



P is Pain in GP

Giuliano Piccoliori

SIMG – Società Italiana di Medicina Generale

Accademia Altoatesina di Medicina generale



What are we speaking about

- Pain is one of the **most common reasons for consultation in general practice.**
- Estimates of **prevalence of chronic pain vary a lot**, ranging from 2 to 40% with a median value of 15%.
- This wide variation may reflect true differences between populations, but also the **use of different definitions and classifications** of chronic pain in epidemiological studies.
- Most of chronic pain patients are in **their 60s or 70s, are women and consult their GP 5 times more often than the others.**
- The most common **locations** of chronic pain in the community are **limbs and joints** and the **back. Neck and head** are other important origins of chronic pain.
- **Diagnostic classification** is often vague or impossible.



The role of the General Practitioner

- Chronic pain causes **reactive behaviors** and **psychological suffering**.
- This generates **anxiety and depression**, which interact to cause or maintain the chronic pain
- Chronic pain **can disrupt the life**
- It is a devastating pathology which is called **pain-disease**. Because of being a "disease of the person" it is an issue that should be mainly **allocated into the field of GPs**.
- According to the "PAIN in EUROPE SURVEY", **70%** of chronic-pain-patients **were treated by their GP** and **only 2% directly consulted a pain specialist**.



 PAIN


Durata del dolore:
 Da quanto tempo? N° di: Giorni Settimane Mesi Anni Non valutabile
 E' la prima volta che ha avvertito il dolore in questa sede: S  No
 Ha assunto in modo autonomo farmaci per questo dolore: S  No

Con periodi di remissione completa senza l'assunzione di farmaci ? S  No

Tipologia:
 Localizzato: S  No Irradiato neurologico: S  No

Frequenza:
Poche volte (≤ 3) al di alla settimana al mese all'anno continuo
Più volte (> 3) al di alla settimana al mese all'anno non valutabile

<p>Tipo di dolore:</p> <input type="radio"/> Nocicettivo somatico <input type="radio"/> Sindrome mista <input type="radio"/> Nocicettivo viscerale <input type="radio"/> Non classificabile <input type="radio"/> Neuropatico	<p>Dolore Episodico: Incidente: <input type="radio"/> S� <input type="radio"/> No </p>	<p>Massima intensit� algica:</p> <input type="checkbox"/> Mattino <input type="checkbox"/> Pomeriggio / Sera <input type="checkbox"/> Notte <input type="checkbox"/> Senza Variazioni
--	---	---

Intensit  del dolore:

0
1
2
3
4
5
6
7
8
9
10

<p>Tollerabilit�:</p> <input type="radio"/> Molto tollerabile <input type="radio"/> Tollerabile <input type="radio"/> Poco tollerabile <input type="radio"/> Insopportabile	<p>Problemi a svolgere le attivit� quotidiane:</p> <input type="radio"/> Nessuno <input type="radio"/> Pochi <input type="radio"/> Qualche volta <input type="radio"/> Molti <input type="radio"/> Da non riuscire a fare niente	<p>Giudizio globale sul dolore nel periodo intercorso dall'ultimo controllo:</p> <input type="radio"/> <u>Risolto</u> <input checked="" type="radio"/> Deceduto <input type="radio"/> Migliorato <input type="radio"/> Stazionario <input type="radio"/> Peggiorato <input type="radio"/> Non valutabile <input type="radio"/> Trasferito
---	---	---

Chiusura indagine

OK

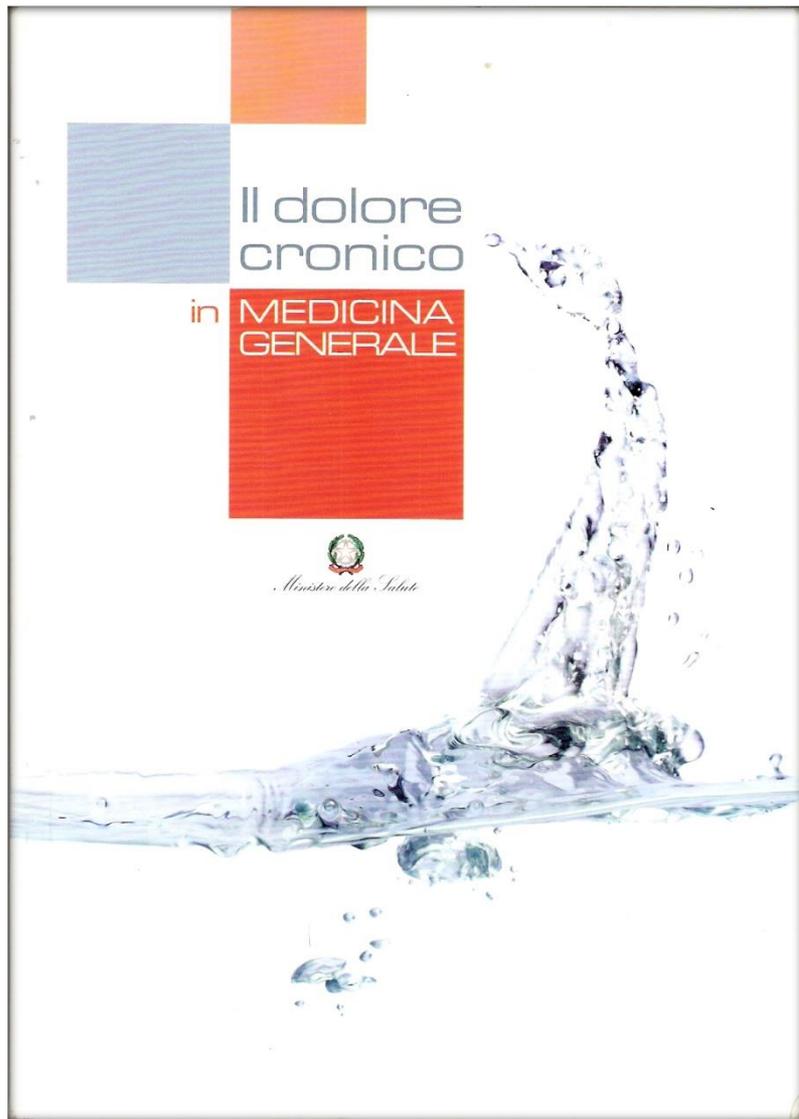
Annulla

Critical points in the chronic pain care in general practice

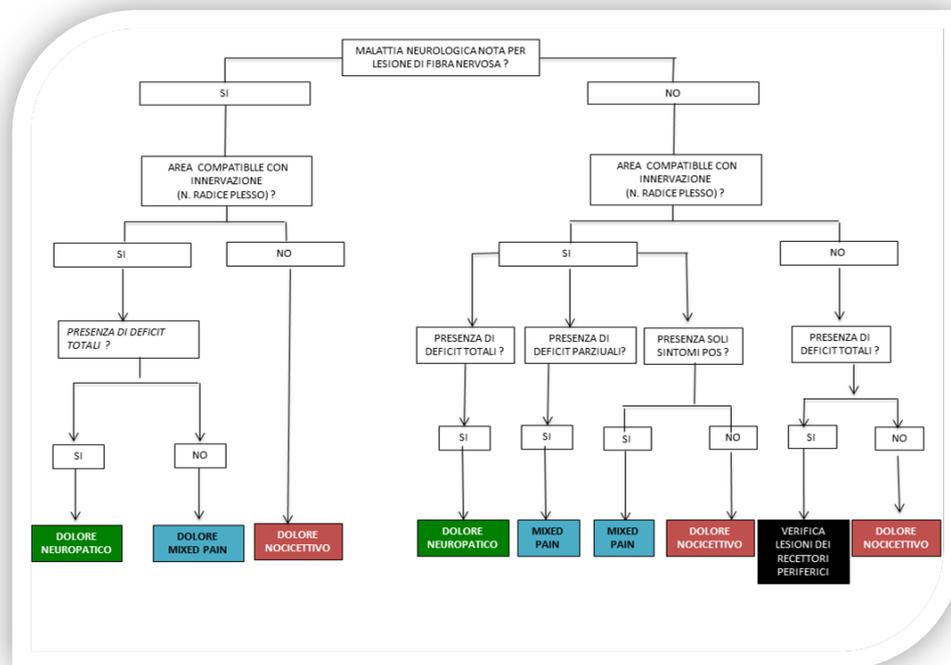
1. GPs are **not** used to explore **the various components of the pain**;
2. The **adjuvant analgesics** are **fewly and not correctly prescribed**;
3. **Strong and weak opioids** are prescribed in an insufficient amount



Simple assessment tools



Diagnostic > therapeutic path



Networks of pain therapy

Italian Law 38/2010

- The **networks of pain therapy**, that were provided by an **Italian law (38/2010)**, were only realized in some regions and provinces of the country.
- They consist of specialist care centers **as central hubs** and outpatients' pain surgeries **as peripheral spokes**, as well as of **GPs**.
- It is possible to **educate GPs to manage the chronic-pain-patient**, to provide efficient treatment and **A MORE EFFICIENT COLLABORATION WITH THE PAIN SPECIALIST**.

Conclusions

- The goal should be:
 - to **educate and train GPs** in evaluation and assessment of chronic care patients
 - to enable them to provide a **good treatment for individual patients** and to recognize when a **referral to a specialist is needed.**
- The big challenge of chronic pain **can only be faced together**, uniting competences, expertise and knowledge **of GPs and pain specialists.**



«...only for the gods life eternally flows without pain»

Thank you for the attention