

- Unidentified disorder
- Unrelieved pain for > 6 weeks; high level post-op pain
- CNS damage: neuropathic pain
- Ongoing medical condition e.g. diabetic neuropathy
- Signs of centralisation or secondary features e.g. autonomic disturbance, insomnia.
- Previous anxiety/depressive disorder
- Lack of /unreliable services/delayed access
- Breakdown in communication
- Breakdown of therapeutic alliance

Pain management programmes (PMP) are often too little, too late.

In reality they should be the overture not the final movement of the symphony.

The usual PMP runs for between 4 and 12 weeks with 1-2 follow-up appointments, although a few services offer a more comprehensive approach (Southend Hospital Spinal Pain Pathway Programme and Step Down facility).

This tends to be inadequate for some patient compliance. Referral tends to be via healthcare professionals once all other options have failed. This last ditch attempt means that typically the dropout rate for these programmes runs at around 50%.

In the United States, Inpatient Rehabilitation Programmes (IPRPs) have been found to effectively address pain reduction, promote functional restoration and improve quality of life.

Outcome data support IPRPs as being more effective than pharmacological or surgical approaches in reducing healthcare consumption.

"More cost-effective than patient education & physical therapy alone, surgery, neuroaugmentative procedures or long-term opioids"

(Turk, 2001)

PMPs run along similar lines might well be far more effective than at present simply by virtue of being used at a much earlier stage.