

*"No patient with chronic pain will get better with medicines alone, and we should tell them that... if you don't use the biopsychosocial model, you will run out of WHO pain ladder options very quickly!"* #1

## Top Ten things I learned on the Red Whale Chronic Pain & MSK Course

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I attended the course on 28 June 2019 (Manchester) - they run regularly, and, although marketed at primary care, I would urge my EM colleagues to consider attending. There's also a fantastic course manual.

#2

**"Suffering" ≠ "Pain".**  
In the dark days of frontal lobotomies, you could detach the two. Suffering cannot be treated by analgesics.

#3

Use the Keele STarT Back Screening Tool to identify patients with back pain who are at higher risk of poor outcome & need more input.

#4

Elderly patients do have a higher pain threshold, it's real. But it's probably related to degeneration of the PNS - and so they also lose the protective function of pain.

#5

There's little evidence for the use of opioids in treatment of chronic pain over 3/12 in duration... but a max 30% improvement, NNH = 4, and serious risks. If you do decide to try opioids for chronic pain, do a formal opioid trial.

#6

Opioids in chronic pain: if a 20mg dose of immediate-release morphine doesn't produce meaningful reduction in pain, long-term opioids aren't going to help your patient.

#7

Calculate the "MME" (milligram morphine equivalent) for patients on long-term opioids. Risk of harm increases over 120 MME/day. Check out RCoA "Opioids Aware". The US CDC have resources too.

#8

"Understanding Pain in less than five minutes" is a fab patient education video from Hunter Valley in Australia that's also full of great phrases for clinicians. Google it!

#9

Muscle pain commonly refers elsewhere in the body: check it isn't myofascial referred pain before concluding that "this doesn't make anatomical sense"

#10

Don't use language like "wear & tear" which implies a joint is knackered and OA untreatable except by joint replacement: it's very negative (and it isn't true). Try using "Flare & repair" instead.