Disclosures

Bonnie Morgan has no real or perceived conflicts of interest that relate to this presentation.

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Objectives

1. Describe the barriers to effective pain management.
2. Identify the three common types of pain.
3. Define the parameters of a thorough pain assessment.
Overview of Pain

- Prevalence of pain
  - Cancer pain
    - Approximately 33% of persons in active treatment phase experience pain
    - 66% of those with advanced cancer have pain
  - HIV – severe pain in last months of life
  - Advanced disease
    - 70-90% occurrence of pain with 25-30% reporting severe pain

Barriers to Effective Pain Management

- Healthcare professionals
- Healthcare system
- Patients and caregivers

Pain Management Myths

- “Good” patients do not complain
- Pain is inevitable with aging
- Strong medicine only comes in an injectable form
- Bearing the pain is better than bearing the side effects of pain medicine
- Addiction to pain medicine is common
- Strong pain medicine should only be used for severe pain
- Morphine is used as a last resort and only when one is dying
- Morphine hastens death
Definition of Pain
An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. (APS, 2008)

Pain is whatever the experiencing person says it is, existing whenever he/she says it does. (McCaffery, 1968)

Definitions
- Addiction
  - Compulsive and continual use, impaired control, craving
- Tolerance
  - Neuroadaptation to a drug requiring increasing doses
- Physical dependence
  - Physiological state in which abrupt cessation of a drug causes withdrawal symptoms
- Pseudoaddiction
  - Mistaken assumption of addiction in a patient who is seeking pain relief

Definitions
- Misuse
  - Use of medication other than as directed
- Double effect
  - An action, while intended for good, may have a harmful effect
Comprehensive Pain Assessment

• Location/site
  • Patient should identify by pointing or locate on a diagram
  • Assess all sites identified

• Character
  • How does the pain “feel”?

Comprehensive Pain Assessment

• Onset
  • When did the pain start? Was there a triggering event?
  • Distinguish between new or pre-existing pain
  • Assess for breakthrough pain
    - Definition: Transient flares of pain in patients with chronic or constant pain
    - Incidental: Associated with a specific action such as movement
    - Idiopathic: Unknown cause
    - End-of-dose failure: Pain recurs prior to the next dose of pain medication

Comprehensive Pain Assessment

• Duration and pattern
  • How long does the pain last?
  • Is it constant or intermittent?
  • When does it occur?
Comprehensive Pain Assessment

• Intensity/severity
  • Defined using a rating scale
    • Record current, worst, best, acceptable, on average
    • Teach patient how to use rating scale
    • Correlate to functional ability

![Faces Pain Scale – Revised, ©2001, International Association for the Study of Pain]

Pain Assessment IN Advanced Dementia
PAINAD

| Breathing | Occasional or absent | Racing | Normal
| --- | --- | --- | ---
| Negative | None | Occasional moans or groans | Low level speech with a negative or disinterested quality
| Facial Expression | Smiling, or appears content | Frightened or anxious | Facial grimacing
| Body Language | Relaxed | Tense | Rigid
| Constipation | No need to consti | Distressed or reluctant to move or touch | Unable to control, distended or incontinent

Comprehensive Pain Assessment

• Exacerbating factors
• Alleviating factors
• Accompanying symptoms
• Medication history
• Impact on quality of life
• Physical exam
• Values
Etiology of Pain

- Cancer pain
  - Direct tumor involvement
  - Cancer therapy
  - Present but unrelated to cancer

Etiology of Pain

- Common pain syndromes in palliative care
  - Human immunodeficiency virus (HIV) – direct involvement of the virus – peripheral neuropathy, infections, headaches, chest pain
  - Cardiovascular disorders – chest pain, peripheral vascular disorders
  - Neurological – post cardiovascular accident (CVA), multiple sclerosis, amyotrophic lateral sclerosis (ALS)
  - Hematological – sickle cell disease

Types of Pain

- Acute
  - Accompanied by physiological changes
  - Perceived as reversible
  - Often an adaptive, beneficial response

- Chronic
  - Often not a clear cause
  - Usually persist for longer than 3 months
  - Autonomic nervous system adapts – may not be any obvious signs of pain present
  - Pain that has outlived its usefulness
Nociceptive Pain

- **Somatic**
  - Bone, joints, muscle, skin, connective tissue
  - Throbbing, dull, gnawing, aching
  - Well localized

- **Visceral**
  - Visceral organs
  - Often referred
  - Squeezing, cramping, pressure, deep ache
  - Poorly localized

Neuropathic Pain

- **Quality**
  - Burning, tingling, shock-like, “on fire”
  - Radiating, shooting, constant, numbness, ice cold

- **Etiology**
  - Tumors, medications, chemotherapy, viruses
  - Diabetes, osteoarthritis; spinal nerve root

- **Treatment**
  - Non-opioids, opioids, adjuvants
  - Surgery, nerve stimulation
  - Guided imagery

Bio-psychosocial Model of Pain

Pain Impacts the Dimensions of Quality of Life

- **Physical Well Being & Symptoms**
  - Functional Ability
  - Sleep & Rest
  - Nausea
  - Constipation

- **Psychological Well Being**
  - Anxiety
  - Depression
  - Nightmares/Loss of Sleep
  - Depression
  - Helplessness
  - Fatigue
  - Cognition, Attention

- **Social Well Being**
  - Caregiver barriers
  - Role and Relationships
  - Affection/Sexual Function
  - Appearance

- **Spiritual Well Being**
  - Suffering
  - Meaning of Pain
  - Religion
  - Transcendence

(Adapted from Ferrell, et al. 1992)