

IASP Global Year Lecture: How a Tri Flow Device, Merv Hughes, and a Spoon Represents Integrated Pain Care



The following is a summary from the 43rd Annual Scientific Meeting of the Australian Pain Society, which took place in Canberra from April 2-5, 2023. Since 2019, the Meeting has featured a named plenary lecture drawing inspiration from the International Association for the Study of Pain's (IASP) [Global Year Campaign](#), an advocacy effort to raise awareness of pain. The IASP has chosen 2023 to be The Global Year for Integrative Pain Care. Dr Michelle Harris, a specialist anaesthetist at the Royal Adelaide and Lyell McEwin Hospitals in South Australia, was given the honour of delivering the IASP Global Year Named Lecture in 2023. Keeping in line with The Global Year Theme, Dr Harris' talk was entitled "The Person, not the Pain: Integrated Pain Care in the Acute Setting", where she discussed how an integrated approach to pain management may benefit both patients and broader hospital systems.

What is integrative pain care?

Harris commenced her plenary talk by admitting that when she was first approached to deliver the IASP Global Year Lecture she had to stop and think about what integrative pain care was. Initially, she pictured holistic or complementary modalities that would be more appropriate for a holiday than a hospital, such as yoga, massage, and tai chi.

However, Harris soon realised integrative pain care was so much more: a blend of historical and more novel ideas about how to approach healthcare that places the patient at its centre and focuses on the restoration of function, wellness, and health. Integrative pain care is also individualised, bringing together multiple different interventions (be those physiological, psychological, or lifestyle-based) that are meaningful to the individual that promotes pain self-management.

While Harris noted similarities between integrative pain care and the biopsychosocial model of pain, she also emphasised the

differences between the two. A key difference is the incorporation of alternative or complementary approaches such as herbal supplements, vitamins, massage, yoga, aromatherapy, acupuncture, and so on – many of which are valued by patients, potentially leading to better engagement and outcomes – into integrative pain care.

Regardless of the approach, Harris is keen to understand the level of evidence for each potential treatment. [Acute Pain Management: Scientific Evidence](#), a 1300-odd page tome from the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine has been a valuable resource for Harris when considering the use of various treatments in acute pain. And despite there being varying levels of evidence for the range of complementary treatments, Harris' attention was piqued.

"Some of these things are really similar to what I do. Perhaps prescribing someone a supplement isn't that different from prescribing a medication? Or sticking a needle in someone for acupuncture isn't that different from when I stick needles in someone for a regional block?" Harris wondered.

Not trying to reinvent the wheel

There are many challenges to incorporating integrative pain care into an acute pain service; time pressures, occupational health and safety considerations, and logistical considerations, to name a few.

"It's unlikely I'm going to implement a massage and acupuncture service as part of my acute pain round," Harris quipped.

This led Harris to develop an interest in modalities where she doesn't need to do something to the patient. She began by considering what was unknowingly already part of the acute pain service rounds that could be part of an integrative pain care approach. The answer? A tri flow device!

"It's a great device we use a lot on our acute pain rounds to assess pain and help strengthen respiratory function by doing a series of deep breathing exercises," Harris explained.

The motivating and addictive nature of trying to raise all three balls within the device taps into the intricate and bidirectional relationship between pain and breathing, where slow deep breathing has been shown to reduce blood pressure, activate endogenous pain pathways, and decrease pain intensity and pain-related anxiety.

But what other breath work techniques offering potential benefits for pain are there?

Here, Harris suggests meditation as a means of disentangling sensory, cognitive, and affective processes to promote self-regulation in the face of post-operative pain. There is some evidence suggesting meditation has benefits for pain-related outcomes. But again, the challenge is how to integrate this into patient care?

"I'm yet to meet a patient that doesn't have a device that connects to the internet next to their bed. So perhaps I don't need to tell them about mindfulness, but perhaps I give them the tools so that they can begin their mindfulness meditation journey on their own," Harris mused, pointing towards the wide range of meditation and mindfulness apps available to patients, including [Headspace](#), [Insight Timer](#), and [Calm](#).

"Maybe we need to tell them about them, we need to help them download them onto their device, make sure they've got some headphones, and ultimately provide some guidance on what sort of things they might be trying to listen to."

A left-field example of patient engagement

Harris then presented a picture of former Australian cricketer Mervyn Gregory Hughes [stretching in the outfield while in front of a large crowd](#).

Importantly, everyone in the crowd was also following along with the fast bowlers' antics. This phenomenon later became a successful campaign designed to educate and promote movement as a means of managing low back pain.

"Merv Hughes represents the idea of patient engagement," Harris joked. "In this case,

getting a whole heap of people to engage and collaborate in their pain management. He's merging the biomedical – that movement is good for pain – with patient empowerment – that the patient can do the stretches, that they have some control, and that results in collaborative integrative pain care."

While Harris and her team at the hospital don't have Merv Hughes on staff, they do have the Central Adelaide Local Health Network PreHab website, which aims to help patients prepare well for surgery to improve their recovery. Harris is a great fan of the [pain management section](#), which states:

Although pain medication may be prescribed, the most effective pain treatments are non-drug approaches (including relaxation, graded activity, mindfulness and goal setting).

"This is really important, as [like Merv and his stretching] it introduces potentially new ways of managing pain to patients and helps them realise that they have some control – these are things they do, not things that I do," Harris said.

Try a little tenderness

Harris then highlighted how motivational interviewing and empathic listening engages and empowers patients to take a more active role in their care by making small changes to the language used in consultations. But while empathy – recognising that someone is struggling and showing that understanding – is certainly important, compassion – the motivation to do something about seeing a person struggling – is even more important.

Harris demonstrated the importance of compassion by sharing the story of a postoperative patient from a recent pain service round. Despite the surgeons being happy with how the operation went and the nurses reporting no problems overnight, the patient looked terribly miserable while propped up the next morning eating breakfast.

The patient seemed disinterested in engaging with Harris and the rest of the pain team, soldiering on in their attempt to eat cornflakes and milk with a fork. Halfway through the consult, one of the nursing staff did something full of compassion and common sense: she went and got the patient a spoon.

"When she handed him a spoon, everything changed. Suddenly the patient engaged with us, he smiled, he was able to answer our questions," Harris recalled.

"I think it's compassion that really drives integrative health. A willingness to look at what a person values, where those values are not being met, and then actively trying to help fill that gap."

Harris concluded the lecture by noting that her examples of integrative pain care are not new. Rather it is the (re)integration of certain modalities or treatment approaches that is new and should be taken on board.

"Opioids and meditation have both existed for millennia and have been used in healthcare. [But] we live and die by one, while we really need to think about and encourage the use of the other."

"But ultimately underlying all of this is compassion. And when seeing a patient with pain, it's important to listen, to empathise and then take action."

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King's Birthday Honours 2023

We are delighted to congratulate the following APS members who received an award in the recent King's Birthday Honours.

Officer of the Order of Australia (AO):



Clinical Professor Ruth MARSHALL AO

For distinguished service to rehabilitation medicine, particularly to people living with spinal cord injury or disorder, as a leader, mentor and clinician.

Member of the Order of Australia (AM):



Dr Matthew CRAWFORD AM

For significant service to medicine, particularly chronic and complex pain management.