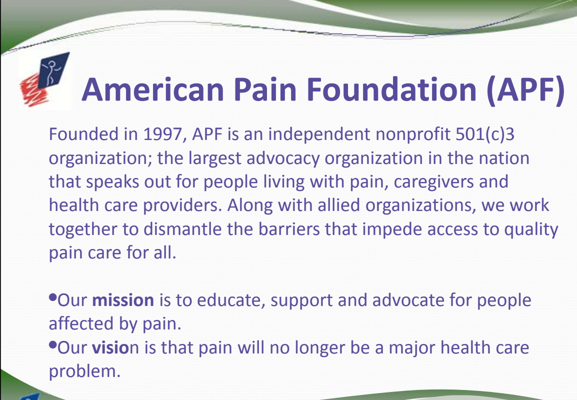
American Pain Foundation
A United Voice of Hope and Power over Pain
Improving Pain Management
Sue Noll, RN-BC, CHPN, Pain Action Network Leader - Kansas
"No prescription is more valuable than knowledge."
-C. Everett Koop, MD
"No single treatment option for pain management is without risk, including the decision not to treat pain."
– Scott Fishman, MD


American Pain Foundation (APF)
Founded in 1997, APF is an independent nonprofit 501(c)3 organization; the largest advocacy organization in the nation that speaks out for people living with pain, caregivers and health care providers. Along with allied organizations, we work together to dismantle the barriers that impede access to quality pain care for all.
•Our mission is to educate, support and advocate for people affected by pain.
•Our vision is that pain will no longer be a major health care problem.
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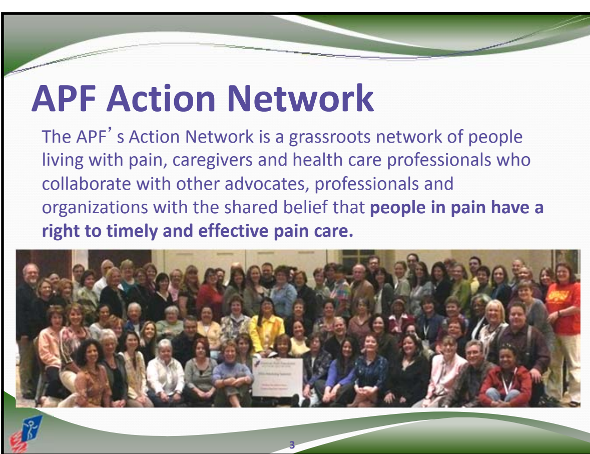
APF Action Network
The APF's Action Network is a grassroots network of people living with pain, caregivers and health care professionals who collaborate with other advocates, professionals and organizations with the shared belief that people in pain have a right to timely and effective pain care.
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APF Action Network - Goal

Unite the millions of people affected by pain to transform pain care by:

- Raising public awareness about the misconceptions and undertreatment of pain
- Promoting favorable pain policy, legislation and practice
- Advancing national and state-based media and educational efforts
- Working with individuals and organizations to build a nationwide pain improvement movement

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Epidemiology of Pain

Pain is a national health care crisis. It is our nation's hidden epidemic.

- More than 116 million Americans live with pain – that's more than one out of every three citizens. (IOM, 2011)
- Pain is one of the main reasons people seek medical care and is a leading cause of disability.
- A hallmark of many chronic conditions, pain affects more Americans than diabetes, heart disease and cancer *combined.*
- Pain doesn't discriminate. It affects people of all races and economic status at all stages of life — the young, the middle-aged and the elderly.

For references and more information, see www.painfoundation.org

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IASP Definition of Pain

- An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.
- "Absence of evidence is not evidence of absence."

IASP, International Association for the Study of Pain

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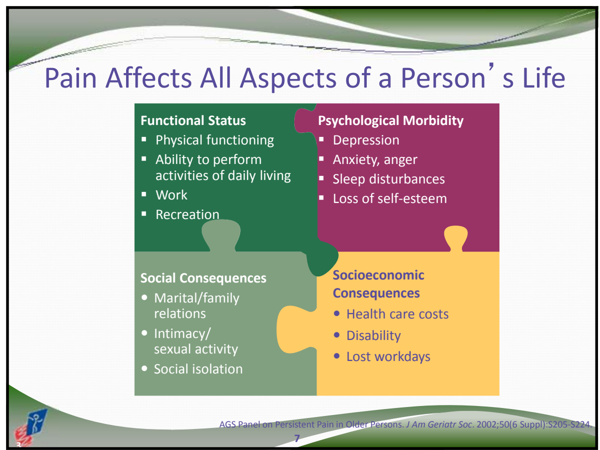
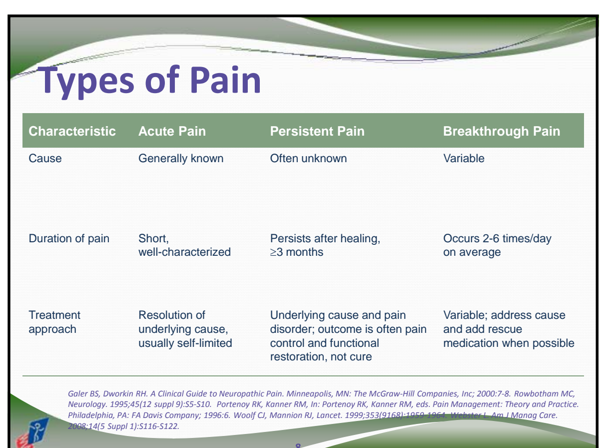
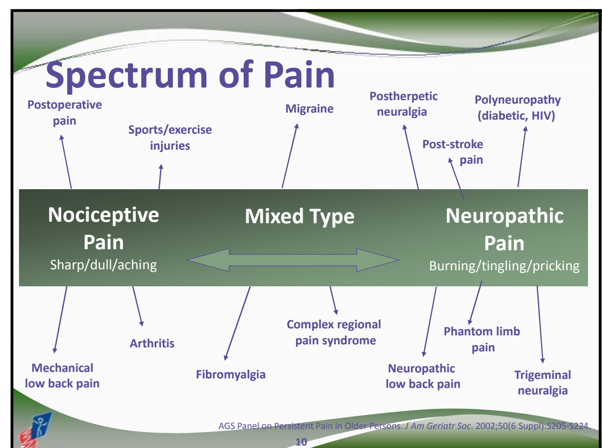




Characteristic	Acute Pain	Persistent Pain	Breakthrough Pain
Cause	Generally known	Often unknown	Variable
Duration of pain	Short, well-characterized	Persists after healing, ≥3 months	Occurs 2-6 times/day on average
Treatment approach	Resolution of underlying cause, usually self-limited	Underlying cause and pain disorder; outcome is often pain control and functional restoration, not cure	Variable; address cause and add rescue medication when possible


Spectrum of Pain
Postoperative pain
Sports/exercise injuries
Migraine
Postherpetic neuralgia
Polyneuropathy (diabetic, HIV)
Post-stroke pain
Nociceptive Pain
Sharp/dull/aching
Mixed Type
Neuropathic Pain
Burning/tingling/pricking
Mechanical low back pain
Arthritis
Fibromyalgia
Complex regional pain syndrome
Neuropathic low back pain
Phantom limb pain
Trigeminal neuralgia
AGS Panel on Persistent Pain in Older Persons. J Am Geriatr Soc. 2002;50(6 Suppl):S205-S224.
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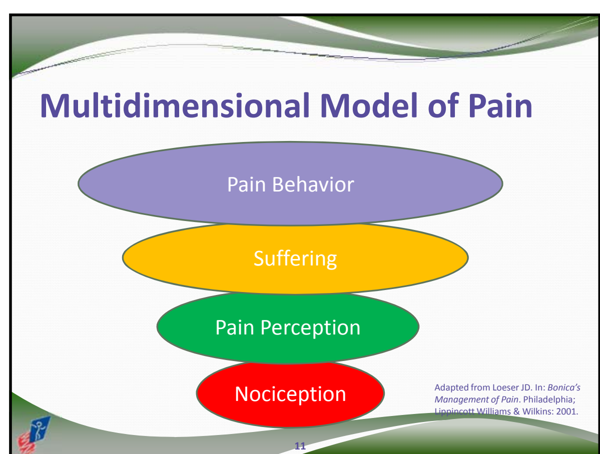
Multidimensional Model of Pain
Pain Behavior
Suffering
Pain Perception
Nociception
Adapted from Loeser JD. In: Bonica's Management of Pain. Philadelphia; Lippincott Williams & Wilkins: 2001.
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Assessment of Total Pain
Detailed history taking
History of past pain experiences and relevant family history
Physical examination of painful area
Psychosocial or spiritual contributing factors
Behavioral factors (including impact on role function)
Goals (e.g. pain reduction, functional improvement)
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Assessing Pain Intensity:

Reducing confusion around numeric ratings

Ask the patient:

- Are you experiencing any discomfort now? (If no, record "0")
- Can you describe what the discomfort feels like (e.g. sharp, aching, burning, throbbing)?
- On a scale of 0 to 10 with "0" reflecting no pain and "10" being the most severe pain possible, how much pain are you experiencing now? (or substitute "pain" for the word they are using-ex: "pinching")

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Alternative Pain Intensity Questions

Pain Severity	Size of Pain	Pain Adjective	Pain Impact	Score to Record
No pain	No pain	No pain	None	0
Mild	Small (little)	Mild pain	Aware of if paying attention to it	2
Moderate	Medium	Uncomfortable	Can ignore and function well	4
Severe	Big (large)	Distressing	Can't ignore; makes functioning difficult	6
Very severe	Huge	Horrible	Impairs function, concentration	8
Worst possible	All Encompassing	Excruciating	Intense, incapacitating	10

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Good News!

Relief is often possible and can result in:

- Pain reduction
- Functional improvement
- Rehabilitation
- Fewer complications
- Shorter length of stay
- Fewer unplanned visits
- Greater satisfaction
- Overall well-being

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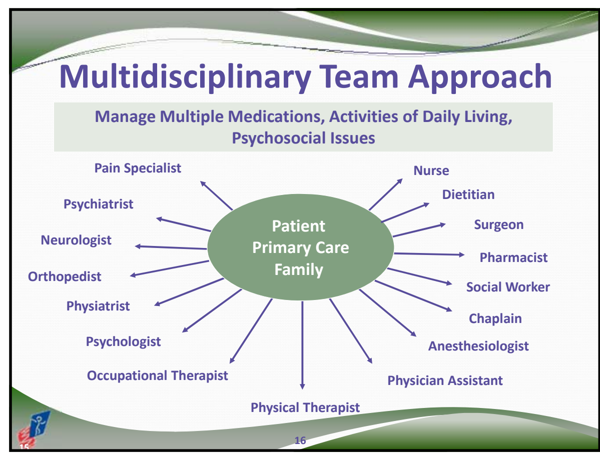
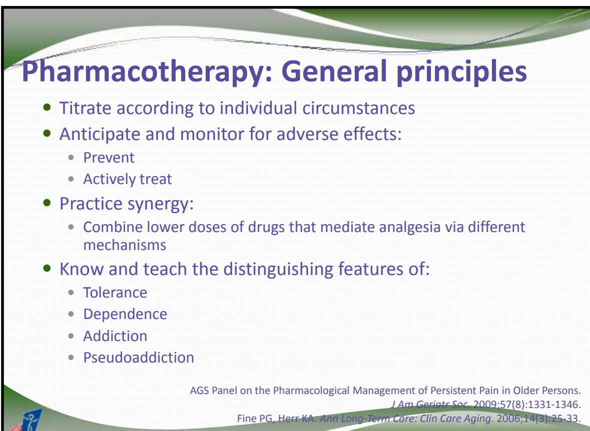
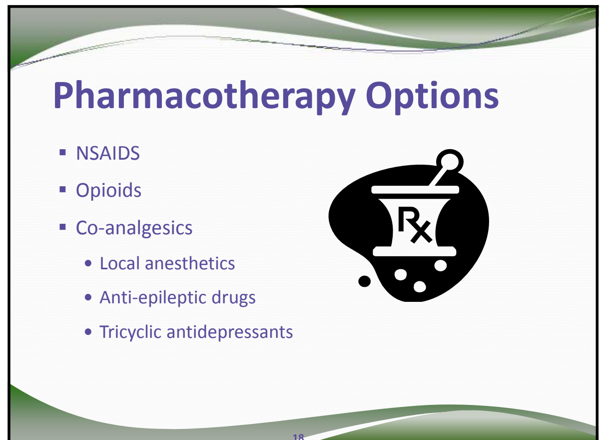

Multidisciplinary Team Approach
Manage Multiple Medications, Activities of Daily Living, Psychosocial Issues
Patient
Primary Care
Family
Pain Specialist
Psychiatrist
Neurologist
Orthopedist
Physiatrist
Psychologist
Occupational Therapist
Physical Therapist
Physician Assistant
Anesthesiologist
Chaplain
Social Worker
Pharmacist
Surgeon
Dietitian
Nurse
16


Pharmacotherapy: General principles
Titrate according to individual circumstances
Anticipate and monitor for adverse effects:
Prevent
Actively treat
Practice synergy:
Combine lower doses of drugs that mediate analgesia via different mechanisms
Know and teach the distinguishing features of:
Tolerance
Dependence
Addiction
Pseudoaddiction
AGS Panel on the Pharmacological Management of Persistent Pain in Older Persons. J Am Geriatr Soc. 2009;57(8):1331-1346.
Fine PG, Herr KA. Ann Long-Term Care: Clin Care Aging. 2006;14(3):25-33.
17


Pharmacotherapy Options
NSAIDS
Opioids
Co-analgesics
Local anesthetics
Anti-epileptic drugs
Tricyclic antidepressants
Rx
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Pain Relieving Strategies

- Pre-emptive approaches
- Multimodal treatments
  - Address multiple physical pathways
  - Address psychosocial aspects
  - Consider active and passive approaches
- Use of combinations of different classifications of medications

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S3

Principles for Using Analgesics

- Start low, go slow
- Around the clock regimen
- Adequately trial each drug
- If it makes sense try it!
- Incorporate alternative methods of pain relief

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Non-Opioids / NSAIDs

Benefits

- Good for mild pain
- Good for sore, aching pain
- Treat inflammation
- Treat fever
- Many products
- Available in oral, topical, parenteral and rectal forms
- Not habit forming

-Ceiling effect
-May delay healing
-GI toxicity
-Renal toxicity
-Hepatic toxicity
-Asthma(brochospasm), HTN warning

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Slide 20

S3 Need to provide references for this slide, also not sure if its needed
Sam, 8/3/2010

S4

Safe Use of NSAIDs

- COX-2 selective products (Celebrex, Bextra, Vioxx)
  - Have fewer side effects,
  - Particularly less GI bleeding
- Proton pump inhibitors (PPIs) (ex: Prilosec, Prevacid, Nexium, Protonix) can be a more cost-effective way of reducing GI bleed risk
- Renal effects need monitoring with all NSAIDs

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S5

Opioid Benefits:

- Highly effective, sometimes the only effective Rx
- Promotes healing
- Improves mood
- Products with low or "no" ceiling
- Accumulation ~ can occur with some products
- Pure agonists have no known end-organ damage
- Opioids for dyspnea

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Opioids: Potential Problems

Risks

- Addiction (rare when taken for pain)
- Physical dependence (also w/many other meds: HTN, seizures, asthma, others)
- Tolerance
- Safety concerns (driving)
- Drug interactions

Side effects

- Respiratory depression
- Sedation
- Nausea / vomiting
- Urinary retention
- Miosis (pupil constriction)
- Sexual dysfunction
- **Constipation**

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Slide 22

S4 Need to have references for information
Sam, 8/3/2010

Slide 23

S5 Instead of slide 28 & 29 consider creating a slide that discusses short vs long acting opioids, opioid rotation, risks & side effects?
Sam, 8/3/2010

Products to avoid (or use cautiously)

- **Avoid**
  - Meperidine (Demerol) – buildup neurotoxic met
  - Propoxyphene & APAP 100/650 (Darvocet N-100) – poor efficacy, toxic met)
- **Use With Caution**
  - Methadone
  - Codeine (weak, some lack enzyme, High SE burden)
  - Tramadol (weak, high doses or combo w/antidepressants can cause seizures)
  - Agonist/antagonist drugs ex: Nubain, Talwin, Stadol (withdrawal, confusion, hallucinations)
  - **Combinations with acetaminophen**

CAUTION!

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Six Opioid Safety (SOS) Steps:

When Opioids Are Prescribed for Your Pain

PainSAFE

1. Never take a prescription pain medication unless it is prescribed to you
2. Do not take pain medicine with alcohol.
3. Do not take more doses than prescribed.
4. Use with other sedative or anti-anxiety medications can be dangerous.
5. Avoid using prescription pain medication to help you fall asleep.
6. Lock up prescription pain medicines.

Key Resource: www.painsafe.org

Available at: http://www.painfoundation.org/painsafe/person-with-pain/medications/opioids/problems-can-be-prevented.html. Accessed June 14, 2011.

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Co-analgesics (Adjuvants)

Drugs used to treat specific symptoms or adverse reactions

- Neuropathic/Neuralgic
  - Anti-epileptics
  - Tricyclic antidepressants
  - Local anesthetics
- Sympathetically mediated
  - Alpha 2 agonists (ex: Clonidine)
- Others
- Anti-emetics
- Laxatives
- Stool softeners
- Psychostimulants (Ex: Ritalin)

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Non-pharmacologic Therapies
Integrate systematically in a multimodal approach
useful for all types of pain
may be effective alone for some types of pain or low-intensity pain ratings (<4/10)
All treatments (including no tx) have risks as well as benefits
Assessment is key
what has been used in the past?
has it been successful? If not, why not?
what is the individual willing to try next?
Some complementary therapies not covered by insurance
is the person with pain willing and able to pay out of pocket?
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Non-pharmacological
Treatment Options
Physical Methods
Psychological Methods
Complementary Methods
Social Methods
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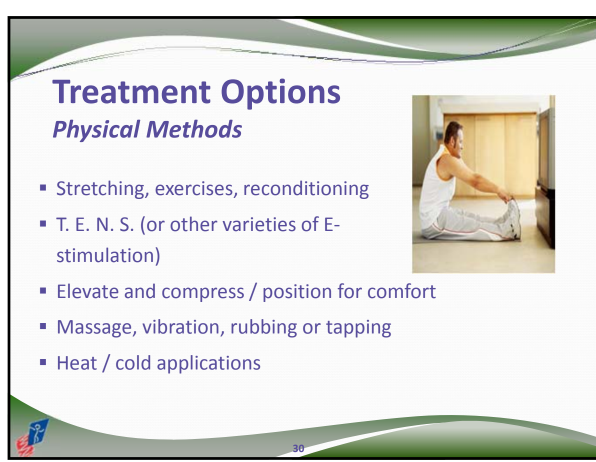
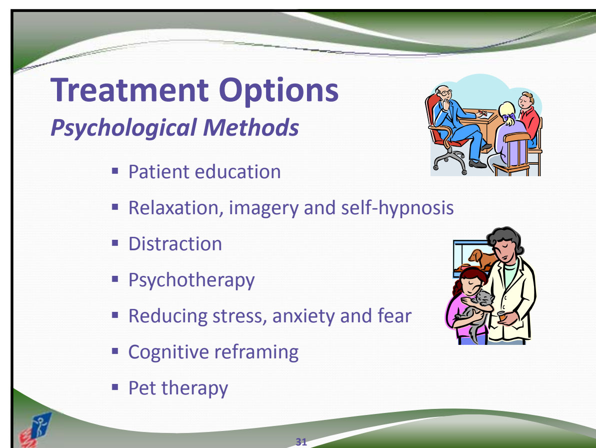

Treatment Options
Physical Methods
Stretching, exercises, reconditioning
T. E. N. S. (or other varieties of E-stimulation)
Elevate and compress / position for comfort
Massage, vibration, rubbing or tapping
Heat / cold applications
30


Treatment Options
Psychological Methods
Patient education
Relaxation, imagery and self-hypnosis
Distraction
Psychotherapy
Reducing stress, anxiety and fear
Cognitive reframing
Pet therapy
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Treatment Options
Complementary Methods
Acupressure or acupuncture
Chiropractic care
Nutritional supplements, homeopathy
Therapeutic touch, Reiki
Aromatherapy
Electromagnets
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Treatment Options
Social Methods
Prayer, involvement with meaningful rituals
Family therapy
Functional restoration
Assertiveness training
Support groups
Volunteering
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Summary

- Undertreatment of pain is a major health care problem
- Quality assessment is needed to effectively manage pain
- Medication-based therapy follows general principles and is individualized based on patient response
- The best treatment for pain is prevention
  - Long-term consequences and chronic pain may be prevented with adequate early intervention

Thank you!

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As a health care professional AND for your patients

Spread the word about the American Pain Foundation and let family, friends and your patients know that they can learn about pain and find support. They, along with YOU, can get involved in improving pain care for all.

- Advocacy can be empowering.
- There is a role for everyone.
- The consumer voice is a powerful force for change!

How?

- Register as an APF member and receive important information and opportunities to join others by responding to action alerts.
- Become pain safe by visiting www.painsafe.org.
- Complete the APF Advocacy Survey.
- Take action and apply to become an Action Network leader.

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Health care professionals play an essential role in the pain care movement.

Together, we can speak out for the rights of people with pain and help improve pain care for all.

We need you to help us make a difference!

Visit the APF Action Network at www.APFActionNetwork.org

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Need More Information?

- **American Pain Foundation**
  - www.painfoundation.org or 1-888-615-PAIN (7246)
    - info@painfoundation.org
- **American Pain Foundation Action Network**
  - www.APFActionNetwork.org
- **American Pain Society**
  - www.ampainsoc.org or 1-847-4715
- **American Society for Pain Management Nursing**
  - www.ASPMN.org or 1-888-342-7766

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