

Integrating Evidence Into Primary Care:
A Practical Framework for Comprehensive Chronic Pain Management in Family Practice

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Introduction

Persistent pain is a significant public health challenge and one of the most frequent conditions encountered in primary care. Its development is influenced by complex interactions among neurobiological processes, psychological factors, and social circumstances, requiring management strategies that extend beyond symptom control. Although international recommendations advocate comprehensive, non-opioid-focused care, translating these recommendations into routine family practice continues to present practical challenges.

Methods

A narrative evidence synthesis was undertaken using randomized controlled trials, systematic reviews, and established clinical guidelines addressing chronic pain management. The literature was reviewed to identify interventions with demonstrated clinical benefit and to construct a pragmatic framework that supports implementation of evidence-based care within primary care settings.

Results

- Current evidence favors multidisciplinary, opioid-sparing treatment pathways over reliance on long-term opioid therapy.
- Pharmacological options such as serotonin–norepinephrine reuptake inhibitors, tricyclic antidepressants, and gabapentinoids provide symptom relief for selected patients, while structured exercise programmes, cognitive behavioural therapy, and pain neuroscience education contribute to improved functional recovery, self-efficacy, and patient engagement.
- Conversely, prolonged opioid use offers limited sustained benefit and carries substantial risks, including opioid dependence and opioid-induced hyperalgesia.
- Based on these findings, a structured clinical pathway was developed to support comprehensice assessment, individualized treatment planning, longitudinal follow-up, and appropriate escalation of care.

Evidence-Based Clinical Pathway for Chronic Pain in Primary Care

1 Comprehensive Assessment	2 Individualized Treatment Plan	3 Multimodal Interventions	4 Longitudinal Follow-up	5 Escalation of Care
• Pain history & functional impact • Psychosocial factors • Identify red flags	• Set functional goals • Shared decision-making • Multimodal, opioid-sparing approach	• Pharmacologic (SNRIs, TCAs, gabapentinoids) • Exercise / physical therapy • CBT & pain neuroscience education	• Monitor progress • Adjust treatment • Address barriers • Support self-efficacy	• Interdisciplinary referral • Pain specialist • Advanced therapies (e.g., interventional, behavioral programs)

Key Evidence-Based Interventions

Pharmacologic	Non-Pharmacologic	Avoid / Caution
• SNRIs (duloxetine) • TCAs (amitriptyline) • Gabapentinoids (gabapentin, pregabalin)	• Exercise programmes • Cognitive behavioural therapy (CBT) • Pain neuroscience education	• Long-term opioid therapy (limited benefit) • Risks: dependence, OH, overdose

Implementation Science – Turning Evidence Into Practice

Improve guideline uptake	Promote interdisciplinary collaboration	Support consistent delivery of care	Enhance patient-centred, multimodal care

Discussion

Effective chronic pain management in family medicine depends on the successful integration of research evidence into routine clinical workflows. Implementation science offers practical strategies for improving guideline uptake, promoting interdisciplinary collaboration, and supporting consistent delivery of patient-centred, multimodal care.

Conclusion

A structured implementation framework can facilitate the adoption of evidence-based chronic pain management in primary care. Emphasizing individualized, multimodal, and opioid-sparing interventions has the potential to improve patient outcomes while enhancing the quality and sustainability of chronic pain care in family medicine.

References

1. Arnold, M. J. (2023). Prescribing opioids for pain: Guidelines from the Centers for Disease Control and Prevention. *American Family Physician*, *108*(5). Cited by: 1.
2. Brooks, E. M. (2025). Identifying strategies to improve implementation of integrative pain management in primary care. *The Journal of the American Board of Family Medicine*, 38(2), 366–372. Cited by: 2.
3. Bunjaku, G. (2026). Development of a digital multimodal pain intervention (CHRONIC): Protocol for a randomized controlled trial study. *JMIR Research Protoools*, *15*(1), e84437.
4. Ortiz-Mallasén. V. (2026). "Learn and move" program for the management of chronic musculoskeletal pain in primary care: A pilot study. *Healthcare*, 14(4), 456.
5. Svensson, A. (2026). The constant conflicts of opioid prescribing – GPs' views on treating chronic pain with opioids in primary care: a reflexive qualitative analysis. *Scandinavian Journal of Primary Health Care*, 44(1).