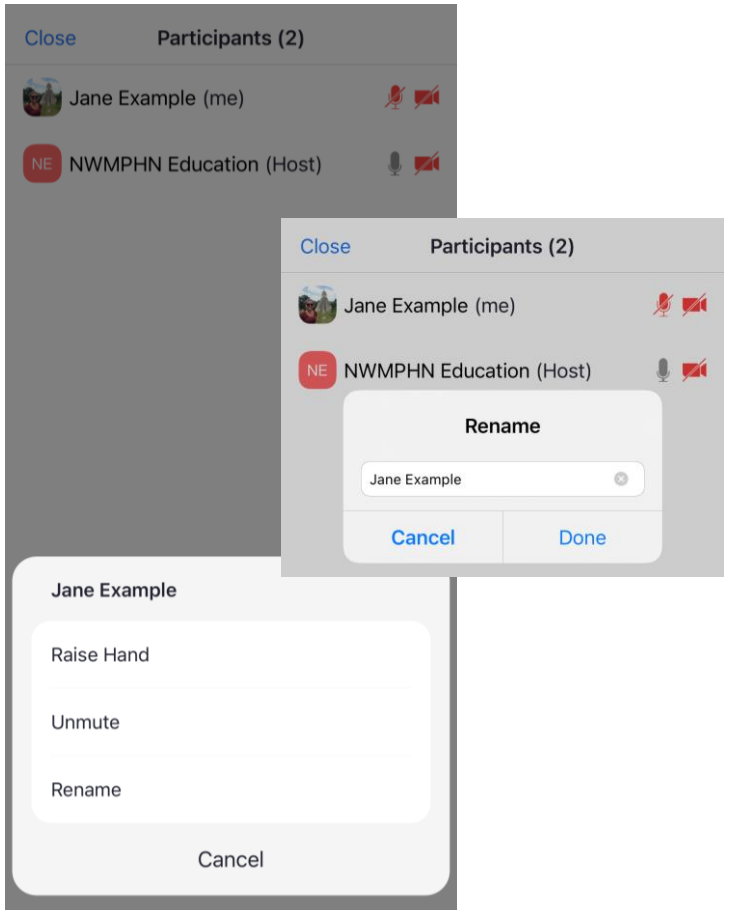
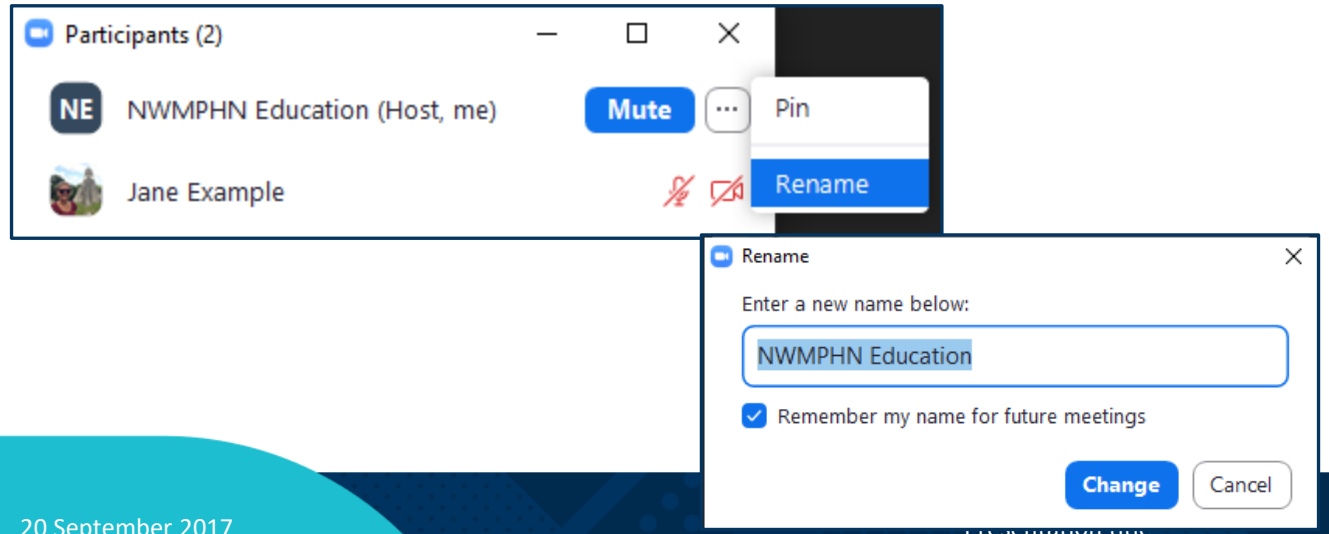
   ***Done / Change / Rename***



# *Speakers*

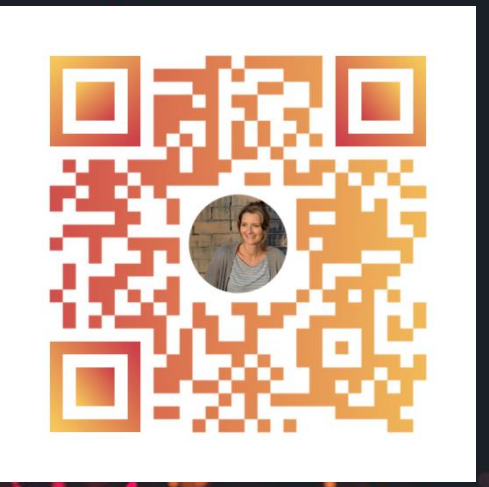
**Associate Professor Dr Malcolm Hogg**, Staff Specialist, Anaesthesia and Pain Management, *Royal Melbourne Hospital* , Head of Pain Services, *Melbourne Healt*h & Clinical Associate Professor, *University of Melbourne.*

**Nicole Moore -** Senior Pain Physiotherapist and Project Lead, *Merri Health,* Lecturer, Doctor of Physiotherapy, *University of Melbourne &* Director, *mindfulBeing Melbourne.*

COMMON BELIFS BUSTED

# WATCH YOUR BACK!

Nicole Moore
Pain Physiotherapist (APA, MACP)
Merri Community Health Centre
nicole.moore@merrihealth.org.au



# ROADMAP

- What have we been doing to manage low back pain (LBP)…
- … and what have we got?
- Common societal beliefs about LBP put into question
- Considerations for high value LBP care

# PAINFUL BACK-FACTS

- Australian population prevalence:
  - accounts for 1/6 (4 million Aussies)
  - over-represented in people with low economic status
  - the second most common reason people go to their GP
  - one of the top 5 reasons people present to the ED

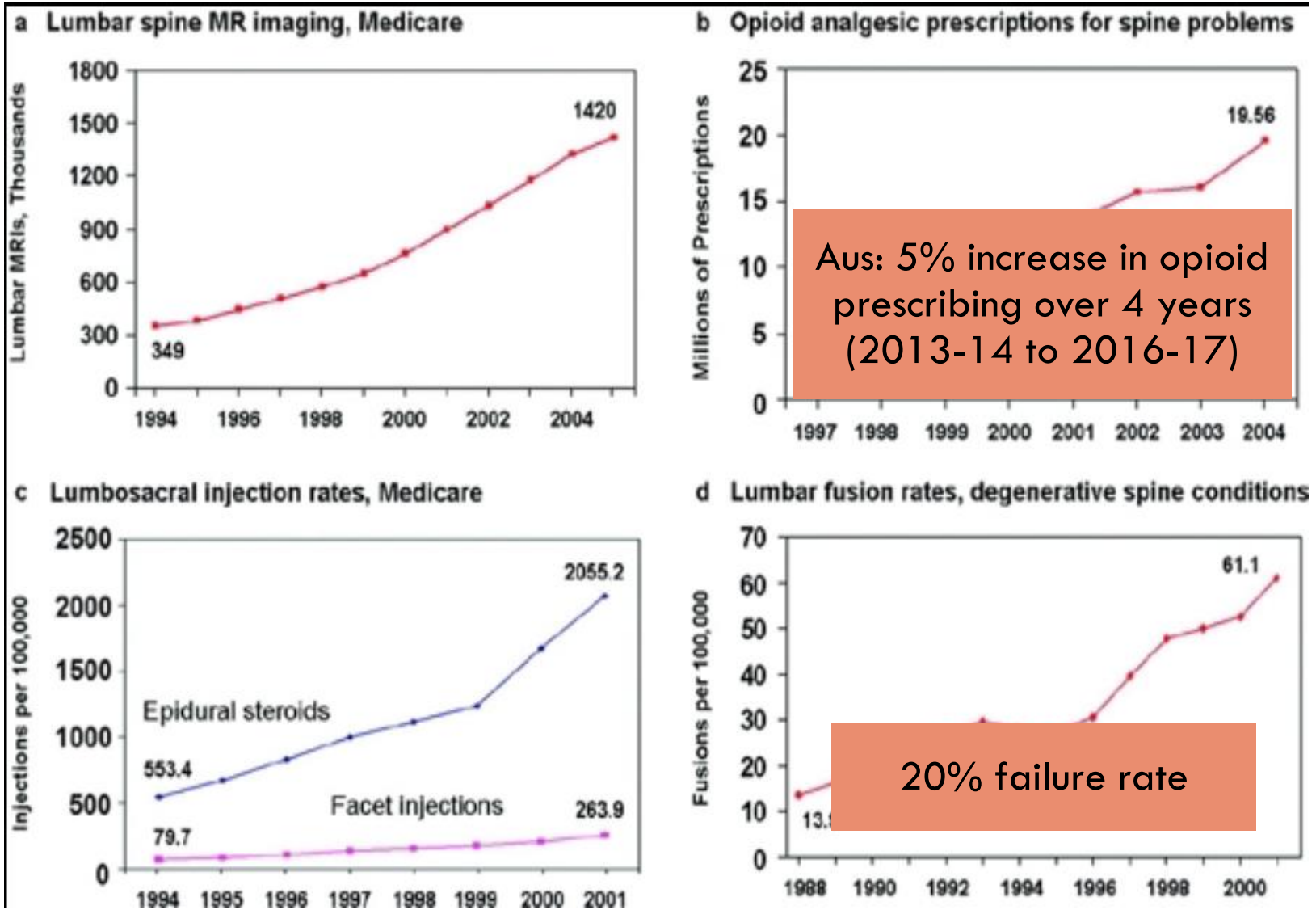
(O'Sullivan et al BMC Pub Hlth 2011; Stanton et al. Spine (Phila Pa 1976). 2008;33:2923-8)

Australian Bureau of Statistics (ABS) 2017–18 National Health Survey (NHS); Australian Institute of Health and Welfare. Disease expenditure in Australia 2018-19. Canberra: AIHW; 2021;

GP ref - Britt et al. 2016 General practice activity in Australia 2015–16; Australian Institute of Health and Welfare. Australian hospital statistics: emergency department care 2020–21.

# WHAT HAVE WE BEEN DOING TO MANAGE LBP?...

# MEDICALISED MANAGEMENT




- MRI's 300%
- Procedures 130-700%
- Surgeries 300%
- Opioids 690+%


- Friedly, J., Standaert, C., & Chan, L. (2010). Epidemiology of spine care: the back pain dilemma. *Physical Medicine and Rehabilitation Clinics*
- Mafi, J. N., McCarthy, E. P., Davis, R. B., & Landon, B. E. (2013). Worsening trends in the management and treatment of back pain. JAMA internal medicine
- Atluri, S., Sudarshan, G., & Manchikanti, L. (2014). Assessment of the trends in medical use and misuse of opioid analgesics from 2004 to 2011. Pain physician Sehgal, N., Colson, J., & Smith, H. S. (2013). Chronic pain treatment with opioid analgesics: benefits versus harms of long-term therapy. *Expert Review of Neurotherapeutics*



Deyo, R. A., Mirza, S. K., Turner, J. A., & Martin, B. I. (2009). Overtreating chronic back pain: time to back off?. The Journal of the American Board of Family Medicine

# VARIATION IN CARE OF LBP BETWEEN AUSTRALIAN LGA'S

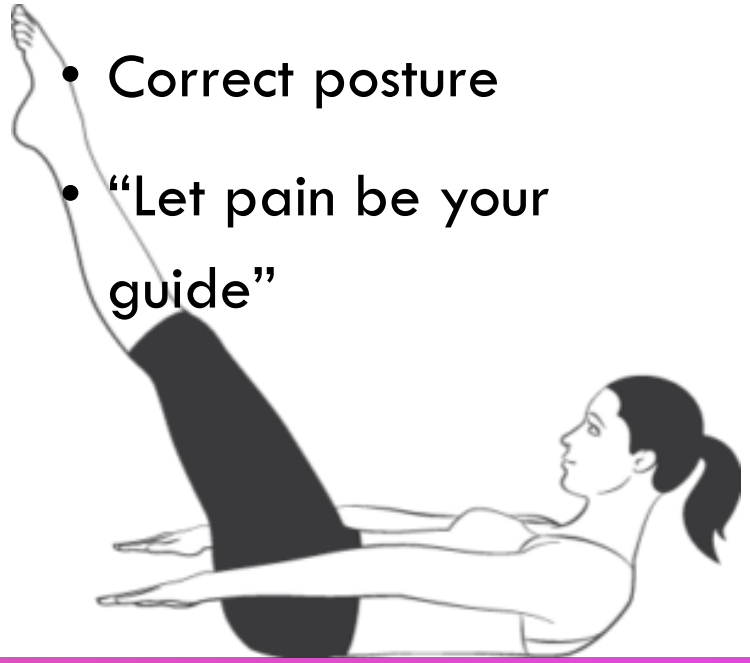
11.8% variation in CT imaging for lumbar spine

4.8% variation in lumber spine surgery admissions

Australian Atlas of Healthcare Variation Series

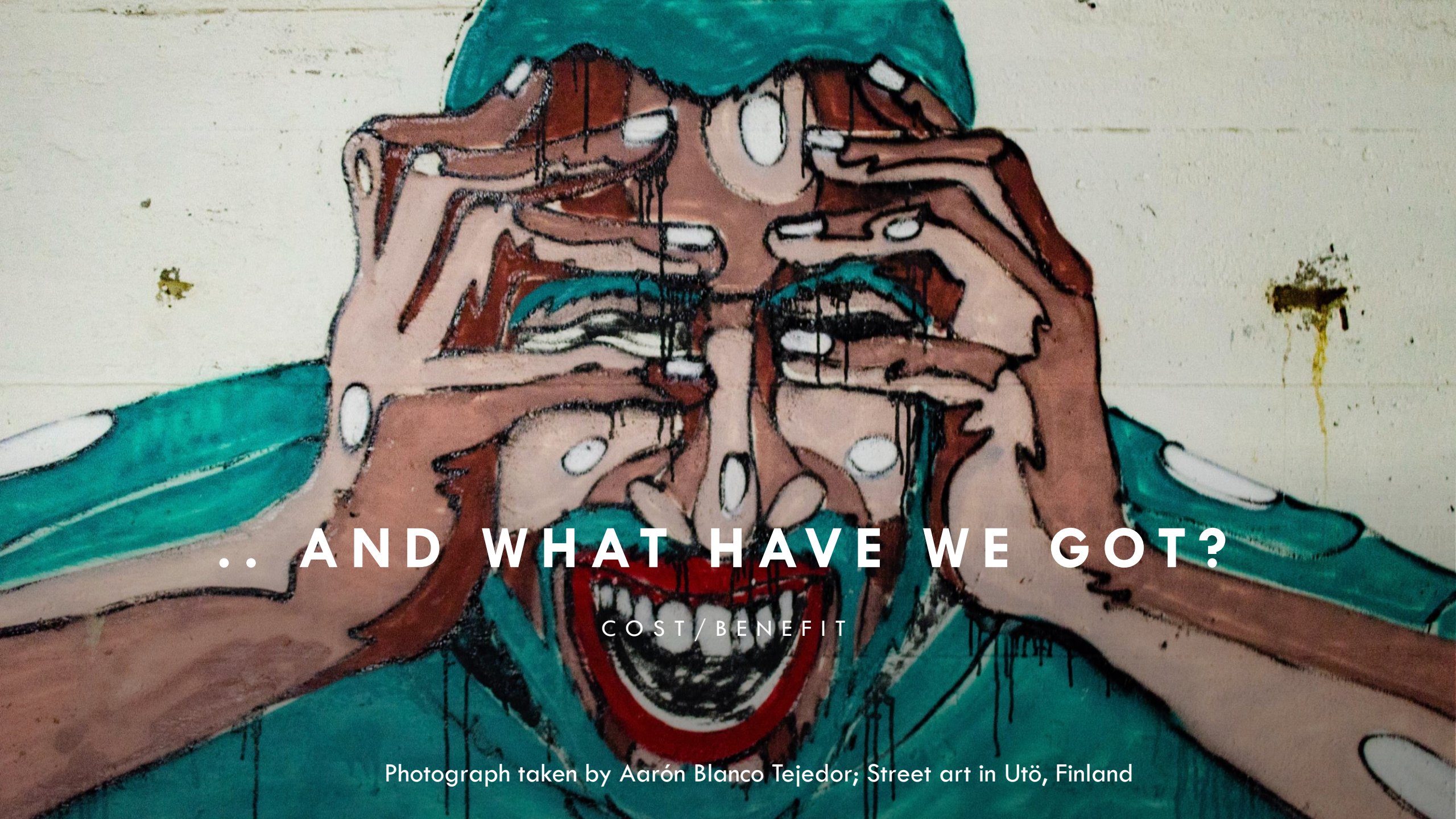

# MESSAGING

- Protect
- Avoid
- Stabilize
- Correct lifting
- Correct posture
- “Let pain be your guide”



# IN 2018–19, MORE MONEY WAS SPENT ON MANAGING MUSCULOSKELETAL DISORDERS, INCLUDING BACK PROBLEMS, THAN ANY OTHER CATEGORY OF DISEASE, CONDITION OR INJURY IN AUSTRALIA

Australian Bureau of Statistics (ABS) 2017–18 National Health Survey (NHS); Australian Institute of Health and Welfare. Disease expenditure in Australia 2018-19. Canberra: AIHW; 2021; GP ref - Britt et al. 2016 General practice activity in Australia 2015–16; Australian Institute of Health and Welfare. Australian hospital statistics: emergency department care 2020–21.

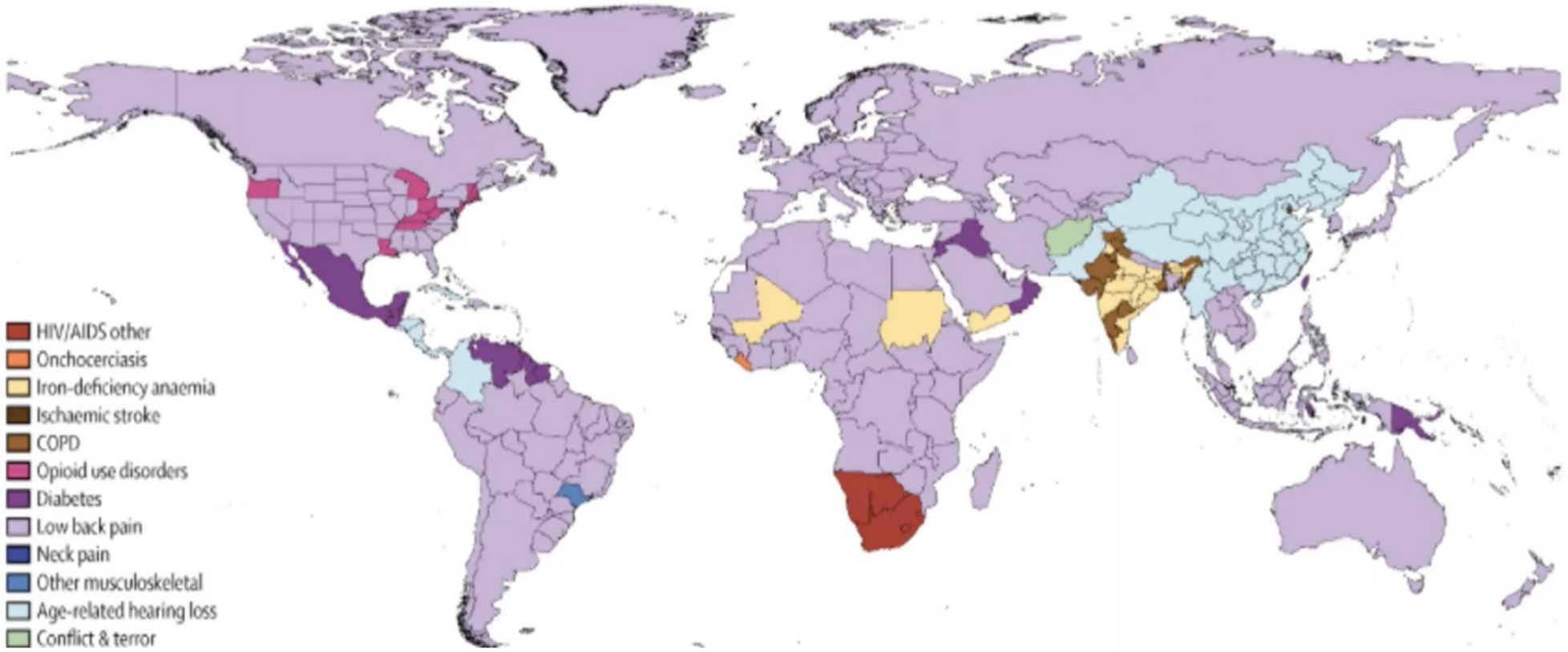


# .. AND WHAT HAVE WE GOT?

COST/BENEFIT

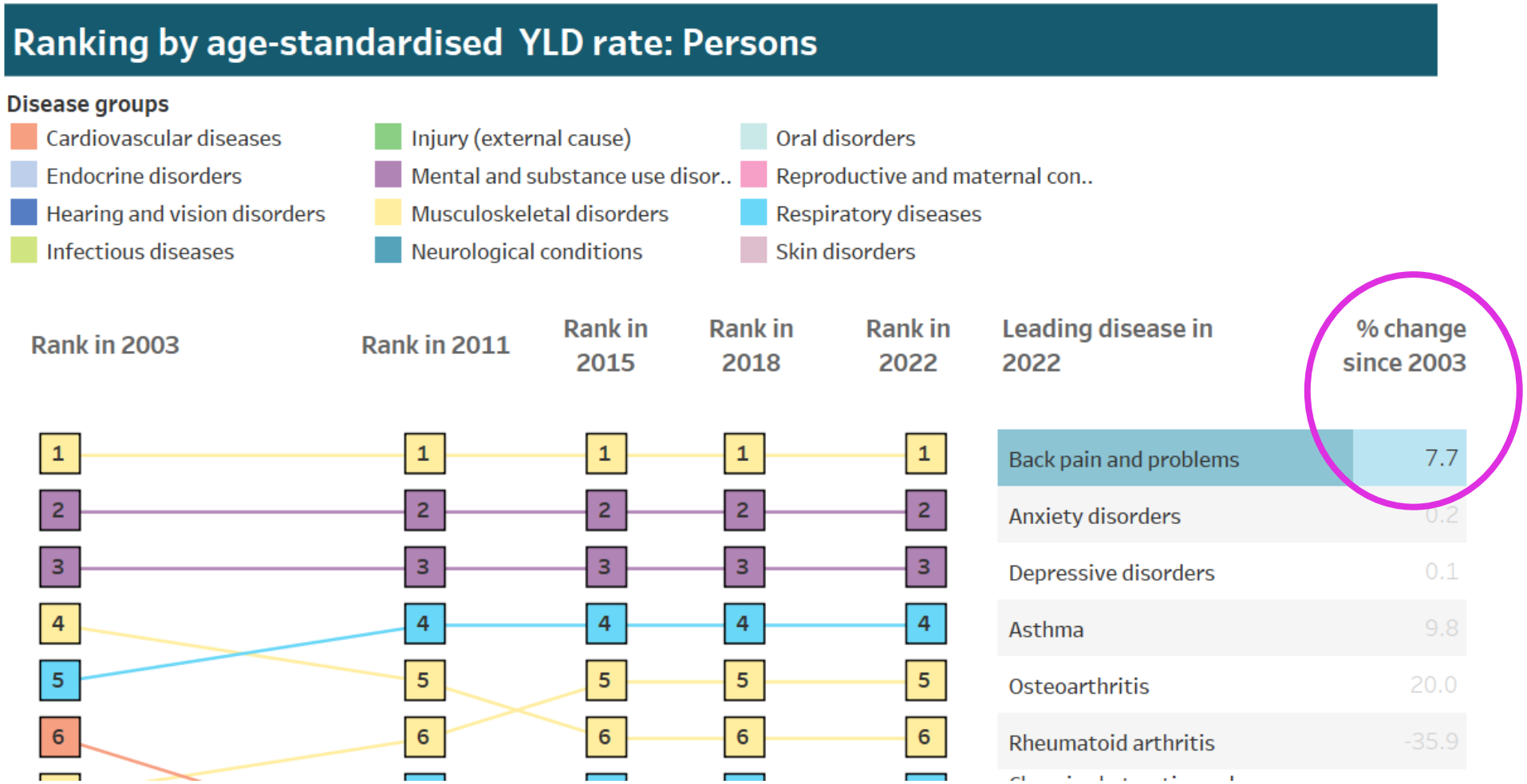
Photograph taken by Aarón Blanco Tejedor; Street art in Utö, Finland

# LBP - LEADING CAUSE OF DISABILITY WORLDWIDE (AND INCREASING)




Vos T et al, . Lancet 2017;390:1211–1259 Schofield DJ et al, Spine 2012;37:1156–63 Schofield DJ et al, Med J Aust 2015;203;e26-6.
GBD Disease& Injury Incidence & Prevalence 2019 *Lancet*

# AU BURDEN OF DISEASE STUDY




Source: AIHW Australian Burden of Disease Database http://www.aihw.gov.au

# THE 2018 LANCET LOW BACK PAIN SERIES

## Low back pain 1

### What low back pain is and why we need to pay attention

*Jan Hartvigsen*, Mark J Hancock*, Alice Kongsted, Quinette Louw, Manuela L Ferreira, Stéphane Genevay, Damian Hoy, Jaro Karppinen, Glenn Pransky, Joachim Sieper, Rob J Smeets, Martin Underwood, on behalf of the* Lancet *Low Back Pain Series Working Group†*

## Low back pain 2

### Prevention and treatment of low back pain: evidence, challenges, and promising directions

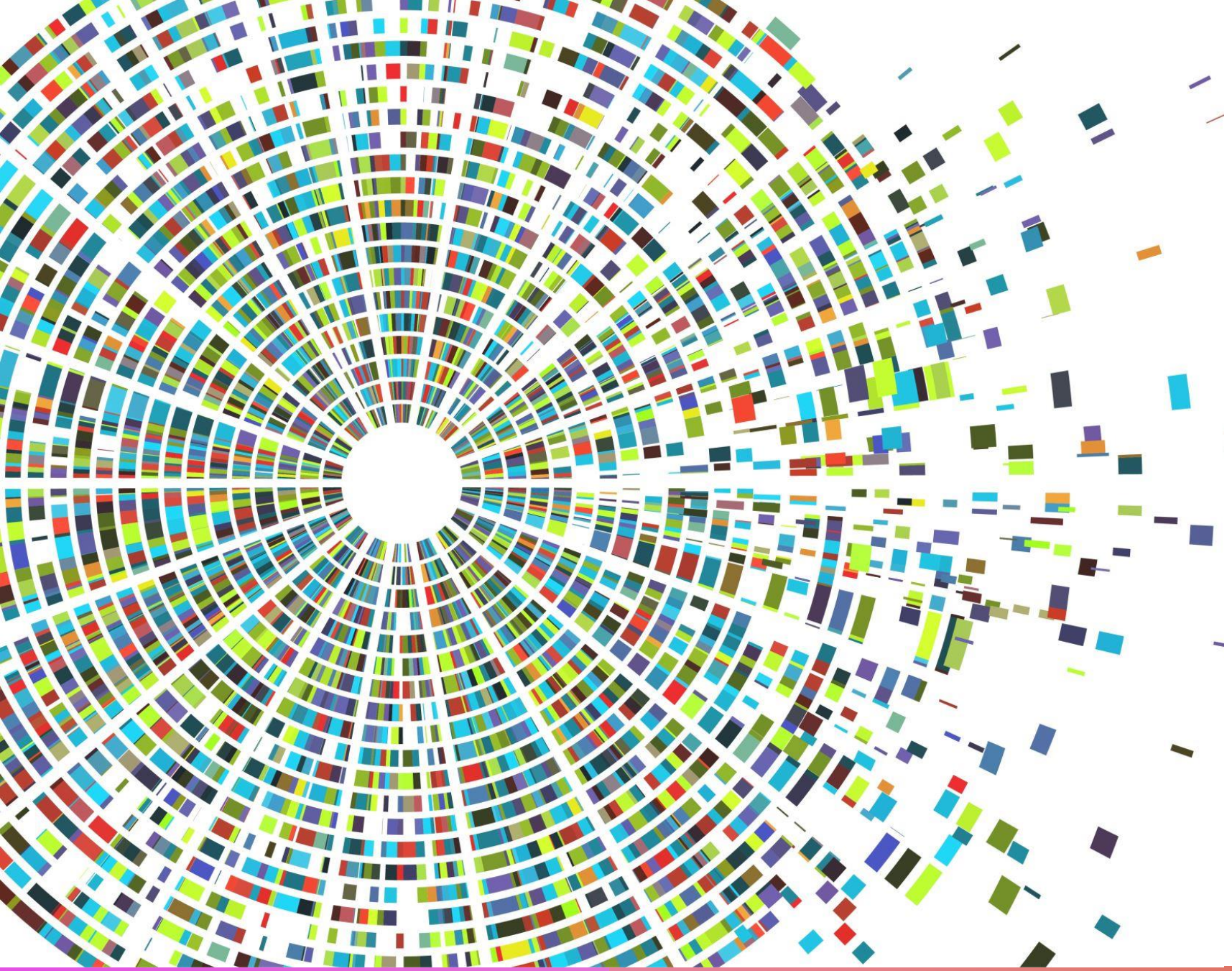
*Nadine E Foster, Johannes R Anema, Dan Cherkin, Roger Chou, Steven P Cohen, Douglas P Gross, Paulo H Ferreira, Julie M Fritz, Bart W Koes, Wilco Peul, Judith A Turner, Chris G Maher, on behalf of the* Lancet *Low Back Pain Series Working Group**

- 3 papers
- 31 authors from disparate disciplines
- 12 different countries



## Low back pain: a call for action

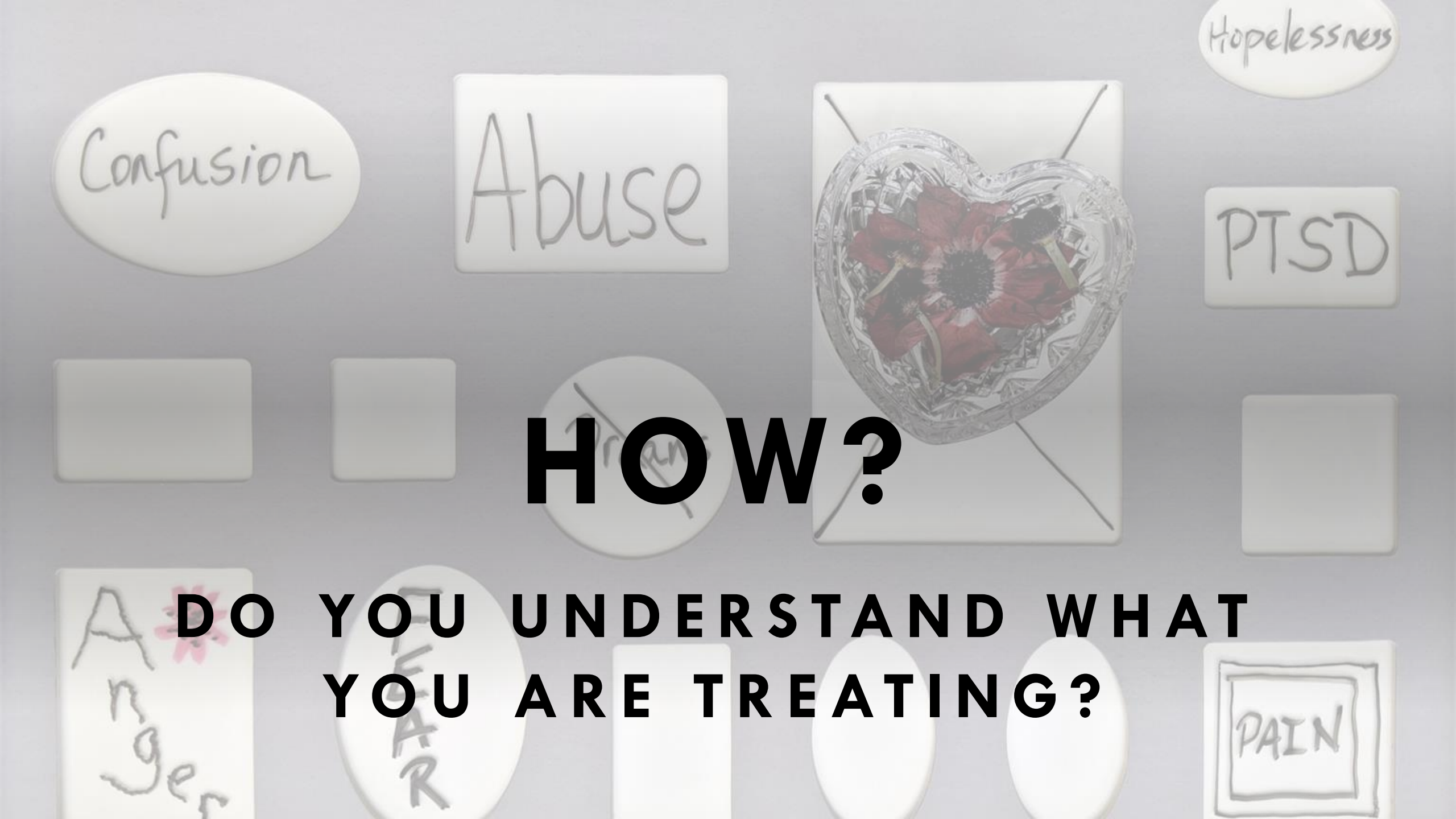
*Rachelle Buchbinder, Maurits van Tulder, Birgitta Öberg, Lucíola Menezes Costa, Anthony Woolf, Mark Schoene, Peter Croft, on behalf of the* Lancet *Low Back Pain Series Working Group**



# 2022 AUSTRALIAN BACK PAIN CLINICAL CARE STANDARDS

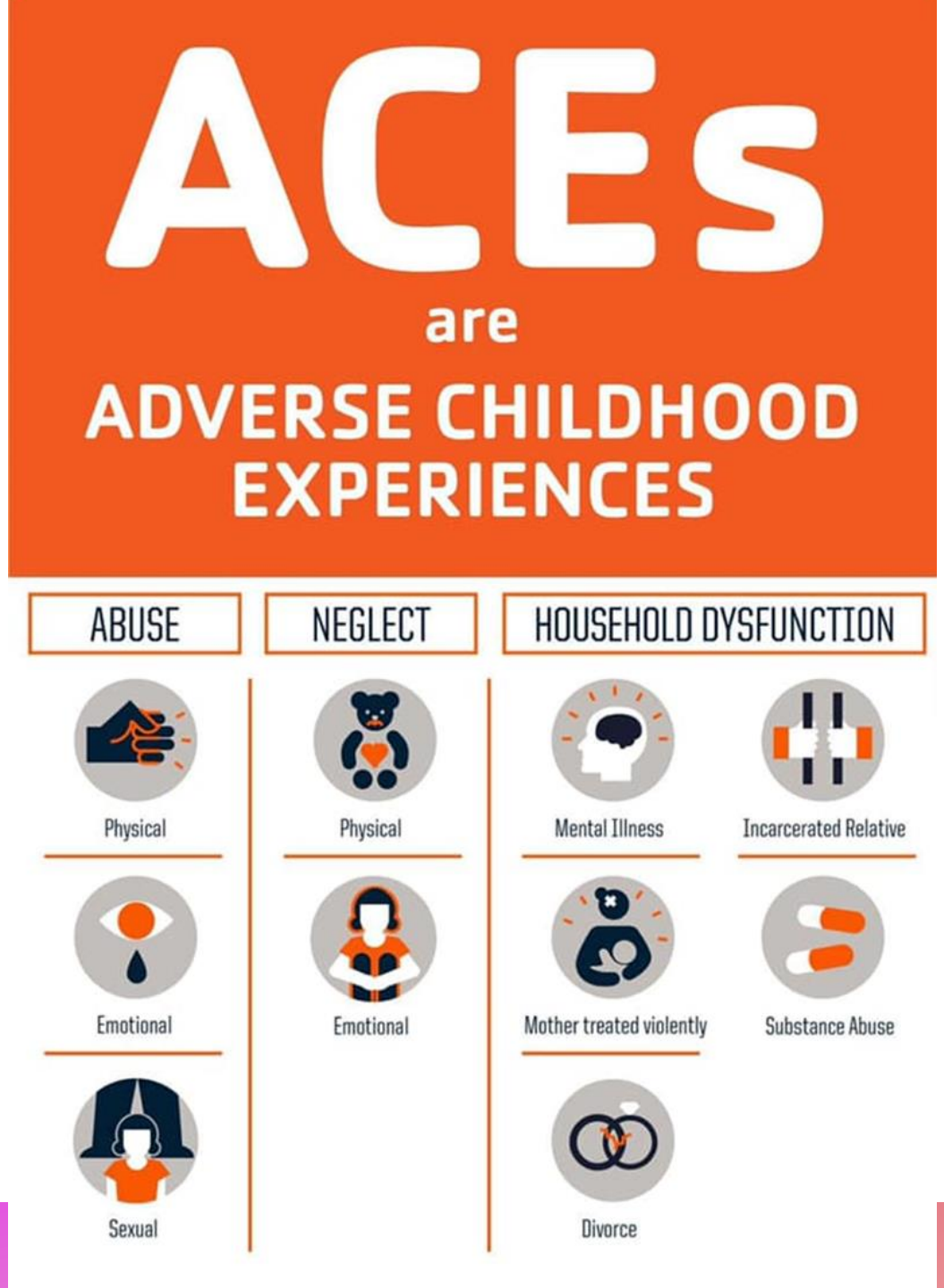
Low Back Pain Clinical Care Standard, Aust. Commission on Safety & Quality in Healthcare, Sept. 2022.

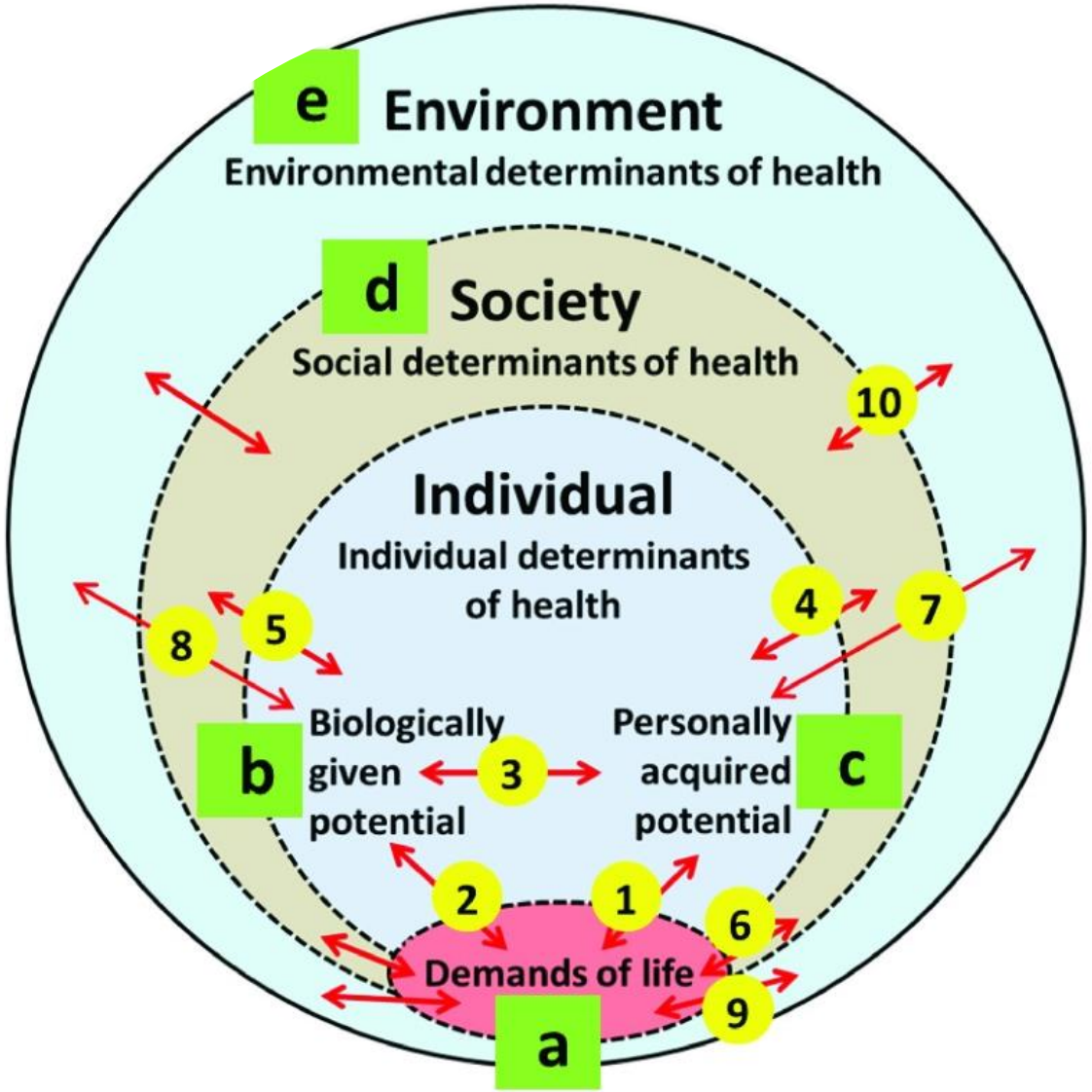
Peter O'sullivan
Michael Nicholas
Ass Prof Liz Mar
Dr. James Edward




# HOW?

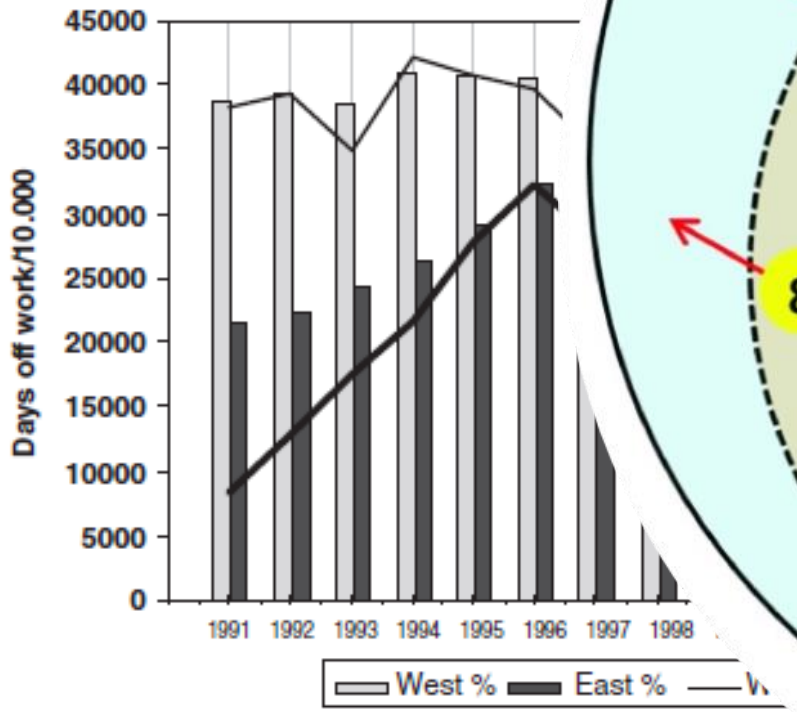
## DO YOU UNDERSTAND WHAT YOU ARE TREATING?

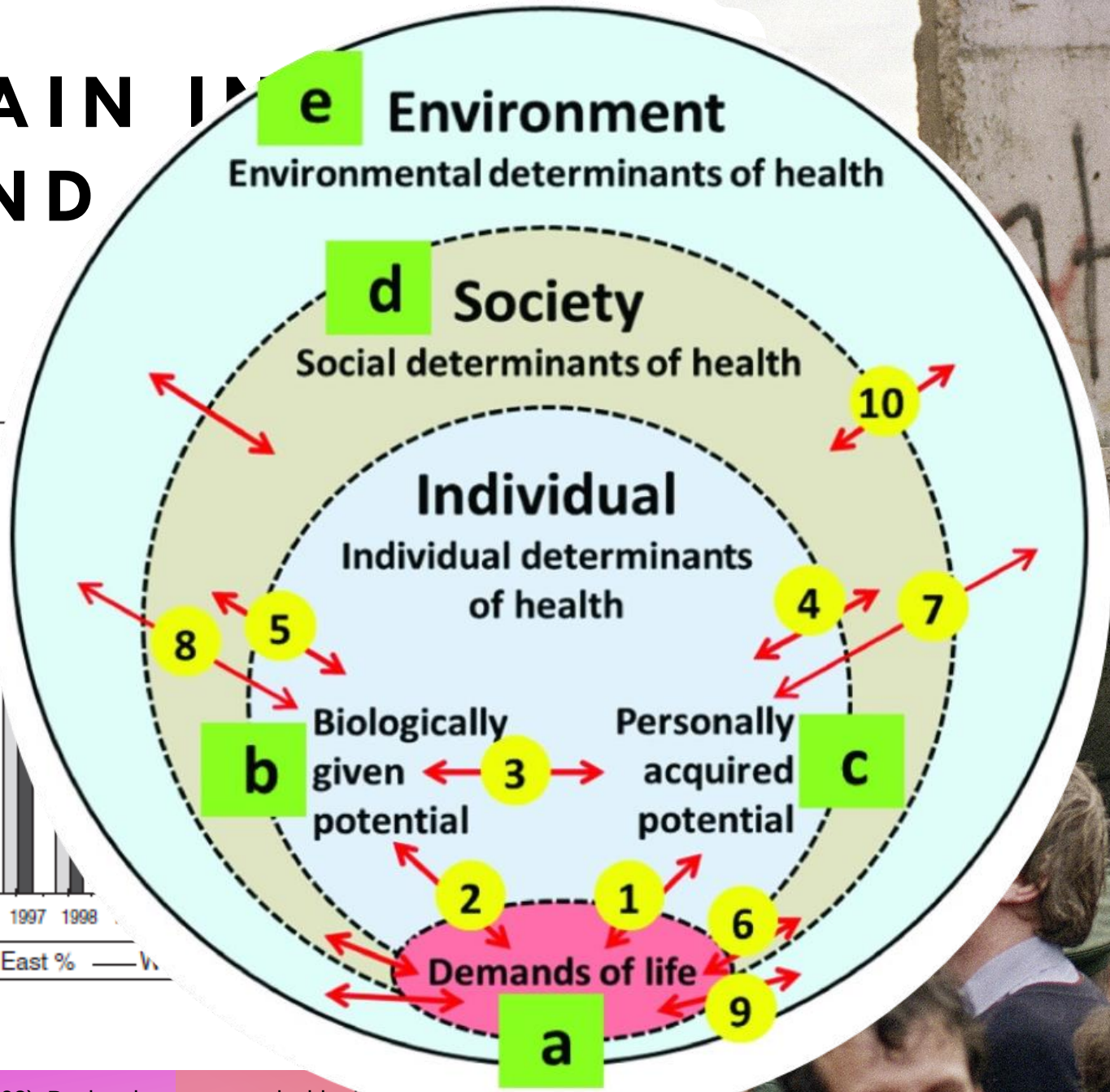



Bircher J, Hahn EG. Applying a complex adaptive system's understanding of health to primary care. F1000Res. 2016 Jul 12;5:1672.

# BACK PAIN IN EAST AND BERLIN





Raspe, H., Hueppe, A., & Neuhauser, H. (2008). Back pain, a communicable disea
*of epidemiology*, *37*(1), 69-74.

# Chronic non-specific low back pain (CNSLBP)


Editorial

## Back to basics: 10 facts every person should know about back pain

Peter B O'Sullivan [1,2] JP Caneiro, [1,2] Kieran O'Sullivan [3,4] Ivan Lin [5] Samantha Bunzli, [6] Kevin Wernli [1,2] Mary O'Keeffe [7]

- Fact 1: LBP is not a serious life-threatening medical condition.
- Fact 2: Most episodes of LBP improve and LBP does not get worse as we age.
- Fact 3: A negative mindset, fear-avoidance behaviour, negative recovery expectations, and poor pain coping behaviours are more strongly associated with persistent pain than is tissue

O'Sullivan, P. B., Caneiro, J. P., O'Sullivan, K., Lin, I., Bunzli, S., Wernli, K., & O'Keeffe, M. (2020). Back to basics: 10 facts every person should know about back pain. British journal of sports medicine, 54(12), 698-699.

# WHAT I HEAR PEOPLE SAY…

1. “I keep reinjuring myself”
2. “I’m getting old”
3. “I have terrible posture”
4. “I *have* been bending properly!”
5. “I’ve got a labourers back”
6. “I tried exercise and it didn’t work”

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# BELIEF 1: BACK PAIN IS CAUSED BY INJURY/DAMAGE

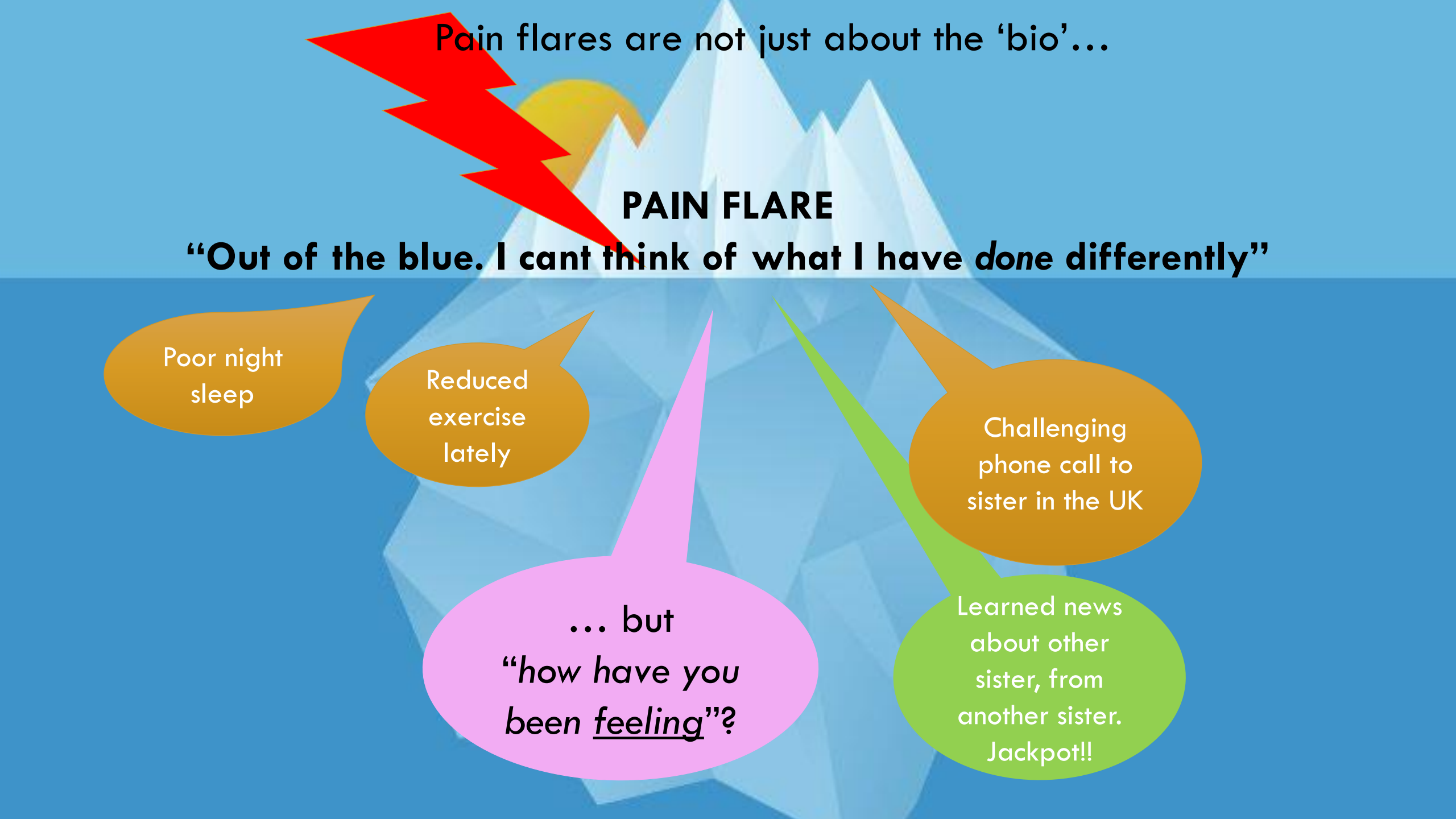
- 'Pathology' is very common in people *without* pain
  - Nevertheless, in people younger than 50 years, some MRI abnormalities are more common in those *with* LBP than without: Modic type 1 change (OR 4) Disc bulge (OR 7.5), disc extrusion (OR 4.4), spondylolysis (OR 5) (Brinjikji et al, 2015)
  - Disk herniations are more common in people with radicular pain yet the importance of disc herniations diminishes over time
- Symptom severity does not directly correlate with pathology
- Degree of pathology does not predict future pain or disability
- 30% of individuals who have surgery to 'fix' what is seen in a scan don't do well

Steffens Arth., C Res 2017, Maher et al Lancet (2018); Vlat et al. Clin Rhuem (2010); Webster et al JOEM, (2010); McCullough et al, Radiology (2012) ;Brinjikji, W., et. al, A J Neuroradiology (2015); Buchbinder, R., Underwood, M., Hartvigsen, J., & Maher, C. G., PAIN, (2020); El Barzouhi et al, N Engl J Med (2013); Barth et al, Spine (2008); Fraser et al, Spine (1995)

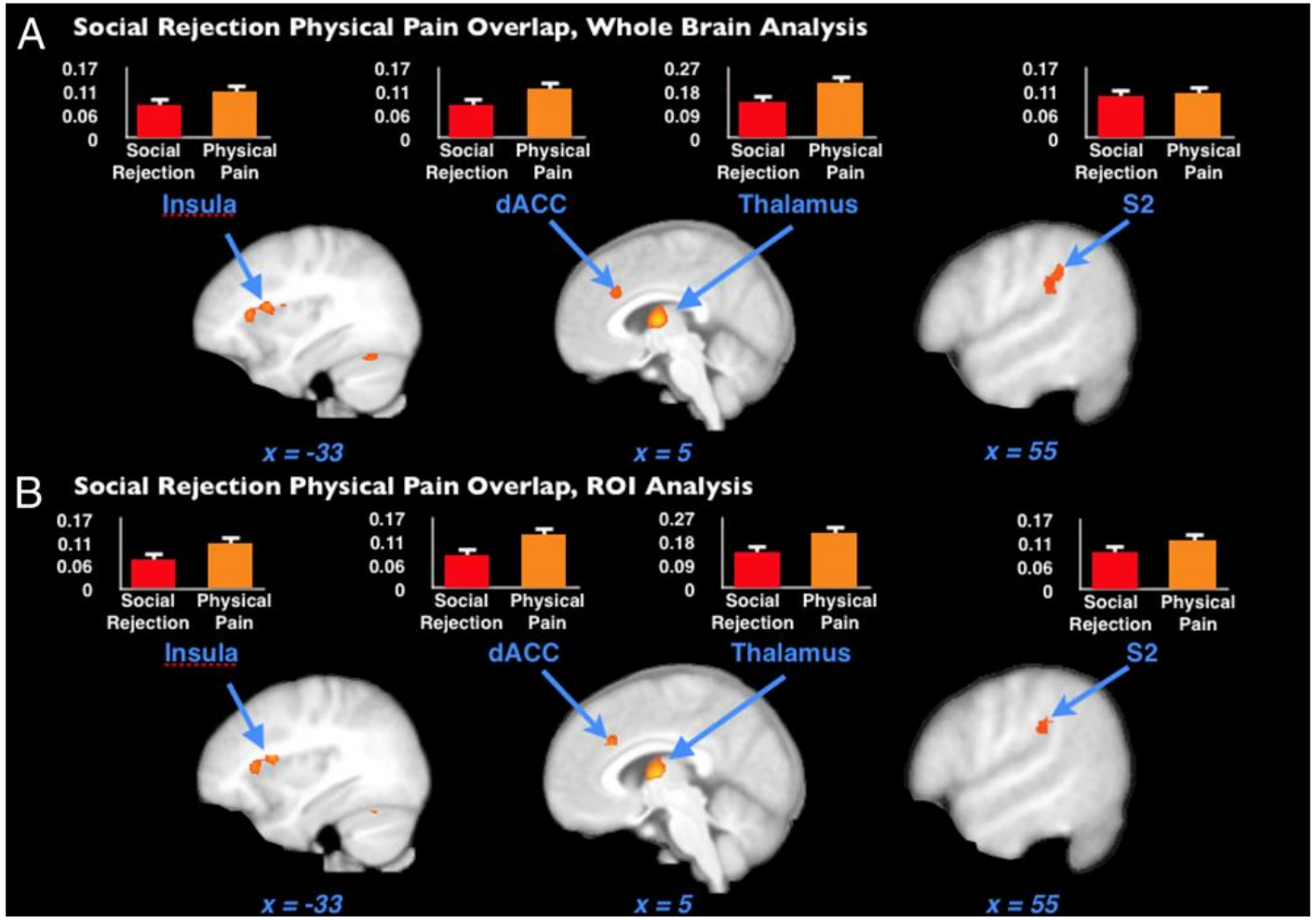
# WE ALSO KNOW THAT…

- *"What triggered your back pain"?* - 1/3 of people can't recall a mechanical trigger
- Acute LBP linked to periods of high emotional distress linked with somewhat minor, insignificant mechanical stress
- The strongest predictors of a flare-up: (Suri, P., et al. SPINE, 2018)
  - Inactivity
  - stress
  - depression

Steffens Arth C Res 2017, Maher et al Lancet 2018)
Endrighi, R., et al The British J of Psychiatry, (2016); Suri et al SPINE, 2018

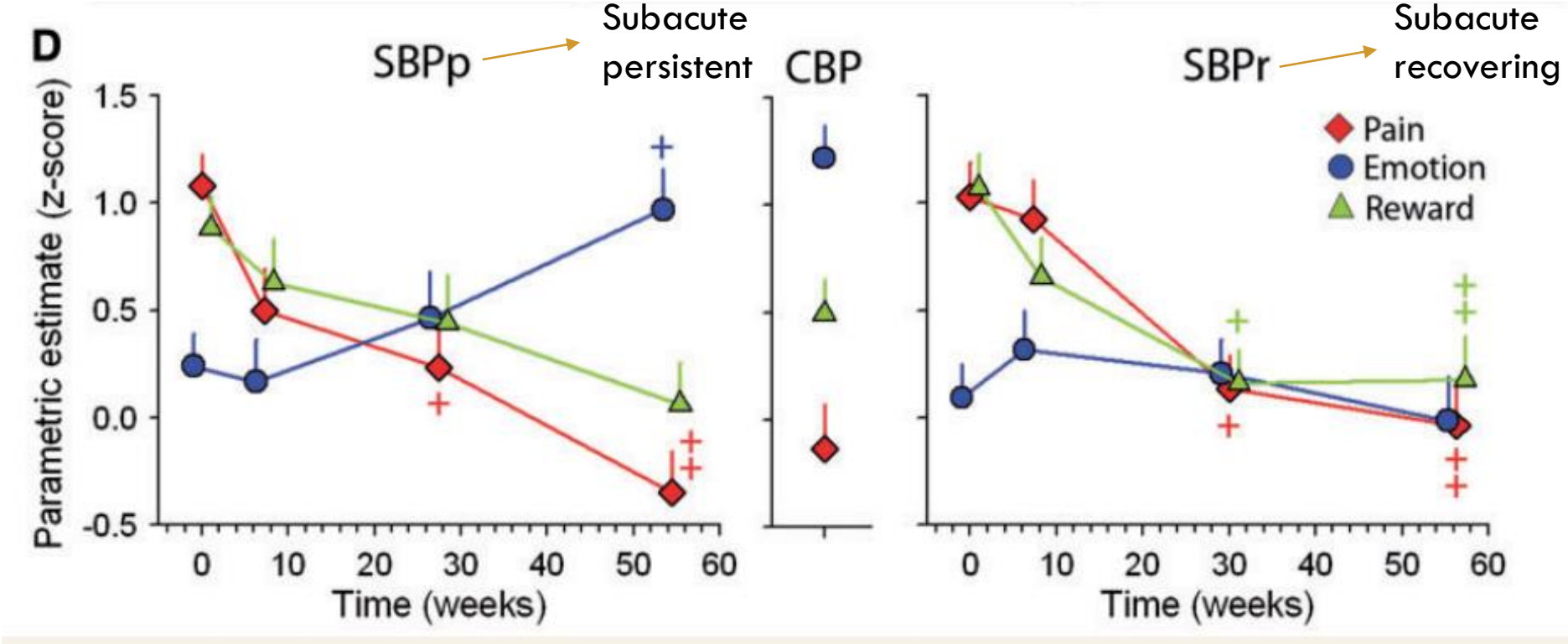

Pain flares are not just about the ‘bio’…
PAIN FLARE
“Out of the blue. I cant think of what I have *done* differently”
Poor night sleep
Reduced exercise lately
… but “*how have you been feeling*”?
Challenging phone call to sister in the UK
Learned news about other sister, from another sister. Jackpot!!

# EMOTIONAL PAIN = PHYSICAL PAIN




Kross, et al. PNAS, 2011, 108: 18244-18248

# ACUTE TO CHRONIC LBP SHIFTS IN BRAIN REGIONS DOMINATED BY SOMATOSENSORY AREAS TOWARD LEARNING, MEANING AND EMOTIONAL AREAS




Hashmi JA, Baliki MN, Huang L, Baria AT, Torbey S, Hermann KM, Schnitzer TJ, Apkarian AV. Shape shifting pain: chronification of back pain shifts brain representation from nociceptive to emotional circuits. Brain. 2013 Sep;136(Pt 9):2751-68. doi: 10.1093/brain/awt211. PMID: 23983029; PMCID: PMC3754458.

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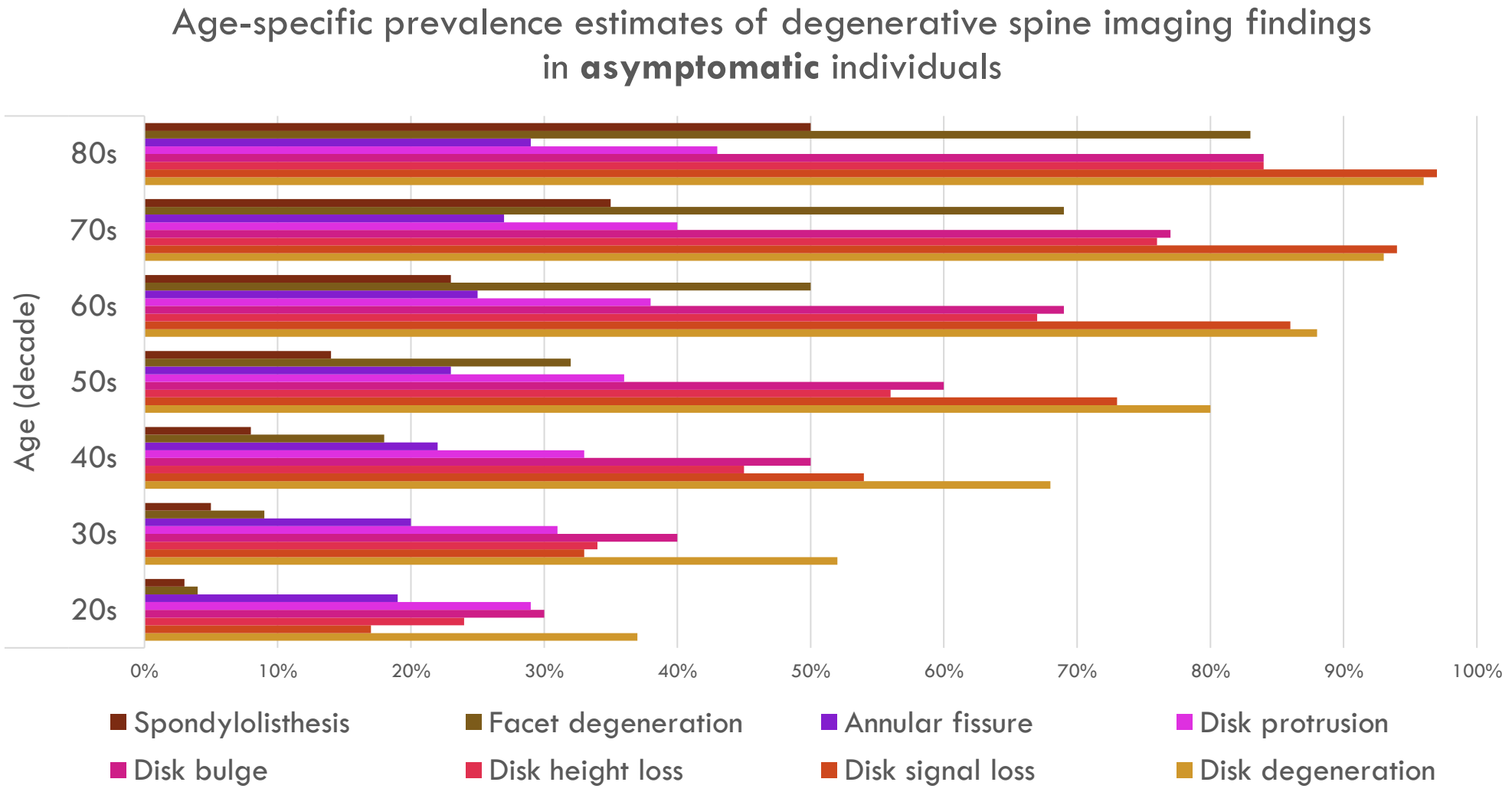
# BELIEF 2: DO BACKS GET WORSE WITH AGE?




Brinjikji, W., Luetmer, P. H., Comstock, B., Bresnahan, B. W., Chen, L. E., Deyo, R. A., ... & Jarvik, J. G. (2015). Systematic literature review of imaging features of spinal degeneration in asymptomatic populations. American journal of neuroradiology, 36(4), 811-816.

# DO BACKS GET WORSE WITH AGE?

Facts:

- 2015 systematic review demonstrates back pain peaks between 40's – 60's and then tapers off
- LBP can be effectively managed at any age

Rev Saúde Pública 2015;49:73

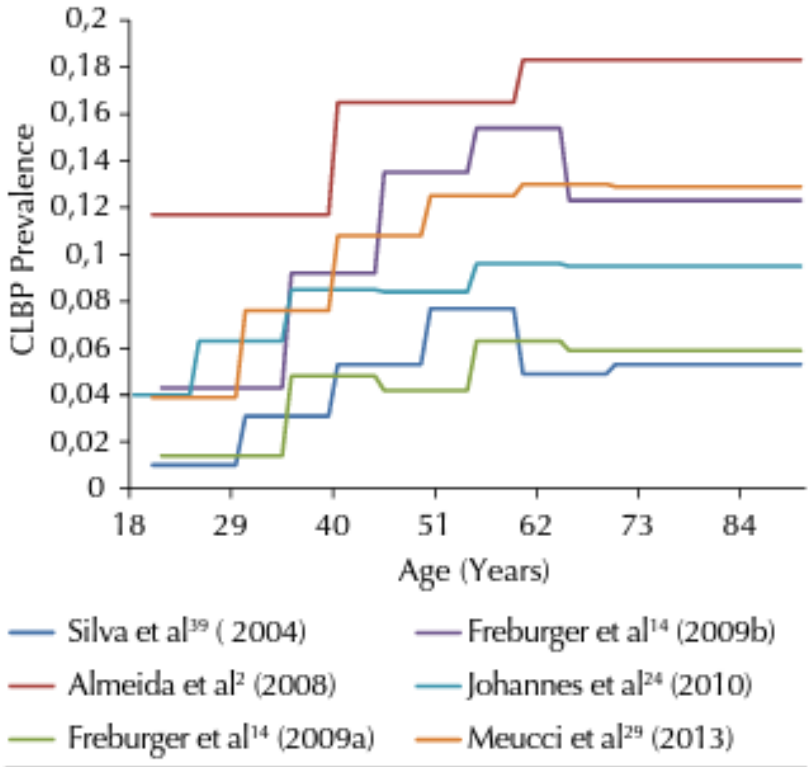



**Figure 2.** Chronic low back pain prevalence (CLBP) according to age (six estimates).

## Table 4. Odds Ratios for Chronic Back Pain in 2013/14 Relative to 2001/02

| Subgroup | | p-Value |
|---|---|---|
| 11-year-olds | | |
| Girls | 1.10 (1.05-1.16) | <.001 |
| Boys | 1.07 (1.01-1.12) | 0.014 |
| 13-year-olds | | |
| Girls | 1.29 (1.24-1.34) | <.001 |
| Boys | 1.10 (1.05-1.15) | <.001 |
| 15-year-olds | | |
| Girls | 1.44 (1.38-1.49) | <.001 |
| Boys | 1.19 (1.14-1.24) | <.001 |

Abbreviations: CI, confidence interval; OR, odds ratio.

Roy, R., Galán, S., Sánchez-Rodríguez, E., Racine, M., Solé, E., Jensen, M. P., & Miró, J. (2022). Cross-national trends of chronic back pain in adolescents: results from the HBSC study, 2001-2014. The Journal of Pain, 23(1), 123-130.

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# BELIEF 3: LBP, CAUSED BY 'POOR POSTURE'?

- Little-no evidence for:
  - preventative benefit from: shoe insoles, back belts, ergonomic furniture (Steffens D, et al. systematic r/v. JAMA Intern Med 2016)
  - the way we sit or stand
  - poor alignment
  - trunk, pelvic and spinal asymmetries or scoliosis
  - leg length difference

…. as a cause for LBP


Smith et al. JOSPT 2017, Kingma et al Clin Bio 2010, Smith et al BMC MS 2014; Van Tulder et al., 2000; Abenhaim et al., 2000; Hurwitz et al., 2005.; O'Sullivan et al JOSPT 2017; Lewis & O'Sullivan BJSM 2019

# FACTS

People in pain are more tense, stiff, hold more upright postures, are more guarded and rigid and protective!

(Smith et al. JOSPT 2017)

People with back pain move slower, have reduced range of movement and don't relax

(Laird et al BMC MS 2014)

Getting a variety of

*"movement nutrients"*

may be the key

Spine posture during sitting,

standing and lifting does not predict

LBP or its persistence

(Abenhaim et al., 2000)

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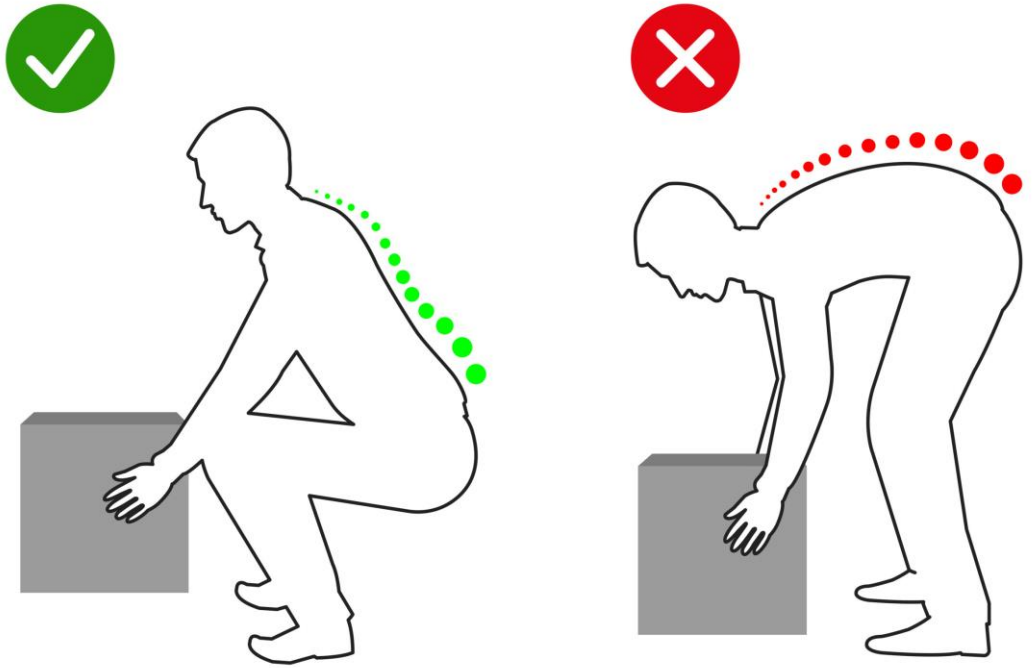
# BELIEF 4: IT DANGEROUS TO BEND WITH A FLEXED SPINE?

People with disabling LBP bend less
(Nolan et al SJP 2019)

(Saracini et al JOSPT 2019)

[ LITERATURE REVIEW ]

NIC SARACENI, PT[1] • PETER KENT, PhD[1,2] • LEO NG, PhD[1]
AMITY CAMPBELL, PhD[1] • LEON STRAKER, PhD[1] • PETER O'SULLIVAN, PhD[1,3]

Saved to W: Drive

# To Flex or Not to Flex? Is There a Relationship Between Lumbar Spine Flexion During Lifting and Low Back Pain? A Systematic Review With Meta-analysis

*"There is no credible in vivo evidence to support the dogma that lumbar spine flexion should be minimized when lifting to prevent LBP onset, persistence or recurrence"*

Saraceni, N., Kent, P., Ng, L., Campbell, A., Straker, L., & O'Sullivan, P. (2020). To flex or not to flex? Is there a relationship between lumbar spine flexion during lifting and low back pain? A systematic review with meta-analysis. *Journal of Orthopaedic & Sports Physical Therapy*, *50*(3), 121-130.

BMJ

RESEARCH

# Effect of training and lifting equipment for preventing back pain in lifting and handling: systematic review

Kari-Pekka Martimo, medical specialist,[1] Jos Verbeek, team leader,[2] Jaro Karppinen, medical specialist,[3] Andrea D Furlan, associate scientist,[4] Esa-Pekka Takala, medical specialist,[1] P Paul F M Kuijer, senior researcher,[5] Merja Jauhiainen, information specialist,[6] Eira Viikari-Juntura, research professor[1]

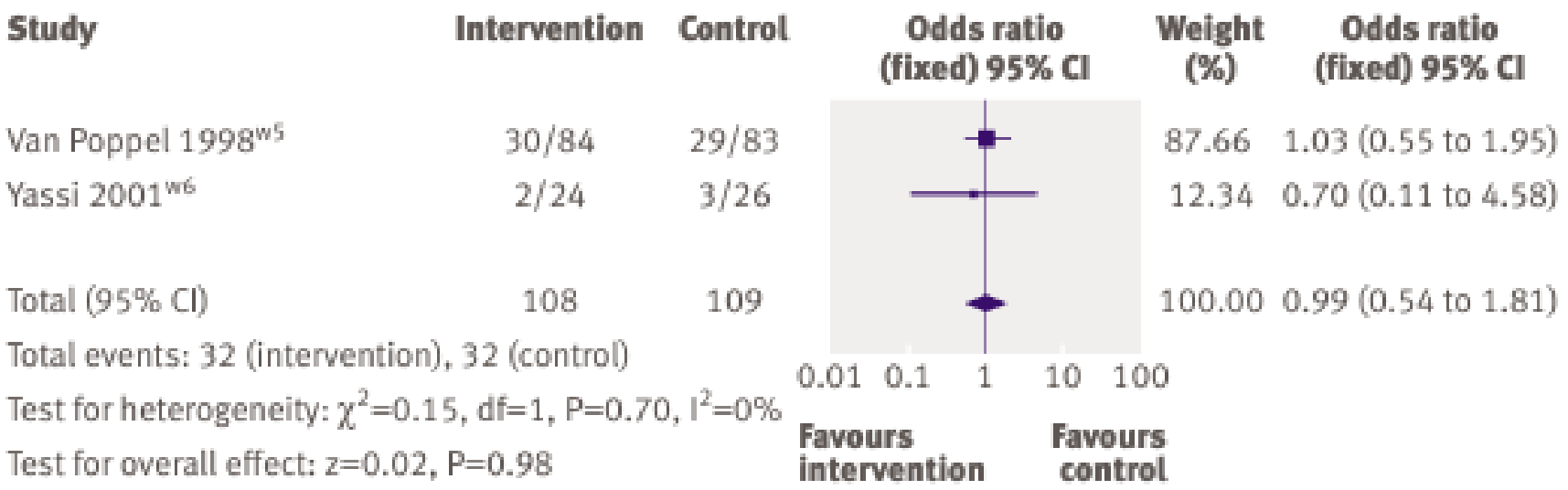



**Fig 2 Meta-analyses of two trials (adjusted for effect of clustering) on advice on lifting and handling compared with no advice in prevention of back pain or back injury at intermediate follow-up**

# PAIN-FREE BIOMECHANICAL STUDIES

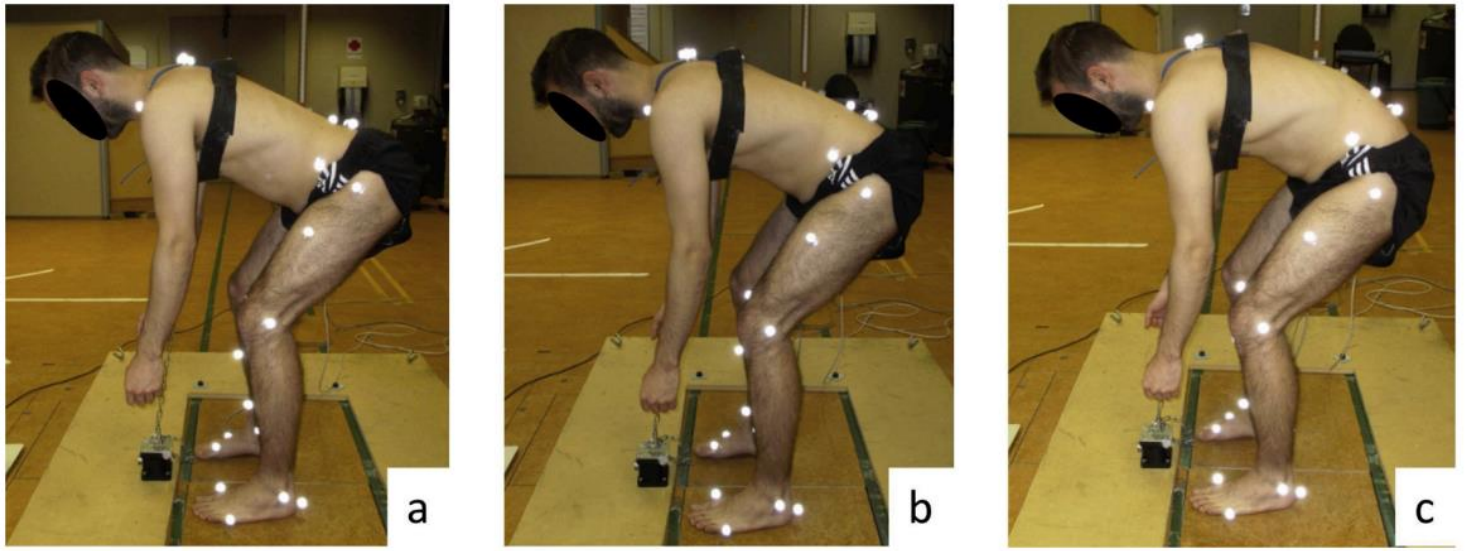



**Fig. 1.** The three lumbar postures adopted by participants: a) extended; b) mid-range; and c) flexed.

- Do not support an increase in disc pressure, compression or shear strain when lifting with a flexed versus a straight spine
- Lifting with a lordotic posture (a) resulted in **reduced** neuromuscular efficiency
- Lifting with a **flexed** spine (c) significantly improved overall strength and neuromuscular efficiency when lifting

Marwston et al Gait Post 2021; Kingma et. Al. Clin. Bio. 2010

# EDDIE HALL DEADLIFT WORLD RECORD 500KG (2016)


https://www.youtube.com/watch?v=U4AQIamvFzs&t=234s

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# BELIEF 5: REPEATED SPINAL LOADING CAUSES PERSISTING BACK PAIN

"I have a …"

…nurses back

…runners back

…labourers back

…farmers back

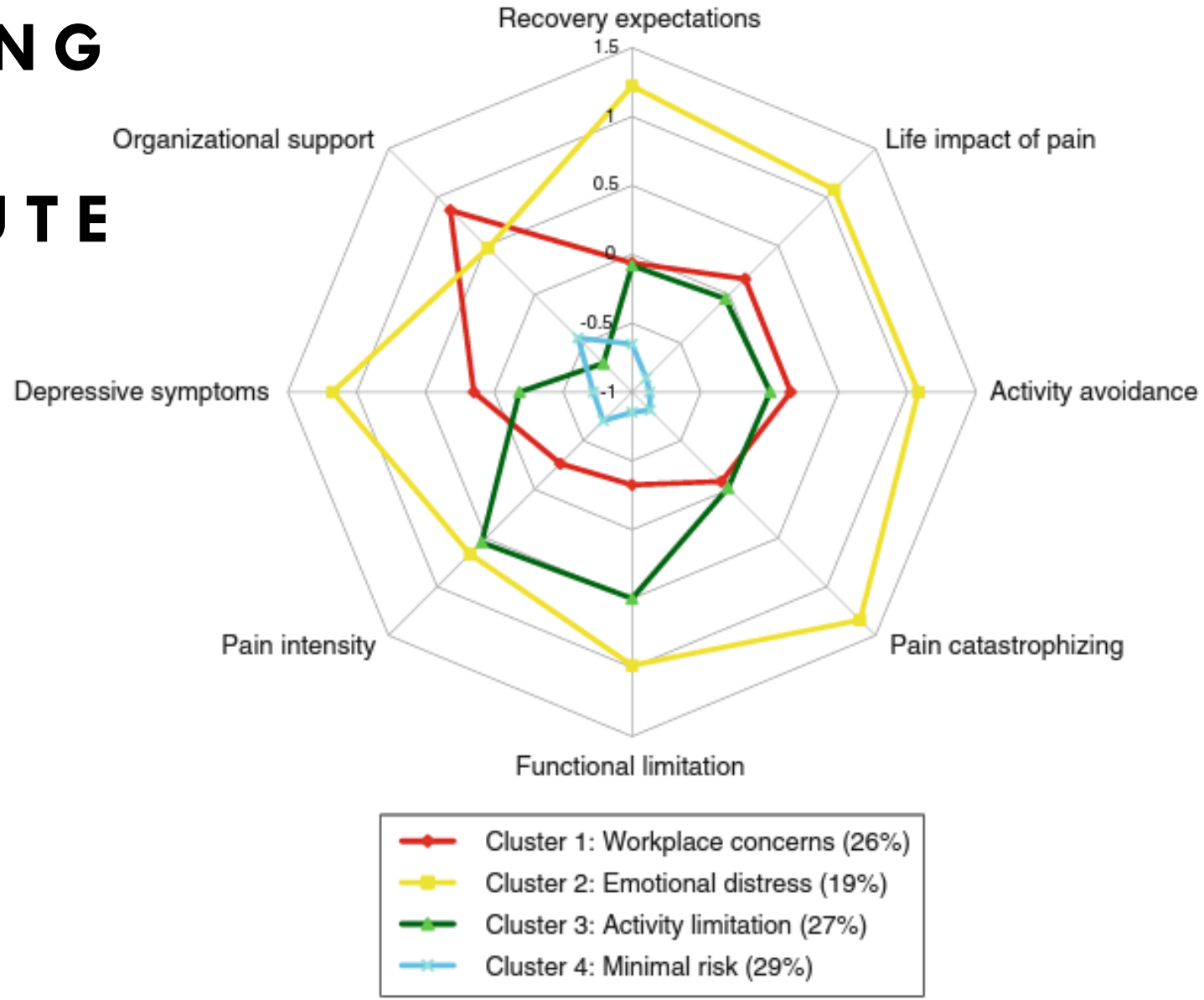
*"Psychological stress and mental processing during lifting resulted in an increase in spinal compression associated with increases in trunk muscle co-contraction and less controlled movements"*

(Davis et al., 2002)

Chou, R., & Shekelle, P. (2010). Will this patient develop persistent disabling low back pain?. Jama, 303(13), 1295-1302.;

# INDIVIDUALS SEEKING TREATMENT FOR WORK-RELATED ACUTE LBP

- 1,225 participants who completed a screening questionnaire and were followed up at 3 months
- Revealed 8 measures with significant associations with functional recovery and return-to-work.




Reme, S. E., Shaw, et al (2012). Distressed, immobilized, or lacking employer support? A sub-classification of acute work-related low back pain. Journal of occupational rehabilitation, 22, 541-552.

# FACTS

Spine loading does not predict MRI findings

(Battiè et al Spine 2009)

Backs get stronger with graded movement & loading

(Belavy et al Scientific Reports 2017)

The use of degenerative language such as *wear and tear* with OA patients is associated with passive behaviours and a poor perceived prognosis

(Darlow, B et al 2018)

Long distance runners and joggers have improved IVD composition than non-athletic individuals

(Belavy et al. 2017)

# WHAT I HEAR PEOPLE SAY…

1. “I keep reinjuring myself”
2. “I’m getting old”
3. “I have terrible posture”
4. “I’ve been bending properly”
5. “I’ve got a labourers back”
6. “I tried exercise and *it didn’t work*”

## BELIEF 6:

# IT IS NOT SAFE TO EXERCISE IF PAIN INCREASES

# FACTS

Regular exercise can reduce central facilitation of pain

(Lima et al, 2017)

When we restrict people from their usual activity and exercise, they become more anxious, tired, depressed and have increased pain

(Smith et al. BJSM 2017)

Increased pain is to be expected with exercise. Learn to exercise *with* pain and avoid *pushing through* pain

Painful exercises offered a small but significant benefit over pain-free exercises in the short-term

(Smith et al. Systematic Review, BJSM 2017)

# WHAT'S THE *RIGHT* TYPE OF EXERCISE?

- Walking

"Low quality evidence that walking is as effective as other non pharmacological management methods for NSCLBP. Lawford et al, Clin Rehabil 2015

- Pilates

"Some evidence for the effectiveness of Pilates… no conclusive evidence that it is superior to other forms of exercise. The decision to use Pilates may be based on the patient's preference and costs" (Yamato et al, Cochrane 2015)

- Core Stability

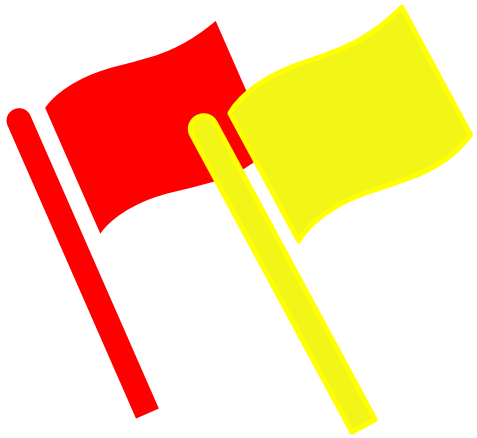
"Strong evidence that stabilisation exercises are **not** more effective than other forms of active exercise in the long-term" Smith et al, BMC Musc Disord 2015

# EXERCISE FOR MENTAL HEALTH

- Much lower ‘dosage’ than for physical gains
- New set of guidelines need to be created
- “*Some is better than none*”
- Best is interval training

Heisz, J. (2022). *Move the Body, Heal the Mind: Overcome Anxiety, Depression, and Dementia and Improve Focus, Creativity, and Sleep*. HarperCollins.

# HIGH VALUE CARE FOR LBP



## Framework for assessment and targeted management of patients with low back pain (LBP)*

**A patient presents with acute low back pain**

**Undertake the triage process**

**LBP with significant neurological deficits (5 to 10%)**
Cauda equina syndrome
Sciatica due to symptomatic disc prolapse or lateral canal stenosis
Central stenosis
Symptomatic spondylolisthesis

**Nonspecific LBP (90%)**
No clear pathoanatomical diagnosis
Absence of red flags

**Serious or systemic pathology (1 to 2%)**
Malignancy
Systemic inflammatory disorders
Infections
Fractures
Diagnosis based on clinical examination and investigations

Refer for imaging in the presence of progressive neurological deficit and/or cauda equina symptoms

Medical management as appropriate

Rule IN
Chronic Primary Pain
Psychophysiologic disorder (PPD)
Nociplastic pain
Mindbody Syndrome

**Low risk**
- Explain biopsychosocial nature of LBP
- Pain management as indicated
- Advice to remain active
- Lifestyle advice

**Medium risk**
- Explain biopsychosocial nature of LBP
- Pain management as indicated
- Advice to remain active
- Referral for targeted cognitive functional approach with an emphasis on physical restoration, fear reduction and lifestyle change

**High risk**
- Explain biopsychosocial nature of LBP
- Pain management as indicated
- Advice to remain active
- Referral for targeted cognitive functional approach with emphasis on reducing levels of distress, vigilance, fear avoidance and pain behaviours, combined with targeted functional restoration
- Psychological management will be required, if psychological comorbidities dominate

**Web evidence-based resources on pain for patients and healthcare practitioners are available at: http://painhealth.csse.uwa.edu.au/pain-management.html and www.pain-ed.com**

* Management should be underpinned by a strong therapeutic alliance, which emphasises person-centred care and utilises a motivational communication style, active management planning and consideration of the patients' health, comorbidities, 'life' context, goals and health literacy.

O'SULLIVAN, P & Lin, I. (2014). Acute low back pain. Pain, 1(1), 8-13.

The Spine Journal 22 (2022) 207–213

Clinical Study

# What does the patient with back pain want? A comparison of patient preferences and physician assumptions

Matthew Smuck, MD[a,*], Kevin Barrette, MD[b], Agnes Martinez-Ith[a,b,c], Geoffrey Sultana, MD[c], Patricia Zheng, MD[b]

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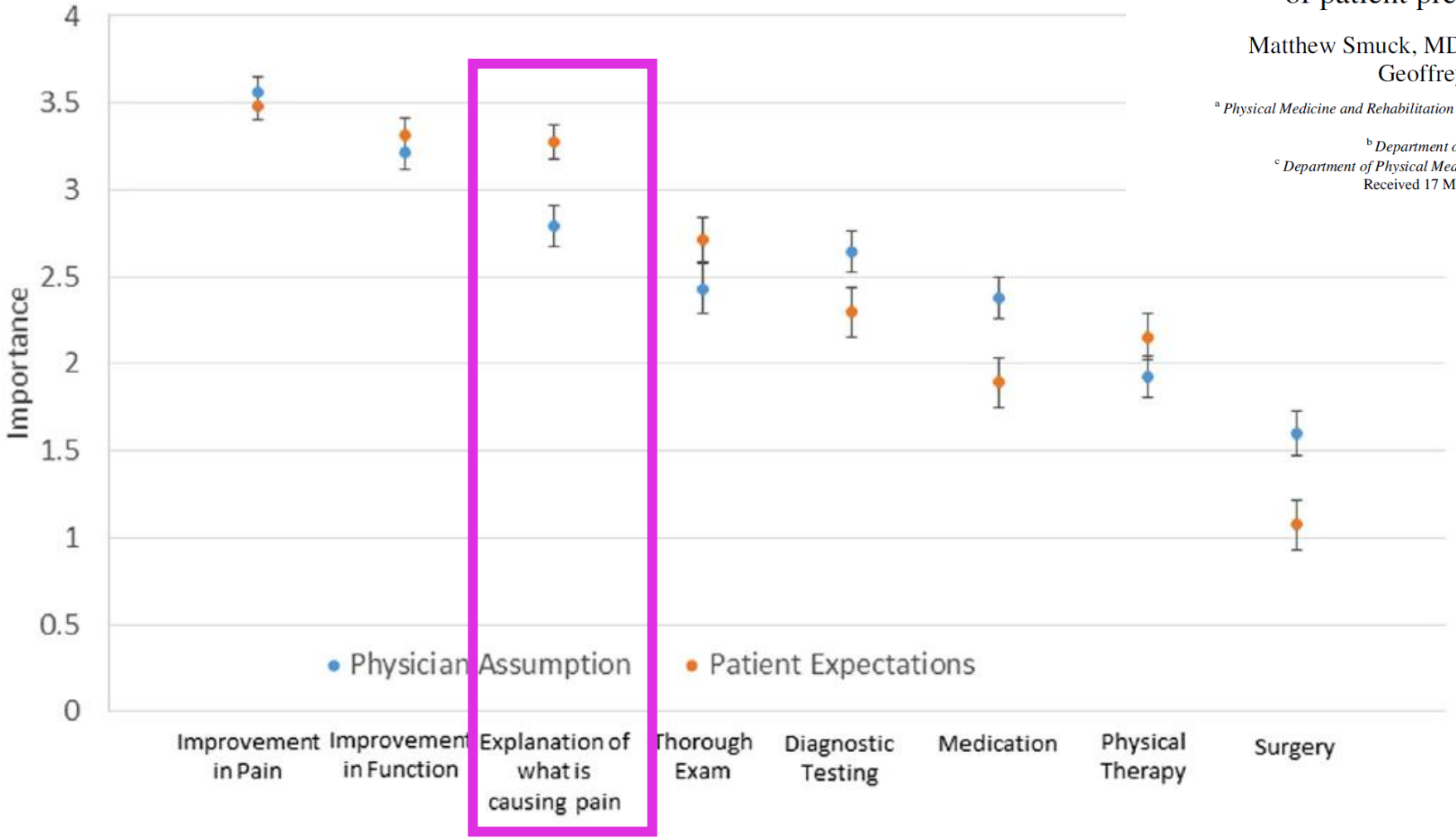
Received 17 May 2021; revised 30 August 2021; accepted 14 September 2021






Smuck, M., Barrette, K., Martinez-Ith, A., Sultana, G., & Zheng, P. (2022). What does the patient with back pain want? A comparison of patient preferences and physician assumptions. The Spine Journal, 22(2), 207-213.

Open access Original research

BMJ Open

# Do physical therapists follow evidence-based guidelines when managing musculoskeletal conditions? Systematic review

Joshua Zadro , Mary O'Keeffe, Christopher Maher

"Many physical therapists seem not to follow evidence-based guidelines when managing musculoskeletal conditions".

Zadro et al 2019; O'Sullivan et al PTJ 2018

# REFER INTO MERRI HEALTH'S PAIN SERVICE

- Info about the service including brochures and referral form: Merri Health | Support to help you manage persistent pain
- Nicole Moore nicole.moore@merrihealth.org.au
- Referral via Healthpathways

# THANK YOU

Nicole Moore
Pain Physiotherapist (APA, MACP)
Merri Community Health Centre
nicole.moore@merrihealth.org.au

HealthPathways Melbourne

# *Pain management*

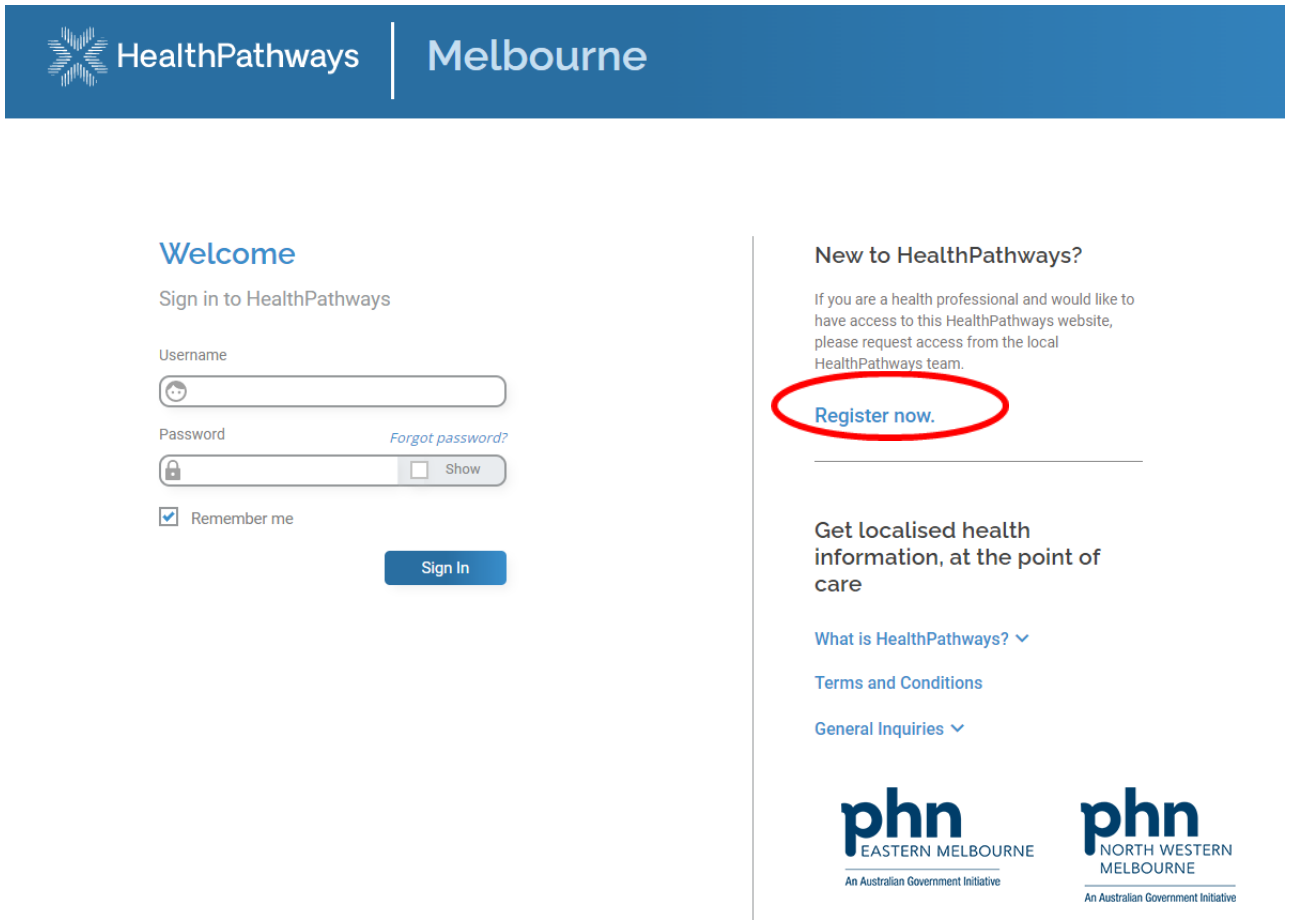
*31 August 2023*

# What is HealthPathways?

# Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts

- clear and concise, evidence-based medical advice
- Reduce variation in care
- how to refer to the most appropriate hospital, community health service or allied health provider.
- what services are available to my patients

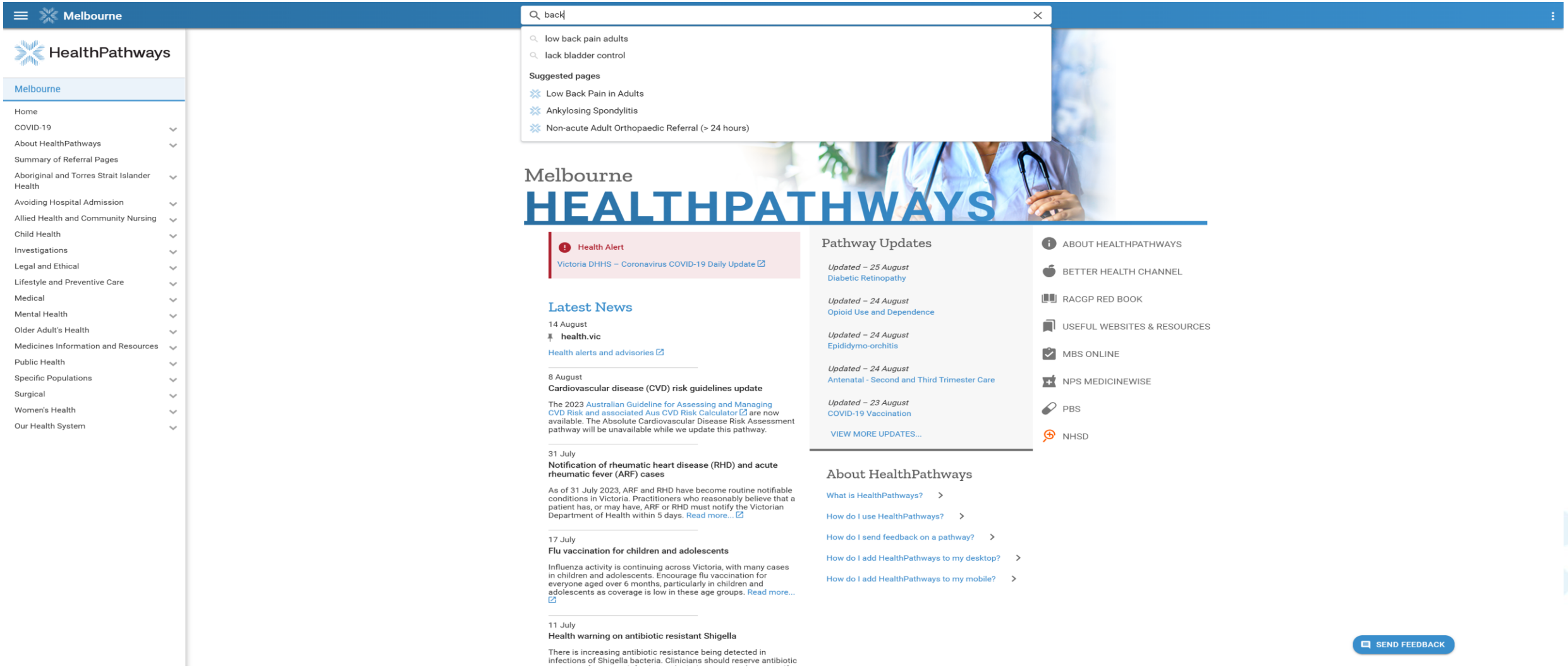
# Accessing HealthPathways:
# Go to melbourne.healthpathways.org.au




**Register via QR code**

info@healthpathwaysmelbourne.org.au

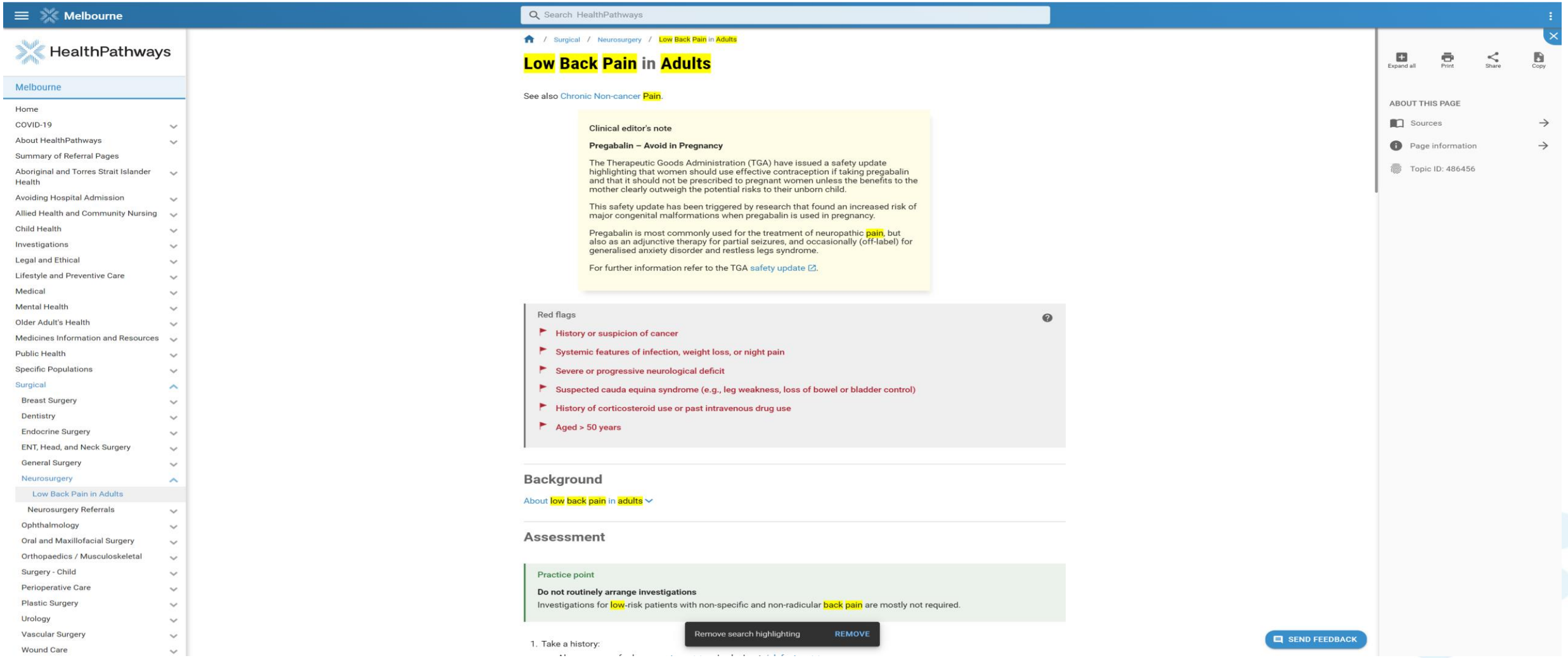
# Searching for a pathway



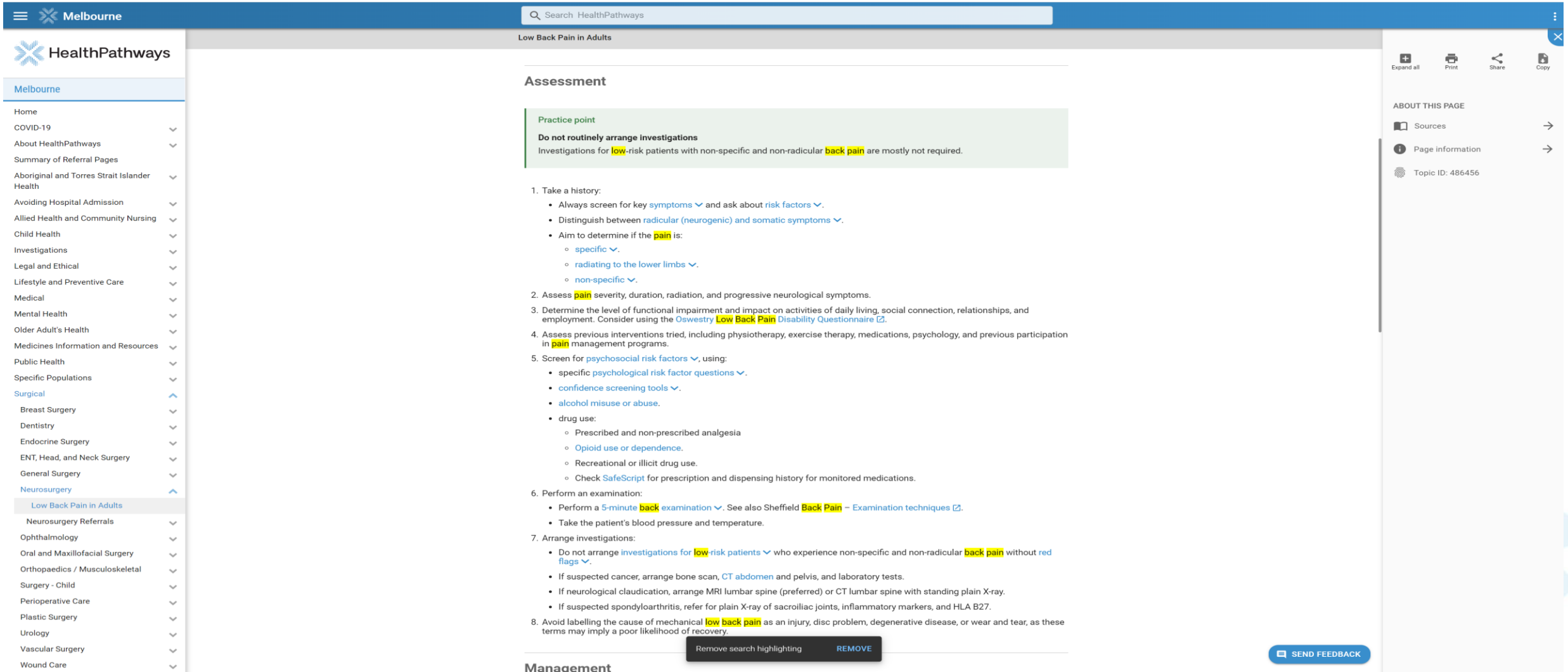
# Relevant pathways

- Low Back Pain in Adults
- Neurosurgery Referrals
  - Acute Neurosurgery Referral or Admission (Same-day)
  - Non-acute Neurosurgery Referral (> 24 hours)
- Pain Management
  - Analgesia
    - Analgesia in Adults with Acute Pain
    - Analgesia in Children with Acute Pain
  - Chronic Non-cancer Pain
    - Medications in Chronic Pain
  - Neuropathic Pain
  - Chronic or Persistent Pain Referrals
  - Opioid Use and Dependence
  - Medicinal Cannabis

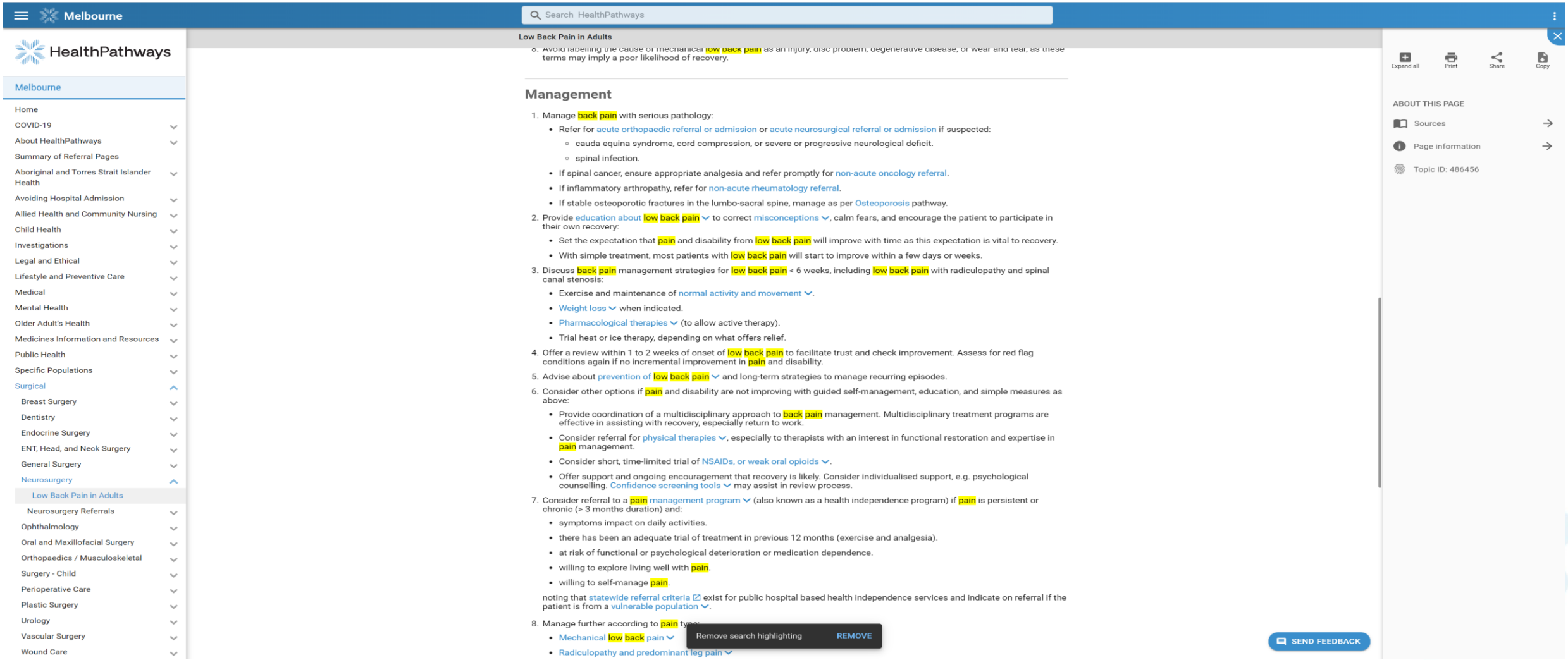
# Lower back pain in Adults



# Lower back pain in Adults - assessment



# Lower back pain in Adults - management



# Lower back pain in Adults - referral