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Managing expectations about chronic pain cure

Fully curing chronic pain is rare so pain medicine specialists need to manage patient expectations carefully and help their patient to see their persistent pain as a condition to be managed, like other conditions such as asthma or diabetes, says Dr Diarmuid McCoy, a specialist pain medicine physician at University Hospital Geelong.

On Sunday (October 4), Dr McCoy advised pain medicine specialists at the Faculty of Pain Medicine Spring Meeting in Queenstown (New Zealand) on how to manage patient expectations so that the specialists don't get burned out.

"Pain medicine is a unique specialty because along with the physical aspect of pain comes distress and the expectations around that," Dr McCoy says. It is not just the patient who has these expectations but also their doctors, relatives and friends, and the specialist can find it difficult to manage those expectations.

"Patients referred to specialist pain clinics are those suffering from chronic or persistent pain for which there may be no readily identifiable cause, in the way that there is for a broken limb, for instance. This, in itself, can be distressful as, along with the pain, there may be suspicion that the patient is making it up or that it is all in their head. The resulting distress can be almost infectious, transmitting itself to the patient's family, friends and their doctor (GP).

"Pain medicine specialists have a reasonably comprehensive suite of treatments to offer patients but there are limitations when it comes to persistent pain so we have to be realistic about what we can achieve.

"Part of the pain medicine specialist's role is to take the patient on a journey where the final destination is self-management – to give the patient a better understanding of the nature of pain, the medications and interventions available, as well as their limitations, and the resources available, including the resources of the patients themselves," Dr McCoy says.

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