

# Pain Management

Abigail Gilbert-Savi, CNP  
Palliative Medicine  
Presbyterian

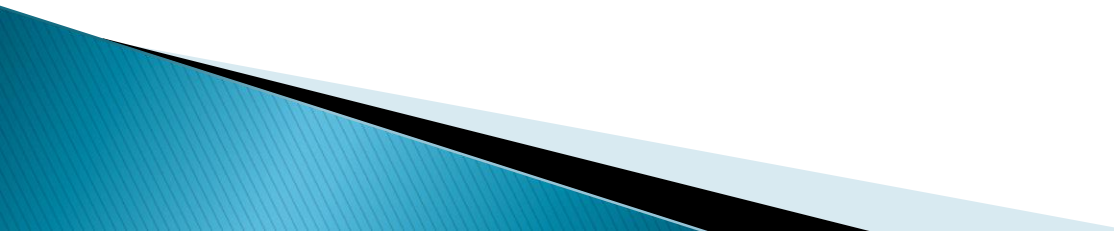
# World Health Organization

- ▶ “Palliative care improves the quality of life of patients and families who face life-threatening illness, by providing pain and symptom relief, spiritual and psychosocial support from diagnosis throughout the course of illness.”

# Palliative Care

- ▶ Palliative care is...
  - Team based approach: providers, RNs, social workers, PT/OT/ST, chaplains
  - Receiving care and treatment aligned with goals
  - Understanding care and treatment so that an informed decision can be made
  - Reducing suffering
  - Additional layer of support

# Palliative Care

- ▶ Palliative care is not
    - Exclusively hospice care
    - Less treatment
    - Ending with the conclusion of treatment
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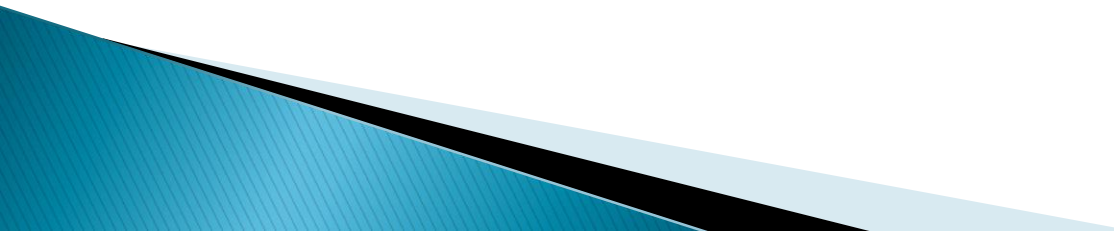
# Palliative Care at Presbyterian

- ▶ Inpatient services
  - Consultation
- ▶ Outpatient clinics
  - Oncology; Kaseman and Rust
  - PMG locations; Montgomery, Wyoming, High Resort/Rio Rancho
  - Half day clinics. 1 hour appointments.
- ▶ Palliative home health care
  - Team approach
  - Medical House Calls & Hospital at Home

# Definition of Pain

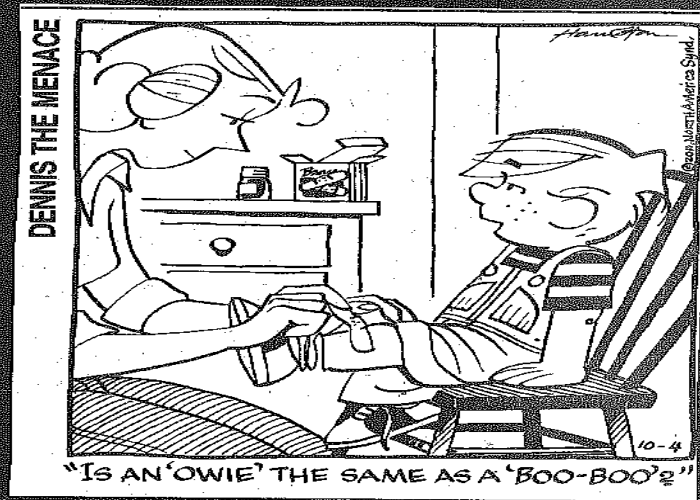
- ▶ Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage

(International Association for the Study of Pain (IASP) 1994)

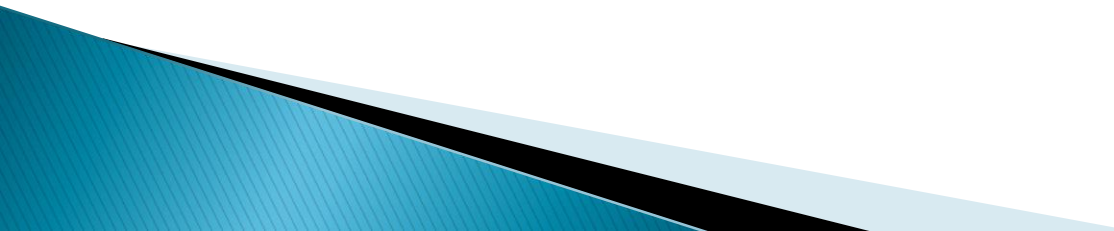
- ▶ Pain is whatever the experiencing person says it is.
  - ▶ It exists whenever (s)he says it does.
- 



# Pain is Subjective



# Role of Palliative Care in Pain Management

- ▶ Focus on comfort and quality of life
  - ▶ Symptom management; pain, nausea, vomiting, depression, anxiety, insomnia, constipation etc.
  - ▶ Co-management and consultation
  - ▶ Care for patients across various settings
  - ▶ Provided concurrently with treatment and beyond
- 



# Prevalence of Pain

- ▶ Approximately 1 / 3 of those actively receiving treatment for cancer and 2 / 3 of those with advanced malignant disease experience pain.
- ▶ 75% of those admitted to the hospital with advanced cancer report pain upon admission.

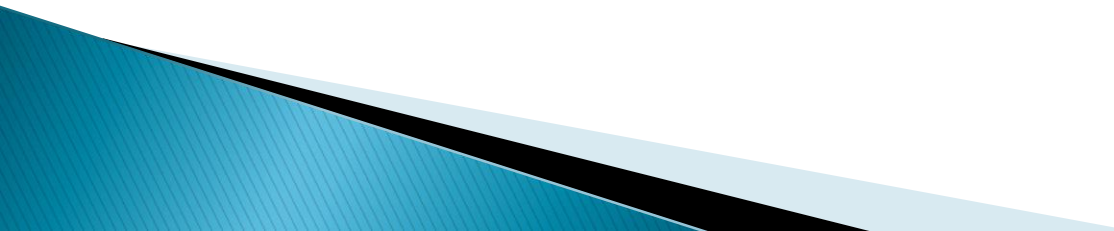
(Ng K, von Guten CF, 1998)



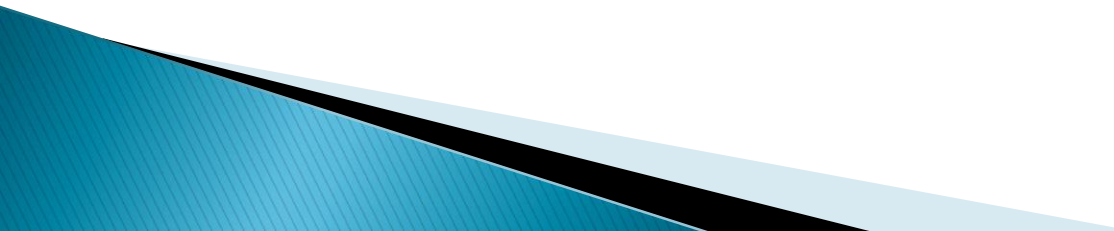
# Prevalence of Pain

- ▶ ½ of all patients with cancer have pain. Most due to the primary cancer.
- ▶ Pain may persist in long term cancer survivors
- ▶ Cancer related pain contributes to mood disturbance and disability

(Marcus, 2011)



# Aspects of Pain and Distress

- ▶ Physical
  - ▶ Emotional
  - ▶ Psychological
  - ▶ Spiritual
- 

# Acute vs Chronic Pain

- ▶ Acute pain – sudden, less than 3 months
  - Well defined pattern of onset
  - May have rapid HR or elevated BP
  - Usually has precipitating cause
- ▶ Chronic pain – more than 3 months
  - Autonomic system adaptation – may not see “signs” of pain (elevated HR or BP)
  - Contributes to fatigue, anxiety, depression, insomnia.

# Why is Pain Management Important?

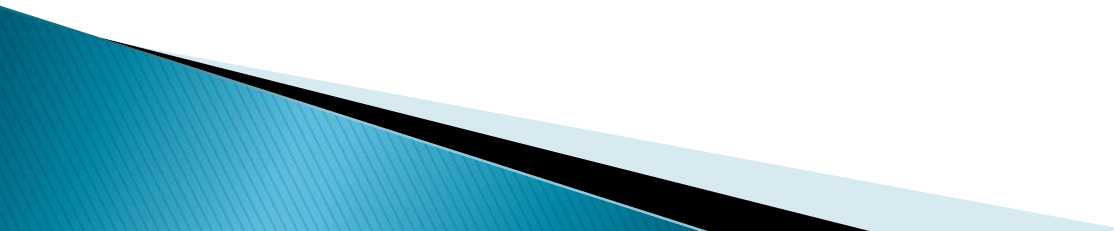
- ▶ Avoid consequences of untreated pain....
- ▶ Quality of Life

# Consequences of untreated pain

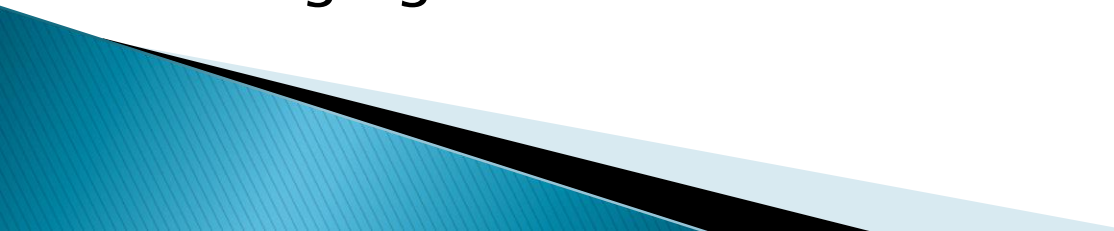
- ▶ Increased incidence of.....
  - Insomnia
  - Anxiety
  - Depression
  - Fear
  - Agitation
  - Suicidal thoughts
  - Increased heart rate and BP, occasionally dysrhythmias



# Consequences of untreated pain

- Decreased GI secretions leading to anorexia and weight loss
  - Fatigue, muscle spasm, immobility
  - Increased stress (chronically elevated stress hormones)
  - Depressed immune system
  - Depressed mental status function, confusion
  - **Diminished QOL**
- 

# Pain Assessment

- ▶ **Your Provider Should ...**
  - ▶ Assess for multiple causes of pain.
  - ▶ Plan on treating each type of pain.
  - ▶ Reassess continually (especially when pain remains uncontrolled)
  - ▶ History
  - ▶ Open ended questions
  - ▶ Careful listening
  - ▶ Input from family and caretakers
  - ▶ Examination
  - ▶ Use of numerical or visual analog pain scale
  - ▶ Supportive laboratory findings, radiographic or other imaging studies
- 

# Pain Assessment

## ▶ Character


- Location
- Where is the pain?
- Where does it seem to start?
- Where does it radiate or travel?
- Is it deep or superficial?

## ▶ Quality

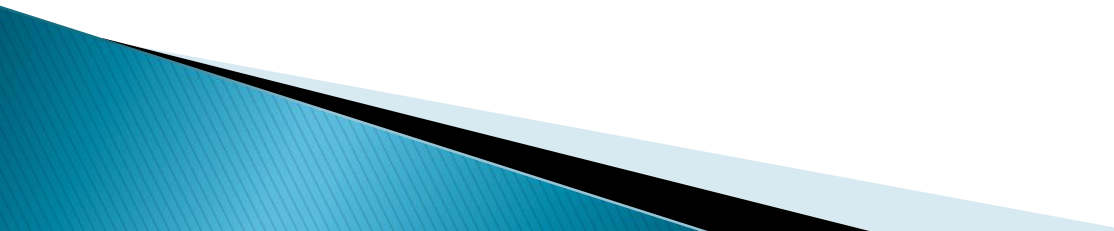
- How does the patient describe (therefore experience) the pain?
- Open ended questions vs. prompts
- E.g., aching, gnawing, burning, stabbing, shooting, dull, sharp, hot, cold
- Intensity
- None/mild/moderate/severe
- 0–10/10
- FACES

“Are you satisfied with your current level of pain?”

# Pain Assessment

- ▶ Chronology
  - ▶ When did it first appear?
  - ▶ What triggered the pain?
  - ▶ When does it occur? Day or night?
  - ▶ How long does it last?
  - ▶ Is it constant or intermittent, frequent or occasional?
  - ▶ After you take your medicine, and the pain lessens, how long before the pain begins getting worse?
- 

# Character of Pain

- ▶ **Pain Journal**
  - ▶ **Impact on the patient's activities/lifestyle**
    - How does the pain affect mood, sleep, eating habits, ADLs, chores or work, sexual activity, social activities?
    - What is the effect on relationships (marriage, family, friendships, etc.)?
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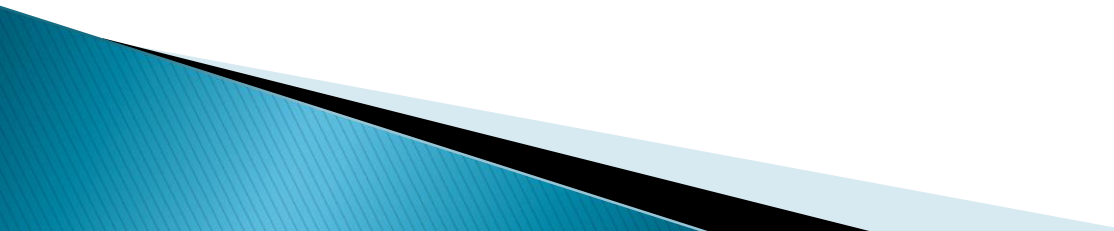
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"You say it's a sharp, stabbing pain. Hmmmm  
... sharp ... stabbing pain."



# Types of Pain

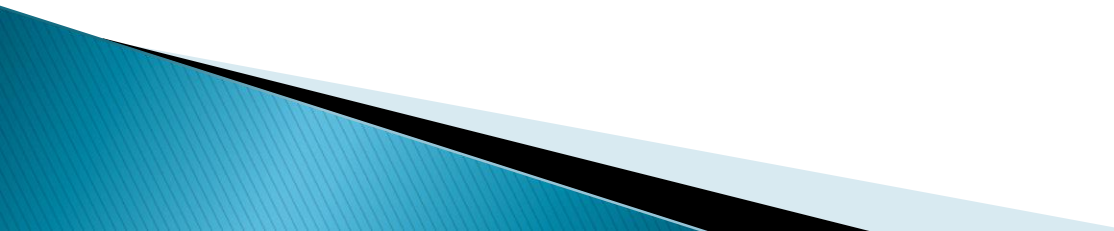
- ▶ **Nociceptive:** pain resulting from tissue injury, signals travelling along sensory nerves, including autonomic nerves
  - ▶ **Neuropathic:** pain deriving from direct injury to nerve tissue itself
  - ▶ **Psychosocial/spiritual/emotional:** pain arising from deep personal losses of multiple sources. Fear, depression etc.
- 

# Nociceptive

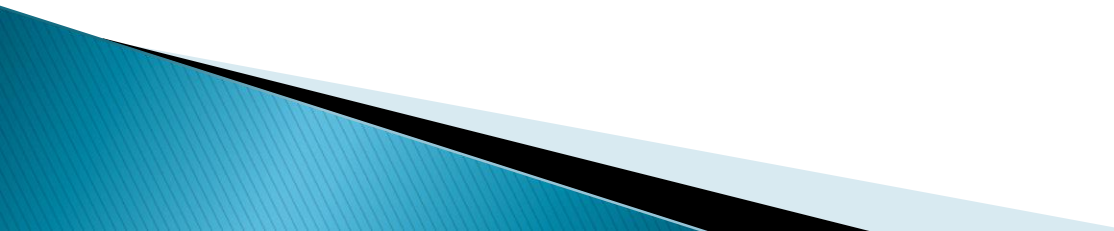
## ▶ Somatic

- Pain resulting from actuation of primary afferent neurons in bone, skin and soft tissue
- Usually described by the patient as sharp and localized

## ▶ Visceral

- pain resulting from actuation of visceral afferent neurons
  - Most commonly due to distention or stretching of organs or tissues within a body cavity
  - Poorly localized and often referred to different sites
  - Described as dull, crampy, or colicky
- 

# Neuropathic

- ▶ Characteristically spontaneous and unremitting
  - ▶ Delayed on-going response to nerve damage that is no longer acute
  - ▶ Frequently described as burning, cold, tingling, numbness, electric shock-like, shooting, itching
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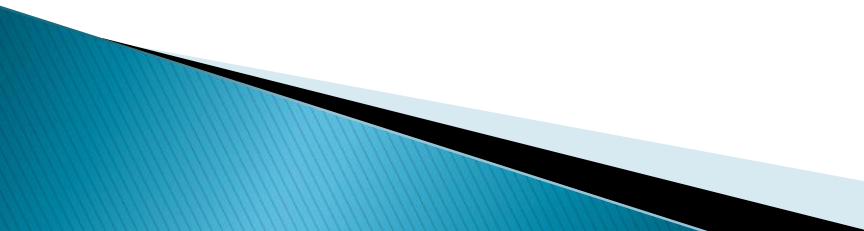
# Psychosocial/spiritual

- ▶ Can negatively influence perception of pain
- ▶ Can express itself in physical pain

# Pain Medications

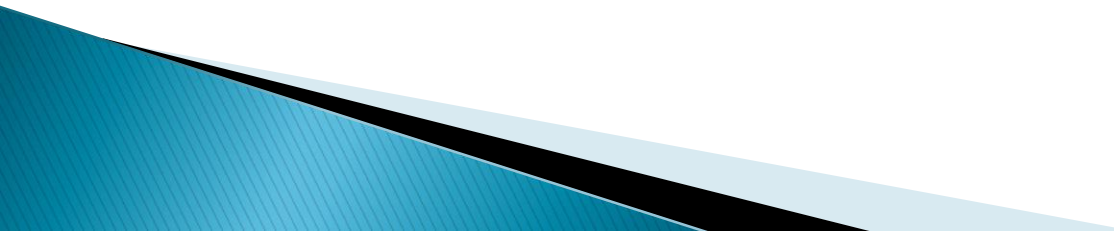
- ▶ Non opioids
- ▶ Opioids
- ▶ Co-analgesics

# NSAIDS and Acetaminophen

- ▶ Non opioids
  - ▶ Make sure that your providers are aware of any over the counter medications you are taking
  - ▶ Hidden acetaminophen and ibuprofen
  - ▶ Caution with ....
    - Gastrointestinal issues
    - Kidney insufficiency
    - Liver disease
    - Chronic Heart Failure
- 



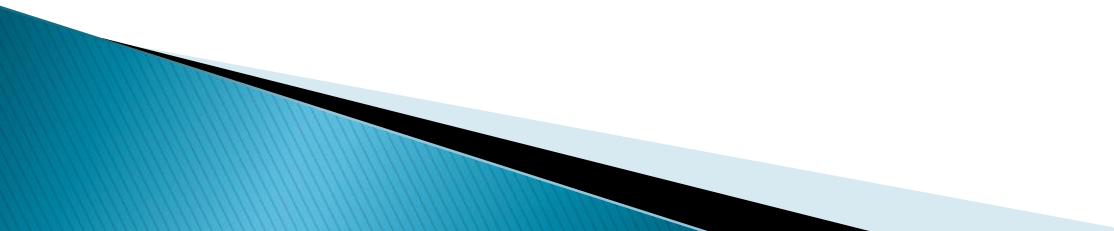
# Opioids / Narcotics

- ▶ Morphine
  - ▶ Hydromorphone (dilaudid)
  - ▶ Oxycodone, Percocet (oxycodone with acetaminophen)
  - ▶ Vicodin (hydrocodone with acetaminophen)
  - ▶ Fentanyl
  - ▶ Codeine
  - ▶ Tramadol – “opioid like”
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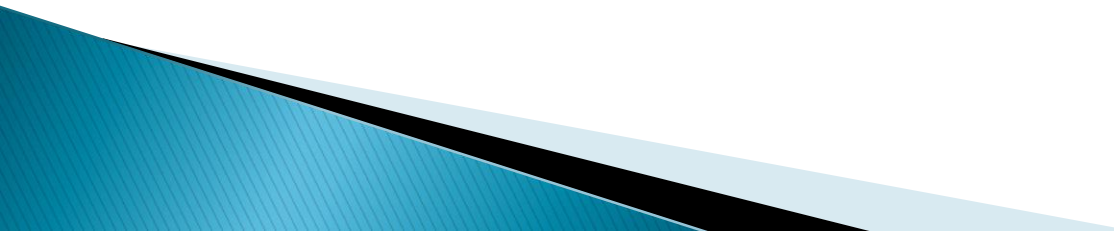
# Narcotics

- ▶ All medications should be started at low doses and slowly increased with provider supervision
- ▶ “Start low and go slow”
- ▶ Consideration of long acting medications
  - How much short acting medication used in a 24 hour period?
  - Morphine, Oxycodone, Fentanyl patch, Methadone

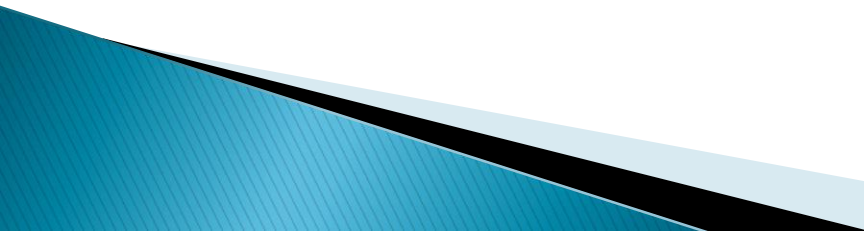
# Potential Side Effects

- ▶ Constipation
  - ▶ Nausea/vomiting
  - ▶ Hypertension/hypotension
  - ▶ Urinary retention
  - ▶ Itching
  - ▶ Sweating
  - ▶ Confusion
  - ▶ Drowsiness
  - ▶ Respiratory depression
- 


# Stopping Narcotics

- ▶ Physical dependence vs addiction
  - ▶ Taper with provider supervision
  - ▶ Clear plan
  - ▶ Discussion along the way
  - ▶ Continued pain assessment
- 

# Co-analgesics for Pain

- ▶ Antidepressants, anticonvulsants, corticosteroids, local anesthetics, bisphosphonates .
  - ▶ Neuropathic Pain (antidepressants, anticonvulsants, local anesthetics)
  - ▶ Chord compression, bone pain, neuropathic pain, visceral pain, pain crisis (corticosteroids)
  - ▶ Osteolytic bone pain (bisphosphonates)
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# WHO's 3-step Analgesic Ladder

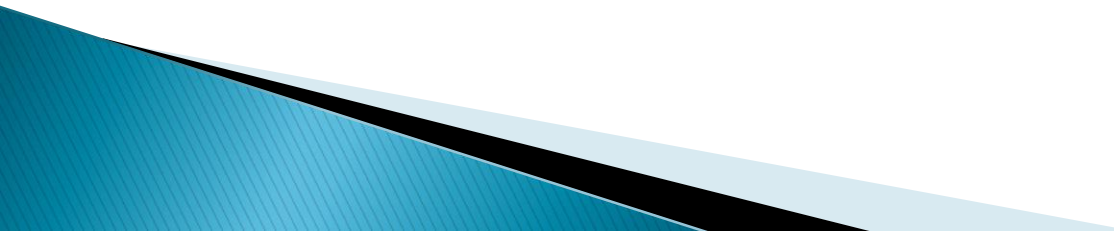
- ▶ Step 1 – Mild pain (score 1–3 on 0–10 scale)
    - Non-opioids (e.g., aspirin, NSAID, acetaminophen) +/– co-analgesic
  - ▶ Step 2 – Moderate pain (score 4–6 on 0–10 scale)
    - Low dose opioids titrated to pain relief +/– non opioids, +/– co-analgesics used in step 1 of the ladder
  - ▶ Step 3 – Severe pain (score 7–10 on 0–10 scale)
    - Opioids titrated to pain relief +/– non opioids +/– co-analgesics
- 



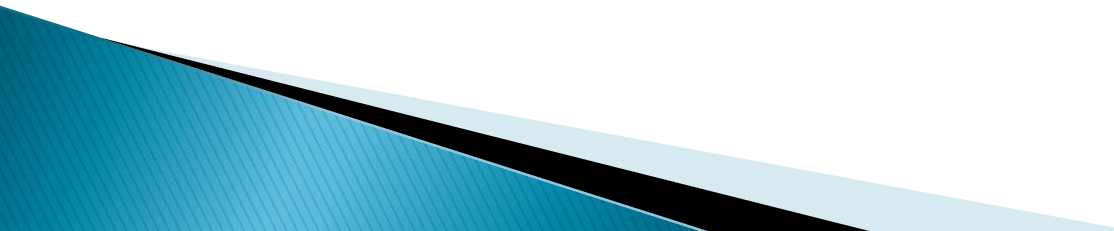
# Invasive Interventions

- ▶ For pain not controlled with medications and other techniques
- ▶ Joint injections
- ▶ Nerve blocks

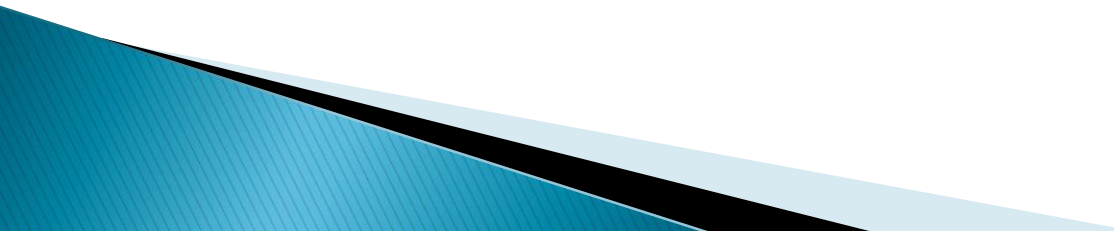
# Emotional and Psychological Pain

- ▶ Psychosocial evaluation
  - ▶ Depression, anxiety, substance abuse, marital discord, etc.
  - ▶ Financial hardship
  - ▶ Complicated or unresolved grief
- 

# Spiritual

- ▶ Spiritual assessment
  - ▶ Feelings of hopelessness, abandonment, guilt
  - ▶ Loss of sense of connection with the world, the universe
  - ▶ Sense of failure
  - ▶ Fear of the unknown or of confronting nothingness
  - ▶ Loss of sense of meaning, purpose, value, self-worth
- 

# Other Methods of Pain Relief

- ▶ Acupuncture
  - ▶ Massage
  - ▶ Exercise / yoga
  - ▶ Music therapy
  - ▶ Art therapy
  - ▶ Meditation
  - ▶ Guided imagery
  - ▶ Hypnosis
  - ▶ Diet modifications and supplements
  - ▶ Medical cannabis
- 



# Barriers to Pain Relief

## ▶ Patient

- Reluctance to report pain: fear of narcotics
- Not wanting to complain
- Fear that using pain medications now will reduce effectiveness later

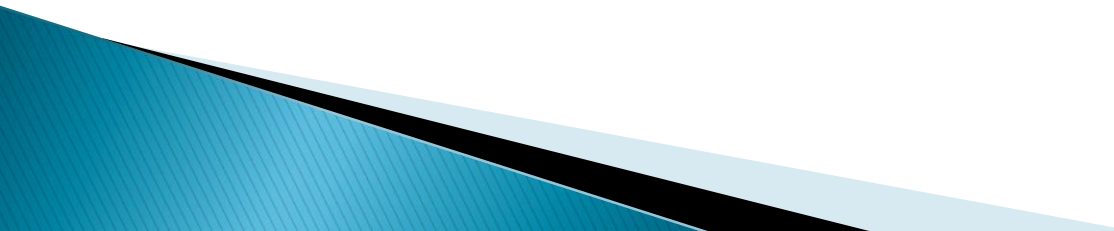
## ▶ Professional

- inadequate assessment
- Lack of knowledge regarding pain management

## ▶ System

- Not a priority
  - Lack or availability of clinics / specialists.
- 

# Role of Providers

- ▶ Recognize barriers
  - ▶ Vulnerable populations; children, elderly, underserved, those transitioning care setting
  - ▶ Assessment, take time to listen
  - ▶ Management, recommendations, co-management
  - ▶ Availability as pain changes
  - ▶ Follow up
- 

# Pain Management Beyond Cancer Treatment

- ▶ Seek help for symptoms beyond treatment
- ▶ Transition to pain clinic or PCP office
- ▶ **There is still support and help for pain!**



# Thank You!

- ▶ Questions & Discussion