Managing chronic pain in the primary care setting

CPD QUESTIONNAIRE

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Module 2: Improving outcomes

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1. Which of the following are important biopsychosocial principles for the management of chronic pain of uncertain aetiology?

- ☐ **A** Primarily non-pharmacological management of risk factors
- ☐ **B** Introduce or increase the dose of opioid medication
- ☐ **C** Encourage early return to normal daily activities and work
- ☐ **D** All of the above
- ☐ **E** A and C only

2. Which statement is false?

- ☐ **A** When pain symptoms can be managed after identifying and treating a specific cause, this is typical of a chronic pain syndrome
- ☐ **B** In the absence of a genetic predisposition, the first thousand days of life are influential in the development of chronic pain syndrome

3. What does the World Association of Pain regard as a significant indication of chronic pain syndrome?

- ☐ **A** Use of >12 painkillers a month
- ☐ **B** Use of >20 painkillers a month

4. Assessment of which medication is important in chronic pain management?

- ☐ **A** Prescribed pharmacotherapy
- ☐ **B** Analgesic consumption
- ☐ **C** Over-the-counter medicines, supplements and alternative treatments
- ☐ **D** Illicit and recreational drugs
- ☐ **E** All of the above

5. In cases of significant opiate use and a great degree of tolerance or dependence, tapering and discontinuation should occur:

- ☐ **A** On an inpatient basis over a period of 7-10 days
- ☐ **B** On an outpatient basis over a period of seven days to one month
- ☐ **C** Both of the above

6. Tapering and discontinuation of opioids as an outpatient entails:

- ☐ **A** Intensive substitution therapy
- ☐ **B** A weekly decreasing dose schedule
- ☐ **C** Both of the above

7. The non-pharmacological approach to managing chronic pain is as important as the pharmacological and these should be implemented simultaneously.

- ☐ **A** True
- ☐ **B** False

8. Many flu preparations contain caffeine, ephedrine or pseudoephedrine, and codeine. Which statement is true?

- ☐ **A** Relief of supplementary symptoms improves pain management
- ☐ **B** These agents can increase anxiety, making pain management more difficult

9. Patients who have been living with pain for a long time:

- ☐ **A** Often become hopeless and feel helpless
- ☐ **B** Can benefit from sleep hygiene interventions
- ☐ **C** Should minimise their daily movement to ease symptoms
- ☐ **D** All of the above
- ☐ **E** A and B only

10. An anti-inflammatory/Mediterranean diet is recommended for those with chronic pain because:

- ☐ **A** This is helpful for achieving and maintaining healthy body weight
- ☐ **B** A side effect of long-term painkiller use is chronic constipation
- ☐ **C** Both of the above

11. Which medications do not decrease hypersensitisation of the nervous system?

- ☐ **A** Opioids
- ☐ **B** Antidepressants
- ☐ **C** Gabapentinoids

12. Which indication is common to amitriptyline and the gabapentinoids?

- ☐ **A** Comorbid insomnia
- ☐ **B** Comorbid anxiety
- ☐ **C** Comorbid depression
- ☐ **D** Neuropathic pain component

13. Which indication is common to duloxetine and the gabapentinoids?

- ☐ **A** Comorbid insomnia
- ☐ **B** Comorbid headache disorder
- ☐ **C** Comorbid depression
- ☐ **D** Neuropathic pain component

14. Which of the following agents should be initiated at a low dose and slowly titrated according to tolerability and necessity?

- ☐ **A** Amitriptyline
- ☐ **B** Pregabalin
- ☐ **C** Gabapentin
- ☐ **D** Duloxetine
- ☐ **E** All of the above
- ☐ **F** B, C and D only

15. Which statement is false?

- ☐ **A** Short-term use of benzodiazepines or z-drugs may be helpful during the initial stage of pain management
- ☐ **B** If sleep remains a problem, long-term use of sedative antidepressants is preferred

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