Taking Charge – Managing Pain

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GOOD MORNING, FRIENDS...

WELCOME TO OUR SERIES DEVOTED TO MEDICINE...

TODAY OUR PANEL OF MEDICAL EXPERTS WILL DISCUSS PAIN...

OW! OOO! OUCH! OW!
General Outline

- What is pain?
  - Acute (injury, post-surgery)
  - Chronic (arthritic, neuropathic, cancer)

- Assessing pain

- Your response to pain

- Treating pain
  - Medical approaches
  - What you need to know
DEFINITION OF PAIN

“Pain can be defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.”

-- American Medical Association Task Force on Pain
## Distinctions between Acute and Chronic Pain

<table>
<thead>
<tr>
<th>Acute</th>
<th>Chronic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pain as symptom</td>
<td>1. Pain as disease</td>
</tr>
<tr>
<td>2. Biologic utility</td>
<td>2. Little utility</td>
</tr>
<tr>
<td>3. Anxiety</td>
<td>3. Depression</td>
</tr>
<tr>
<td>4. Opioids OK</td>
<td>4. Opioids problematic</td>
</tr>
<tr>
<td>5. Low addiction potential</td>
<td>5. Poly-addiction potential</td>
</tr>
<tr>
<td>6. Pathology recognized</td>
<td>6. Pathology unclear</td>
</tr>
<tr>
<td>7. Cure likely</td>
<td>7. Cure often not possible</td>
</tr>
</tbody>
</table>
Pain Assessment
"Your X-rays came back. But they didn’t tell us anything we didn’t already know."
# Medical Procedures for Assessment of Chronic Pain

(Rudy et al, 1988, Pain)

<table>
<thead>
<tr>
<th>No.</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Neurological exam</td>
</tr>
<tr>
<td>2</td>
<td>Gait/posture</td>
</tr>
<tr>
<td>3</td>
<td>Spinal mobility</td>
</tr>
<tr>
<td>4</td>
<td>Muscle function (tone, mass, strength)</td>
</tr>
<tr>
<td>5</td>
<td>Soft tissue exam</td>
</tr>
<tr>
<td>6</td>
<td>Mobility of weight bearing joints</td>
</tr>
<tr>
<td>7</td>
<td>Plain radiography</td>
</tr>
<tr>
<td>8</td>
<td>Mobility of non-weight bearing joints</td>
</tr>
<tr>
<td>9</td>
<td>CT scan</td>
</tr>
<tr>
<td>10</td>
<td>Electromyography</td>
</tr>
<tr>
<td>11</td>
<td>Contrast radiography</td>
</tr>
<tr>
<td>12</td>
<td>Internal organ exam</td>
</tr>
<tr>
<td>13</td>
<td>Nuclear medicine</td>
</tr>
<tr>
<td>14</td>
<td>Laboratory tests</td>
</tr>
<tr>
<td>15</td>
<td>Thermography</td>
</tr>
<tr>
<td>16</td>
<td>Blood count</td>
</tr>
<tr>
<td>17</td>
<td>EEG</td>
</tr>
<tr>
<td>18</td>
<td>ECG</td>
</tr>
</tbody>
</table>
Pain Levels of an Irish Setter

Nil

Mild

Moderate

Severe

Excruciating

Homicidal
Visual Analog Scale for Pain

No Pain

Pain

As Bad As It Can Be
Modified Visual-Analogue Scale (BS-21)

Put an X in the box on the ruler that best describes your… pain… at the moment.

No Pain

Pain as bad as it could be
FACES PAIN SCALE

(Herr, Mobily, Kohout, & Wagenaar, Evaluation of the Faces Pain Scale for use with the elderly; Clin J Pain, 1998; 14: 29-35)

Place an X under the face that best represents the severity or intensity of your pain at the moment.
The Eye of the Beholder

ENVIRONMENT

PATIENT

PATIENT PROVIDER

PROVIDER

PATIENT
"There isn't any such symptom, Mrs Duderwader."
Subject vs “Patient” Pain Ratings
Chibnall, Tait & Ross, J Behav Med, 1997
## Symptom Monitoring Form

<table>
<thead>
<tr>
<th>DAY OF WEEK</th>
<th>USUAL PAIN</th>
<th>WORST PAIN</th>
<th>LEAST PAIN</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONDAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TUESDAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WEDNESDAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THURSDAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRIDAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SATURDAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUNDAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Your Response to Pain
Glasgow Illness Model
(Adapted from Waddell et al., Pain, 1993)

- Pain/Illness
- Attitudes & Beliefs
- Psychological Distress
- Illness Behavior
- Sick Role
WHAT ARE THE CHANCES OF RAIN?

LESS THAN 1%

WEATHER FORECAST

PREHISTORIC PESSIMISTIC SOCIETY

TODAY'S PICNIC CANCELLED
Glasgow Illness Model
(Adapted from Waddell et al., Pain, 1993)
"C'mon, c'mon—it's either one or the other."
Glasgow Illness Model
(Adapted from Waddell et al., Pain, 1993)

Pain/Illness

Attitudes & Beliefs

Psychological Distress

Illness Behavior

Sick Role
"You've got to learn to relax."
Glasgow Illness Model
(Adapted from Waddell et al., Pain, 1993)
# Pain Disability Index

| 1. Family/Home Responsibilities | 10 | Total Disability |
| 2. Recreation | 9 | Severe Disability |
| 3. Social Activity | 8 | | Moderate Disability |
| 4. Occupation | 7 | | Mild Disability |
| 5. Sexual Behavior | 6 | | |
| 6. Self Care | 5 | | |
| 7. Life-Support Activity | 4 | No Disability |
| | 3 | |
| | 2 | |
| | 1 | |
| | 0 | |
Pain Treatment

- **Medication**
  - Analgesics
  - Anti-depressants
  - Anti-convulsants

- **Physical therapy**

- **Behavioral therapy**

- **Anesthesiology**
  - Epidurals
  - Trigger point injections

- **Surgeries**
PAST PHARMACOLOGICAL TREATMENTS FOR PAIN

- Crocodile dung
- Hooves of asses
- Teeth of swine
- Spermatic fluid of frogs
- Eunuch fat
- Lozenges of dried vipers
- Fly specks
- Moss scraped from the skull of a victim of violent death
Pharmacotherapy

- All patients with pain-related disability are candidates for therapy (but be careful of polypharmacy)
- Acetaminophen is the default option for mild-to-moderate musculoskeletal pain
  - Maximum dose = 4000 mg/day
- NSAIDs for inflammatory disease or pain unresponsive to acetaminophen
  - Precautions: bleeding, renal dysfunction, drug-drug interactions
  - Cox inhibitors
- Opioid trial may be indicated for patients with pain unrelieved by non-opioids
Opioids - Benefits

- Effective in long-term clinical use
- Effective across wide range of conditions
- No ceiling effect
- Titratable
- No irreversible/life-threatening end-organ toxicity
- Numerous formulations, dosages, routes of delivery
“Take one every hour, until the pain goes away.”
Opioids - Disadvantages

- **Adverse effects**
  - Common: sedation, constipation, nausea, pruritus, dependency
  - Uncommon: allergy, respiratory depression, addiction

- **Other concerns**: tolerance, mood disturbance, confusion, dizziness/ataxia

- **Other considerations**: legal, patient/family concerns
“But I can’t learn to live with it!”