Objectives

- Develop a basic understanding of client chronic conditions: Pain
- Gain an awareness of strategies for effective consultation with clients having chronic pain
- Identify risks and mitigation strategies to support and manage persons with chronic pain and related emotional or behavioral needs
- Develop greater empathy and understanding of persons with chronic conditions
- Develop skills of cultural sensitivity showing an ability to match appropriate interventions and prevention strategies with appropriate chronically ill populations, allowing ISCs/ISSAs/transition coordinators to understand and intervene as an advocate
• The International Association for the Study of Pain defines pain as an “unpleasant sensory and emotional experience associated with actual or potential tissue damage.”

• Pain is the most common symptom that brings patients to see a provider, and it is frequently the first alert of an ongoing pathologic process.
National Institutes of Health: Pain Facts

✓ U.S. population in 2014 = 318.9 million

✓ Chronic pain is the most common cause of long-term disability, affecting about 50 million Americans annually.

✓ Aspirin is the most commonly used pain reliever

✓ Opiate medication and aspirin were discovered in the early 19th century and are still being used today to treat pain

Who is at risk?

- **Biological**
  - Age
  - Obesity
  - Previous injury and status-post (s/p) surgery

- **Psychological**
  - History of childhood trauma
  - Mood disorders

- **Lifestyle**
  - High-risk job
  - Stress
  - Smoking

Common Terms: Definitions & Types of Pain

- **Acute pain**
  - Self limiting
    - Usually lasts less than 6 months
    - Usually goes away when the injured area heals
  - Protective function
    - Normal ‘alert to injury’ sensation
  - Nociceptive pain

- **Chronic pain**
  - Not a symptom, but a disease process of its own
  - Pain that has persisted for 6 months or remains after your body has healed (E.g. Persistent post-surgical pain)
  - Predominantly neuropathic, but may be nociceptive
### Pain pathology - sources of pain

- **Bone**
  - Deep pain, often described as ‘dull’ (fracture? cancer?)

- **Muscle, tendon, ligament**
  - Stress and overuse (localized)
  - Infection (systemic, non-localized)

- **Intervertebral disk degeneration**
  - Associated with aging

- **Nerves**

- “**Organ pain**”
  - Visceral and ‘referred pain’

[Diagram of the human body with labeled organs and pain points](http://cnx.org/content/m46579/1.2/)
Client consultation: Approach to modifiable factors

Contributing factors
- Obesity
- Stress
- Smoking
- High-risk

Approach to client
- Pain is a very personal issue
- Pain is hard to describe
- Pain is hard to quantify
- Pain is a sensation
Approach to the pain patient, cont’d

Pain is subjective

- Only the patient knows how much pain they are in, and only they can decide how far they want to go for treatment

Pain is both a symptom and a disease

- Eliminate dangerous and progressive diseases!
- Prevent centralization
Approach to the pain patient, cont’d

- Empathy
  - We understand our patients – communicating that to them offers comfort and confidence that our treatments will work
  - Chronic pain and higher suicide risk

- Patient education is required for “informed consent”
  - Patients need to understand where their pain is coming from and what to expect
  - They need to know what their treatment choices are and what the risks and benefits are
Assessment of pain should include:

- Location
- Type of pain (e.g., sharp, dull, stabbing).
- Intensity of pain: 0-10 pain intensity rating scale. 0 is no pain and 10 is the worst pain the person has ever had.
- What makes it worse or what makes it better?
- How does the pain impact one’s independence (performance of ADLs/IADLs)?
- Monitor for psychological or social factors: depression, substance abuse, past or current physical, sexual or emotional abuse.
Assessment of pain should include:

- Determine what current treatment plan is and assess effectiveness of pain management plan
- Determine if pain impacts participant’s ability to function independently and perform ADLs/IADLs
- Determine if physical therapy and/or occupational therapy is needed
- Use of narcotics may place participant at higher risk for substance abuse
Common terms - pain scales

- Numeric Rating Scale – 0-10 scale
- Wong – Baker Faces Scale – 0-10 scale
- Other scales for children
Management tips

- Establish an understanding of the client’s baseline

- Remember: “‘Flair ups’ don't mean that you're failing at pain management”

- Assess pain’s impact on the client
  - Red flag indicators
    - Limited range of motion (ROM)
    - Decreased appetite
    - Socially withdrawn
    - Changes in mental status
    - Impaired I/ADL performance

- Advocate for an effective treatment plan
Treatment

- Find the source
- Treat the source
Pain that has persisted for 6 months, or after a patient’s body has healed, is _______ pain?
Understanding treatment approach

- Acute vs. Chronic pain
- Tissue responsible for generation pain

*Using these distinctions helps to guide treatment:
  - E.g. toward:
    - anti-inflammatory therapies, and/or
    - nerve modifying meds, or
    - central pain control
Identifying the source

- First, rule-out threats to life and limb
  - Myocardial infarction (MI)
  - Infection
  - Musculoskeletal (MSK) conditions that could worsen
    - e.g. Fracture, tendon tear

- Once dangerous conditions are eliminated or ruled-out, identify and treat the source...
Treating the source

- Decrease inflammation
  1. Modalities
     1. Non-pharmacologic interventions
  2. Manual medicine
  3. Medication
  4. Lifestyle Changes

- Minimize intensity and frequency of insult

- Decrease psychological or social symptoms
  - E.g. depression, anxiety, inability to sleep

- Improve functional ability

- **GOAL:** Improve or maintain quality of life
1. Modalities—non-pharmacological interventions

- **Heat and ice**
  - Heat reduces muscles stiffness and spasms; ice decreases inflammation.

- **Splints**
  - For acute pain to protect the area of injury

- **Transcutaneous electrical nerve stimulation (TENS)**
  - The most common form of electrical stimulation used in pain management. Small battery operated device that decrease pain by blocking nerve impulse.

- **Surgery**
  - Such as carpal tunnel release or hip or knee replacement.
  - In rare instances when severe pain has not responded to other strategies, surgery on certain nerves can be done to give the patient some relief and allow him/her to resume near-normal activities.
1. Modalities—non-pharmacological interventions, cont’d

- Guided Imagery
  - relaxation technique involving imagining your favorite relaxing location and imagining yourself there (e.g., beach, etc.).

- Herbal remedies and supplements
  - not regulated by the FDA and should be approved by a healthcare provider.

- Progressive muscle relaxation
  - starts at the feet and moves up the body until the entire body feels relaxed.

- Relaxation breathing
  - helps relax the body and take the mind away from worries, slow, steady relaxing breaths.
Complementary and Alternative Medicine (CAM)

- **Acupuncture**
  - This ancient Chinese practice uses very thin needles at very specific points on the skin to interfere with nerve impulses. Can be used for both acute and chronic pain.

- **Biofeedback**
  - Uses visual or sound cues to help people control their response to pain. They can learn to relax muscles and stay calm.

- **Chiropractic Manipulations**
  - Osteopathic physicians use massage and manipulation that may give temporary relief of pain.
Management

- Treat the source
  - Treat conditions that are sequelae of the primary pathology
    - Secondary structural damage
    - Psychological and emotional state

- Psychological support
  - Many patients who are in pain feel the emotional effects along with the physical aspects of pain.
2. Manual medicine

- Treat the source
  - Return normal function
    - Manual medicine

- Physical therapy
  - Stretching and strengthening activities, and low-impact exercise (such as walking, swimming or biking) can help reduce the pain. Other therapies include heat and massage

- Occupational therapy
  - Teaches how to pace activities and how to do ordinary tasks differently
3. Medication

Review of medications:

- Different types of medication are for different types of pain
- Medications may include narcotics or opioids and adjuvant medications
- It is not uncommon to see a person on multiple pain medications
3. Medication: Nonaspirin and NSAIDS

- Nonaspirin pain relievers such as Acetaminophen (Tylenol) can relieve headaches and minor pain, but do not reduce swelling.

- Anti-inflammatory drugs are used to relieve pain, inflammation (swelling), and fever.
  - Aspirin and Non-steroidal anti-inflammatory drugs (NSAIDs) such as Ibuprofen (Advil, Motrin) and Naproxen (Aleve).
  - There are also prescription steroidal drugs (like prednisone) that are used for more serious inflammatory conditions such as chronic arthritis.

- Tramadol (Ultram) is used for mild to moderate pain.
NSAID Side Effects

- **Gastritis**: may need a medication to protect the stomach such as Esomeprazole (Nexium) or Pantoprazole (Protonix) from stomach ulcers.

- **Bleeding**: Monitor for frequent bleeding gums, nose bleeds, cuts that bleed longer than normal.

- **NSAIDS should be taken with food to minimize/prevent gastritis.**
3. Medication: Opioids

**OPIOIDS**—For acute pain or cancer pain. Used for:

**Mild pain:**
- codeine containing medications (Tylenol # 3)

**Moderate pain:**
- oxycodone (Oxycontin, Percocet, Percodan)
- hydrocodone (Hycodan, Vicodin, Vicoprofen, Lortab)

**Severe pain:**
- fentanyl transdermal (Duragesic)
- hydromorphone (Dilaudid)
- methadone
- morphine
3. Medication: Opioids, cont’d

OPIOIDS, Cont’d

Side Effects:

- Nausea and vomiting
- Constipation
- Itching
- Jerky muscular movements
  - Fall risk
- Respiratory depression
  - Can lead to decrease in circulating oxygen → fall risk
- Dizziness, lightheadedness, and feeling faint
  - Fall risk
OPIOIDS, Cont’d

Have you heard of this?

- Pain pump (morphine pump)
  - “Last resort”
  - Refill meds every few months
  - No lifting, twisting, bending, (etc.)
  - Same Side effects
    - Constipation
    - Itching
    - Jerky muscular movements → fall risk
    - Respiratory depression
      - Can lead to decrease in circulating oxygen → fall risk
    - Dizziness, lightheadedness, and feeling faint → fall risk
3. Medication: Other

**Anti-depressants:**
- May help relieve neuropathic pain and help to improve sleep.
- Examples: amitriptyline (Elavil), fluoxetine (Prozac), duloxetine (Cymbalta)

**Anti-seizure medication:**
- Medications used to relieve nerve type pain described as "shooting" pain
- Ex: Gabapentin, Pregabalin, Carbamazepine

**Muscle Relaxant:**
- Treat muscle spasms, may be sedating. Examples: Cyclobenzaprine (Flexeril)
Pain-related risk factors for constipation

**LEVEL 1 risk:**

Reduced mobility
Medications (tricyclics, antipsychotics, antihistamines, antiemetics, drugs for incontinence)
Neuro conditions (Parkinson’s disease, Diabetes Mellitus, Spinal cord injury);
Dietary factors

**LEVEL 2 risk:**

Polypharmacy (> 5 medications), opiates, calcium channel antagonists, calcium supplements, non-steroidal anti-inflammatory, impaired mobility, nursing home residency, neuro conditions (dementia, autonomic neuropathy), dehydration

**LEVEL 3 risk:**

Iron supplements, Neuro conditions (stroke), depression, low dietary fiber, renal dialysis, metabolic disturbances, lack of privacy or comfort, poor toilet access
Pain referral

- Should see Pain Specialist if:
  
  - “painful disorders that have persisted beyond expected duration for recovery from injury or surgery, or for those with painful medical conditions that have persistent uncontrolled pain despite appropriate treatment for their underlying disorder”
Warning symptoms

- Trouble breathing
- Swelling of your face, lips, tongue, or throat
- Signs of an overdose, including:
  - Cold, clammy skin
  - Confusion
  - Severe nervousness or restlessness
  - Severe dizziness, drowsiness, or weakness
  - Slow breathing
  - Seizures
Addiction and pain

- Persons with a history of addiction or who have lost control over the use of a drug
  - They may still develop acute or chronic pain that needs to be managed

- A healthcare provider may ask them to sign an opioid agreement and:
  - obtain prescriptions from only one provider
  - use only one pharmacy
  - bring medication to appointment to be counted
  - have periodic urine drug testing

Lifestyle changes are an important part of management of chronic pain

- Get regular sleep at night and avoid taking naps during the daytime.
- Mild exercise can increase strength and flexibility.
- Good nutrition will make a person feel better and help prevent some side effects.
- **Stop smoking.** The nicotine in cigarettes can make some medicines less effective. Smokers also tend to have more pain than nonsmokers. This is a result of narrowing blood vessels causing a decrease in blood flow to a painful area.
Follow recommended guidelines, including:

Environmental issues:

- Keep clutter down
- Keep noise down
- Keep lights as low as appropriate
- Keep rooms comfortable
- Keep crowds down (pain patients generally do better waiting in rooms than in lobby if there are more than 1-2 other people)
Consultation: Assessment of Constipation

General History (assess for RISK FACTORS)

- Mood/cognition
- Symptoms of systemic illness (weight loss, anemia)
- Relevant co-morbidities (e.g., diabetes, neurological disease)
- Mobility
- Diet
- Medications (opioids)
- Toilet access (location of bathroom, manual dexterity, vision)

Abdominal pain, rectal bleeding, and certainly any systemic features such as weight loss and anemia should prompt further investigations for underlying cancer
Compassionate, knowledgeable care coordinators can improve the likelihood that persons diagnosed with pain will obtain the appropriate information to make lifestyle changes and improve their own health risks related to pain.

In summary, Transition Coordinators should:

- Know your patients
- Determine where the pain is coming from
- Educate your patient
- Give your patient appropriate management choices
- Determine goals
- Measure progress towards goals
- Constantly reevaluate
Questions
Resources

http://www.asahq.org/patientEducation/managepain.htm

http://www.ClevelandClinic.org

http://www.icsi.org/for_patients_families/assessment_and_management_of_chronic_pain_pdf__for_patients___families__.html


http://www.nationalpainfoundation.org/articles/89/using-complementary-therapy

http://www.nlm.nih.gov/medlineplus/pain.html#cat1