Background

- At any one time, approximately one million people in the UK could benefit from significantly better pain treatment (1).
- Reduced NHS budgets and the large number of individuals affected mean that increasing the number of specialist pain clinics may not be feasible, although improving existing primary care services may be a desirable option.
- Pharmacists already have (potentially under-used) skills relevant to the needs of people living with long term conditions in general and pain in particular.
- The involvement of community pharmacists has already been shown to improve the management of cardiovascular disease risks (2) and type 2 diabetes (3).
- 80% of the public already feel comfortable consulting their pharmacist about pain (4).
- Studies have confirmed that chronic pain patients have better condition management when a community pharmacist plays a role in their care (5-7).

Aim

This pilot study evaluated the use of the LESS PAIN (8) instrument to identify community pharmacy users with persistent pain who were not using their analgesics effectively and those suffering avoidable side effects and/or not achieving sufficient pain relief due to problems such as undiagnosed or inadequately treated neuropathic pain.

Method

- Lead pharmacists from ten purposively chosen community pharmacies in London underwent training to perform ‘enhanced pain-related Medicines Use Reviews (EMURs)’ using the LESS PAIN toolkit.
- They performed enhanced pain MURs for up to 20 people:
  - Receiving NHS funded analgesics
  - Reporting pain related concerns to their pharmacist
  - Using self-purchased analgesics
- EMURs involved a discussion around current medication, duration, extent and nature of their pain, and addressed worries about care issues (e.g. side effects).
- If a neuropathic pain component was suspected (due to pain descriptors such as ‘tingling’, ‘electric-shock like’ or ‘burning’) the painDETECT questionnaire (9) was employed.
- Depending on the outcomes of the EMUR the pharmacist offered a number of interventions including advice/information and/or referral to general practitioner.
- Patients completed feedback forms containing statements with Likert-scale response options ranging from ‘very strongly disagree’ (1) to ‘very strongly agree’ (7).
- Semi-structured interviews were conducted with pharmacists taking part at the end of the 6 week time period over which EMURs were carried out.

Results

- 176 pain related MURs were carried out over 6 weeks.
- 137 of the participants were taking more than one analgesic (NSAID, opioid, paracetamol, anticonvulsant, antidepressant or topical pain treatment).
- Oral NSAIDs were the most frequently used analgesic.
- A third of participants were taking an OTC analgesic, either alone or in combination with prescribed analgesic medicine.
- 45 patients were using anti-convulsants or anti-depressants suggesting a quarter of people participating were suffering from previously diagnosed neuropathic or mixed pain.
- 9 individuals were identified by the participating pharmacists as potentially having undiagnosed neuropathic pain.

Discussion

- This study provides further evidence that community pharmacists can play an effective extended role in identifying and supporting people with acute and chronic pain and improving standards of treatment.
- If scaled up to 11,000 NHS community pharmacy data suggests that in a year community pharmacists could identify 50,000 people with unidentified neuropathic pain and around 10,000 other cases of serious illness involving pain as a symptom nationally.
- Potential barriers that may need to be overcome:
  - Enhanced service provision by community pharmacists regarded as secondary to medicines supply.
  - Pharmacists’ limited confidence in their own ability to supply basic public health/clinical services.
  - Increased workload requiring streamlining of recording methods and adapted remuneration.

Conclusion

This pilot study shows that, with viable opportunities, community pharmacists are willing and able to play an extended role in care of people living with pain.

Pharmacy users are also prepared to access lower cost forms of enhanced pain care in familiar primary care settings.

Building on this work to develop a nationwide, evidence based, community pharmacy pain management service could protect and improve the quality of life of an increasing number of people suffering from chronic pain in ageing societies such as the UK.

References


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