



Pain Management in a Secure Environment

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Challenges Faced

- Medication reconciliation
- Appropriate diagnosis
- Expectation of pain management
- Co-Morbidities
- Appointment times and follow up
- Illicit use of analgesia
- Environmental factors

Pain Management Service

- Developed in 2014
- Review all patients admitted on strong analgesia
- Review patients referred due to both chronic and acute pain

Resources

- NICE guidelines
- Pain management formulary for prisons – NHS England (2015)
- Analgesia guideline – Nottinghamshire NHS Trust (2014)
- Managing persistent pain in secure settings – Public Health England (2013)
- Map of Medicine
- Dynamed

Medication Reconciliation

- What medication is prescribed?
- Who prescribed the medication?
- Why was it prescribed?

Diagnosis

- 16.1% patients in each prison do not have an indication for a prescription.
- 22% patients have a prescription for unlicensed indications
- These include methadone reduction, chest pain and because they were buying it off the wing!
- [Gabapentin and Pregabalin Offender Health Audit \(2013\)](#)

Diagnosis

- Physical assessment
- LANNIS
- Medical imaging
- GP
- Physiotherapy
- Referral to specialist services such as orthopaedics and neurology

Expectations of Pain Management

- Chronic pain is often difficult to treat
- No treatment works for everyone
- Complete pain relief is unlikely
- Helping patients function better is more important than pain intensity
- Patients need to be helped to have realistic expectations and goals

Co-morbidity

- Anxiety
- Depression
- Personality disorders
- Substance misuse

Co-morbidity

- GAD-7
- PHQ-9
- Referral to substance misuse and/or mental health services
- Joint appointments with substance misuse and/or mental health services

Appointment Times and Follow Up

- Up to 40% of GP waiting list due to pain
- GP allocated 10 minutes per appointment
- Pain management nurse
 - Initial appointment – 30 minutes
 - Follow up appointments – 20-30 minutes

Illicit use of Analgesia

- Side effects often include
 - Euphoria
 - Sedation
 - Loss of inhibitions
 - A dose of 450mg pregabalin was similar to the psychoactive and sedating effects after taking 30mg of diazepam (Filipetto et al 2010).
- Illicit drugs not readily available
- Used by prisoners as a form of currency
- Can lead to bullying

Illicit use of Analgesia

- Appropriate diagnosis!
- Medication audits
- Medication taken out of possession
- Change of preparation to liquid
- Medication reduced and stopped

Environmental Factors

- Challenging behaviour –
 - Verbal aggression
 - Physical aggression
 - Threat of litigation
- Drug seeking
- Prison regime
- Patients transferring prisons and/or attending court

Case Study

- Joe was prescribed 300mg pregabalin capsules twice per day after being diagnosed with arterial leg ulcers. On one occasion when dispensing medication, the nurse noticed that Joe was moving it around his mouth. When talking to the nurse after drinking water, a pregabalin capsule fell out of his mouth and onto the floor. Joe then picked up the pregabalin capsule, put it in his pocket and walked away even when called back. The nurse reviewed Joe's medical notes and noted that there had been one other incident of Joe not swallowing the pregabalin two weeks earlier
- **What would you do?**

Any Questions?



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