



## Pain experts call on Minister Hunt to review \$20 million pharmacy pain trial

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Australia's leading pain specialist body has called on the federal government to reconsider its support of a \$20 million trial that funds pain assessments by pharmacists fearing it promotes medication as the only option to relieve chronic pain.

Dr Meredith Craigie, Dean of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists, has written to the federal Health Minister Greg Hunt expressing concern that the government's Chronic Pain MedsCheck scheme has been introduced with no input from specialist pain medicine physicians.

The faculty is also alarmed that participating pharmacists are assessing people with chronic pain after undergoing just three to four hours of online training.

Pain medicine is a two year post-specialty qualification for doctors, including GPs, psychiatrists, rehabilitation specialists, physicians, anaesthetists and surgeons.

One in five Australians live with chronic pain and it costs the economy at least \$34 billion a year.

"While we welcome the substantial new investment in chronic pain care the faculty is concerned that the scheme has been developed without appropriate input from medical specialists and does not adequately recognise that the successful treatment of chronic pain requires a complex, co-ordinated approach," Dr Craigie said.

"Chronic pain treatment includes movement, physiotherapy and psychosocial interventions and needs to be much broader than focusing on medications which in many cases are ineffective.

"Unfortunately there's a perception that chronic pain can only be treated by drugs such as opioids. This has in part led to the opioid crisis we are seeing today where patients take increasing doses of opioids to relieve pain and end up with serious complications including dependence, addiction or even death, especially when mixed with other sedatives like benzodiazepines."

Under the trial pharmacists are funded for an initial consultation to assess the patient's medicines and their pain management strategies. A 15 minute follow-up will be given three months later to see if the pharmacist's intervention has made a difference.

"No rationale has been advanced based on research or current best practice guidelines that would lead anyone to expect that such a brief and narrowly targeted intervention might be of use for chronic pain," Dr Craigie said.

Dr Craigie said the Pain MedsCheck program would be discussed by more than 100 local and international specialist pain medicine physicians who are meeting in Cairns later this week for the faculty's Spring meeting.

"It is appropriate for pharmacists to concentrate on the pharmaceutical aspects of a pain care plan but not in the absence of consultation with prescribers and the rest of the patient's treatment team."

Dr Craigie said the faculty welcomed recent discussions with Mr Hunt on addressing the opioid crisis and noted his commitment to the development of a National Pain Action Plan.