

This resource is designed to give healthcare professionals a road map to providing quality chronic pain assessment and relief. Also outlined are protective strategies to guard against addiction, abuse and diversion.

TARGET Chronic Pain

T

Talk to your patients about pain.

A

Ask about current and past treatments and Assess risk.

R

Review daily pain intensity and patterns and adjust treatment plan as needed.

G

Get details about breakthrough pain.

E

Evaluate limitations on activities.

T

Treat side effects.



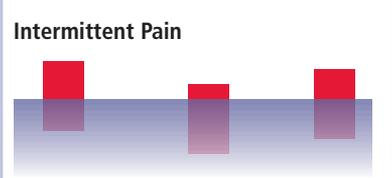
American Pain Foundation

A United Voice of Hope and Power over Pain

CHRONIC PAIN: INTERMITTENT, PERSISTENT, BREAKTHROUGH

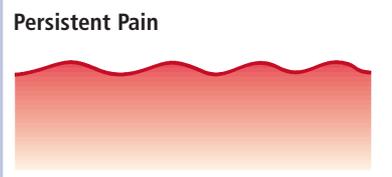
Intermittent Pain

Pain that is episodic. It may occur in waves or patterns. Mild-to-moderate pain is often treated with NSAIDs, adjuvant medicines, and non-drug therapies. Moderate-to-severe intermittent pain may be treated with short-acting opioids.



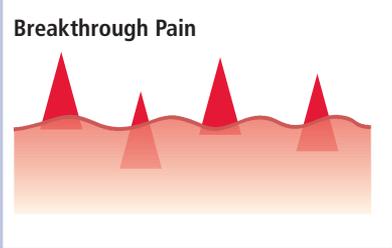
Persistent Pain (static, constant, or continuous)

Pain that lasts 12 or more hours every day. This pain is usually treated with medicines taken around-the-clock as well as non-drug therapies. Persistent moderate-to-severe pain may warrant a trial of opioids.



Breakthrough Pain (dynamic, sudden, or incidental)

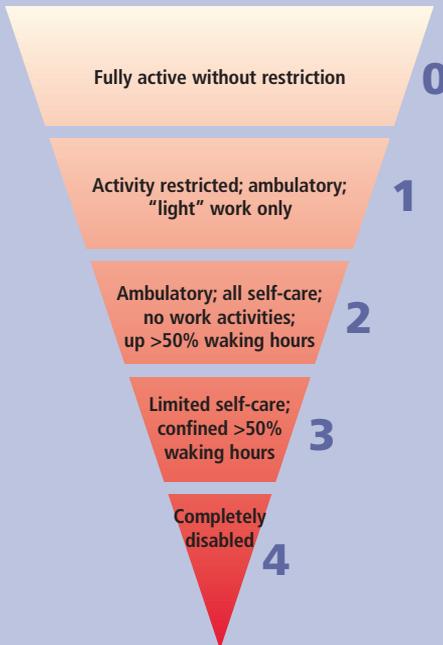
Pain that flares up or breaks through the relief provided by around-the-clock opioid pain medicines. This pain may be treated with short-acting pain medicine that is taken as needed to quickly relieve the pain.



Long-acting and short-acting medicines can be used together to provide continuous relief—the goal of pain management.

ASSESS IMPACT ON ACTIVITY LEVELS

Chronic pain can have a significant impact on your patients' quality of life, interfering with day-to-day functioning. Evaluating limitations on activities is an essential part of managing patients' pain. In addition, you may want to assess psychosocial functioning when indicated.



PAIN ASSESSMENT QUESTIONS TO ASK

T

Talk to your patients about pain.

- Where is the pain located?
- Is there something different about this pain?
- What does it feel like (e.g., sharp, dull, burning)?
- When did it begin? How long does it last?
- What makes it better or worse?
- What is your level of pain most of the time on a scale of 0 to 10?
- What is your pain level when you rest? During movement or activity?

A

Ask about current and past treatments and Assess risk.

- What treatments have you tried previously to relieve the pain?
- What medications are you currently taking (prescription, over-the-counter)?
- At what dose?
- What non-drug therapies do you use (e.g., acupuncture, heat/cold, massage, home remedies)?
- How well do these therapies work?
- Do you have a personal or family history of substance abuse or mental illness?
- Does more than one doctor prescribe you pain medications?
- Do you feel the need to take higher doses of pain medication to treat your pain?

R

Review daily pain intensity and patterns and adjust treatment plan as needed.

- Have you noticed changes in your pain level and occurrences during the day? Is the pain more/less intense? Are you experiencing more/fewer episodes?
- Have you noticed a reduction in pain or complete pain relief?
- Do you have difficulty with your memory or ability to keep a routine schedule?
- Have you had difficulties following medical orders in the past?

G

Get details about breakthrough pain (BTP).

- Do you have breakthrough pain—sudden, brief periods of increased pain?
- How often do you experience BTP on an average day?
- Do certain activities cause the pain or does it happen unexpectedly?
- Have you been treated for BTP? With which medicines?

E

Evaluate limitations on activities.

- What daily activities do you avoid because of your pain (e.g, hobbies, shopping, exercise)?
- Does pain interfere with your ability to sleep/walk/work/play?
- How does pain affect your mood and relationships?

T

Treat side effects.

- Are you experiencing side effects from pain medicines (e.g., constipation, drowsiness, nausea, itching)?
- What are you doing to decrease or prevent these side effects?
- Are you taking something to prevent constipation?
- Are you having side effects with other medicines or therapies?

SUGGESTIONS FOR REACHING TARGET GOALS

Accept your patients' reports of pain.
Assess chronic pain as part of each visit.
Look for underlying causes of pain.
Remind patients that finding the right treatment approach to pain relief often takes time and patience.

Discuss shared goals and expectations for treatment (e.g., pain reduction, improvements in function, better mood).

Consider a multimodal approach to pain treatment. This may include a combination of NSAIDs, opioids, adjuvants, such as anticonvulsants or antidepressants, and/or non-drug therapies, including rehabilitative and behavioral therapies.

Treat persistent moderate-to-severe pain for continuous relief. If a trial of opioid therapy is indicated, consider ATC dosing of LAO.

Develop a treatment plan that relates directly to the pain assessment findings.

When prescribing medicines, vulnerability to addiction should be assessed in all patients (See next page).

Treat pain until optimal relief and functional outcomes are reached.

Make sure patients understand the plan and are willing to follow it. If patients do not adhere to the plan, find out why and work to correct the problem.

For challenging cases, (e.g., refractory pain, psychiatric disease, disability, drug abuse risk), consider referring patient to a pain specialist, mental healthcare provider, addiction specialist, or others.

Encourage patients to use the companion TARGET Chronic Pain Notebook to track their pain experience.

Treat BTP. Reduce or eliminate precipitating causes if possible. Optimize the ATC medication regimen. Consider a multimodal strategy, including rehabilitative treatments (e.g., PT, OT, bracing) and psychological treatments (e.g., relaxation training).

If patient has unrelieved BTP during opioid therapy:

- End of LAO dose interval? Increase LAO daily dose or shorten interval.
- Unpredictable BTP? Add or change SAO.
- Predictable BTP with pain-producing activity? Add or increase SAO dose before activity.

Do not exceed acetaminophen 4,000 mg/24h if combination SAO is selected.

If daily activities are limited or prevented by mild-to-moderate pain:

- Add or increase non-drug strategies.
- Add or change non-opioid or adjuvant drugs, or change opioid plan.

If activities or sleep are limited or prevented by moderate-to-severe pain:

- Increase dose or change ATC medicine.
- Add or increase dose or change SAO for BTP.

Work with each patient to gradually incorporate exercise, as appropriate.

Discuss potential side effects of all pain medicines and non-drug treatments.

If patient reports side effects from opioids:

- Use antiemetic for nausea, antihistamine for itchy skin. In certain cases, coadministration of a stimulant may reverse drowsiness or mental clouding.
- Prevent or treat constipation with appropriate laxatives.
- Change opioid selection.

For side effects of SAO for BTP, consider:

- Take side effects medication before dose.
- Reduce dose or change opioid.
- Evaluate adequacy of multimodal adjuvant pain medications.

Integrate use of non-drug therapies into overall treatment plan.

Take steps to provide your patients with optimal pain care, while also protecting your practice.

USE THIS CHECKLIST FOR TREATING CHRONIC PAIN:

- Conduct a thorough history and complete physical exam.
- Establish a diagnosis.
- Screen for psychosocial issues, including substance abuse.
- Consult with other treating providers, as appropriate.
- Devise overall treatment plan, including an appropriate exit strategy.
- Document in chart informed consent and treatment agreement (if prescribing opioids).
- Periodically reevaluate patients and review treatment plan at whatever interval is appropriate or mandated by law. Use the four "A's" of Pain Treatment Outcomes.
- Document treatment outcomes in chart (e.g., noted improvements in mood, functioning, work); file lab results.
- Provide referrals when necessary.

The Four "A's"

Analgesia – Is the pain relief clinically significant? Is there a reduction in the pain score (0-10)?

Activity levels – What is the patient's level of physical and psychosocial functioning? Has treatment made an improvement?

Adverse effects – Is the patient experiencing side effects from pain relievers? If so, are they tolerable?

Aberrant drug-taking behaviors – Does the patient show signs of addiction? Are there any behaviors that are worrisome such as early refills or lost medication? What is your plan of action?

Source: Passik & Weinreb, 1998;
Passik & Portenoy, 1998

EVALUATING & MANAGING RISK

When prescribing medicines, vulnerability to addiction should be assessed in all patients. Some problems to look for include:

- A pattern of repeated non-adherence to pain treatment plan
- Absence of pain relief during gradual escalation of opioid therapy
- Lack of functional improvement and follow opioid prescribing guidelines

Look for hallmark signs of addiction: impaired **Control** over drug use, **Compulsive** use, **Continued** use despite harm, and **Craving**.

The goal of pain management is to reduce pain levels, increase functioning and improve quality of life. If you're not having success, or are not comfortable treating pain, refer your patient to a pain specialist.

INFORMATION ABOUT OPIOIDS

Treating Patients with Opioids

When prescribed by a healthcare professional and taken as directed, opioids are safe, effective and rarely lead to addiction. There are a variety of tools available to help providers assess and treat pain. For more information, visit www.painfoundation.org.

Differentiating Addiction, Physical Dependence, and Tolerance

These terms are often confused by providers and patients alike. For more information, see “Definitions Related to the Use of Opioids in the Treatment of Pain” at <http://161.58.165.114/ppol/Opoid%20Definition%20C%2002.htm>.

Protecting Your Practice

Be mindful of the problem of diversion and abuse of opioids. To learn more about how you can care for patients with pain, while keeping your practice safe, refer to the Federation of State Medical Boards’ Model Policy for the Use of Controlled Substances for the Treatment of Pain at www.fsmb.org/pdf/2004_grpol_Controlled_Substances.pdf.

“Responsible Opioid Prescribing: A Physician's Guide,” written by Scott M. Fishman, M.D., provides strategies to reduce the risk of addiction, abuse and diversion, and reviews patient education and monitoring in an office-based practice.

Caring for Patients at Risk for Addiction

To learn more about treating patients with addictive disease, see the ASPMN position statement, “Pain Management in Patients with Addictive Disease” at www.aspmn.org/Organization/documents/addictions_9pt.pdf.

Additional Resources

For more information on assessing risk and treating your patients with opioids and other analgesics:

- American Geriatric Society, Management of Persistent Pain in Older Persons www.americangeriatrics.org/products/positionpapers/JGS5071.pdf
- Drug Abuse Warning Network (DAWN) dawninfo.samhsa.gov
- Emerging Solutions in Pain, continuing education website with resources related to appropriate prescribing of opioids www.emergingsolutionsinpain.com
- Federation of State Medical Boards, Resources for Pharmacovigilance and Pain Management www.fsmb.org/RE/PAIN/resource.html
- Guideline for the Management of Pain in Osteoarthritis, Rheumatoid Arthritis and Juvenile Chronic Arthritis www.ampainsoc.org/pub/arthritis.htm
- National Institute on Drug Abuse (NIDA): www.drugabuse.gov (search “opioids”)
- PainEDU.org, Opioid Risk Management, including links to the Screener and Opioid Assessment for Patients with Pain www.painedu.org/soap-development.asp
- Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain www.ampainsoc.org/pub/principles.htm

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