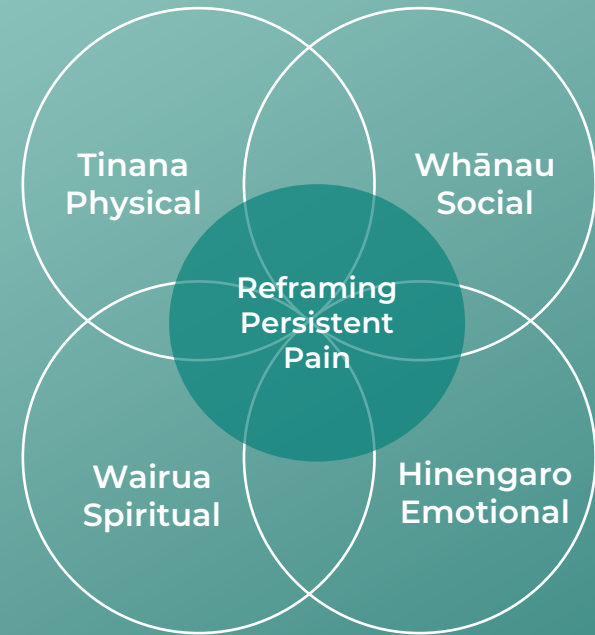


Persistent Pain (Osteoarthritis)

Clinical Connect Peer Education WONCA

Pegasus Health, Canterbury, NZ

October 2023



What is Clinical Connect?

Nāu te rourou, nāku te rourou ka ora ai te tangata

With your contribution and my contribution, we will nourish the people

- **Ethical use of finite resources**
- **Evidence informed peer discussion**



Clinical Connect Guidelines for Meetings The Seven Cs

Confidentiality – *Matatapu*

Communication – *Whakawhitiwhiti kōrero*

Courtesy – *Atawhaitanga*

Co-operation – *Mahi tahi*

Challenge – *Wero*

Commitment – *Manawanui*

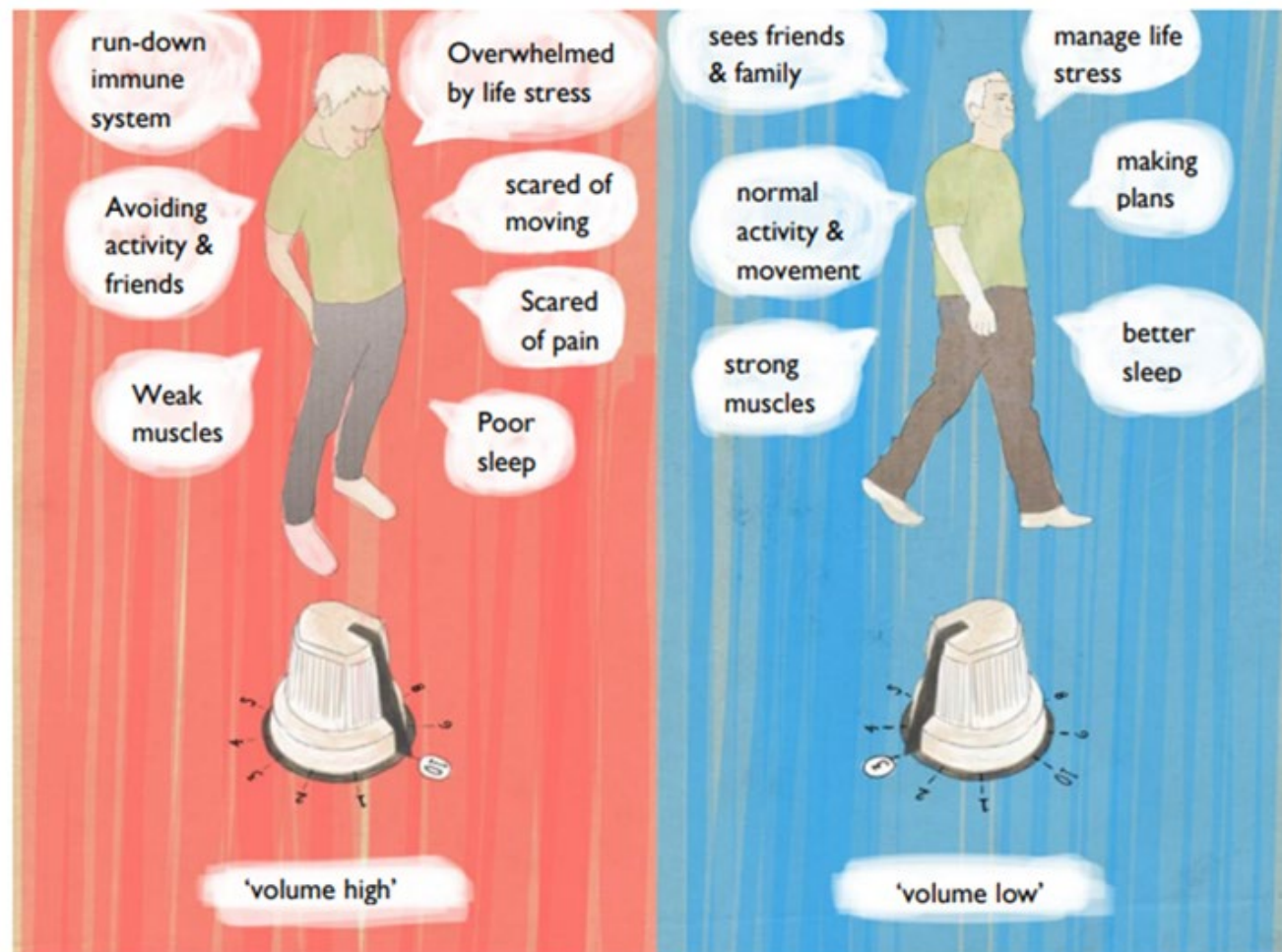
Constructive Feedback – *Whakahoki kōrero*



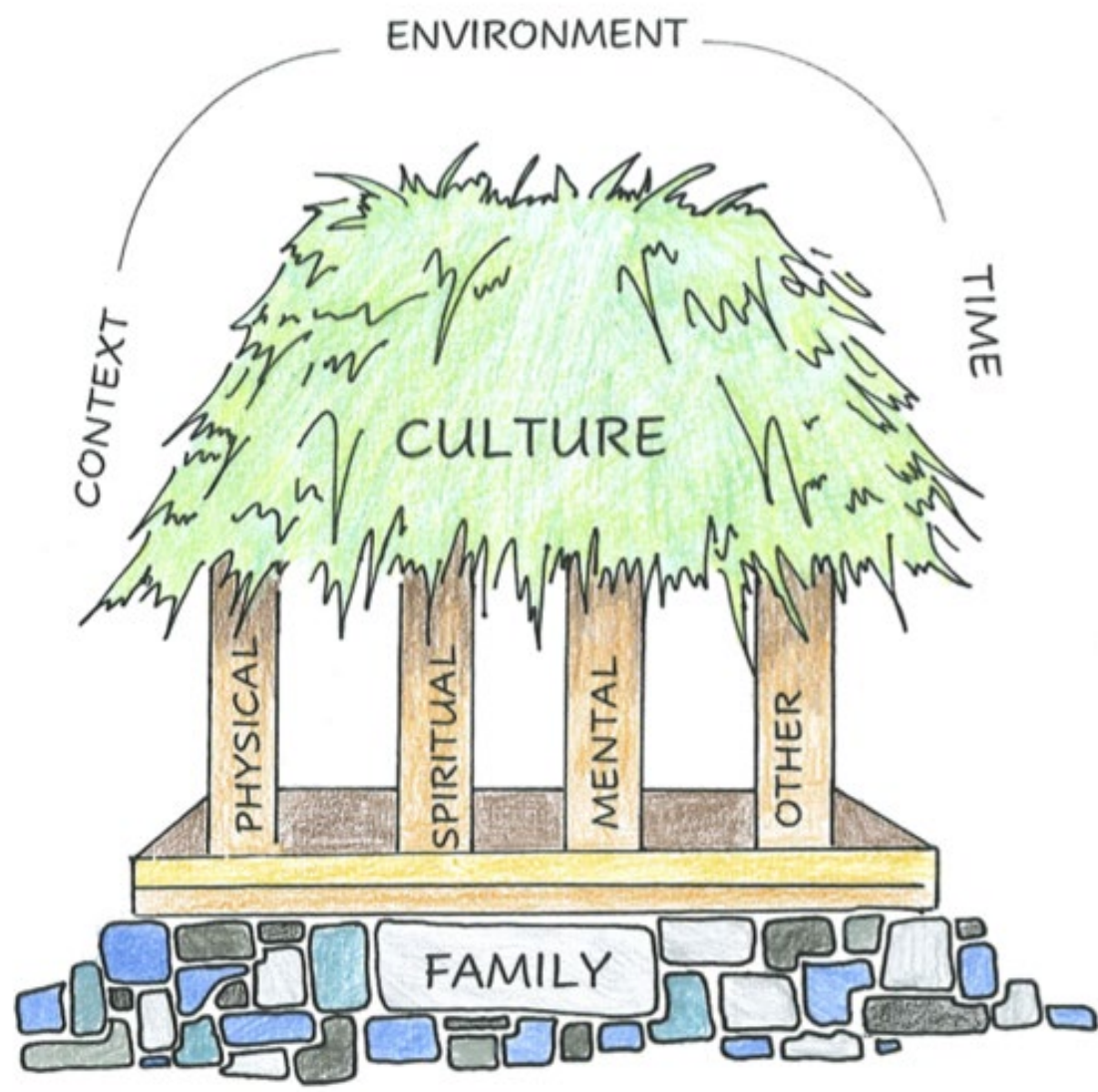
Learning Objectives

- Understand the influence of biopsychosocial factors on persistent pain
- Utilise the Hauora Māori model of health and wellbeing
- Describe the effect of interactions on patient journey – barriers and inequities
- Recognise the poor correlation between imaging and pain or loss of function
- Evaluate the current evidence and limitations for interventions

Persistent Pain

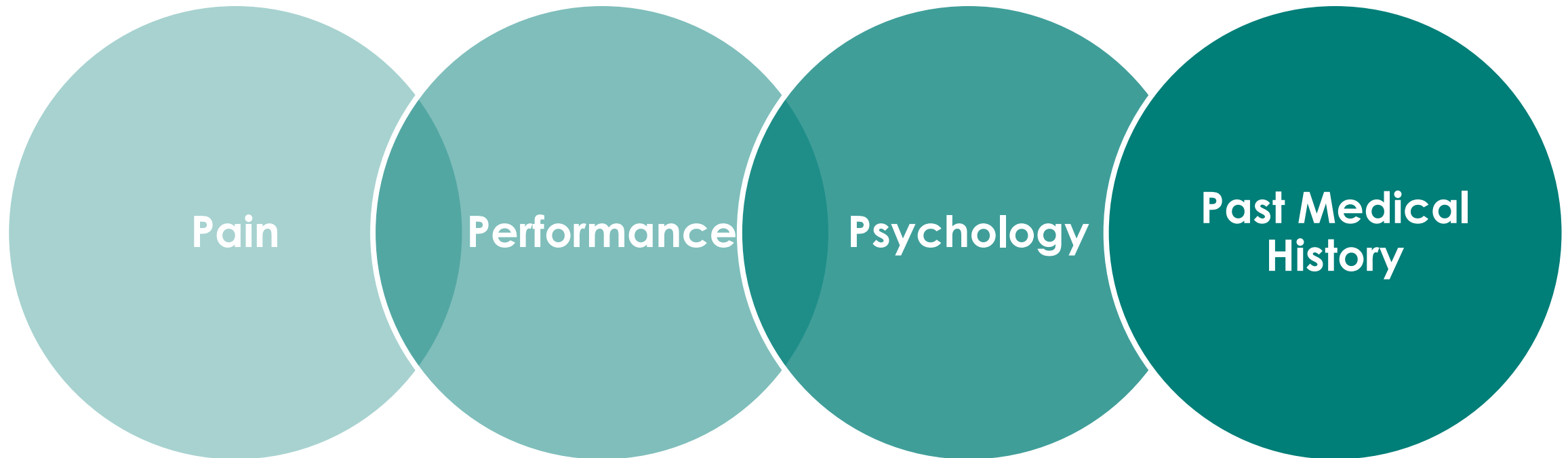


(Tasmanian Health Service 2014)



(Jones 2021)

4Ps Framework



Case one:

64 year old Leone presents with increasing pain in her right knee

- Mainly on walking, especially going downhill
- She requests an X-ray to 'check the damage' as she had radiology some years ago and was told she had signs of 'wear and tear' and early osteoarthritis
- She was told to come back when the knee had worn out

Case 1: Radiology report for Leone:

Right knee pain with crepitus Findings

There is severe osteoarthritis in the medial and patellofemoral compartments with joint space narrowing and osteophyte formation. Moderate osteoarthritis affects the lateral compartment, also medially in the left knee.



What management options are there?

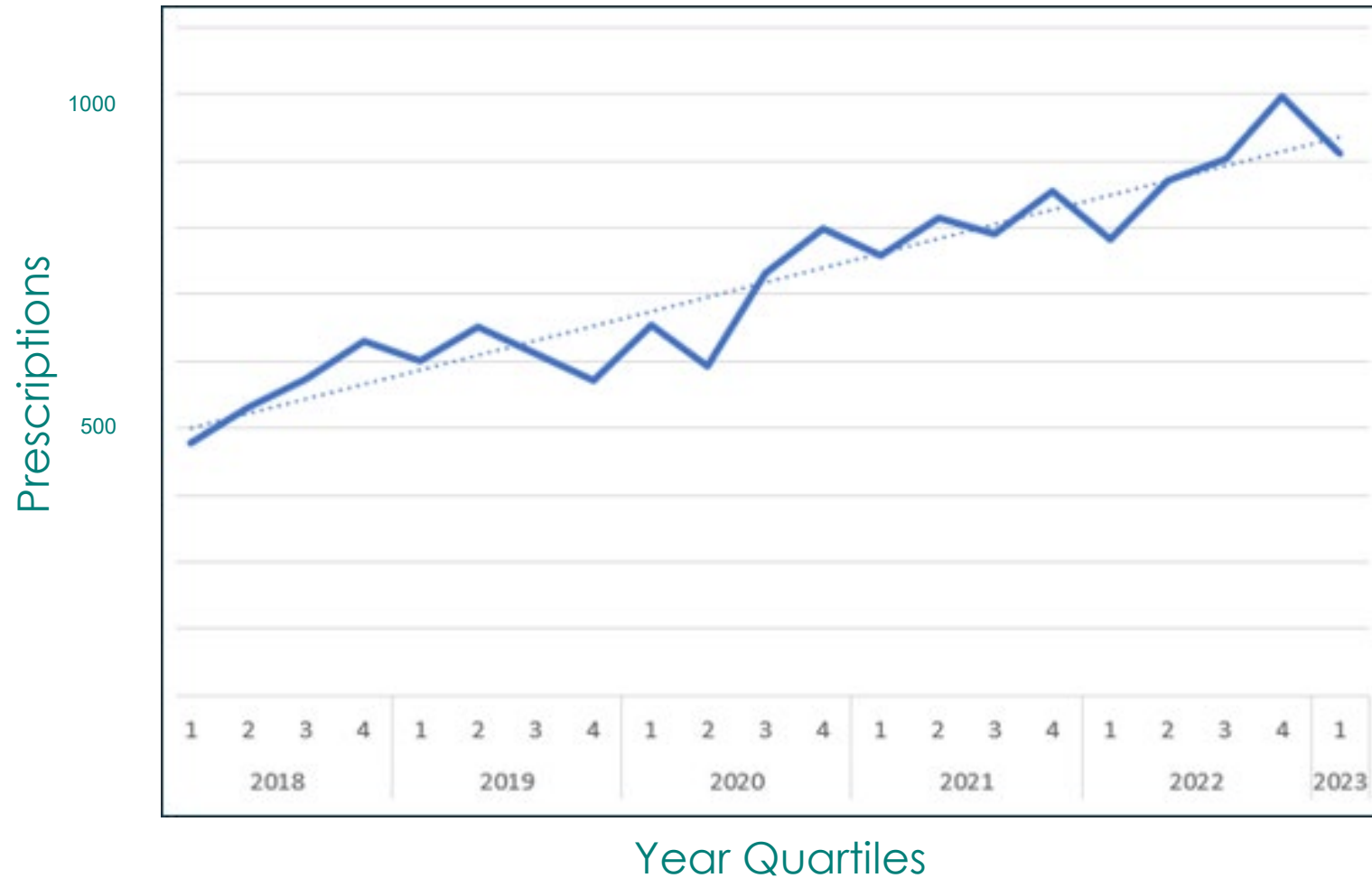
- Reassurance
- Empowerment of patient involvement and self-management
- Addressing overall health
- Exercise and weight loss
- Medication review
- Using positive language and phrases
- Referral

Prescribing for Leone

- Exercise rehab and weight loss?
- Topical capsaicin/NSAIDs?
- Oral NSAIDs/paracetamol/codeine?
- Stronger opioids?
- Amitriptyline/SSRI/gabapentin?
- Other?

Capsaicin Cream 0.025%

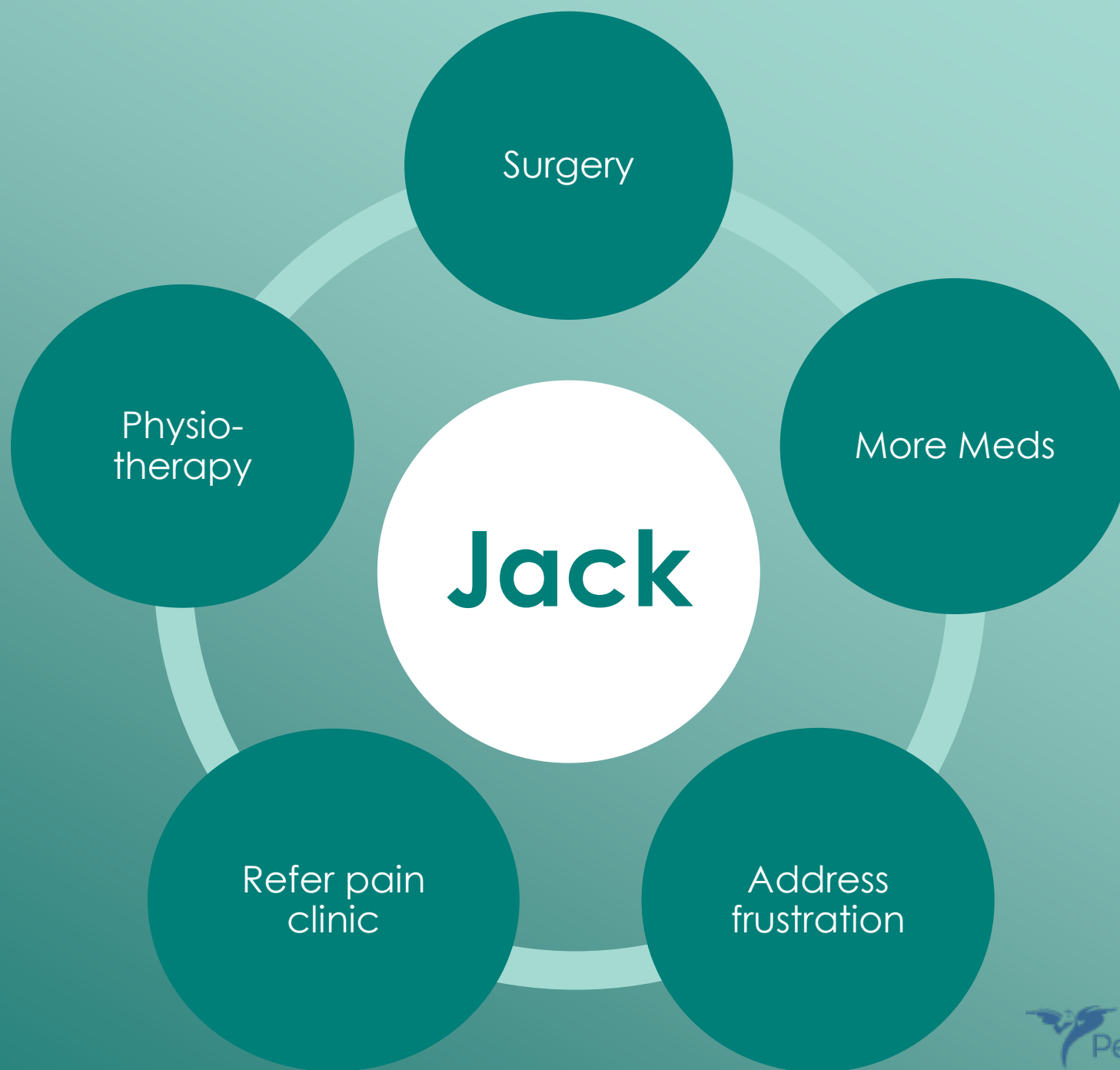
Scripts in Aotearoa



Case 2:

Jack, a 46yo tradesman.

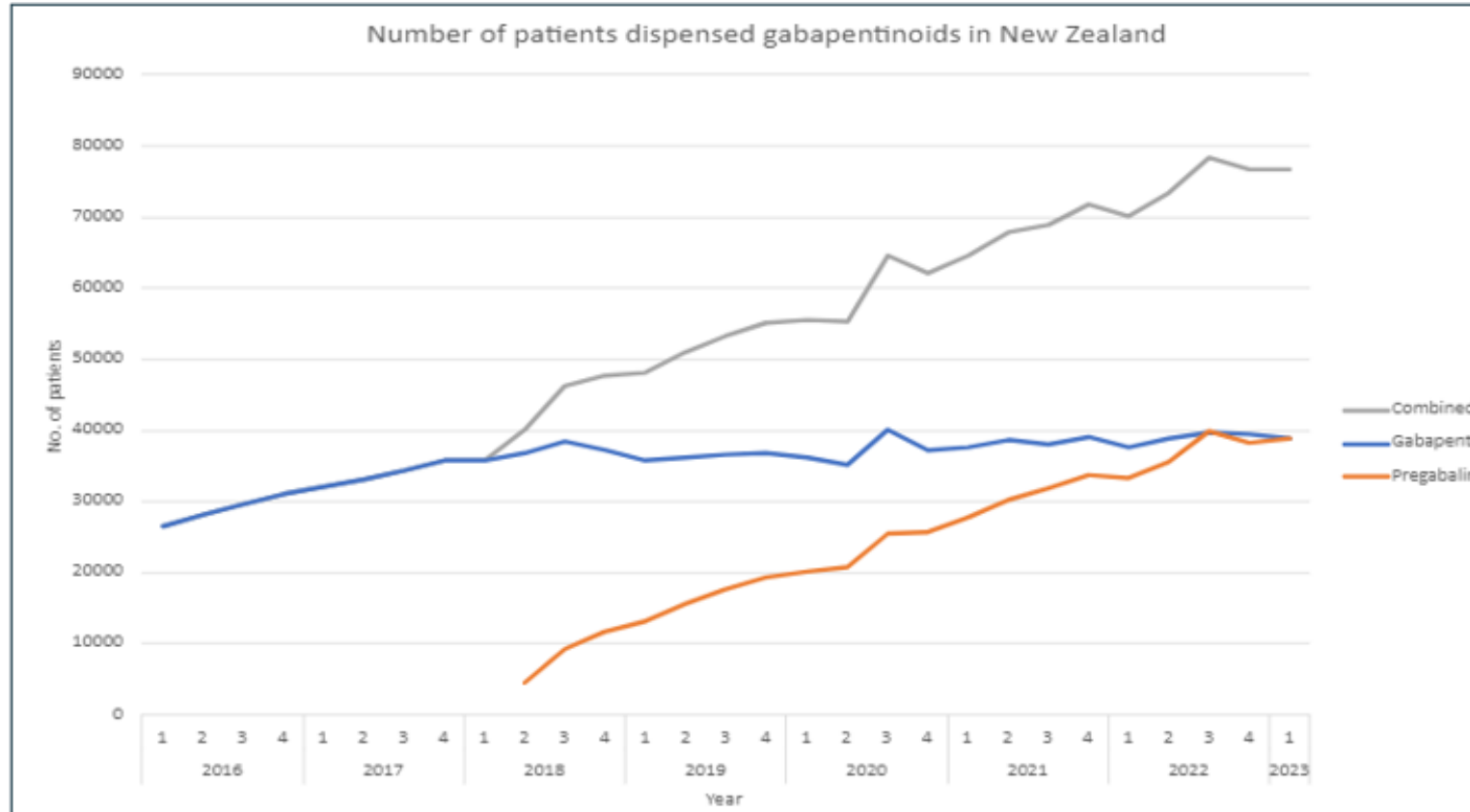
- He is a patient you almost never see unless it is for an accident
- He arrives limping heavily and says the pharmacist wouldn't let him buy any more painkillers
- He is angry and frustrated, stating he must be able to work, so needs a prescription for stronger painkillers and a referral for his knee to be fixed
- He was told after his rugby injuries that he would get arthritis and need a knee replacement one day. He thinks that time has come



Gabapentinoid

Dispensing in Aotearoa

Unique patient count

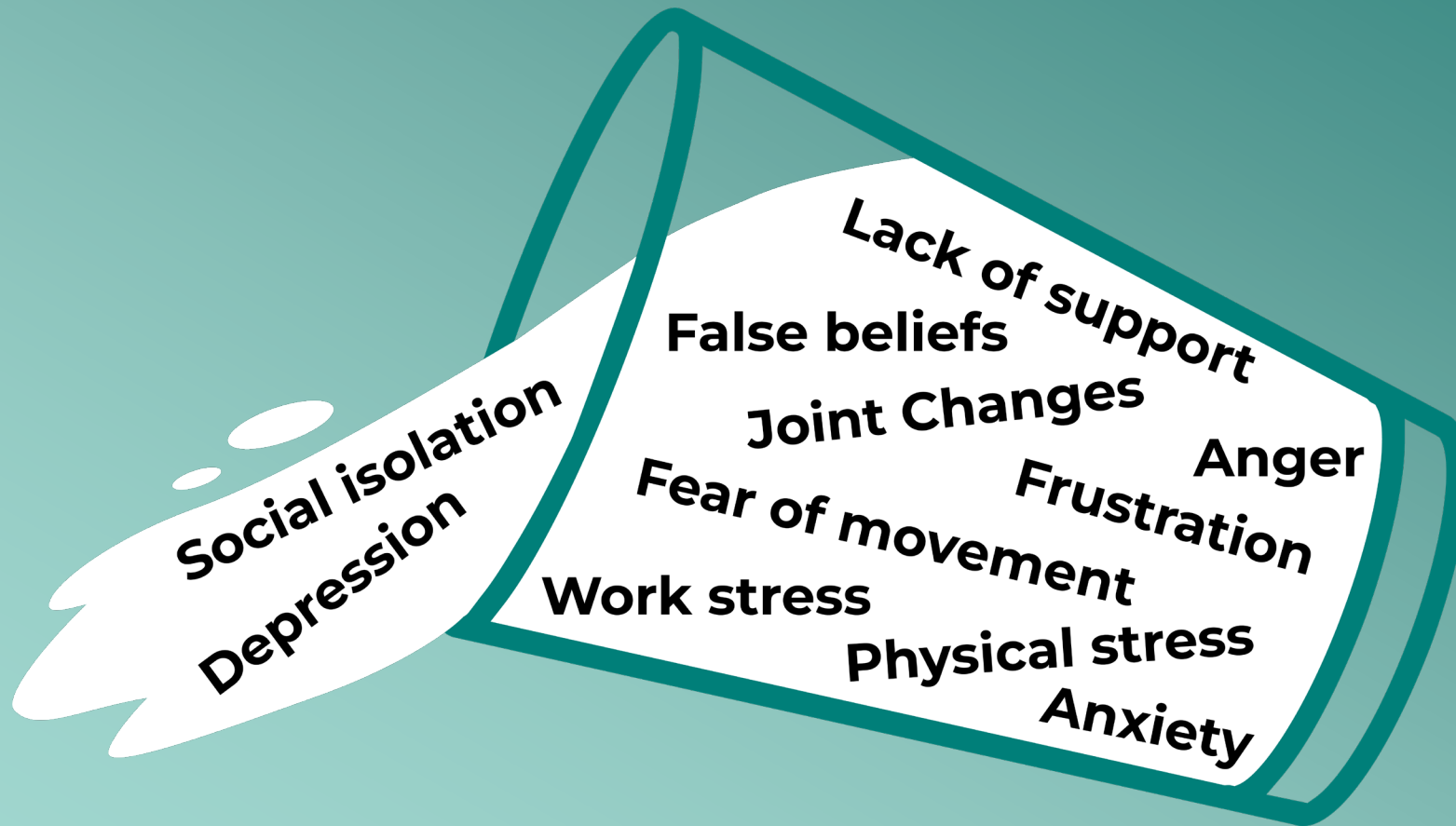


Year Quartiles

What if Jack asks for more interventional management?

- Joint injection?
- Orthopaedic opinion?
- Arthroscopy?

How can we help the overflowing cup for Leone and Jack?



Lehman 2017

Reflection

Reflecting on this meeting,
how will you apply your
learning in practice tomorrow?

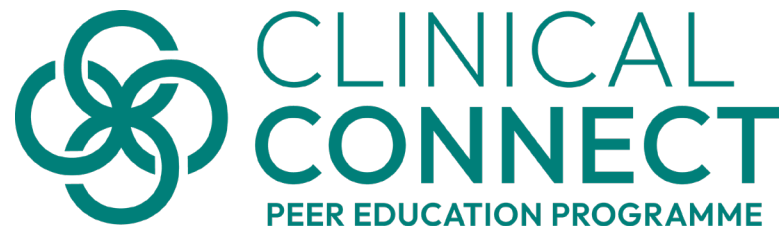


Take Home Messages

- Pain is influenced by much more than what is going on in the tissues
- Hauora Māori emphasises cultural and spiritual needs alongside physical and psychological
- Changing persistent pain e.g. in osteoarthritis requires treating the whole person
- Exercise is key: hurt does not mean harm
- Best evidence-based interventions are rehabilitation and weight loss
- Imaging does not correlate with level of pain and function
- Medications are of limited benefit
- Do not underestimate the power of the placebo (and nocebo) effect

For more information about Clinical Connect:

www.clinicalconnect.nz



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