Towards implementation of patient-centred pain management

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The EULAR Recommendations for the health professionals' approach to pain management in inflammatory arthritis and osteoarthritis were recently published in the EULAR Journal, the Annals of the Rheumatic Diseases. It is now up to Europe's leading health professionals in rheumatology (HPRs) to bring the recommendations to the attention of their own nations – and to use them in clinical practice.

A patient-centred framework

EULAR considered the development of evidencebased recommendations to be essential because pain is the predominant symptom for people with inflammatory arthritis and osteoarthritis. Knowledgeable pain management support is expected to reduce pain, and increase functioning and well-being. As a consequence, individual and societal costs will be reduced.

A unique feature of the project was that a multidisciplinary task force, which included patient representatives, adopted a patient-centred framework within a biopsychosocial perspective. Relationships between all factors of a biopsychosocial model of pain are recognised to be interactive and reciprocal, with mutually influencing pathways being similar to a hanging mobile toy, in which movement of one part causes movement of other parts.

Patient preferences and priorities

Because the importance of the distinct factors differs between individuals, any treatment is guided by scientific evidence in combination with the assessment of patient needs, preferences and priorities. These include pain characteristics; previous and ongoing pain treatments; inflammation and joint damage; and psychological and other pain-related factors that might need attention. Examples include:

- a) the nature and extent of pain-related disability
- b) beliefs and emotions about pain and painrelated disability
- social influences related to pain and its consequences
- d) sleep problems
- e) obesity.



This assessment by HPRs is brief or extensive depending on factors such as available time, whether it is a first or regular consultation, and the needs of the patient.

Pain treatment options typically include education complemented by physical activity and exercise, orthotics, psychological and social interventions, sleep hygiene education, weight management, pharmacological and joint-specific treatment options, or interdisciplinary pain management. Effects on pain were shown to be most uniformly positive for physical activity and exercise interventions, and for psychological interventions, while effects on pain for other interventions were shown for particular disease groups. The task force unanimously endorsed that, in rheumatology care, besides pain severity, physical and psychological functioning are major outcomes of any management intervention by HPRs.

Turning recommendations into clinical practice

The task force hopes that the recommendations turn out to be workable and

effective in clinical practice. The first signs are positive. Publication of the recommendations yielded 150 tweets and several shares by news outlets and Facebook pages (source: Altmetric.com). Reactions in the field were generally positive; especially regarding the biopsychosocial model including lifestyle interventions and the patient-centred approach.

Expert opinion

It is now up to the leading HPRs in Europe to bring the recommendations to the attention of health professionals, including rheumatologists, in their countries and to use them in clinical practice. The article in the *Annals of the Rheumatic Diseases* offers all necessary information about evidence for specific interventions as well as considerations based on the expert opinion of the task force.

2019 EULAR Congress

Registration for the EULAR Annual European Congress of Rheumatology 12-15 June 2019 in Madrid, Spain is now open. Register before 31 January 2019 to take advantage of the early registration fee.

Abstract submission is open until 23:59
CET 31 January 2019. Visit congress.eular.
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