

# Chronic pain after ICU: prevention is better than cure



By Helen Devine

“Patients who have had a stay in intensive care are at risk of developing chronic pain. As healthcare professionals we need to ensure earlier identification, management and prevention of this problem”

Chronic pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage exceeding longer than 12 weeks (International Association of Pain).



**‘One in five people have chronic pain, rates of painkiller prescriptions have risen dramatically and people with chronic pain have poor general health, quality of life and ability to work as well as having increased chance of dying earlier’**

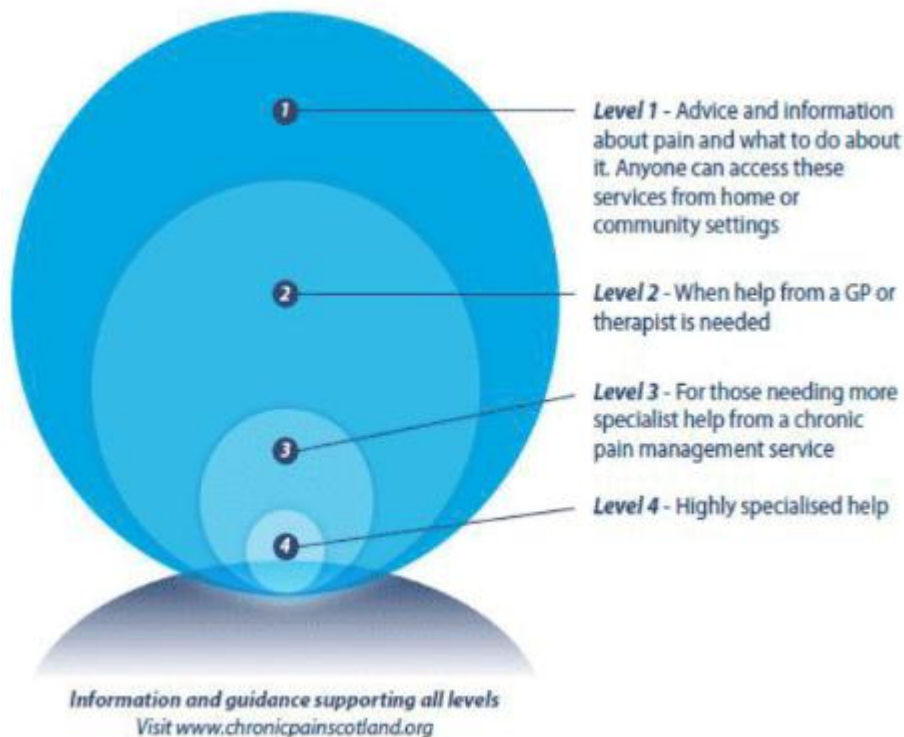
**Professor Blair Smith, National Lead Clinician for Chronic Pain**

The majority of patients who have had a stay in an Intensive Care Unit (ICU) have varying intensities of pain due to the many procedures performed for diagnostic or treatment purposes during their stay. This pain persists long after discharge and for those already with chronic pain, their pain intensity is often worse post discharge.

The foundation of the [InS:PIRE programme](#) is patient centred care based on an ethos of self-management. Patients and their relatives/carers have moulded how the

programme runs with regular feedback on their needs. Patients attending the InS:PIRE programme have reported a high incidence of new chronic pain and increased intensity of longstanding chronic pain.

InS:PIRE aims to prevent patients moving into levels 3 and 4 of the Chronic Pain Scotland Service Model (see diagram below, where more highly specialist help is required)



Advice and information is provided as early as possible about managing their chronic pain in a peer supported manner so that patients do not feel 'alone' and their experience is normalised. This peer supported approach has been encouraged to help self management, ('[GauN Yersel](#)', Scottish Government and [The Health and Social Care Alliance Scotland](#), 2008).

InS:PIRE aims to echo recommendations from the [SIGN Guideline on the 'Management of Chronic Pain' \(Guideline 136, 2013\)](#) as patients are offered;

- Group education sessions on chronic pain, pacing, relaxation and sleep
- Consultant and nurse consultation

- Pharmacist for review of medications
- Physiotherapist for musculoskeletal assessment and provision of appropriate exercise programme/referral onwards to gym etc.
- Vocational rehab specialist for supporting return to employment
- [Citizens Advice Bureau](#) for information on benefits
- [The Health and Social Care Alliance Scotland](#) and [ALISS](#) accessing community sources of support

Self management resources are provided and patients are referred to specialist pain teams only if still requiring further assessment. This we hope will mean that patients receive appropriate help at the right time and ultimately reduce the overall number of outpatient in-hospital appointments by 2020, releasing resources for reinvestment in out of hospital provision and enhance patient experience ([The Modern Outpatient: A Collaborative Approach 2017-2020](#), Scottish Government).

***Helen Devine is a physiotherapist based at Glasgow Royal Infirmary, Scotland and a key founding member of the InS:PIRE Programme.***

## **References**

Chronic Pain Scotland Service Model, [www.chronicpainscotland.org](http://www.chronicpainscotland.org), accessed on 16/3/17.

International Association of Pain, [www.iasp-pain.org](http://www.iasp-pain.org), accessed online on 16/3/17.

Scottish Government and Alliance Scotland (2008), '[Gaun Yersel](#)'- The Self Management Strategy for Scotland.

Scottish Government (2016), [The Modern Outpatient](#): A Collaborative Approach 2017-2020.

SIGN Guideline 136, 'Management of Chronic Pain' (2013), <http://www.sign.ac.uk/guidelines/fulltext/136>, accessed online on 16/3/17.