



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 OR 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 – PATIENT CHARACTERISTICS.

FLARE UP SUFFERERS REPORT:

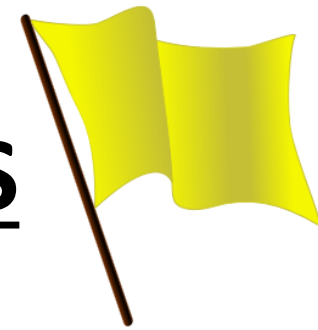
- **HIGHER AVERAGE DAILY PAIN SCORES THAN NON FLARE UP SUFFERERS.**
- **GREATER LEVELS OF DISABILITY.**
- **(EVEN WHEN ADJUSTING FOR DEMOGRAPHICS, PAIN INTENSITY AND PAIN FREQUENCY).**
- **GREATER WORK INTERFERENCE.**

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.

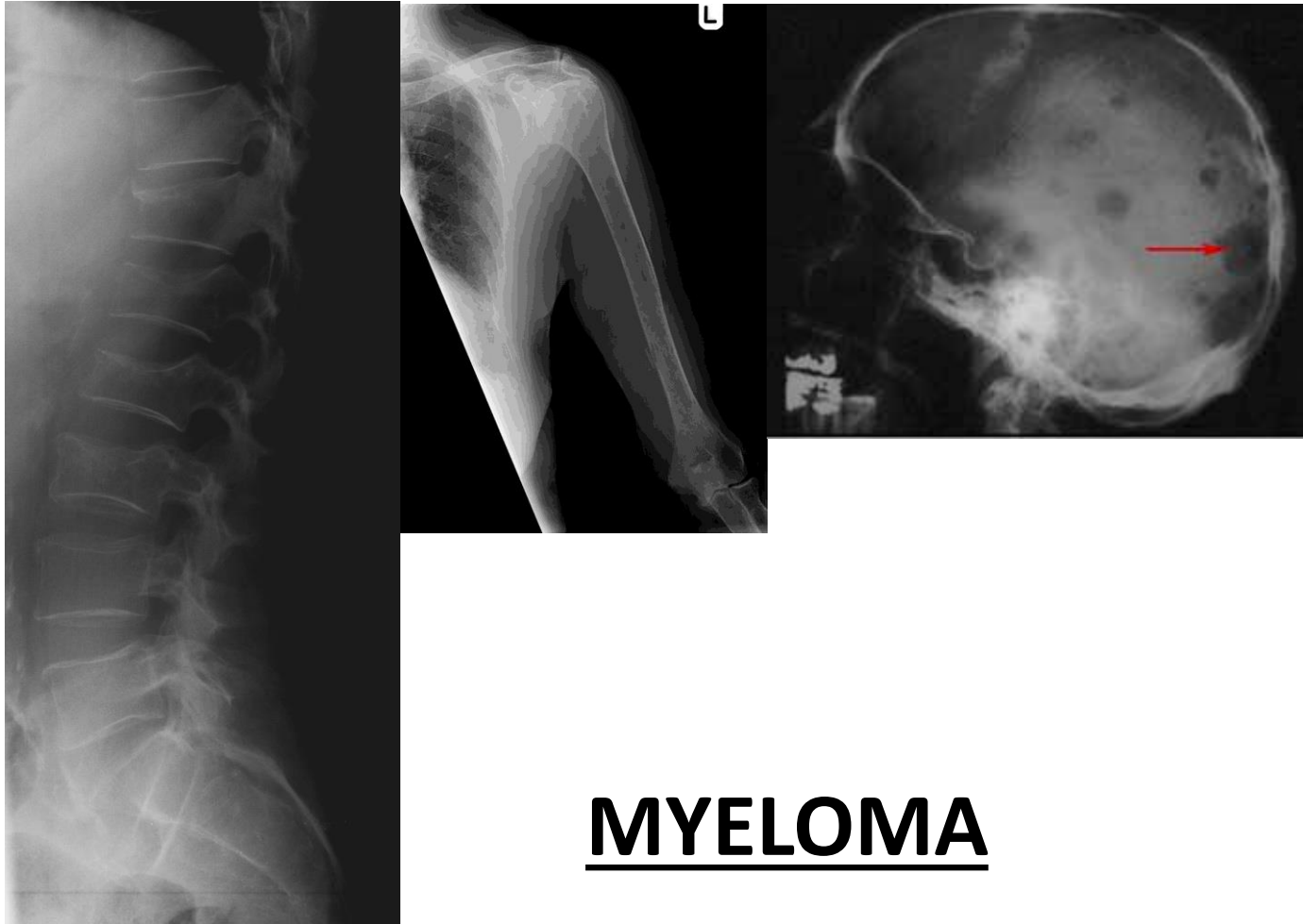
- **MALIGNANCY – PRIMARY OR METASTATIC.**
- **FRACTURE – OSTEOPOROSIS, SPONDYLOLISTHESIS.**
- **AUTOIMMUNE – RHEUMATOID ARTHRITIS, ANKYLOSING SPONDYLITIS, PSORIATIC ARTHROPATHY, REACTIVE ARTHROPATHY.**
- **DISC HERNIATION WITH SIGNIFICANT RADICULOPATHY.**
- **STENOSIS (CENTRAL/LATERAL RECESS).**
- **CAUDA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

RED FLAGS.



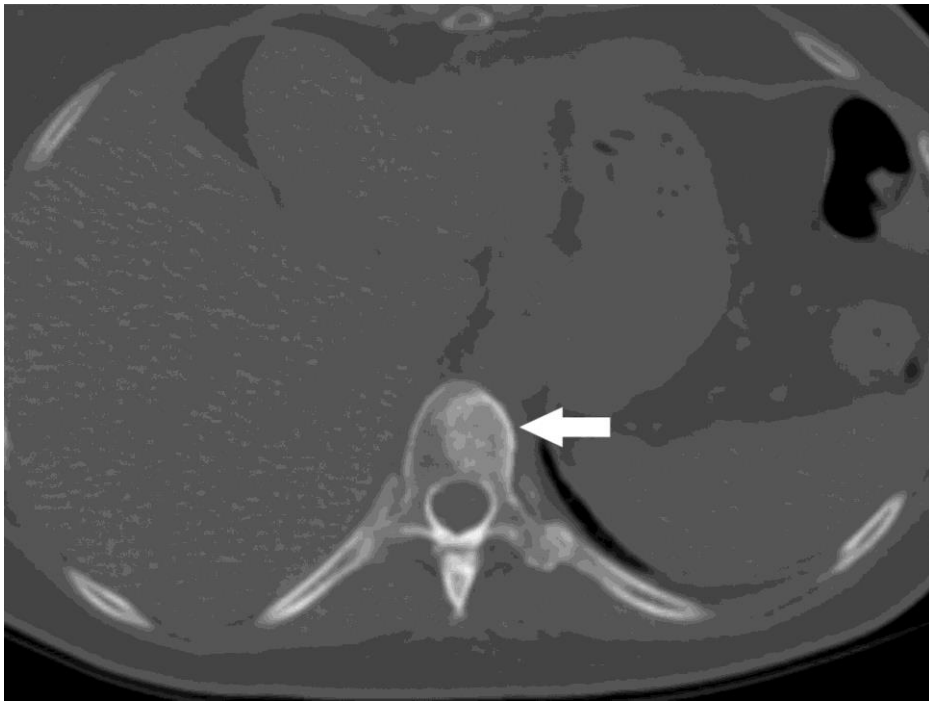
- **PRESENTATION LESS THAN AGE 20 OR ONSET OVER AGE 55 YEARS**
- **VIOLENT TRAUMA: EG FALL FROM A HEIGHT, RTA**
- **CONSTANT, PROGRESSIVE, NON-MECHANICAL PAIN**
- **THORACIC PAIN**
- **PMH - CARCINOMA**
- **SYSTEMIC STEROIDS**
- **DRUG ABUSE, HIV**
- **SYSTEMICALLY UNWELL**
- **WEIGHT LOSS**
- **PERSISTING 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.

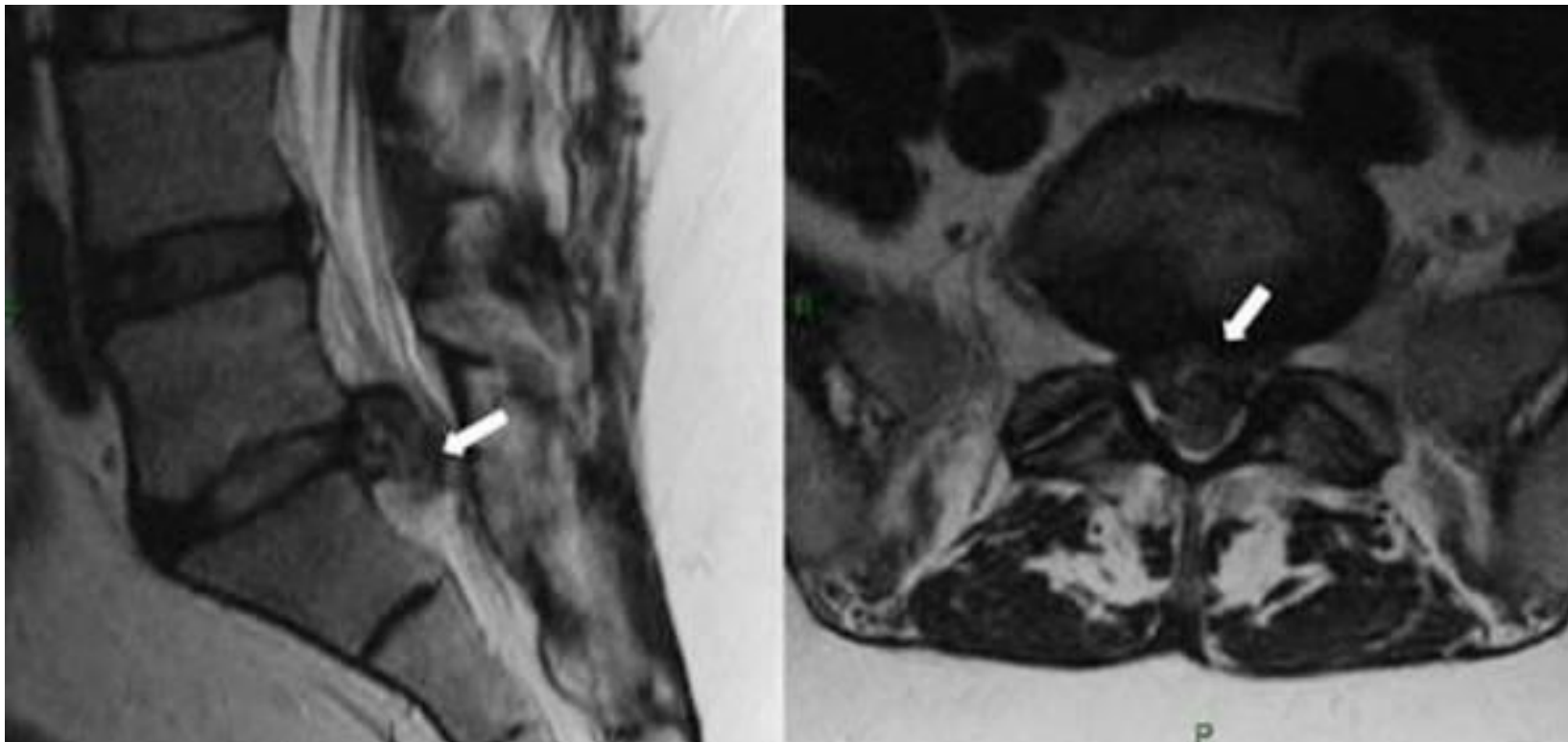
OSTEOPOROSIS.



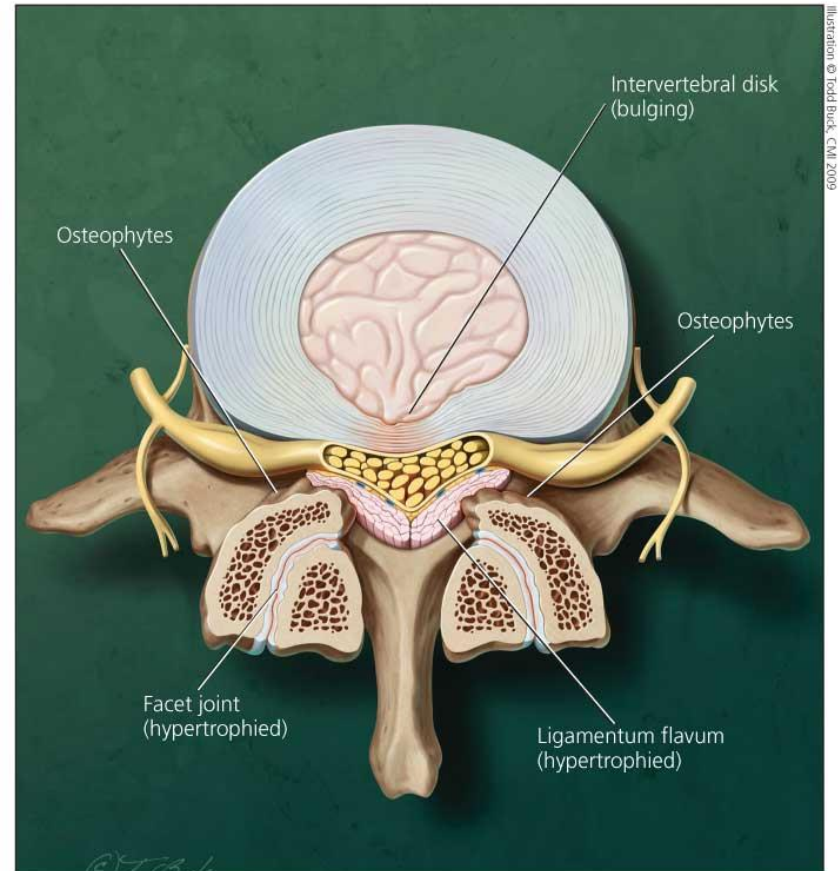
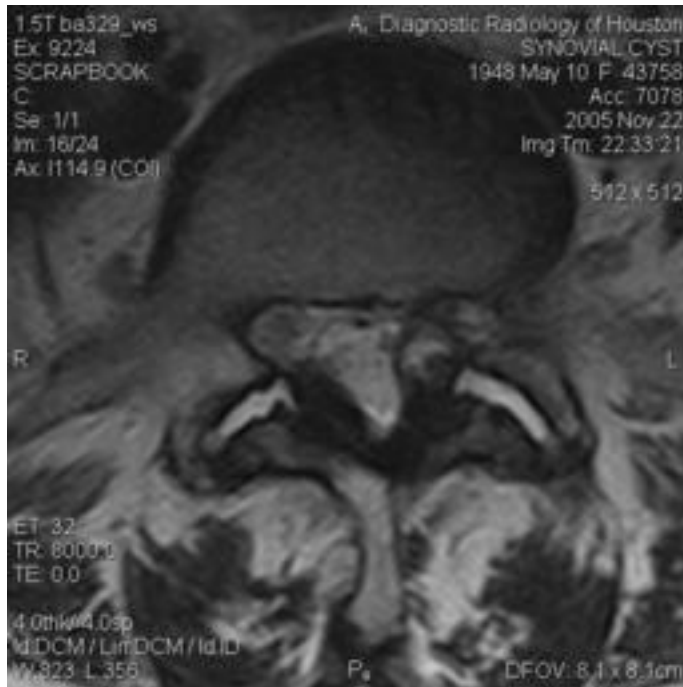
SPONDYLOLISTHESIS.



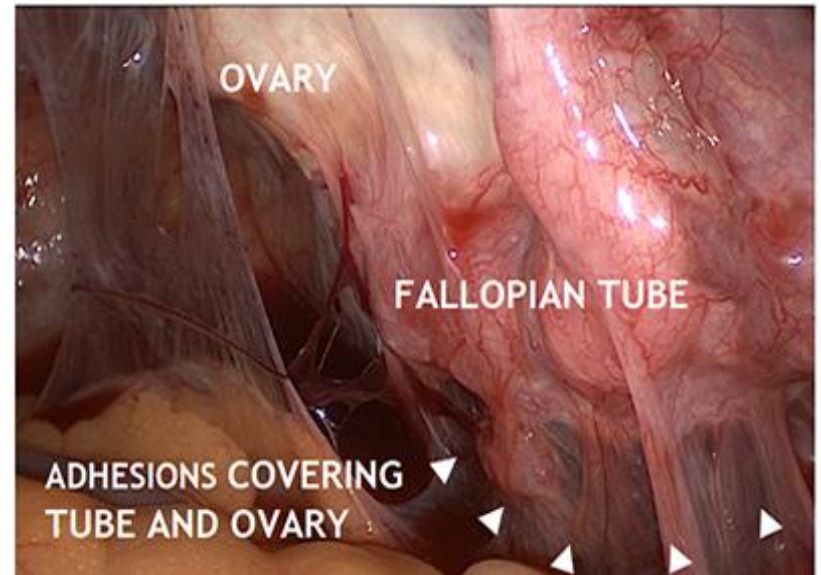
CAUDA EQUINA.



PROGRESSION OF AN EXISTING PROBLEM.



PROGRESSION OF AN EXISTING PROBLEM.



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/SYSTEMIC 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 MORPHINE/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.**

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.**
- **SLEEP.**
- **CREATE A FLARE UP BOX.**
- **ON LINE RESOURCES**

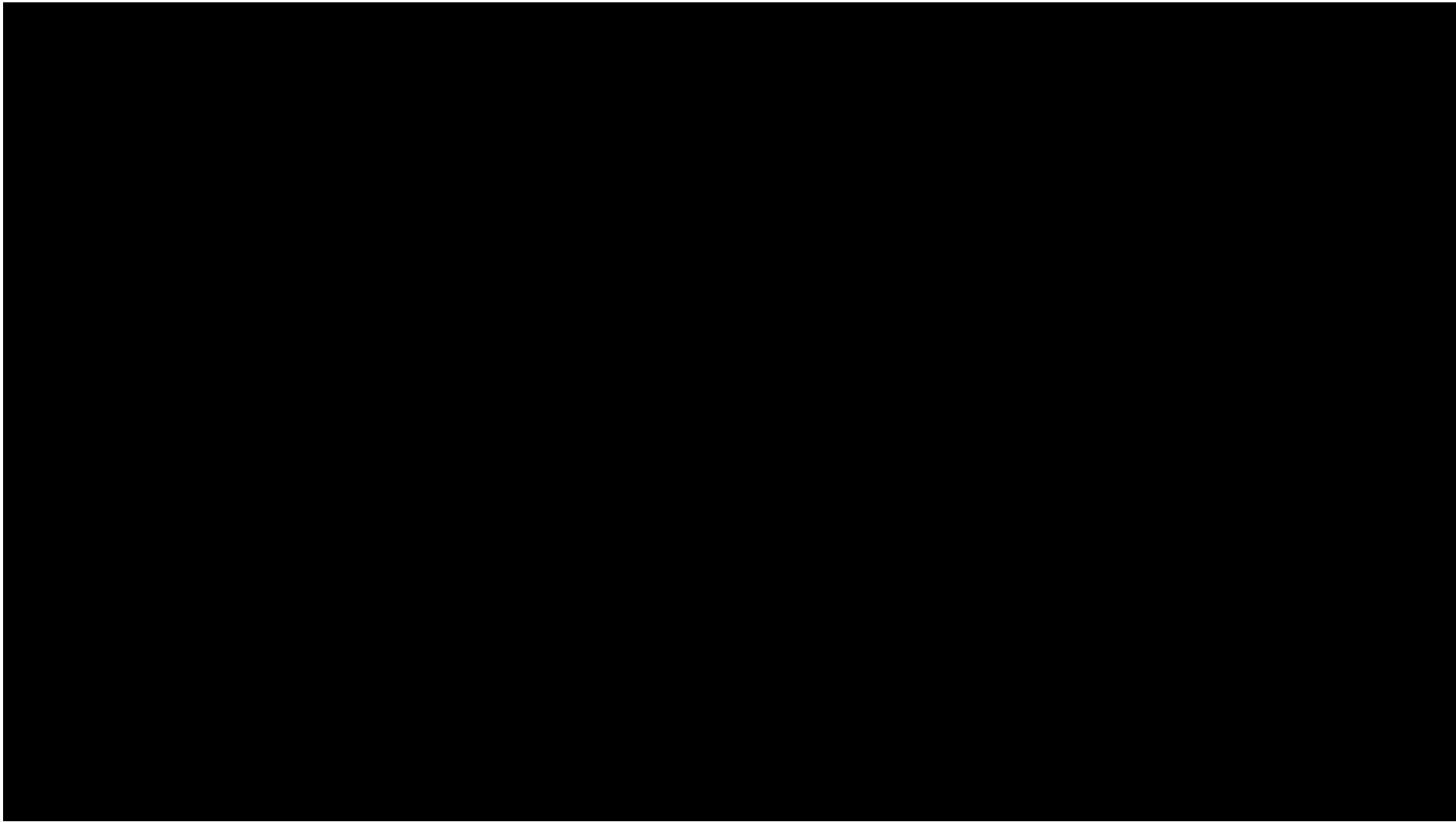
THOUGHTS AND FEELINGS.

(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.

