Pharmaceutical care of people with chronic pain
Course activities

Case study 1

Mr Hamilton, a 62 year old retired baker, presents his prescription for co-dydramol 10/500, two when required for pain. You ask if he is happy with his pain control and he replies no. You ask him if he would like to answer some more in-depth questions using the pharmaceutical care needs assessment tool for guidance and he is delighted to do so.

Pharmacist

How long have you been experiencing pain?

Mr Hamilton

About six years now.

Pharmacist

Can you tell me what caused the pain in the first place and what word/s you would use to describe your pain and which part of your body is sore?

Mr Hamilton

Well, it’s just lower back pain – probably standing all day and lifting the bags of flour. It just aches.

Pharmacist

What is (are) the names and strengths of your prescribed or bought pain medication (oral and topical), how do you take it (them) and how many on average do you take per day?

Mr Hamilton

I take two co-dydramol in the morning and two at night if it is really bad.

An average of about four per day. I take Glucosamine tablets to help my joints and aspirin sometimes, if it’s really bad.

Pharmacist

So you are in pain just now. Using the 0-10 pain score, describe your worst pain in the last 24 hours where 0 is no pain, 1 – 3 = occasional mild pain, 4 – 5 = moderate pain affecting some activities, 6 – 10 = severe pain, markedly affecting activities.

Mr Hamilton

5.

Pharmacist

You could take more of your medication. Is there any reason why you don’t?

Mr Hamilton

I am scared I might get addicted or get used to them. I might have this pain for life. The doctor told me there is no cure and I don’t want to become a junkie.

Pharmacist

Okay, we can chat about that at the end. Is there a time of day when the pain is worse?

Mr Hamilton

At night time and when I play with my grandchildren. My wife and I have them over three days a week and this pain is really holding me back.

Pharmacist

Does anything make your pain worse or better?

Mr Hamilton

Playing with the kids as I said. Well, the tablets do work when I take them.
Pharmacist: Have you ever had a stomach ulcer or gastric bleed or experienced any allergies with your pain medication?

Mr Hamilton: Not that I am aware of.

Pharmacist: What side effects, if any, do you think you are experiencing from your medication?

Mr Hamilton: None.

Pharmacist: Do you ever forget or choose not to take your medication?

Mr Hamilton: No, I take them regularly every day.

Pharmacist: Okay, well there are a few things I would like to discuss with you and your GP if that is okay?

Mr Hamilton: Yes, that would be great if you can help.

Discussion points – Case study 1

What care issues have you identified for this patient?  
What advice would you offer?  
What would you prescribe or what recommendations would you make about this patient to their GP?

Case study 2

Mrs Duncan, a 70 year old with angina, presents with her regular prescription for Diclofenac 100mg SR once daily, Co-codamol 30/500 two when required, plus aspirin 75mg two daily. From your PMR, you note that she is not taking a PPI. You ask her if she would like to answer some more in-depth questions about her medication and pain. Use the pharmaceutical care needs assessment tool for guidance.

Pharmacist: How long have you been experiencing pain?

Mrs Duncan: About 10 years.

Pharmacist: Can you tell me what caused the pain in the first place and what word/s you would use to describe your pain and which parts of your body are sore?

Mrs Duncan: Osteoarthritis and wear and tear in my knees. It aches a bit.

Pharmacist: Any redness or swelling in the joint?

Mrs Duncan: No.

Pharmacist: What is (are) the names and strengths of your prescribed or bought pain medication (oral and topical), how do you take it (them) and how many on average do you take per day?

Mrs Duncan: Diclofenac 100mg at night every night. Co-codamol 30/500 2 when required but I hardly ever take them. Maybe four per week. I don’t buy anything extra.

Pharmacist: Are you satisfied with your pain control?

Mrs Duncan: Not really. You know there is no cure.
Pharmacist: Using the 0-10 pain score describe your worst pain in the last 24 hours where 0 is no pain, 1 – 3 = occasional mild pain, 4 – 5 = moderate pain affecting some activities, 6 – 10 = severe pain, markedly affecting activities.

Mrs Duncan: 3.

Pharmacist: Is there a time of day when the pain is worse?

Mrs Duncan: No, not really.

Pharmacist: Does anything make your pain worse or better?

Mrs Duncan: When I go my weekly shop or do the gardening.

Pharmacist: Have you ever had a stomach ulcer or gastric bleed or experienced any allergies with your pain medication?

Mrs Duncan: Not that I am aware of. My stomach is as strong as an ox.

Pharmacist: What side effects, if any, do you think you are experiencing from your medication?

Mrs Duncan: Well the co-codamols make me sick. I keep telling the receptionist I don’t want them but they keep putting them on my prescription.

Pharmacist: Do you ever forget or choose not to take your medication?

Mrs Duncan: I take the diclofenac every day.

Discussion points – Case study 2

What care issues have you identified for this patient?  
What advice would you offer?  
What would you prescribe or what recommendations would you make about this patient to their GP?

Case study 3

Mr Harvey, a 40 year old builder, has been coming into your pharmacy with a prescription for diclofenac 50mg three times daily. You notice from your PMR that he has been taking his medication for two months and ask him how well his pain is controlled. He replies that he is not good at all and he is unable to work just now. Use the pharmaceutical care needs assessment tool to explore his pain further.

Pharmacist: How long have you been experiencing pain?

Mr Harvey: Two months now.
Pharmacist: Can you tell me what caused the pain in the first place and what word/s you would use to describe your pain?

Mr Harvey: A piece of equipment fell on my leg. I am getting shooting pains up my leg.

Pharmacist: How many diclofenac are you taking?

Mr Harvey: 3.

Pharmacist: Do you ever take medicines bought from the pharmacy or supermarket with or instead of your prescription medicine?

Mr Harvey: Well my neighbour gave me his strong co-codamol.

Pharmacist: Did they work?

Mr Harvey: They took the edge off but the shooting pain is still there and they made me feel really drowsy and I need to get back to work.

Pharmacist: Using the 0-10 pain score describe your worst pain in the last 24 hours where 0 is no pain, 1 – 3 = occasional mild pain, 4 – 5 = moderate pain affecting some activities, 6 – 10 = severe pain, markedly affecting activities.

Mr Harvey: 6.

Pharmacist: Is there a time of day when the pain is worse?

Mr Harvey: It is there all the time and I can hardly sleep.

Pharmacist: Does anything make your pain worse or better?

Mr Harvey: Walking makes it worse.

Pharmacist: Have you ever had a stomach ulcer or gastric bleed or experienced any allergies with your pain medication?

Mr Harvey: No.

Pharmacist: What side effects, if any, do you think you are experiencing from your medication?

Mr Harvey: A bit of a tummy upset at the beginning but it went away after a few days like you said it would.

Pharmacist: Do you ever forget or choose not to take your medication?

Mr Harvey: No you have got to be kidding. I feel like taking them all.

Pharmacist: Okay, well there are a few things I would like to discuss with you and your GP if that is okay?

Mr Harvey: Yes, that would be great if you can help.

Discussion points – Case study 3

What care issues have you identified for this patient?
What advice would you offer?
What would you prescribe or what recommendations would you make about this patient to their GP?

Changing perceptions and practice workshop

In small groups, consider the key evidence based practice points to focus on to help affect change in the patient and general practitioners (GP).
Patient

1. Moving from anti-inflammatory to regular paracetamol for OA pain in the absence of inflammation in a 60 year old.
2. Moving from COX-II to NSAID in a 45-year old patient with lower back pain with no GI history and no concurrent medications that would increase risk.
3. Moving from co-dydramol 10/500 or co-codamol 8/500 to paracetamol.
4. Patient has a fear of taking full doses of dihydrocodeine due to addiction concerns.
5. Stopping tramadol 50mg capsules in a person also taking dihydrocodeine 30mg, two three times daily.
6. In what circumstance would you use a Pain Diary?

General Practitioners

1. Moving from COX-II plus aspirin to Naproxen plus aspirin plus PPI in patients with ischaemic heart disease.
2. Adding in a gastro-protectant for a 78 year old with no history of stomach problems despite long-term ibuprofen 600mg three times daily for osteoarthritis.
3. Topical NSAIDs versus rubefacients.
4. Stopping a concurrent PPI in a patient on COX-II, or switching to a NSAID if a PPI is to continue.
5. Moving from modified release to standard release medication.
6. A joint initiative to identify undiagnosed neuropathic pain.

Multiple Choice Questions can now be completed using the NES Pharmacy Portal system at [www.portal.scot.nhs.uk](http://www.portal.scot.nhs.uk)