ACUTE ON CHRONIC FLARE UPS.

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THE AIMS OF THIS TALK.

- THE EPIDEMIOLOGY OF FLARE UPS.
- WHY DO FLARE UPS HAPPEN?
- MANAGING FLARE UPS.

FLARE UP EPIDEMIOLOGY.

- THE TERM “CHRONIC PAIN” IMPLIES A STABLE/CONSTANT CONDITION.
- AT LEAST 50% OF SUFFERERS REPORT FLARE UPS.
- “A PERIOD WHERE PAIN IS MARKEDLY MORE SEVERE THAN IS USUAL FOR THE PATIENT”.
- CHRONIC PAIN IS THE UK’S MOST COSTLY HEALTHCARE PROBLEM.

FLARE UP EPIDEMIOLOGY – FREQUENCY AND DURATION.

- ABOUT 20% OF SUFFERERS HAVE 1 0R 2 FLARE UPS EVERY 6 MONTHS.
- ABOUT 33% OF SUFFERERS HAVE ONE OR MORE FLARE UPS A MONTH.
- (THIS MAY BE AS HIGH AS 60%).
- IN 50% OF CASES FLARE UPS LAST 1-2 DAYS.
- IN 95% OF CASES FLARE UPS LAST LESS THAN 2 WEEKS.

FLARE UP EPIDEMIOLOGY – WHAT DO PATIENTS THINK?

- (Dr PATRICK HILL ET AL, BPS ASM 2017).
- FLARE UPS ARE AN ACUTE EPISODE OF AN UNDERLYING (OFTEN UNIDENTIFIED) PROBLEM.
- IT IS DEFINITELY NOT PSYCHOLOGICAL/IMAGINERY.
- ANXIOUS ABOUT CAUSES OF PAIN.
- FEARFUL OF RECURRENCE.
- REPORT FEELING JUDGED/DISBELIEVED BY STAFF.

FLARE UP EPIDEMIOLOGY – STAFF REPORT...

- (Dr PATRICK HILL ET AL, BPS ASM 2017).
- PAIN DEFIES CLEAR DIAGNOSIS DESPIT NUMEROUS, REPEATED TESTS.
- TRIGGERS FOR FLARE UPS ARE OFTEN OUTSIDE THE MEDICAL SPHERE.
- PATIENT AND RELATIVES BEHAVIOUR IS STRESSFUL AND DIFFICULT TO MANAGE.
- POSSIBILITY OF GAINING CONTROL SEEMS INCREASINGLY IMPOSSIBLE.

FLARE UP EPIDEMIOLOGY – PATIENT CHARACTERISTICS.

FLARE UP SUFFERERS REPORT:

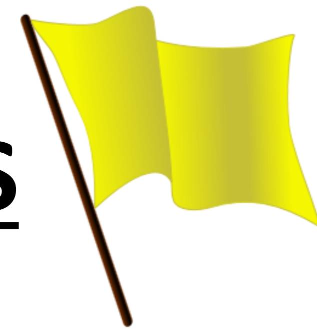
- HIGHER AVERAGE DAILY PAIN SCORES THAN NON FLARE UP SUFFERERS.
- GREATER LEVELS OF DISABILITY.
- (EVEN WHEN ADJUSTING FOR DEMOGRAPHICS, PAIN INTENSITY AND PAIN FREQUENCY).
- GREATER WORK INTERFERENCE.

FLARE UP EPIDEMIOLOGY – PATIENT CHARACTERISTICS.

FLARE UP PATIENTS REPORT:

- GREATER USE OF OPIOIDS.
- SOMATISATION.
- WORSE OVERALL HEALTH.
- MORE NURSE/DOCTOR CONSULTATIONS.
- PSYCHOSOCIAL COMORBIDITIES. (YELLOW FLAGS).
- PASSIVE COPING STRATEGIES.

YELLOW FLAGS



PSYCHOSOCIAL RISK FACTORS FOR DEVELOPING CHRONIC PAIN/LONG-TERM DISABILITY:

- BELIEF THAT PAIN AND ACTIVITY ARE HARMFUL
- SICKNESS BEHAVIOURS SUCH AS EXTENDED REST
- SOCIAL WITHDRAWAL
- EMOTIONAL PROBLEMS, FOR EXAMPLE LOW/NEGATIVE MOOD, DEPRESSION, ANXIETY, STRESS
- PROBLEMS WITH CLAIMS OR COMPENSATION OR TIME OFF WORK
- OVERPROTECTIVE FAMILY OR LACK OF SUPPORT
- INAPPROPRIATE EXPECTATIONS OF TREATMENT, FOR EXAMPLE LOW EXPECTATIONS OF ACTIVE PARTICIPATION IN TREATMENT.

PASSIVE COPING STRATEGIES.

- FOCUSING ON THE LOCATION AND INTENSITY OF THE PAIN.
- THINKING THE PAIN IS WEARING YOU DOWN.
- TELLING OTHERS HOW MUCH THE PAIN HURTS.
- WISHING THE DOCTOR WOULD PRESCRIBE STRONGER PAIN MEDICATION.
- THINKING ONE CANNOT DO ANYTHING TO COPE WITH THE PAIN .

FLARE UP EPIDEMIOLOGY – OLDER PATIENTS WITH CHRONIC PAIN.

- LESS LIKELY TO REPORT FLARE UPS.
- MORE LIKELY TO REPORT A PHYSICAL REASON FOR THE FLARE UP.
- MORE LIKELY TO HAVE SHORTER DURATION FLARE UPS.

KEEP CALM

AND

HAVE BACK PAIN

WHY DO FLARE UPS HAPPEN?

- **NEW PATHOLOGY.**
- **PROGRESSION OF AN EXISTING PROBLEM.**
- **PROGRESSION OF PATIENT FACTORS.**
- **(PRESCRIPTION SHOPPING).**
- **(CRIES FOR HELP, CRIES FOR ATTENTION).**

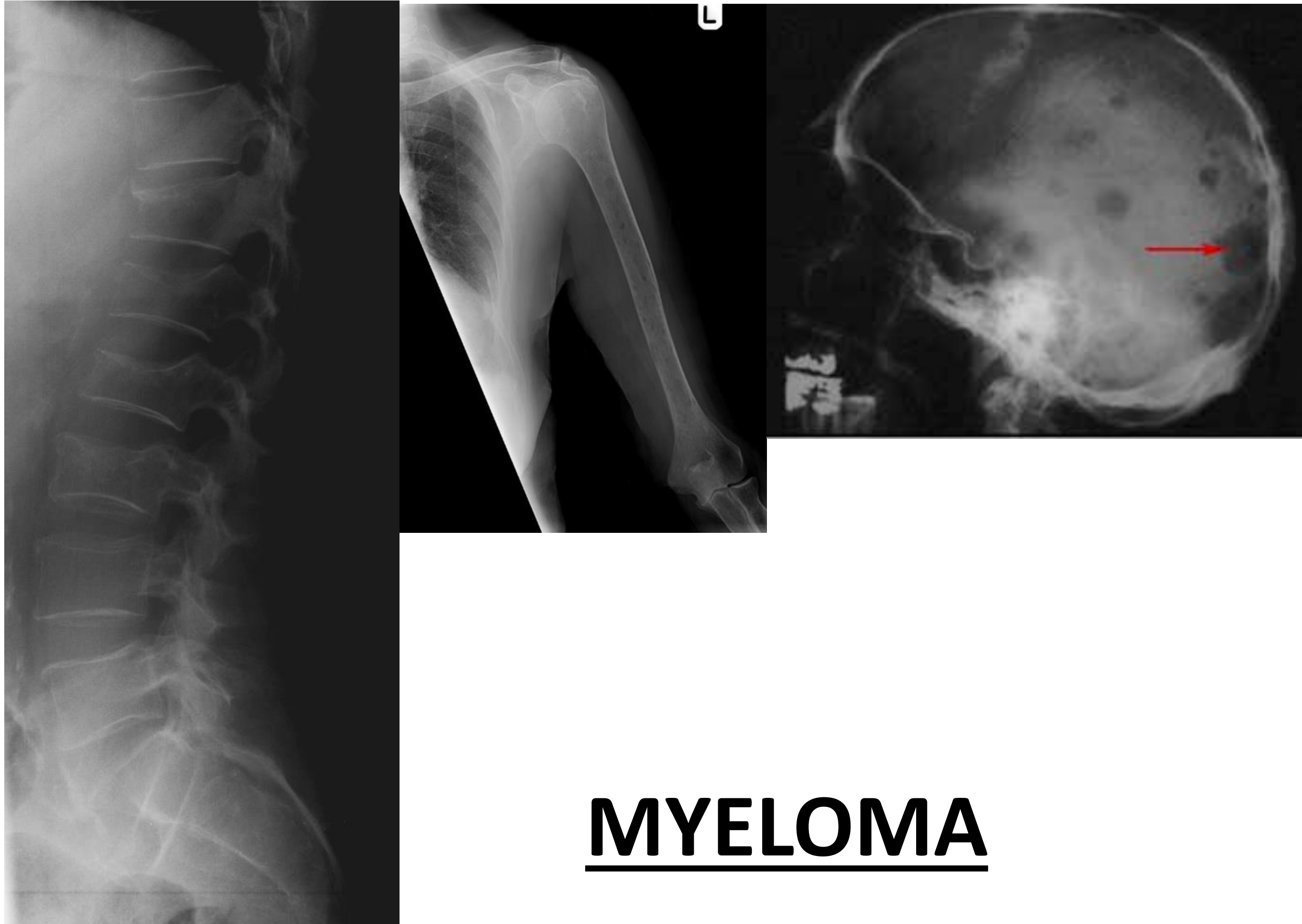
PATHOLOGICAL PAIN.

- MALIGNANCY – PRIMARY OR METASTATIC.
- FRACTURE – OSTEOPOROSIS, SPONDYLOLISTHESIS.
- AUTOIMMUNE – RHEUMATOID ARTHRITIS, ANKYLOSING SPONDYLITIS, PSORIATIC ARTHROPATHY, REACTIVE ARTHROPATHY.
- DISC HERNIATION WITH SIGNIFICANT RADICULOPATHY.
- STENOSIS (CENTRAL/LATERAL RECESS).
- CAUDA EQUINA SYNDROME.
- VASCULAR.
- INCIDENCE IN ACUTE BACK PAIN PRESENTATION IS APPROXIMATELY 1%.

RED FLAGS.

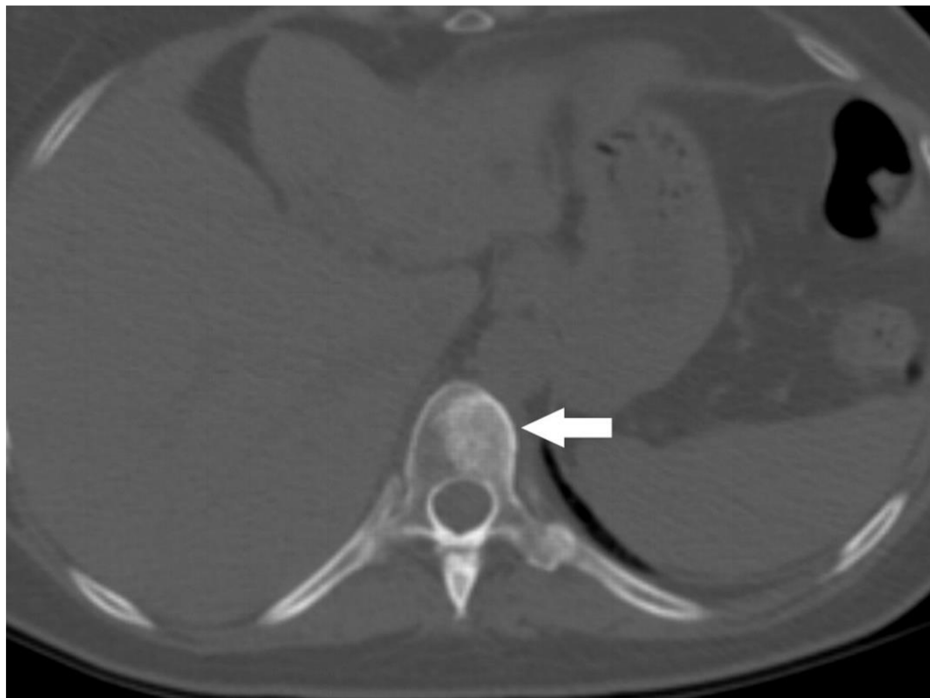
- PRESENTATION LESS THAN AGE 20 OR ONSET OVER AGE 55 YEARS
- VIOLENT TRAUMA: EG FALL FROM A HEIGHT, RTA
- CONSTANT, PROGRESSIVE, NON-MECHANICAL PAIN
- THORACIC PAIN
- PMH - CARCINOMA
- SYSTEMIC STEROIDS
- DRUG ABUSE, HIV
- SYSTEMICALLY UNWELL
- WEIGHT LOSS
- PERSISTING SEVERE RESTRICTION OF LUMBAR FLEXION
- CAUDA EQUINA SYNDROME/WIDESPREAD NEUROLOGICAL DISORDER
  - DIFFICULTY WITH MICTURITION
  - LOSS OF ANAL SPHINCTER TONE OR FAECAL INCONTINENCE
  - SADDLE ANAESTHESIA ABOUT THE ANUS, PERINEUM OR GENITALS
  - WIDESPREAD (>ONE NERVE ROOT) OR PROGRESSIVE MOTOR WEAKNESS IN THE LEGS OR GAIT DISTURBANCE
  - SENSORY LEVEL
- (INFLAMMATORY DISORDERS (ANKYLOSING SPONDYLITIS AND RELATED DISORDERS)
  - GRADUAL ONSET BEFORE AGE 40
  - MARKED MORNING STIFFNESS
  - PERSISTING LIMITATION SPINAL MOVEMENTS IN ALL DIRECTIONS
  - PERIPHERAL JOINT INVOLVEMENT
  - IRITIS, SKIN RASHES (PSORIASIS), COLITIS, URETHRAL DISCHARGE
  - FAMILY HISTORY).

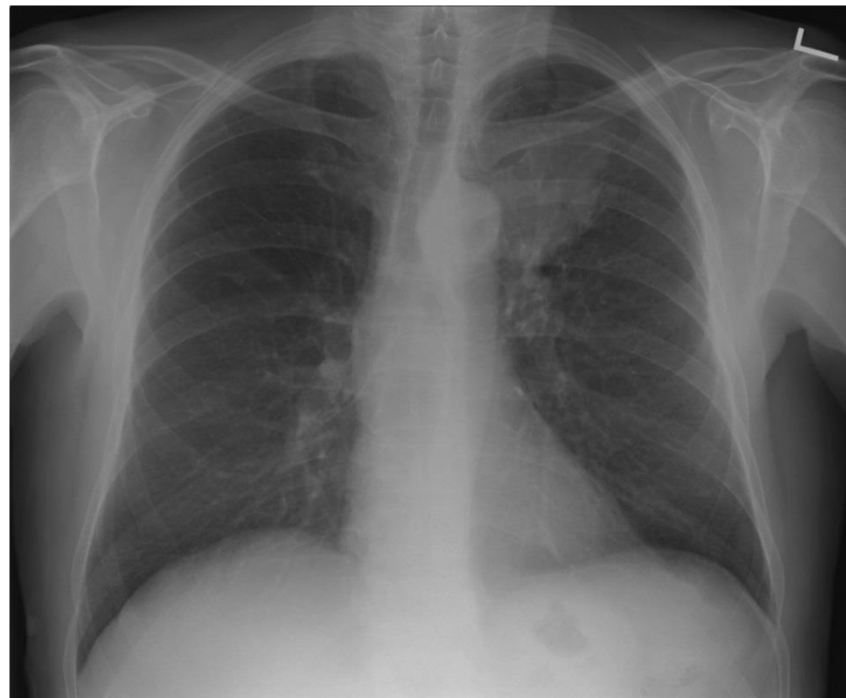
MALIGNANT PRIMARIES.



MYELOMA

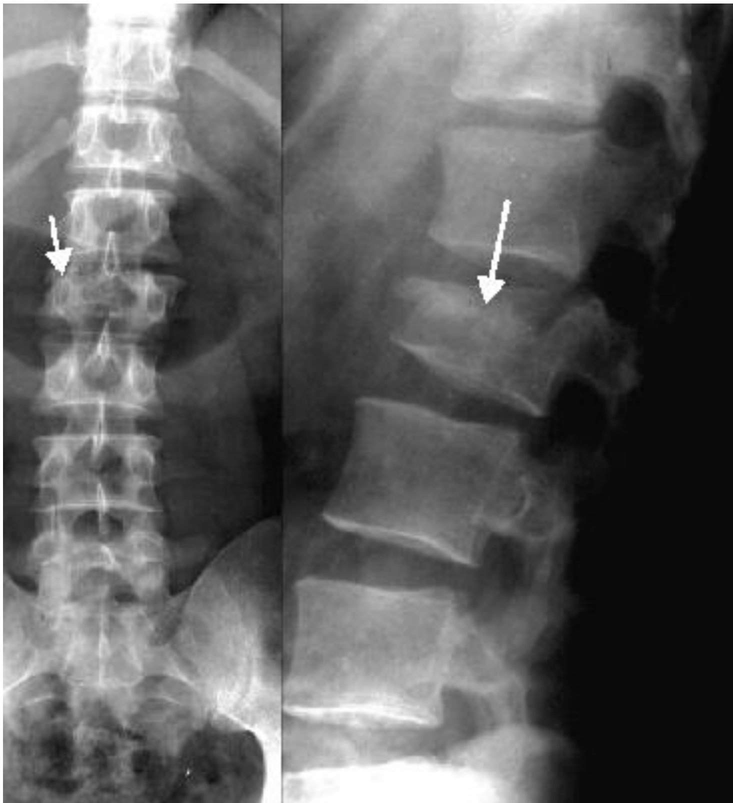
SECONDARY MALIGNANCY.



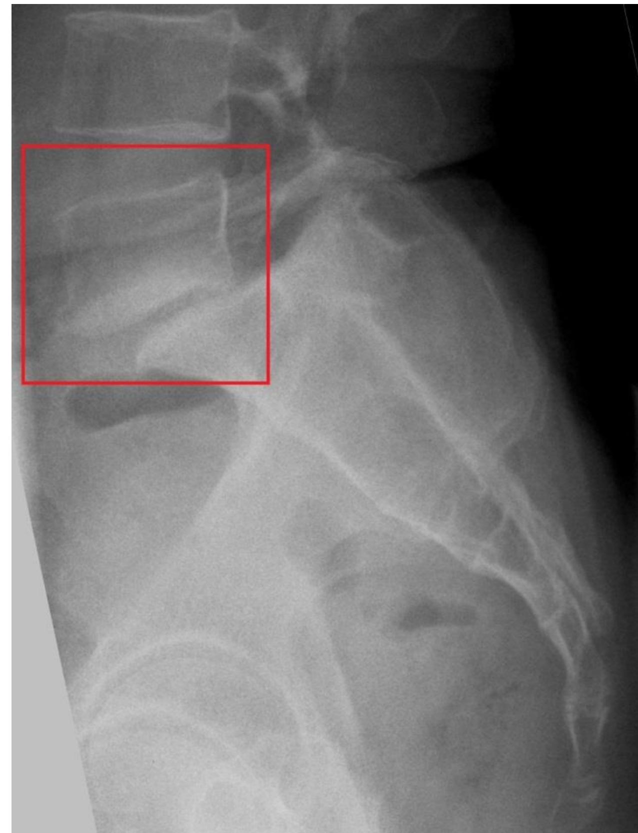


FRACTURES.

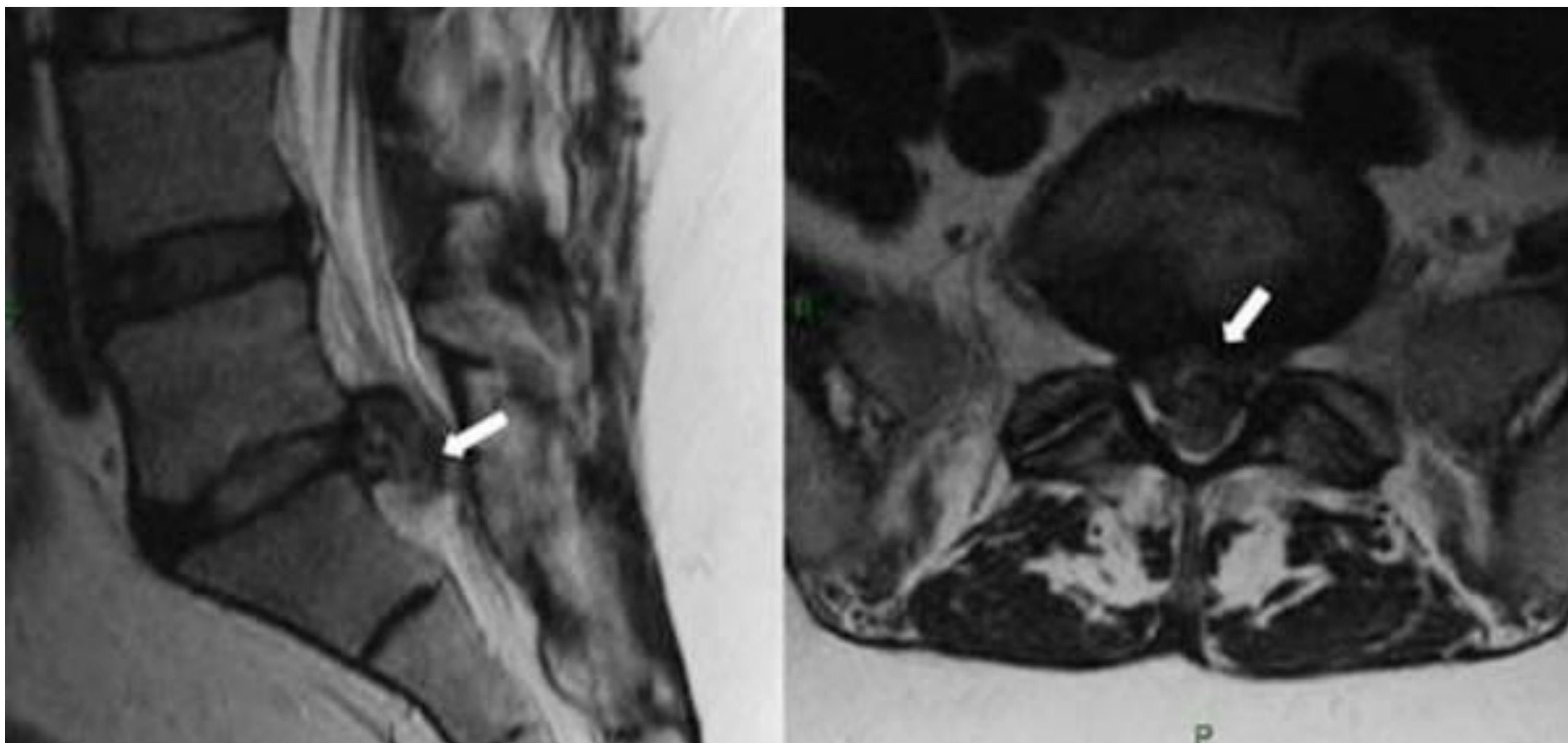
OSTEOPOROSIS.



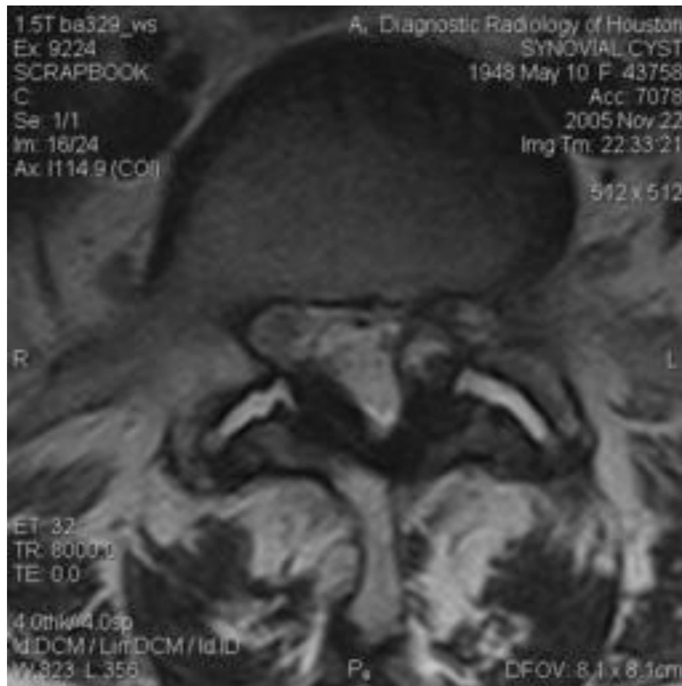
SPONDYLOLISTHESIS.

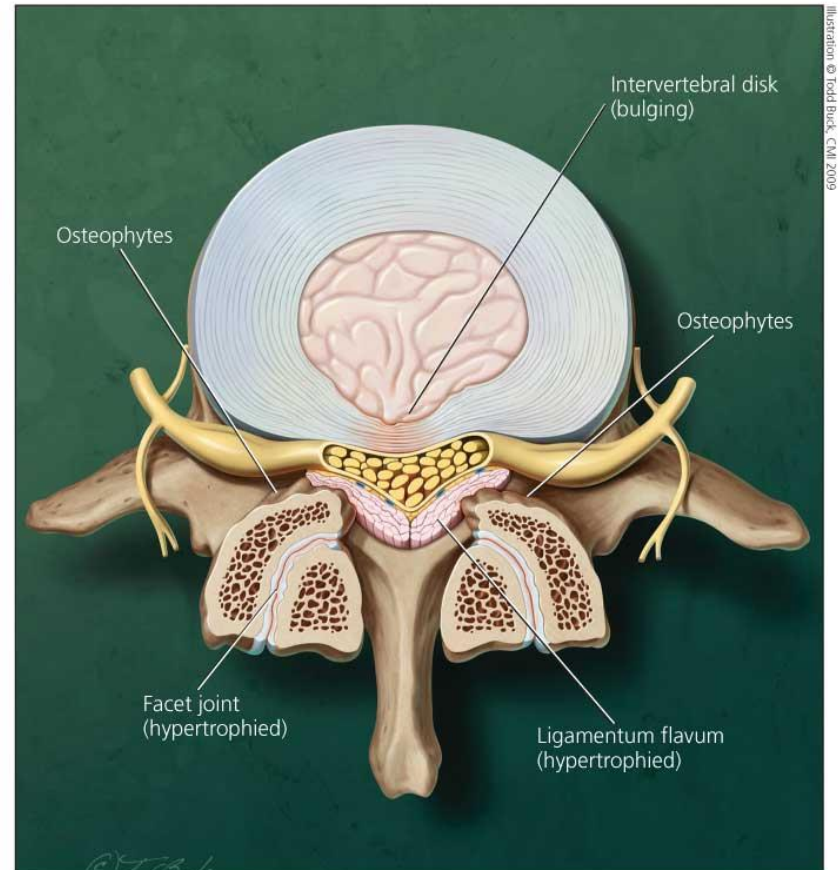


CAUDA EQUINA.



PROGRESSION OF AN EXISTING PROBLEM.





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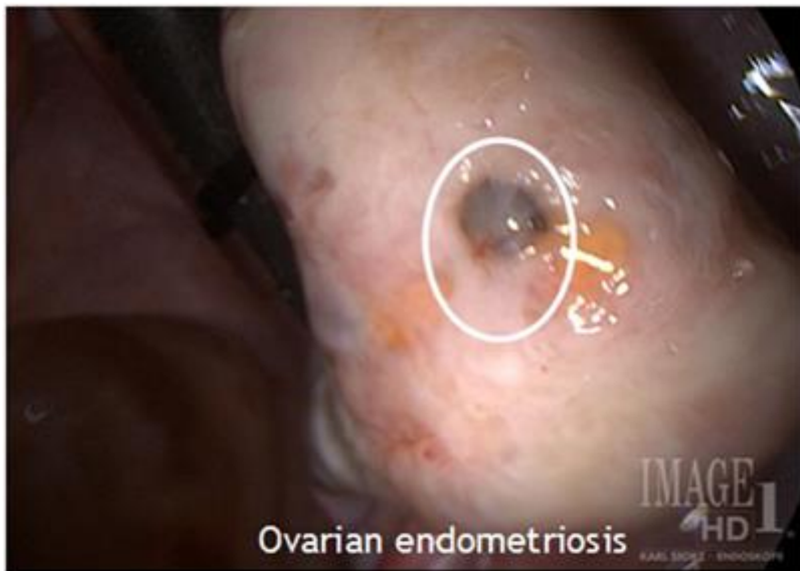

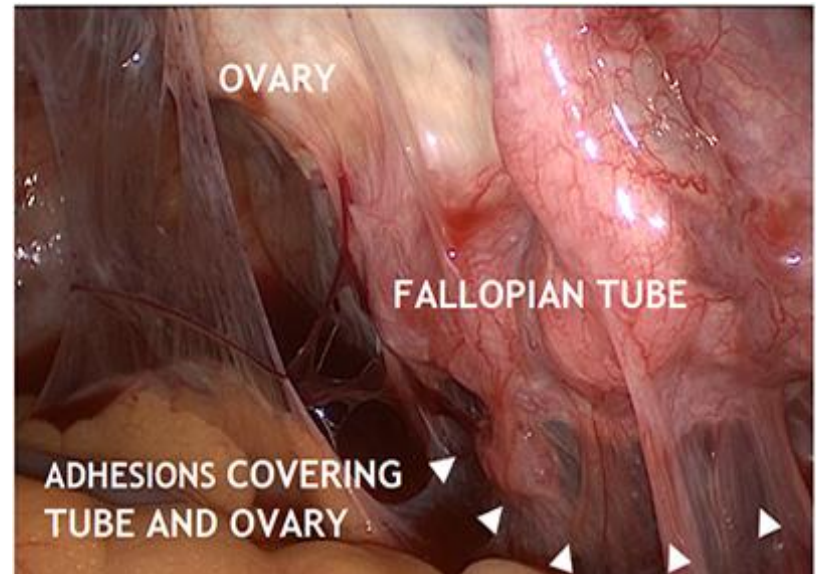

PROGRESSION OF PATIENT FACTORS.

WHAT TRIGGERS DO PATIENTS REPORT?

- LIFTING.
- BENDING.
- OVER-ACTIVITY.
- “MOVING WRONG.”
- “PHYSICAL ACTIVITY.”
- SITTING.
- STRESS.

PSYCHSOCIAL COMORBIDITIES.

PASSIVE COPING STRATEGIES.

MANAGING FLARE UPS.

NHS Complaints Advocacy

MANAGING FLARE UPS.

RULE OUT NEW PATHOLOGY OR PROGRESSION OF AN EXISTING PROBLEM:

- RED FLAGS.
- TRUE MOTOR WEAKNESS/FOCALISING NEUROLOGY.
- TRUE RADICULOPATHY (NEW OR WORSENING).
- SYSTEMIC UPSET/SYTEMIC DYSFUNCTION.
- SITE OF PAIN CHANGED.

REFERRAL FOR SPECIALIST OPINION.

MANAGING FLARE UPS.

NOT GETTING CAUGHT OUT:

- WELL KNOWN TO A&E STAFF.
- EVASIVE PERSONAL DETAILS.
- EVASIVE DRUG HISTORY.
- EVASIVE MEDICAL HISTORY.
- UNUSUAL SYMPTOMS AND SIGNS.
- REQUESTING A DRUG BY NAME AND DOSE.
- “DR … ALWAYS GIVES ME”.

WE ALL GET CAUGHT OUT…

MANAGING FLARE UPS.

FLARE UP OF EXISTING PAIN:

- **CHANGE IN INTENSITY – NOT SITE OR CHARACTER.**
- **PATIENT RECALLS AN INITIATING EVENT.**
- **NO NEW SYMPTOMS.**
- **NO WORRYING SIGNS ON EXAMINATION.**
- **(YELLOW FLAGS MAY BE OBVIOUS BUT ARE NOT A CARDINAL SIGN OF A BENIGN FLARE UP).**

MANGING FLARE UP OF AN EXISTING PAIN.

DO NOT OFFER NEW IMAGING:

- RAISES FALSE HOPES/FEARS.
- REINFORCES INCORRECT BELIEFS.
- REINFORCES INCORRECT BEHAVIOUR.
- POOR CORRELATION BETWEEN IMAGING FINDINGS AND TRUE CAUSE OF PAIN.
- IN SOME TRIALS UP TO 100% OF NON-PAIN CONTROL IMAGES ARE REPORTED AS ABNORMAL.
- ONE LUMBAR SPINE X-RAY IS THE EQUIVALENT OF 60-100 CHEST X-RAYS.

MANAGING FLARE UP OF AN EXISTING PAIN.

PLEASE AVOID OFFERING NEW OPIOIDS OR ADVISING AN INCREASE IN EXISTING OPIOIDS.

- STRONG OPIOIDS HAVE LIMITED EFFICACY FOR CHRONIC PAIN.
- A PAIN NOT RESPONDING TO THE EQUIVALENT OF 120mg OF MORHINE/24 HOURS IS UNLIKELY TO BE OPIOID RESPONSIVE.
- SIDE EFFECTS ARE DOSE RELATED.
- INCREASING OPIOID DOSAGE INCREASES THE RISK OF DEPENDANCE AND ADDICTION.
- PASSIVE COPING AND INAPPROPRIATE COPING MECHANISMS ARE REINFORCED.
- WHAT GOES UP TENDS NOT TO COME DOWN.

MANAGING FLARE UP OF AN EXISTING PAIN.

LIKEWISE BENZODIAZEPINES.

- THEY DO NOT WORK FOR LONGTERM MUSCLE SPASM ASSOCIATED WITH CHRONIC MUSCULOSKELETAL PAIN.
- THEY DO NOT WORK AT ALL FOR NON-PATHOLOGICAL SPASM AFTER 3 DAYS.
- VERY POOR COCHRANE REVIEW FINDINGS IN RHEUMATOLOGICAL CONDITIONS (POOR EFFICACY AND AN NNH OF 3).

MANAGING FLARE UP OF AN EXISTING PAIN.

FIRST LINE INTERVENTIONS.

- REASSURANCE/EXPLANATION.
- HEAT AND ICE.
- REGULAR PARACETAMOL AND IBUPROFEN.
- ARE THEY TAKING PRESCRIBED MEDICINE REGULARLY AT THE CORRECT DOSE.
- TENS.
- ENCOURAGE ACTIVITY. EXPLAIN WHY.
- ARE THEY UNDER THE CARE OF A PAIN MANAGEMENT SERVICE? IF SO CONTACT FOR ADVICE. IF NOT, CONSIDER REFERRAL.

AVOID ADMISSION IF AT ALL POSSIBLE.

MANAGING FLARE UP OF AN EXISTING PAIN.

IFS…

- PRESCRIPTIONS FOR OPIOIDS MUST BE TIME LIMITED.
- PRESCRIPTIONS FOR BENZODIAZEPINES MUST BE TIME LIMITED.
- BEGIN DISCHARGE PLANNING AS SOON AS POSSIBLE.
- INVOLVE THE PAIN MANAGEMENT SERVICE.
- THE MOST FREQUENT FLARE UP ATTENDERS ARE THE MOST DIFFICULT TO ENGAGE IN ACTIVE SELF MANAGEMENT.

ADVICE FOR PREVENTING FLARE UPS.

- **WHAT ARE THE HIGH RISK SITUATIONS?**
- **WHAT ARE THE TRIGGERS?**
- **WHAT ARE THE WARNING SIGNS?**
- **HOW CAN I AVOID A FLARE UP?**

ADVICE FOR ACTIVE SELF MANAGEMENT OF FLARE UPS.

- PACING.
- MAINTAIN PHYSICAL ACTIVITY AND EXERCISE.
- LIFESTYLE/NUTRITION.
- REGULAR (PRESCRIBED) MEDICATION.
- THOUGHTS AND FEELINGS.
- RELAXATION/SELF HYPNOSIS/MINDFULNESS.
- SLEEP.
- CREATE A FLARE UP BOX.
- ON LINE RESOURCES

THOUGHTS AND FEELINGS.

(WELL IT WOULDN'T BE A CHRONIC PAIN TALK WITHOUT THEM…)

- **"I know it hurts right now but I know I can handle it because I have been through this before and it will settle in time."**
- **"I am calm, and relaxed. Tension isn't going to help me. I choose to keep breathing slowly and deeply."**
- **"The pain is bad but I choose to be kind to myself and remember what I have done in the past to help myself."**
- **"I know that this will be over. I am a warrior, brave, bold and surviving."**

A FLARE UP BOX.

- MUSIC.
- GUIDED HYPNOSIS/RELAXATION TECHNIQUES/MEDITATION.
- COMEDY.
- FAVOURITE BOOKS.
- PHOTOGRAPHS.
- SCENTED CANDLES/CHOCOLATES/BUBBLE BATH.
- HOBBIES.

SUMMARY.

- FLARE UPS ARE A NORMAL PART OF THE EXPERIENCE OF CHRONIC PAIN.
- Hx/EXAMINATION/SCREENING TOOLS.
- IMAGING IS OF LITTLE/NO BENEFIT.
- STRONG OPIOIDS AND BENZODIAZEPINES SHOULD BE AVOIDED OR PRESCRIBED FOR THE SHORTEST PERIOD POSSIBLE.
- ACTIVE SELF-MANAGEMENT WORKS BEST (THE PATIENT EXPERIENCE!).
- REMEMBER YOUR COLLEAGUES IN THE PAIN MANAGEMENT SERVICE.

THE ON-LINE RESOURCES BIT…

- www.aci.health.nsw.gov.au/chronic-pain
- www.princessinthetower.org/flare/
- www.healthtalk.org/peoples-experiences/long-term-conditions/chronic-pain/coping-flare
- andy.king@asph.nhs.uk

THANKS FOR LISTENING.