

# Managing Pain

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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 **50 million people** in the United States experience **chronic pain**, at a cost of \$100 billion annually, in terms of health care, litigation, and compensation.<sup>1</sup> Approximately 45% of Americans seek medical care for pain at some point in their lives, and an additional 20% of patients have chronic pain but do not **seek treatment**.<sup>2</sup>

The need to address pain and manage it effectively has gained **increased attention**. Efforts to heighten **awareness** of the problem and provide solutions include the American Pain Society campaign to consider pain as the **fifth vital sign** and the development of treatment guidelines for pain in a variety of disease settings.

Still, **unrelieved pain** is perhaps the greatest **fear** for all patients. This fear has been substantiated in medical literature, with studies indicating that 4 of every 10 people with moderate or severe pain do not get adequate relief. Healthcare professionals acknowledge the lack of adequate treatment for pain and have noted that **undertreated** pain is their primary ethical concern.<sup>3</sup>

The importance of obtaining complete pain relief cannot be overstated. 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.

There are many **barriers** to effective pain management, including **myths and fears** of both patients and healthcare professionals. Healthcare professionals have an ethical obligation to relieve pain and suffering and must seek ways to overcome these barriers and provide **effective pain relief** for their patients.

## 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; however, studies have shown that addiction is extremely rare in patients taking opioids appropriately prescribed for pain.<sup>4</sup>

### 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

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### 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

A better understanding of available medications to relieve pain, including appropriate dosing, safety profiles, and side effects, will help physicians overcome their own concerns and provide a foundation for educating their patients.

### EDUCATE patients

Educating patients in an open and honest way is key to overcoming their fears about taking pain medication. Because many patients are hesitant to raise the issue of their pain—or their concerns about pain medication—it is essential for healthcare professionals to initiate conversations about pain management, especially regarding the use of opioids.

To help patients better understand the need for medication:

- Acknowledge the patient's fears individually and provide information to help him/her differentiate fact from fiction.
- Explain the difference between addiction and physical dependence and describe mistaken drug-seeking behavior.
- Assure the patient that the availability of pain relievers cannot be exhausted.
- Explore possible causes or influencers of pain, such as emotional or spiritual distress, psychosocial or cultural factors, and religious beliefs.
- Encourage the patient to be honest about his/her pain.

### 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.

#### Assessment

To perform a complete assessment of pain:

- Ask the patient to describe the pain in terms of its location, distribution, quality, temporal aspect, intensity, and the existence of aggravating or alleviating factors.
- Document the patient's report of pain intensity with use of a validated assessment tool (such as a numerical or verbal rating scale, the FACES scale, the McGill Pain Questionnaire or the Wisconsin Brief Pain Questionnaire).
- Evaluate the patient's functional limitations.
- Reassess the patient and the effect of pain management at regular intervals and modify the treatment plan as necessary.

#### Management

Effective pain management is based on the World Health Organization (WHO) three-step analgesic ladder.<sup>5</sup> With this approach, drugs are prescribed according to the severity of the pain:

- Mild pain is treated with nonopioid analgesics (aspirin, acetaminophen, and nonsteroidal anti-inflammatory drugs)
- Moderate pain is treated with analgesic agents that are combinations of acetaminophen and an opioid (such as codeine, oxycodone, or hydrocodone)
- Severe pain is treated with strong opioids (morphine, oxycodone, hydromorphone)

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Supplement pain medication with nonpharmacologic strategies, and initiate these strategies early—before medications fail to provide relief.

### 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 Chronic Pain Association  
[www.theacpa.org](http://www.theacpa.org)
- American Pain Society  
[www.ampainsoc.org](http://www.ampainsoc.org)
- International Association for the Study of Pain  
[www.iasp-pain.org](http://www.iasp-pain.org)

Please visit [www.NetCE.com](http://www.NetCE.com) for our comprehensive course *Pain Management, Palliative Care and Treatment of the Terminally Ill*.

- 1 National Institutes of Health. New Directions in Pain Research. Rockville, Md: Department of Health and Human Services, National Institutes of Health. Sept. 4, 1998.
- 2 Watkins E, Wollan PC, Melton LJ III, Yawn BP. Silent pain sufferers. *Mayo Clin Proc.* 2006; 81:167-171.
- 3 National Consensus Project for Quality Palliative Care Consortium Organizations. Clinical Practice Guidelines for Quality Palliative Care. Pittsburgh, PA: National Consensus Project, 2004.
- 4 Portenoy RK, Payne R. Acute chronic pain management. In Lowinson JH, Ruiz P, Millman RB, et al (eds). *Comprehensive Textbook of Substance Abuse*, 3rd ed. Baltimore, MD: Williams & Wilkins, 1997; 563-589.
- 5 World Health Organization. *Cancer Pain Relief*, 2nd ed. Geneva: World Health Organization, 1996.

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