



Chronic Pain
A U S T R A L I A

National Pain Survey 2021



Chronic Pain
AUSTRALIA

National Pain Survey 2021

Answers reported by key themes and metrics

Total survey respondents: 2,233

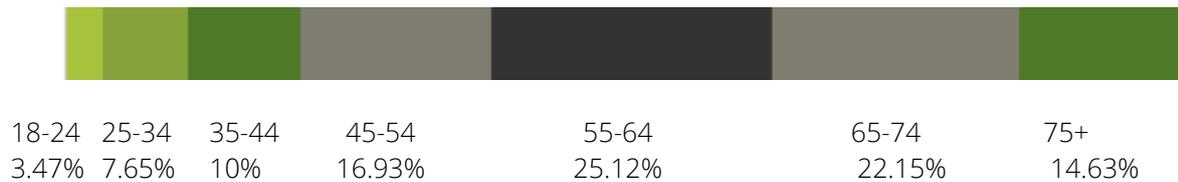
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Demographics

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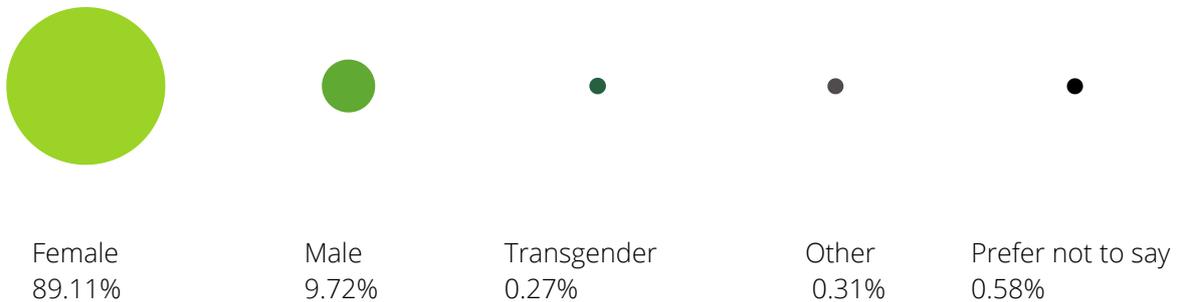
Question 1

What is your age?



Question 2

What is your gender?



Question 3

What state do you live in?



General Practitioners

Question 4

How often do you visit your GP about your pain?



Weekly
3.52%

Fortnightly
15.38%

Monthly
26.09%

3-4 times per year
25.62%

Less often
9.39%

Question 5

On a scale of 1 - 10, how well do you think your GP manages your pain?

5/10

Question 6

What are the most important things for GPs to know, understand, and do when treating someone living with chronic pain?

- We want to be able to function and do our activities of daily living, as well as work
- Believe, care, and help.
- Just how debilitating it is! Impact on social life/work/relationships. Impact on normal day to day life activities and enjoyment (mental health).
- Try and understand someone with an invisible illness and to try their best to find the healthiest alternatives to hard pain killers.
- Be open to a holistic approach and alternative medicines, not just western medicine.
- Listen to the patient. They know their bodies.
- Communication with specialists... I don't want to explain my pain every session.
- Just because they can't physically see it, doesn't mean it isn't real.
- The cost of treatments and how hard they are to access and the extended wait times.

Question 7

If there was one thing your GP could do now to help manage and support you with your chronic pain, what would it be?

- Understand what people are going through, believe what we say. Help us.
- Provide more options.
- Provide a step by step treatment approach / management plan.
- Call me, check in on how things are going.
- Be willing to discuss medical cannabis.
- Ask more questions and validate my concerns.
- Have a good understanding of the causes of chronic pain and a list of specialists to refer to.
- Offer more options besides medication. And have a better understanding about how different conditions interact with each other.
- Help me to understand what is going on and how I can support myself better.

Question 8

Have you experienced any problems or barriers in regards to your GP or specialist prescribing opioids for your chronic pain due to changes in government rules?

Yes

48.8%

No

51.20%

Question 9

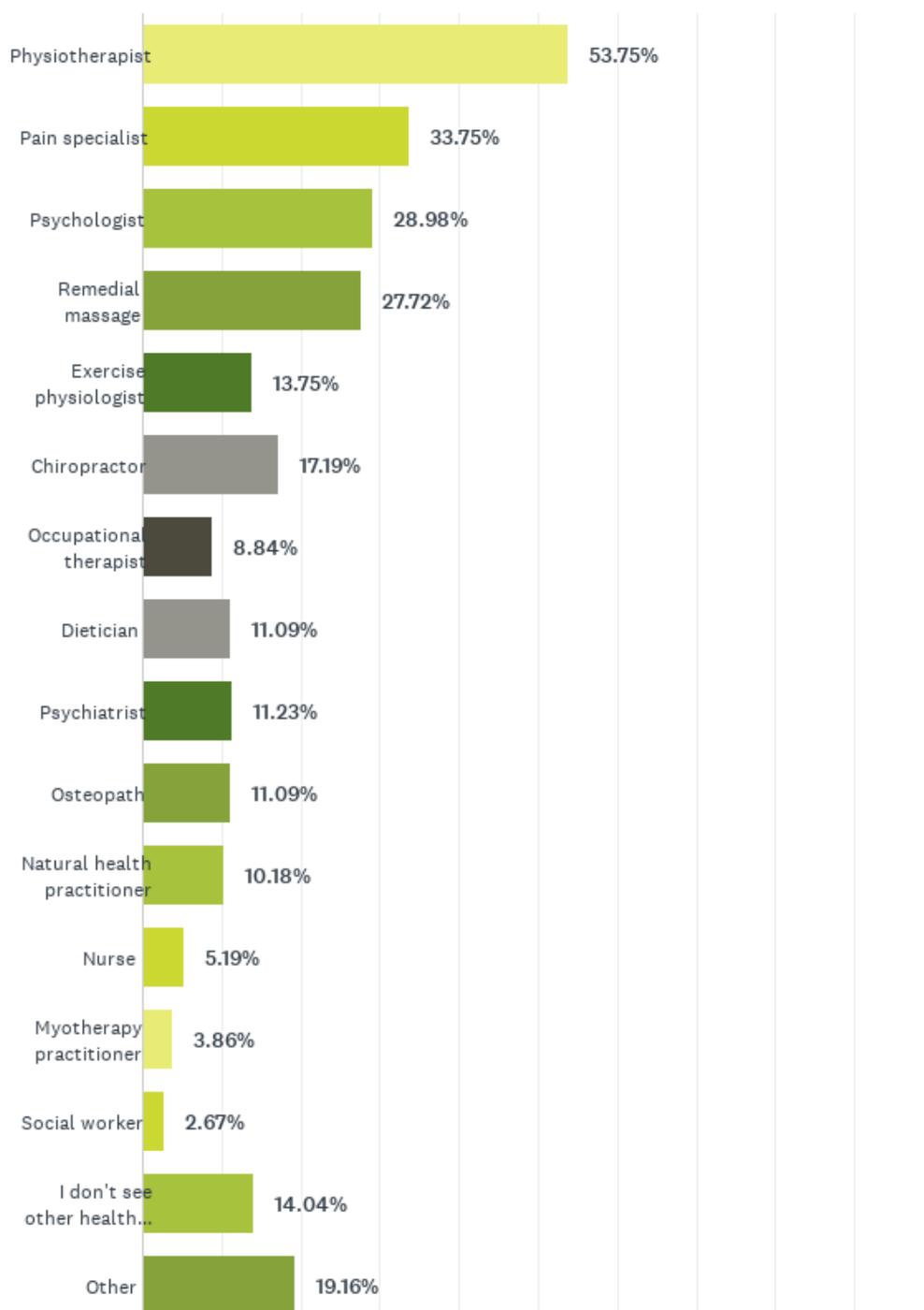
Can you tell us what the problems or barriers were?

- No repeats. Have to contact GP monthly when next due for new script.
- The doctor is scared he'll get "in trouble".
- Only being able to get one prescription at a time is too difficult. Because of constant pain it is hard to continue going back to the doctor for another script every week/fortnight for the same reason.
- I was flagged as a doctor shopper for going to the hospital too many times. This was obviously incorrect but very upsetting.
- I live in an area with a bad reputation so not every GP is comfortable prescribing opioids even though it's a regular medication for me.
- Appointments are often and bring a lot of fear.

Other health professionals

Question 10

What other health professionals do you see to help you manage your chronic pain? You can have multiple responses.



Question 11

Were you referred to them by your GP?

Yes

55.34%

No

44.66%

Question 12

How would you rate your overall ease of access to other health professionals?

5.2/10

Question 13

What are the barriers if any, to accessing other health professionals for your chronic pain management?

- Long waiting times to see anyone, both public and private.
- Cost.
- GP unaware of better/experienced specialists and waiting times (leaving referrals to last minute and having to wait for specialist appointments for 1-2 months).
- None. I have found being my own advocate and doing my own research is the best way to arm myself when talking to my GP about referrals.
- I require being on the public health care system due to having an incredibly low income because of this it means there are greater wait times to see specialists I usually see my pelvic physio once every three months.
- Money is always a barrier to care.
- Timing and appointment availability. Not easy to get an appointment to see my rheumatologist because he's always fully booked.
- Money, time off work.
- The cost and trying to fit appointments around work.
- Psychologists should be free and more well funded.

Question 14

Do you find utilising these professionals affordable?

Yes
22.93%

No
77.07%



Federal Government

Question 15

Are you aware you can get up to 5 visits to some allied health professionals to help manage your chronic pain via a GP chronic condition management plan?

Yes
75.52%

No
24.48%

Question 16

How often do you visit your other health professional for your chronic pain aside from your GP?



Question 17

Do you think the government should provide a full rebate, or an increase to the current medicare rebate for accessing other health professionals to manage your chronic pain?



Question 18

What do you think is the most important thing that governments can do to support people living with chronic pain?

- Having more available support from practitioners and less costs then they're able to be more productive and don't have to take as much time off work.
- Educate employers and provide support. My workplace must think I am unreliable and dramatic with the amount of times I call in sick. And they just don't understand! Most people who don't suffer from chronic pain have no idea on the impact...
- Making specialists appointments and other health care options such as Chinese medicine & naturopaths affordable.
- Assist partners in receiving a carers allowance and making sure pain management specialists understand that chronic pain is a condition and don't label them addicts.
- Help us so we can keep being active in the workforce.
- Access to more specialists and pain specialist especially on public health care more frequently. If this cannot be done offer rebates for private specialists.
- Revisit the rules and regulations around prescribing pain medication, as too many doctors are more concerned about being fined or reprimanded for doing so.

Stigma

Question 19

How would you rate your feelings of stigma or negative attitudes because of your chronic pain (1 being highly stigmatised, 10 being not stigmatised at all).

4.4/10

Question 20

If you do face stigma associated with your chronic pain, can you provide examples of situations when you felt stigmatised?

- I don't let my employers know too much as I have been made to feel that I am not competent to do my job.
- People saying "you call in sick a lot" "you can't be sick AGAIN" "you need to be stronger"
- Having endometriosis I feel it is stigmatised to being "bad periods" & that the pain is not as bad as what it is & that the pain only occurs once a month. I feel that majority of doctors don't take it seriously.
- Peoples reaction to you when you say you can't do something that day because you are struggling to walk but you look perfectly normal.
- People expect the pain to go away. They get sick of hearing that you're not better and in pain still. I've been made to question if I'm really in pain, is it really that bad, is it in my head.
- When I ask for pain relief, especially when I've been taken to the emergency department, I feel like I'm treated like a drug addict.
- Not being invited to events as 'you always cancel anyway'.
- Not being able to work full time, people think I'm lazy. Having to miss social events, friends and family think I'm antisocial.

Question 21

What do you think the public should understand about the experience of living with chronic pain?

- There a lot of people that live with chronic/ acute pain and each person deals with it differently and with different levels of competency.
- I do not want to be in pain, it is not a choice. It takes me a lot more effort to do basic things that they take for granted, and I then suffer pain and fatigue.
- They should understand not to ignore us and think that we are. Only winging. This is serious we are suffering here.
- How it affects your life as a WHOLE. normal duties I used to perform independently and easily has now become so difficult and requiring so much more effort. It is hard work. Getting out of bed. Showing up. Putting on a show like nothing is wrong. When really we may be suffering but we have become so good at "acting" like we are ok.
- I don't think anyone can understand what it is like to have constant pain unless you suffer from it as well . I have lost friends who no longer contact me because they are "sick" of my excuses not to participate.
- We don't want this we don't use this we don't want to take constant pain killers we want to live a normal life I think sometimes the public just sees us as people that want to be on constant painkillers when it's the complete opposite.
- Just because it's invisible, doesn't mean it doesn't exist!
- It's tiring. Experiencing chronic pain leaves me so fatigued it's hard to function some days. And it's nice to be included even if we don't always show up.

Question 22

How important do you think it is that the public understands what it is like to live with chronic pain (1 being not at all important, 10 being extremely important)?

8/10

Medicinal Cannabis

Question 23

Have you spoken to your GP about accessing medicinal cannabis for management of your chronic pain?

Yes

38.77%

No

61.23%

Question 24

If yes, what was their response?

- They think it's unaffordable.
- She was not comfortable to prescribe it to me due to not knowing enough about the process to access it but gave me a health summary so I could go through another clinic.
- This was a new GP whom I want to take over my care, not my existing one, and he said his only concerns were the cost, and that he'd feel awful if he prescribed it for someone, and they paid hundreds of dollars only to find it didn't work for them.
- They didn't have much knowledge about it but they were willing to support and help me to get access to it.
- They think it's a great idea but it's too expensive.

Question 25

If you have been discussing medicinal cannabis with your GP for more than 12 months, have you noticed a change in their willingness to prescribe medicinal cannabis for chronic pain management?

Yes

13.45%

No

86.55%

Question 26

If yes, could you describe the change? Have they become more or less willing to consider prescribing?

- They think it has promise, but don't want to do the work to be able to prescribe it.
- She said she had a family member in another country that uses it and said it is incredible how much it helps them.
- They have become very willing for me to get a prescription.
- I went through a cannabis clinician to access cannabis. I think my main GP's attitude toward cannabis seems to improve after seeing the improvement in my health after starting treatment with medicinal cannabis.
- Considering I have been using cannabis not legally, they are becoming more accepting that it's the path I want to take. All doctors talk about not using opiates for long term use, but what else am I meant to use for my long term pain?

COVID-19 Impact

Question 27

During COVID-19, has the way you manage your pain changed?

Yes

40.33%

No

59.67%

Question 28

If yes, how?

- Extra stress has impacted on my pain levels, it's been harder to get into my Physio because they had to sack some staff. My remedial massage therapist was unable to work during lockdown.
- I needed surgery to help with my pain. But the hospital my specialist operates at was in regional VIC, and I lived in metro, so I had to wait 6 months until I could get it. In that time my condition got worse and my fertility was called into question. I couldn't walk properly.
- Access to exercise facilities, family and friends.
- Less face to face time with medical professionals. My last "telehealth" consultation lasted all of 37 seconds.
- I have had to be more careful about being out in public places.
- Lack of access to gp means less pain medication. So resorting to heat and over the counter meds to manage.

Question 29

If you have chronic pain and have been infected with COVID-19, did your pain or other symptoms change?

Yes: 47 people

Question 30

If yes, how?

- Pain got more intense.
- More flares and pain.
- Got worse with stress.
- Have had first AZ vaccine increased my pain levels considerably for the first week.
- More pain and I became less mobile.

Question 31

Do you now have chronic pain as a result of getting COVID-19?

Yes: 4 people

Question 32

If yes, what have been your main symptoms?

Increase in all pain

Telehealth

Question 33

Have you utilised technology/telehealth to meet with a GP, specialist, or other health practitioner during COVID-19?

Yes

76%

No

24%

Question 34

Did you experience a benefit from using telehealth?

Yes

67%

No

33%

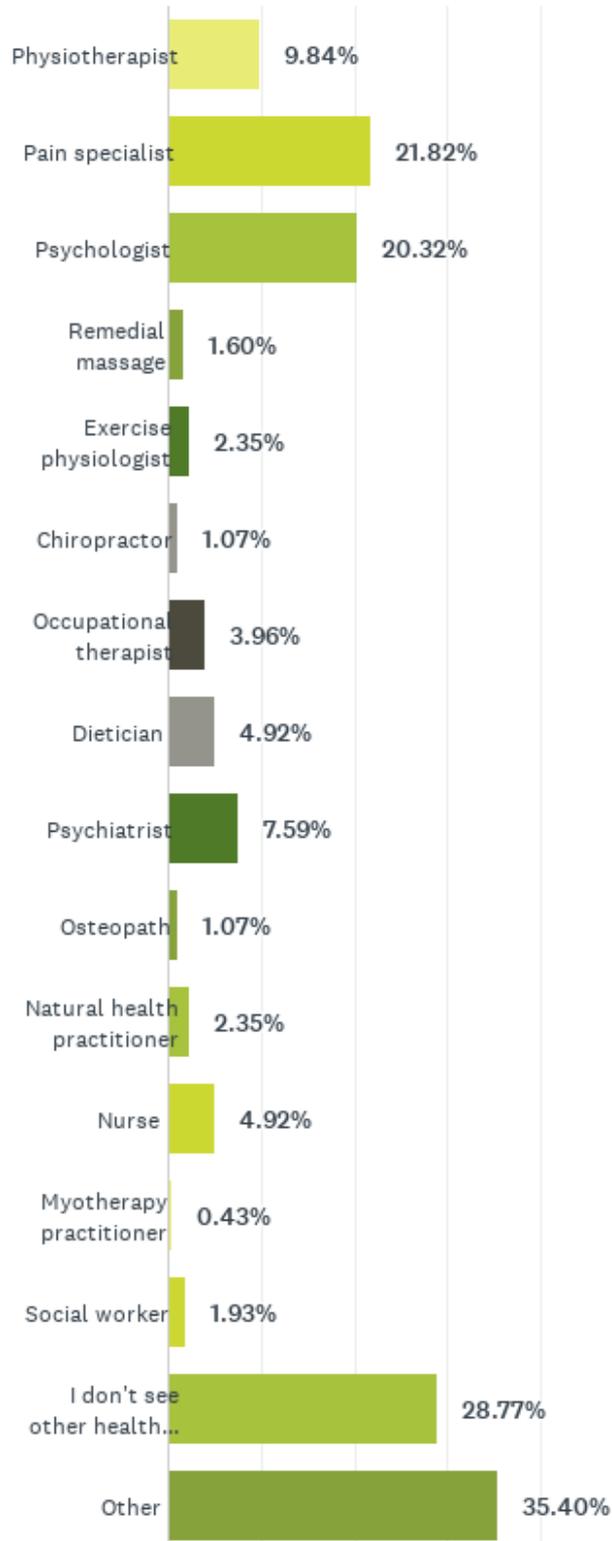
Question 35

If yes, why?

- I could have an appointment with my GP on a day with a migraine, and didn't have to drive.
- It is difficult and demanding having numerous medical appointments. It is hard effort attending appointments on a day you could be resting and it is such an advantage to be able to access the same service over the phone.
- It was convenient as I would have had to cancel my appointment due to being in too much pain to drive.
- A lot of the time I was in too much pain to leave the house walk or go to any appointments so having telehealth appointments actually made things a way easier for me I could still access healthcare without the struggle of leaving my house when I couldn't.

Question 36

What health practitioners are you seeing using telehealth for chronic pain management?



Question 37

If you faced barriers accessing telehealth, can you describe what they were?

- The option was taken away by the government when covid case numbers dropped.
- No physical examinations.
- Waiting a long time for appointments sometimes, and some doctors are unwilling to do Telehealth whereas other doctors provide physical services for me (eg acupuncture, massage therapist, physiotherapist, exercise physiologist) so can't be done over Telehealth.
- It is difficult to build relationships via telehealth.
- The doctor was almost late by 1 hour every time. Receiving referral for pathology was hard as the GP sent via e-mail and pathology doesn't accept such referrals.
- It is disappearing already.
- Internet connection can be poor. Was hard to connect with new psychologist using Telehealth.
- Issues with technology.
- No internet.
- GP has stopped allowing Telehealth appointments now. Was good as was bulk billed.
- Not being tech savvy so if something goes wrong it is hard to know what to do.

Question 38

Do you have a good internet connection in your area?

Yes

84.5%

No

15.5%

Question 39

Do you feel that you have all the technology you require to engage with your practitioner through telehealth?

Yes

81.6%

No

18.4%

Question 40

Would you consider using telehealth options with your health practitioner in an ongoing capacity?

Yes

55.5%

No

16.7%

Unsure

27.8%

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