3.1.3 Shared decision making

Management of pain, in particular chronic pain, requires many of the generic skills of GPs. While the evaluation of pain mechanisms is important to determine therapeutic options, pain is fundamentally a patient experience, so addressing patient experiences and thoughts has high priority. SDM is a process of bringing evidence into the consultation and incorporating it into a discussion about the patient's values, expectations and preferences: it is the integration of communication and evidence skills.[209–211]

Very few clinical situations involve just one option and almost no treatments are 100% effective or 100% free of side effects. When considering pain management options, often the evidence does not strongly support a single clinically superior option.[209,210,212] Hence, pain management typically involves a preference-sensitive decision that is likely to be strongly influenced by patients' beliefs and values.[212–214] As most patients overestimate the benefits of medical interventions and underestimate the risks, it is important to know what expectations patients have, help correct any misperceptions and be honest about uncertainty (to do with their pain condition and with treatments).

Integrating the patient perspective has the potential to increase the patient's satisfaction with the consultation, as well as result in better decisions and in improved management of the illness and health outcomes.[215]

3.1.4 Communicating likely response to treatment

Defining success

Patients and doctors need a common understanding of what success means in pain management.

Successful pain relief does not always mean complete resolution of pain. In the research setting, a 50% reduction tends to be considered a successful outcome. However, across a range of pain conditions (acute and chronic), patients rate a 30% reduction in pain intensity as clinically meaningful.[216–220] Before experiencing pain reduction, it may be hard for a patient to judge what amount of resolution would mean success for them. Here, realistic goal setting is needed.

When assessing success of treatment, in addition to pain reduction, it may be useful to look at effect on other factors affected by pain. These include sleep, depression, fatigue, quality of life, function and ability to work.[221]

Success or failure can typically be determined within 2–4 weeks of starting drug therapy; when success is achieved it tends to be long lasting.[221]

Setting expectations

Not all treatments will achieve clinically meaningful pain reduction and no single drug will successfully treat more than a minority of patients with a painful condition.[221] Many patients will be unaware of this.

Many medications will fail or have unacceptable side effects, however; experience, (and some evidence) suggests that failure with one drug does not necessarily mean failure with others, even within a class. Because success rates are low, a wide range of drugs and non-drug therapies (ie multimodal) may be needed, especially in complex chronic conditions.[81,221] The best order in which to use drugs, in terms of efficacy, harm, or cost, is not always clear.[221]

The principles of treatment should be to measure pain, expect and recognise analgesic failure, and to react to it, pursuing analgesic success rather than blindly accepting failure.[221]