Managing Pain 2

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Ask Your Patients...

"Are you having any pain? If so, does the pain interfere with work, sleep, or enjoyable activities?"

If Your Patient Asks...

"What can you give me for pain?"

UNDERSTAND the problem

More than 100 million people in the United States experience chronic pain, at a cost of more than $630 billion annually, in terms of health care, litigation, lost productivity, and compensation.[1] The lifetime prevalence of chronic pain ranges from 54% to 80%, and an estimated 41% of patients with chronic pain report their pain is uncontrolled.[1]

Chronic pain is related to several comorbidities, including depression, anxiety, sleep disturbances, sexual dysfunction, and memory/concentration problems. Uncontrolled pain leads to a vicious cycle in which the patient avoids behaviors that trigger or exacerbate pain, leading to decreased mobility and an altered functional status, and, ultimately, to physical and emotional decline and social limitations.

However, there is a real risk for the misuse of opioids.[2] As such, healthcare professionals should know the best clinical practices in approaches to pain management, including the associated risks of opioids, approaches to the assessment of pain and function, and effective pharmacologic and nonpharmacologic approaches.

RECOGNIZE the barriers

Recognizing the barriers to effective pain management is the first step in developing strategies to overcome them. The fear of addiction is the number one concern of both healthcare professionals and patients.[3]

Patient-Related Barriers

Some of the primary reasons patients do not want to take pain medication include:

- Fear of addiction
- Belief that early treatment will preclude relief options in the future
- Fear that increasing pain equates to worsening disease
- Anxiety about the cost of medications

Physician-Related Barriers

Among the factors influencing physicians prescribing pain medications are:

- Fear of patients' misuse of drugs (addiction, diversion of medication to others)
- Apprehension about regulatory issues related to the use of opioids
- Concern about criminal or civil risk

Patients should receive appropriate pain treatment based on a careful consideration of the benefits and risks of treatment options. Addressing patient, prescriber, and system barriers to appropriate pain management is the responsibility of all members of the interprofessional healthcare team.

EDUCATE patients

It is essential for healthcare professionals to initiate conversations about pain management, especially regarding the use of opioids. Patient and family should be educated regarding their roles in achieving comfort, reporting pain, and proper use of recommended analgesic methods. For mild-to-moderate pain, patients should be reassured that a combination of nonpharmacologic and over-the-counter analgesics will be used to address their pain. Explore possible causes of or influencers of pain, such as emotional or spiritual distress, psychosocial or cultural factors, and religious beliefs.

When prescribing opioids, clinicians should provide patients with the following information[4]:

- Product-specific information
- Taking the opioid as prescribed
- Importance of dosing regimen adherence, managing missed doses, and prescriber contact if pain is not controlled
- Warning and rationale to never break or chew/crush tablets or cut or tear patches prior to use
- Warning and rationale to avoid other central nervous system depressants, such as sedative-hypnotics, anxiolytics, alcohol, or illicit drugs
- Warning not to abruptly halt or reduce the opioid without physician oversight of safe tapering when discontinuing
- The potential of serious side effects or death
- Risk factors, signs, and symptoms of overdose and opioid-induced respiratory depression, gastrointestinal obstruction, and allergic reactions
- The risks of falls, using heavy machinery, and driving
- Warning and rationale to never share an opioid analgesic
- Rationale for secure opioid storage
- Warning to protect opioids from theft
- Instructions for disposal of unneeded opioids, based on product-specific disposal information

SELECT appropriate treatment

Selecting the appropriate treatment for pain begins with accurate assessment. The patient's self-report of pain is the most reliable indicator, and the patient should be believed. The choice of treatment should be guided by the pain mechanism and the patient characteristics and preferences.

Pharmacologic and nonpharmacologic approaches should be used on the basis of current knowledge in the evidence base or best clinical practices. Nonpharmacologic therapy and non-opioid pharmacologic therapy are the preferred first-line therapies for most pain. Several nonpharmacologic approaches are therapeutic complements to pain-relieving medication, lessening the need for higher doses and perhaps minimizing side effects. These interventions can help decrease pain or distress that may be contributing to the pain sensation. The choice of a specific nonpharmacologic intervention is based on the patient's preference, which, in turn, is usually based on a successful experience in the past.

Patients with moderate-to-severe chronic pain who have been assessed and treated, over a period of time, with non-opioid therapy or nonpharmacologic pain therapy without adequate pain relief, are considered to be candidates for a trial of opioid therapy.[5; 6] Initial treatment should always be considered individually determined and as a trial of therapy, not a definitive course of treatment.[7]

If opioids are used, they should be combined with nonpharmacologic therapy and non-opioid pharmacologic therapy, as appropriate. Clinicians should consider opioid therapy only if expected benefits for pain and function are anticipated to outweigh risks to the patient.[6]

LEAD by example

Pain management is a complex issue, and healthcare professionals should remain up-to-date on new strategies by participating in continuing education to learn more about the pharmacologic properties of pain medications. In addition, they should consult with their colleagues, especially pain management specialists and anesthesiologists.

More information about pain management is available on the following websites:

American Academy of Pain Medicine
https://painmed.org

American Chronic Pain Association
https://www.theacpa.org

American Society of Interventional Pain Physicians
https://www.asipp.org

International Association for the Study of Pain
https://www.iasp-pain.org

1 Institute of Medicine. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Washington, DC: National Academies Press; 2011.

2 Owen GT, Burton AW, Schade CM, Passik S. Urine drug testing: current recommendations and best practices. *Pain Physician*. 2012;15:ES119-ES133.

3 Noble M, Treadwell JR, Tregear SJ, et al. Long-term opioid management for chronic noncancer pain. *Cochrane Database Syst Rev*. 2010;(1):CD006605.

4 U.S. Food and Drug Administration. Medication Guides: Distribution Requirements and Inclusion in Risk Evaluation and Mitigation Strategies (REMS). Available at https://www.fda.gov/media/79776/download. Last accessed October 18, 2019.

5 Management of Opioid Therapy for Chronic Pain Working Group. *VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain*. Washington, DC: Department of Veterans Affairs, Department of Defense; 2017.

6 Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain—United States, 2016. *MMWR*. 2016;65(1):1-49.

7 Chou R, Fanciullo GJ, Fine PG, et al. Clinical guidelines for the use of chronic opioid therapy in chronic noncancer pain. *J Pain*. 2009;10(2):113-130.

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