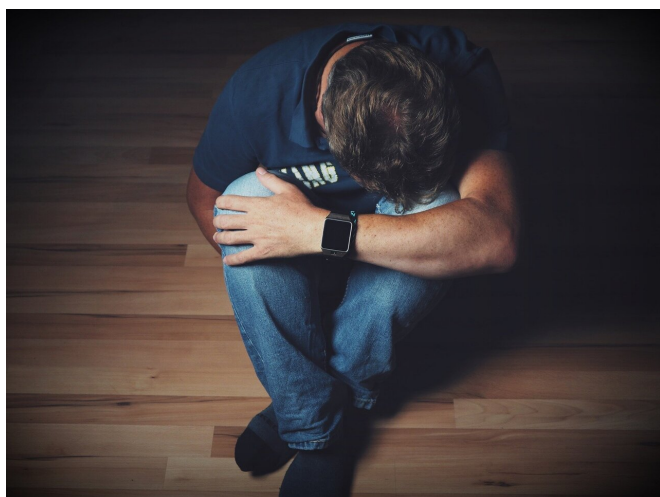


# Shift to online consultations helps patients with chronic pain receive support in lockdown

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The COVID-19 pandemic has exacerbated conditions for people living with chronic pain around the world and its long-term consequences are likely to be substantial, according to researchers at the University of Bath's Centre for Pain Research.

Their analysis suggests that demand for pain services from those living with conditions such as nerve damage or arthritis will grow in the weeks and months ahead. That surge looks set to be exacerbated by dual pressures from both those with pain that have been left untreated through lockdown, but also those recovering from COVID-19 who experience new pain.

In response, the team recently published a Topical Review in the journal *Pain*, highlighting how 'telemedicine' – online consultation—can help in meeting this growing demand. Their paper suggests that with many doctors specialising in

pain having been redeployed to focus on the immediate crisis, access to traditional services for patients has been severely disrupted. Whilst this creates an immediate capacity challenge for [healthcare professionals](#), it has also provided them an opportunity to expand online access through platforms such as Skype and Zoom.

Until recently, those suffering with pain relied almost uniquely on face-to-face consultations for advice on physical therapy, psychological support, or prescriptions for painkillers. With the recent abrupt and widespread shift towards online web conferencing platforms in how many people now interact, the researchers see a chance to enable vital access to services at a time of crisis and beyond.

The team from the University have been working with [healthcare providers](#) locally, nationally and internationally on how best to manage that process and to support patients.

Chronic or persistent pain is characterised as pain that carries on for longer than 12 weeks despite medication or treatment. Whereas most people get back to normal following an injury or operation, sometimes pain carries on for longer, or comes on without any history of an injury or operation. Common examples include lower back pain, arthritis, fibromyalgia and persistent and frequent headaches. Globally the burden of [chronic pain](#) is as high as 1 in 4 adults and data from [young people](#) are similar.

Professor Christopher Eccleston, Professor of Medical Psychology and Director of the Centre for Pain Research at the University explains: "There is clearly an opportunity to reform how consultations for patients with chronic pain are delivered through new online platforms and technologies. This has

come to the fore as a result of COVID-19, the immediate public health challenge we are facing and the abrupt shifts we have seen in people adopting new ways of working and interacting. Applying telemedicine to practice, which our team at Bath has assisted with, has enabled doctors to keep their doors open, in a virtual way, to patients who are desperately in need of help and support. It is having important impacts."

Yet, Professor Eccleston and team argue that the broader application of telemedicine is complex and now requires further research in particular about how it can be best coordinated, financially supported and integrated with traditional practice.

He adds: "Changing practice in such an unplanned way will have positive and negative consequences, many unforeseen. Systems can establish protocols that can enable them to oversee, monitor, and capture important patient and provider outcomes and perspectives. When we come to redesign services after the pandemic, we will need to share experiences to understand what works, to modify what does not work, and to build new models of care for people living with chronic pain."

On the broader issues facing those with chronic pain, Professor Ed Keogh, Deputy Director of the Centre for Pain Research says: "The postponement of routine elective surgery and the reductions in dedicated services as a result of COVID are having negative impacts for patients with chronic pain. Changes to healthcare provision could result in an increase in morbidity down the line, as delays to treatment mean some conditions worsen and become harder to manage. Increases in anxiety and depression are also being reported with the demand for [mental health services](#), including support for front-line carers, likely to increase.

"Without careful planning, there is a perfect storm ahead for those living with complex needs and chronic [pain](#). It risks people being left behind and could result in more and more people living with persistent, intractable, and highly disabling, painful conditions. We need to ensure this does not happen, to ensure we maintain best practice services, as well as adapt and find better ways to help people here in the UK and globally to manage

poorly understood long-term health conditions."

**More information:** Christopher Eccleston et al, Managing patients with chronic pain during the COVID-19 outbreak, *PAIN* (2020). [DOI: 10.1097/j.pain.0000000000001885](https://doi.org/10.1097/j.pain.0000000000001885)

Provided by University of Bath

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