Teaching Pain Assessment and Management: Pearls for Caring for Patients with Pain

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#1. Pain is a Universal Experience

1) Pain assessment parameters including physical, social, cultural, and psychological factors
2) Teaching safe prescribing practices - help the student to protect themselves
   - important safety concerns for patient and prescriber
3) Move to Pain Management centers - what do they have to offer?
   - PCP versus Pain Specialist

Objectives

Focus on Assessment

{ Indicates Direction of treatment

#2. Pain is a Journey, not a static place.

Pain Continuum
CRPS Type 1

#3. There are many opportunities for Research and Advancement of Pain Treatment

Descartes depiction of the Pain Pathway (Treatise of Man) 1664

Have we learned a lot?

Ancient History

Pain is a physical and/or emotional response to a noxious stimuli.

Modern Definition

Plato and his student Aristotle, both considered pain to not be a sensory experience, but an emotional one. And while pain was experienced by the human heart, it was something that originated external to it, something that descended upon it. Pain was an independent being that invades a subject to take it over. Aristotle described it as like a spirit that enters through an injury.
#4. Early Intervention has the best prognosis.

## Basic Assessment
- Onset
- Location/Distribution
- Duration - General and Episodic
- Frequency
- Intensity
- Aggravating Factors
- Alleviating Factors
- Affect on QOL – Function Impairment

## Assessment Disciplines
- Primary
  - Neurology
  - Orthopedic
  - Psychiatric
- All
  - Oncology
  - Gastroenterology
  - Rheumatology
  - Podiatry
  - Endocrinology
  - Medical psychology

“Chronic pain is classified by pathophysiology (tissue damage associated with or resulting from disease or injury) as nociceptive (due to ongoing tissue injury) or neuropathic (resulting from damage to the brain, spinal cord, or peripheral nerves), with mixed or undetermined causes as well.”

#5. Pain is a discipline in and of itself.

## Pain Words/Descriptors

Cultural Factors: race, ethnicity
Patient Coping Skills
Mental Illness
Substance Abuse
Family history of Mental Illness/ substance abuse
Social Environment
Socio-economic Status (rural vs. Urban)

Emotional Assessment

Interpreting PHQ-9 Scores
Diagnosis Total Score For Score Action:
- Minimal depression 0-4
- Mild depression 5-9
- Moderate depression 10-14
- Moderately severe depression 15-19
- Severe depression 20-27

PHQ 9

#6. Pain Assessment is an objective assessment of a subjective phenomenon.

Physiology and Anatomy

- Use Review of Systems – Language
- Physical Exam
- Available Assessment tools
- Context
- Form a differential Diagnosis

#7. Pain Assessment is multi-factorial.

The 5th Vital Sign

Brief Pain Inventory (BPI)
PHQ 9
Pain Diaries – Smart Phone Tools

Pain Assessment Tools

PHQ 9

Physiology and Anatomy

- Afferent and efferent pathways
- Nociceptive versus neuropathic
- Central versus peripheral pain
- Acute versus Chronic Pain
- Cellular components
- Transmitters – glial cells, substance P
- DNA predispositions

#6. Pain Assessment is an objective assessment of a subjective phenomenon.

Pain Assessment Tools

#7. Pain Assessment is multi-factorial.
Cultural Diversity

Would you treat them the same?

Outliers?

#8. All pain is not treated Equal.

Provider protection

Tools for Provider Protection

- NCCSDB
- NC Offender Database
- Opioid Risk Tool
- Urine/Serum Drug Screens
- Second Party Verification

* Development of a mutually respectful patient-provider relationship

#9. Pain Treatment can be deadly

Webster et al. 2005
Overdose Statistics

- In 2010, of the 38,329 drug overdose deaths in the United States
  - 22,134 (60%) were related to pharmaceuticals
  - 5,298 (14%) of suicidal intent
  - 2,963 (8%) of undetermined intent.

- Of the 22,134 deaths
  - 16,652 (75%) involved opioid analgesics
  - 4 fold increase over 10 years
  - 6,497 (30%) involved benzodiazepines.

Variety of Pain Treatments in one location (medical psychology, physical therapy, interventional)
- Specialized treatment
- Emphasis on Safety and function

Pain Care Centers vs. PCP

* Capable of pain management with less resources
* Limited time per patient
* Emphasis on Safety
* Optimize patient health

#10. Our biggest Weapon against Pain is EDUCATION!

References

- Appreciation to Duke Pain Medicine: Dr. Anne Marie Fras, Dr. Billy Huh, Dr. Dianne Scott, Dr. Lance Roy, Dr. Richard Boortz Marx, Dr. Scott Kuykendall, Dr. Steven Penkeen, Ashley Underwood, PA, Lisa Peoples, PA, Karen McCaffie, NP, Deborah Sinha, PA

Duke School of Nursing Post- Graduate Certificate in Pain Management

Coming Soon