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Multidisciplinary treatment for rheumatic pain

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A B S T R A C T

Chronic pain experienced by patients with rheumatic conditions is recognized to contribute importantly to suffering. Multidisciplinary pain clinics that adhere to the biopsychosocial concept of pain management provide an effective treatment strategy for many with chronic pain. Other than for low back pain and fibromyalgia, little attention has been given to the specific experience of treating those with rheumatic diseases in such a setting. It is, however, reasonable to suggest that many patients with chronic rheumatic pain could benefit from exposure to a multidisciplinary pain treatment programme that incorporates components of education, exercise and activity, as well as psychological techniques and support. Although the specifics of such a treatment will require defining, rheumatologists can look forward to expanded care for their patients with chronic rheumatic pain, and they should be encouraged to become more involved in these clinics.

"*When pain, regardless of its aetiology, becomes an illness in itself and is no longer a simple sign of a physical or pathological disorder, pain physicians have, above all, to deal with a behavior determined by psychological and social factors that are so many causes and/or consequences of the pain itself.*" [1].

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Introduction

Chronic pain conditions affect one in four persons worldwide, with a large proportion due to musculoskeletal causes [2]. Chronic pain associates with sleep and mood disturbances, fatigue and reduced functionality with important impact on the quality of life. Estimates indicate that the burden of most musculoskeletal conditions will increase progressively worldwide as the population ages [3]. Arthritis-related pain and disability in the USA alone is predicted to almost double among those older than 65 in the coming years [4,5]. With the recognition of chronic pain as a complex multimodal phenomenon, the discipline of pain medicine has evolved as a unique clinical science [6,7]. In the absence of cure for most chronic rheumatic pain conditions, patients will continue to require alleviation of symptoms prompting the need for effective pain management strategies.

The first premise for rheumatic disease care is optimal control of the underlying condition, applicable for disease modification of inflammatory rheumatic diseases, but not for degenerative conditions. For the latter, symptom management becomes the focus of the conservative approach. Although specialized rheumatology care with concomitant primary medical care will likely effectively manage the majority of patients, some patients with poorly controlled pain may benefit from more specialized pain management. The emerging understanding for an effective multidisciplinary approach to chronic pain management encompasses a holistic patient-centred approach in the framework of a bio-psychosocial model [8]. The objective of pain management should be to modulate pain if possible, reframe pain behaviours and preserve and ideally enhance function.

The multidisciplinary pain team mission is complex and continuously evolving. Broadly, it can be divided into two key components: focus towards the individual patient and responsibilities towards the community. The former is the therapeutic mission to provide expert opinion and direction, promote collaborative care and contribute to patient education. The cornerstone of this therapeutic mission is the heuristic approach to pain management, which is generic to all pain conditions, and it incorporates principles of self-management, non-pharmacologic strategies and thereafter consideration of pharmacologic treatments or other invasive procedures. The second mission is a societal-oriented umbrella focus, which incorporates clinical research, knowledge transfer for the health and patient community, resource identification and policy support, and cost–benefit and outcome analysis. In this article, we will address the multidisciplinary management for chronic pain as pertaining to the patient with rheumatic disease. Where possible, we will provide evidence from the published literature, but with limited study of the rheumatology experience in a chronic pain clinic setting, we will draw on our personal experiences of a rheumatology pain clinic embedded in a generic multidisciplinary pain clinic.

Terminology for multidisciplinary team care

In recent years, disease management by a medical team has superseded care by a single health-care professional for many chronic conditions such as diabetes, kidney, heart disease and cancer with improved outcomes. Over the past two decades, this shift in paradigm has also filtered into the care of persons with chronic pain syndromes [9]. Although considered a modern concept in clinical care, the presence of a nurse as assistant to the physician was in bygone days a clinical norm.

The terms “multidisciplinary” and “interdisciplinary” first appeared in the 1970s, and “transdisciplinary” came into use in the 1980s [10]. By definition, a “*multidisciplinary*” (also called collaborative) care team should consist of at least two different disciplines, with individual team members providing independent additive input, based on their specific knowledge and expertise in their respective fields, but with each individual remaining within their field of expertise. By contrast, the term “*interdisciplinary*,” also called integrated or shared care, is characterized by reciprocal actions of the team members to provide integrated care. Team members work jointly towards the same goal with the main care provider orchestrating the case management. Such harmonization of care between disciplines provides a coherent and coordinated whole. This theoretical ideal is, however, not always the norm in clinical practice; in Canada, only two-thirds of the existing teams surveyed fulfil the *interdisciplinarity* description [11]. Finally, “*transdisciplinary*” approaches highlight the crossing of boundaries whereby team members share a conceptual framework as well as their roles, knowledge