

REPORT OF VMC PPG EVENT

Topic: CHRONIC PAIN MANAGEMENT – Recent Advances

Time and place: 6.00 Thursday 6 April, Group Room VMC

Speakers:

Dr Adnan Al-Kaisy, Clinical lead and Consultant, Pain Management and Neuromodulation Centre, Guy's and St Thomas' NHS Foundation Trust.

and from his team:

Karen Sanderson, Senior Chronic Pain Nurse Specialist

Dr Georgio Lambru, Consultant Neurologist with special interest in headache

Karen Sanderson opened the meeting by explaining that Guy's and St Thomas' Pain Management and Neuromodulation Centre is internationally recognised as a centre of clinical excellence in ground-breaking research and the management of chronic pain, including spinal, headaches, migraine, facial and pelvic pain. It was the first and is the largest pain management centre in Europe. At the clinics a multi-disciplinary team (MDT) will assess your symptoms and proceed with a variety of initial treatments including patient education, physiotherapy, psychological skills, TENS (transcutaneous electrical nerve stimulation) and minor interventions, followed if necessary with advanced treatment including interventions, neurostimulation, and residential and outpatient pain management programmes. Their current research projects include spinal cord stimulation for back pain unrelated to surgery, and DNA genotyping and phenotyping (by which medical outcomes can be predicted from a patient's genetic information). Improved links between GPs and hospitals, online treatment, educational events and hands-on training all contribute to quicker, better diagnosis and treatment for patients with chronic pain.

Dr Al-Kaisy's special interest is the management of spine and neuropathic pain, and in particular the use of high frequency spinal cord stimulation. Concentrating on the issue of chronic lower back pain, he regretted that most of us don't stand properly, we don't sit properly, we carry heavy weights carelessly, and don't do the right exercise. As a result, the pain can come from so many areas that it is hard to pin-point the tissue source of the pain generator, thus there is no simple, logical and effective intervention. Currently, available treatments tend to avoid pharmaceutical pain relief – especially opioids where there are increasing numbers of people dying from overdoses. Recent literature has demonstrated that there is no difference in the outcome of lower back pain and physical function between surgical interventions, including spinal fusion and disc replacements, compared with combined psychological and physical therapies. In particular, the revolutionary development of high frequency spinal cord stimulation appears to be remarkably effective. The treatment involves a surgical implant half the size of a small biscuit that stimulates the nerve pathways at the spinal cord and alters the pain messages sent to the brain. The strength of the impulse is controlled by the patient with a hand-held remote device. Although the numbers are still small (in hundreds rather than thousands) three

quarters of all his patients taking this treatment who were not working because of back pain are now working.

Q: How long does the implant last?

A: The battery should last about 10 years, but replacing it is a simple task.

Q: Does the implant affect a pacemaker, and are there any adverse effects?

A: No, not at all, and there are no adverse effects.

Q: Has the treatment been fully approved?

A: Yes, it is approved by NICE (UK's National Institute for Health and Care Excellence), but because the numbers are low the implant device is currently expensive, which is why it is sadly a long way down the list of approved treatments.

Dr Giorgio Lambro then talked about the treatment of chronic headaches and migraines. Different types of headaches can mask many conditions and respond to different therapies, so diagnosis of the underlying biology of the headache is essential before you can unmask the problem. Treatments might involve both lifestyle modifications and pharmacological treatments.

Migraine, a brain disorder of sensory processing, is prevalent between 15–18% worldwide. It is the third cause of disability in the under-50s, and there are 6 million sufferers in the UK. Abortive treatments include TRIPTANS and NSAIDS, whereas opioids are not indicated. NICE has approved pharmacological and non-pharmacological approaches such as acupuncture, and botox is the standard of care for chronic migraine treatment. A new chapter opens with ANTI-CGRP (Calcitonin Gene-Related Peptide, not yet available) in which antibodies are studied to help prevent migraine. Since migraines are caused by an overactive brain, neurostimulation approaches can constitute a therapeutic alternative when medications fail.

Cluster Headache is considered to be one of the most painful conditions known to mankind. It is a rare form of headache characterised by an excruciating attack of pain on one side of the head, often felt around the eye. The headaches tend to occur in clusters over a month or two, and may not recur for years. St Thomas' Headache Centre has established the first fast-track Cluster Headache Clinic in the UK.

Facial Pain can be caused by a number of complex neurological conditions. St Thomas' manages the diagnosis and management of complex facial pain cases at a one-stop Facial Pain Clinic in which the patient sees a multi-disciplinary team consisting of consultants, clinical psychologists, a neurosurgeon, clinical nurse specialists and headache experts. The MDT approach has proved to be a successful model for clinicians and patients alike.

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