CASE STUDY

Chronic Pain Management in a Middle-Aged Male

ABSTRACT

This case study outlines the experience of a middle-aged male living with persistent thoracolumbar spinal pain following vertebral fractures caused by seizure events. Initially referred to a public pain service, he was later triaged into a community-based multidisciplinary pain management program. The patient presented with complex physical and psychological needs, including severe functional limitations and a history of PTSD, depression, and anxiety. A tailored intervention was delivered, incorporating physiotherapy, psychological therapy, pain education, and pharmacist-led medication review, with all care coordinated through collaboration with the patient's GP.

Although pain severity remained largely unchanged, clinically significant improvements were achieved in psychological well-being, functional capacity, and pain interference. The patient also demonstrated increased engagement in self-directed activity and improved training tolerance. This case highlights the effectiveness of a coordinated, person-centred approach in supporting individuals with chronic pain—particularly when standard medical models have been exhausted—and reinforces the role of community-based programs as a vital extension of care.

PATIENT SUMMARY

A male in his mid-40s was referred by his GP to a public pain management service. Following triage, he was directed to a community-based multidisciplinary pain management program. He presented with persistent thoracolumbar spinal pain resulting from two seizure episodes, which caused multiple vertebral fractures and required surgical fixation. His pain had continued for 18 to 24 months, significantly impacting physical function, emotional wellbeing, and participation in daily life.

INITIAL ASSESSMENT

Musculoskeletal Assessment

The patient experienced constant spinal pain, exacerbated by both movement and prolonged sitting. He used two crutches for mobility, demonstrated poor gait mechanics, and had difficulty performing tasks such as stair climbing and squatting. While muscle strength was generally preserved, his overall physical capacity was limited. His goals included regaining functional independence and returning to previously enjoyed physical and professional activities.

INITIAL ASSESSMENT - Continued

Psychosocial Assessment

The patient had a history of post-traumatic stress disorder (PTSD), major depressive disorder, and generalised anxiety. He disclosed a prior suicide attempt and ongoing psychological distress, intensified by chronic pain and strained interpersonal relationships. Baseline assessment scores indicated extremely severe depression and anxiety. Treatment goals included achieving emotional stability, re-engaging socially, and restoring a sense of purpose.

Medication Review

A pharmacist-led review revealed medication inconsistencies, poor antidepressant response, and a high sedative burden. The review recommended several adjustments, including changing antidepressants, correcting dosing regimens for anticonvulsants, reinstating nutritional supplementation, and closely monitoring opioid use. The patient was receptive and engaged in the proposed plan.

Medicare Review

An HPOS check confirmed the absence of an active GP Management Plan (GPMP), an expired Mental Health Treatment Plan (MHTP), and no medication review conducted in the past 12 months.

MULTIDISCIPLINARY PAIN MANAGEMENT PLAN

The care plan was developed through a case conference involving the GP, the patient, and the assessing clinicians.

Medication Recommendations

- Replace the existing antidepressant with duloxetine, titrated under GP supervision
- Reinstate thiamine supplementation (due to prior deficiency and alcohol history)
- Correct lamotrigine dosing to twice daily to reduce seizure risk
- Monitor opioid use and consider gradual reduction as other supports stabilise
- Continue paracetamol as needed, with dosing guidance from the GP

Physical Reconditioning

- Begin hands-on physiotherapy to assess the benefits of manual therapy
- Continue myotherapy for soft tissue relief (as a private client)
- Transition to a structured exercise physiology program focused on building strength and range of motion
- Encourage independent or supported physical activity
- Introduce pacing, movement, and thermal therapy as non-drug strategies
- Utilise Team Care Arrangements (TCA) for subsidised access

Psychological Support

- Initiate or continue Cognitive Behavioural Therapy (CBT) to address unhelpful thinking, increase activity, and support mood regulation
- Incorporate Acceptance and Commitment Therapy (ACT) for values alignment, mindfulness, and psychological flexibility
- Fund services through a current or renewed MHTP, with a review scheduled at 3 months

TREATMENT DELIVERED

Physical Health Services

- Physiotherapy – 2 sessions focused on active treatment
- Exercise Physiology – 3 sessions for structured physical reconditioning
- Supervised Gym Program (Exercise Science) – 8 sessions
- Independent Gym Access – 12 self-guided sessions

Psychological Services

- Up to 10 sessions delivered by a pain-informed psychologist under MHTP

Education

- Completed the full 6-session pain education workshop series facilitated by Pain Education and Management

All physical health and psychology services were supported by MBS referrals and the funded community-based program within a budget of $600

OUTCOMES

Progress was tracked using the ePPOC Adult Change Calculator, measuring changes from referral to the end of the education phase.

Measure	Baseline	Completion	Change	Interpretation
Depression (DASS)	42 (Extremely Severe)	26 (Severe)	↓ 16 points	Clinically significant improvement
Anxiety (DASS)	26 (Extremely Severe)	12 (Moderate)	↓ 14 points	Clinically significant improvement
Stress (DASS)	26 (Severe)	14 (Normal)	↓ 12 points	Clinically significant improvement
Pain Interference (BPI)	9.3	7.4	↓ 1.9	Clinically significant improvement
Pain Severity (BPI)	5.25	5.5	↑ 0.25	No significant change
Pain Self-Efficacy (PSEQ)	2	16	↑ 14	Still in severe impairment range

SUBSEQUENT FUNCTIONAL OUTCOMES (MAY 2025)

Under the supervision of the physiotherapy provider, the patient completed a progressive strength program. Reported outcomes included:

- **Lumbar spine training load** increased from 50 lbs to 96 lbs
- **Abdominal training load** increased from 48 lbs to 74 lbs
- **Gym participation:** 12 independent sessions completed

These results indicate increased physical capacity, improved conditioning, and alignment with the patient's functional recovery goals.

POST-PROGRAM FOLLOW-UP

The education and formal case management phase concluded in March 2025. The patient remained under the care of the physiotherapy provider for reconditioning, accessed continued psychological support through his existing psychologist, and was followed up by his GP for medication and care coordination. Exercise sessions and gym access continued through mid-May, with further allied health arranged privately as needed.

CONCLUSION

This case reinforces the effectiveness of a coordinated, multidisciplinary, and community-based approach to chronic pain management. Despite minimal change in reported pain severity, the patient experienced significant improvements in psychological wellbeing, functional capacity, and ability to self-manage symptoms. The program successfully bridged gaps left by standard medical care, enabling a path forward for continued progress and independence.

Pain Education and Management

ABOUT PAIN EDUCATION AND MANAGEMENT

Pain Education and Management (PEM) is a community-based multidisciplinary program specialising in chronic pain management. PEM's innovative approach integrates medical, physical, and psychological support tailored to individual needs. Through workshops, personalised assessments, and active self-management strategies, PEM empowers patients to take control of their pain and improve their quality of life.

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