"NO MORE OUCHIES…MAKING PAIN MANAGEMENT PAINLESS"

ONCOLOGY BROWN BAG PRESENTATION
Adopted from previous PPCS presentations

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Disclosures

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OBJECTIVES

Our objectives today are to understand the following:

- "Total Pain" = Sum of Physical + Emotional + Spiritual pain
- Indications for pharmacologic and non-pharmacologic treatments
- Monitoring for efficacy and side effects of treatments
- Interdisciplinary approach to pain management
- Facilitate patient and caregiver centric goals of care discussion
- Nature of Pain and Palliative Care Services
- Current best practices in pain management

WHAT IS PAIN?

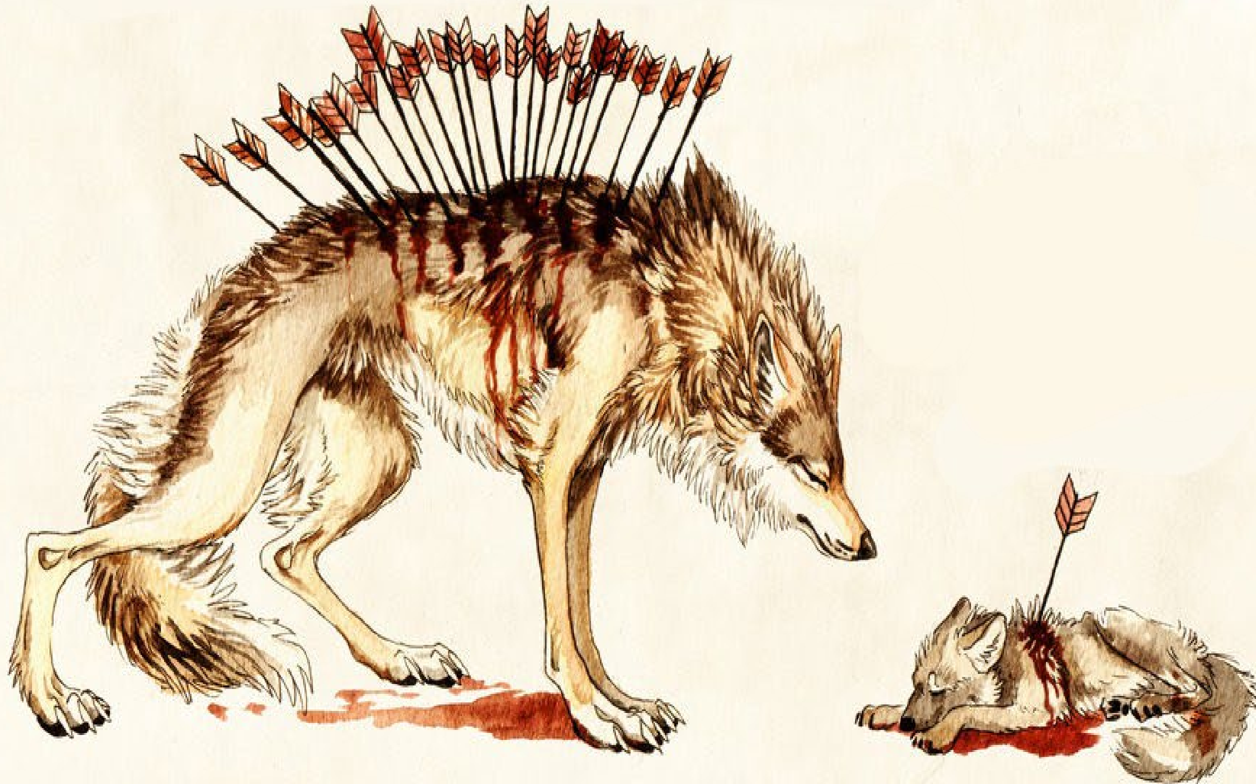
Definition of Pain

An Unpleasant Sensory and Emotional Experience Associated with Actual or Potential Tissue Damage, or Described in Terms of Such Damage.

THE NATURE OF PAIN……….

- Pain is ***subjective***
- Highly individualized
- Only patient knows if pain is present
- Only patient knows what pain feels like
- May not be proportional to amount of tissue injury
- Often learned from early life experiences/injuries
- Pain = unpleasant sensation = emotional experience
- Can be caused by physical and/or mental stimulus
- Pain is ***stressful***, ***frightening***, ***self-propagating***
- Can interfere with personal relationships
- Can influence the meaning of life

PAIN IS SUBJECTIVE…PAIN IS RELATIVE



ACUTE VERSUS CHRONIC PAIN

VS

Acute Pain	Chronic Pain
• Begins suddenly	• May be constant or intermittent
• Feels sharp, severe, or intense	• Varies in intensity
• Caused by something specific (illness, injury)	• A condition independent of a specific illness or injury
• Warns us that something is wrong	• Not connected to any perceived threat or danger
• Lasts less than 3 months	• Lasts more than 3 months
• Treatment might include bandage, cast, surgery, physical therapy	• Treatment requires addressing physical, mental, and social factors

WHAT IS TOTAL PAIN?

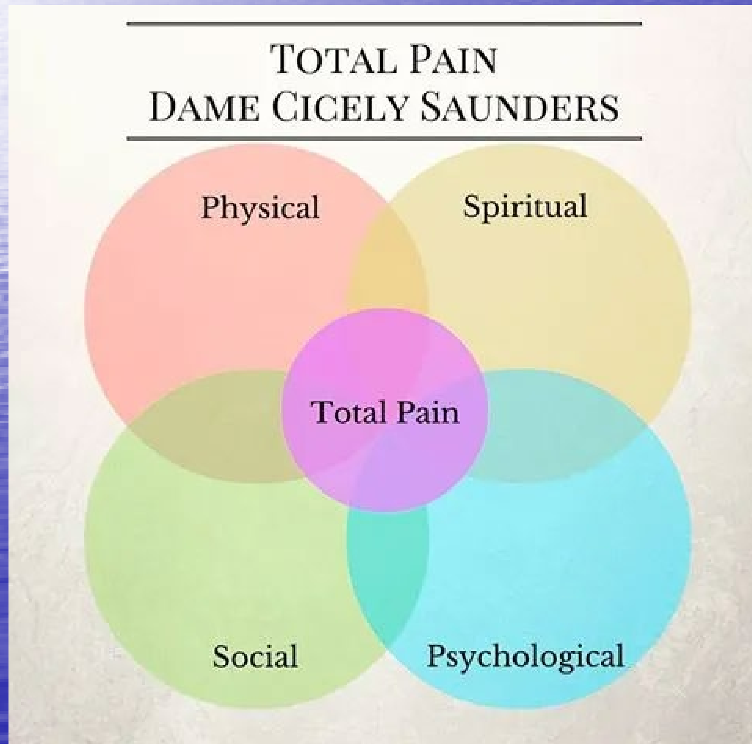
Total Pain

- **Dame Cicely Saunders**

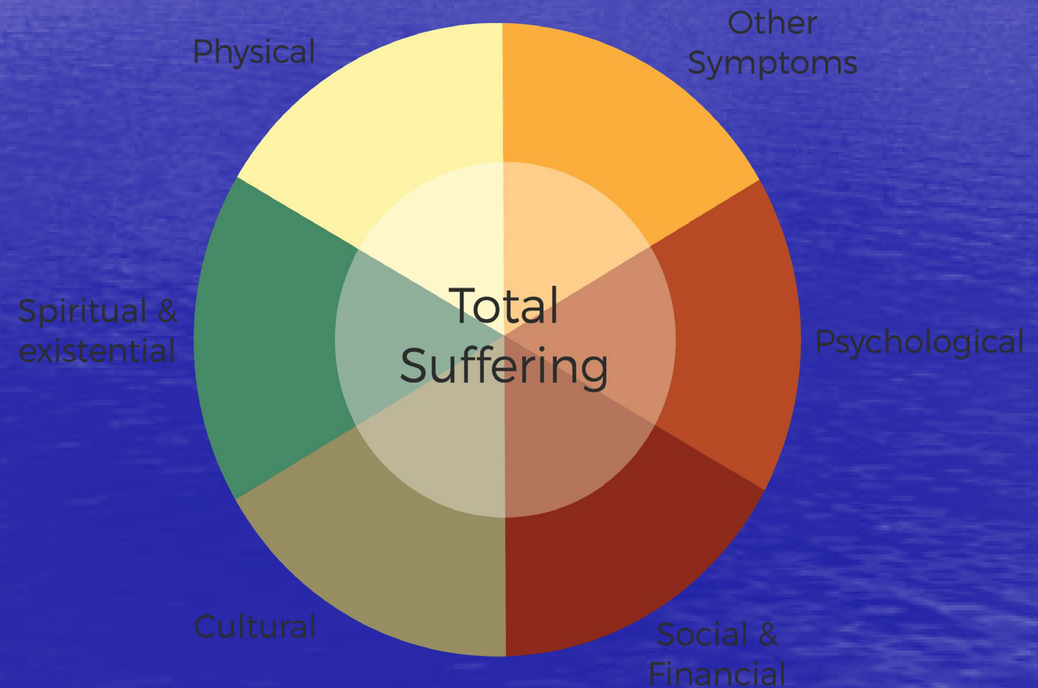
- Definition
- "*The physical agony of an individual is normally compounded by fear of death, loss of independence, conflict with loved ones and a state of spiritual anguish in which faith is stretched to breaking point, and hope little more than a child's fantasy*".

TOTAL PAIN AND SUFFERING

TOTAL PAIN



TOTAL SUFFERING



TYPES OF PAIN

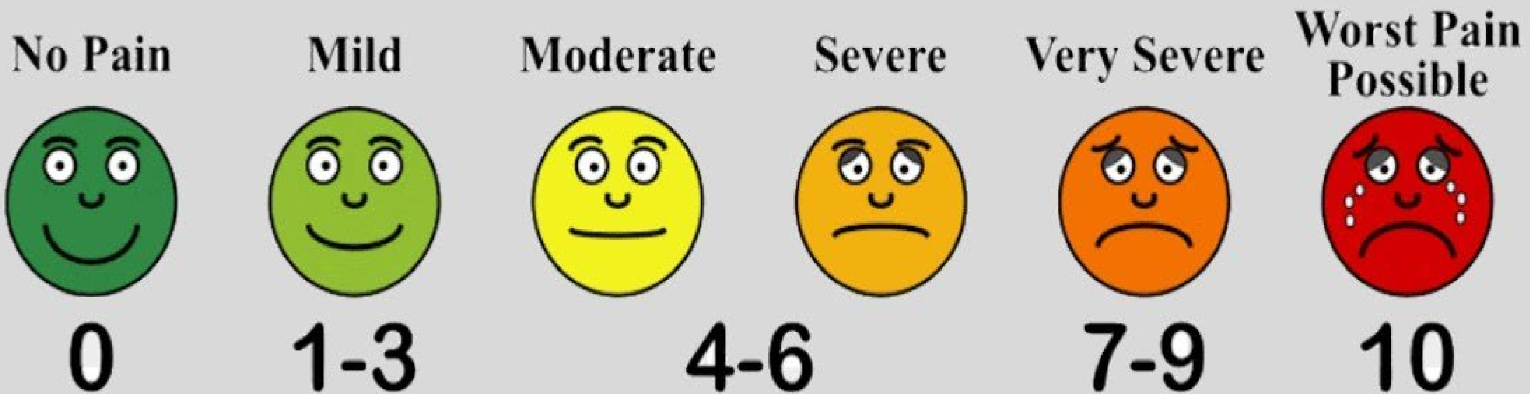
	Nociceptive Pain		Neuropathic Pain
	Somatic Pain	Visceral Pain	
Location	Localized	Generalized	Radiating or specific
Patient Description	Pinprick, stabbing, or sharp	Ache, pressure, or sharp	Burning, prickling, tingling, electric shock-like, or lancinating
Mechanism of Pain	A-delta fiber activity Located in the periphery	C Fiber activity Involved deeper innervation	Dermatomal (periphery), or non-dermatomal (central)
Clinical Examples	•Periosteum, joints, muscles •Sickle cell •Superficial laceration •Superficial burns •Intramuscular injections, venous access •Otitis media •Stomatitis •Extensive abrasion	•Colic spasm pain •Appendicitis •Kidney stone •Chronic pancreatitis •IBS •Angina •Menstrual cramps	•Trigeminal neuralgia •Avulsion neuralgia •Posttraumatic neuralgia •Peripheral neuropathy (diabetes, HIV) •Limb amputation •Herpetic neuralgia

HOW DOES THE PATIENT DESCRIBE PAN?

PQRSTU
PAIN ASSESSMENT

P	**PRECIPITATING PALLIATIVE**	**What makes the pain worse? What makes the pain better?**
Q	**QUALITY**	**Can you describe the pain?**
R	**RADIATION**	**Where is the pain? What area of your body is affected?**
S	**SEVERITY**	**How does the pain compare to other pain you have experienced?**
T	**TEMPORAL**	**Does the pain change over time?**
U	**"YOU"**	How does the pain affect your ADLs, work, play, relationships, and enjoyment of life?

VERBAL PAIN ASESSMENT TOOL



NON VERBAL PAIN ASSESSMENT TOOL

PAIN SCALE FOR COGNITIVELY IMPAIRED, NON-VERBAL ADULTS

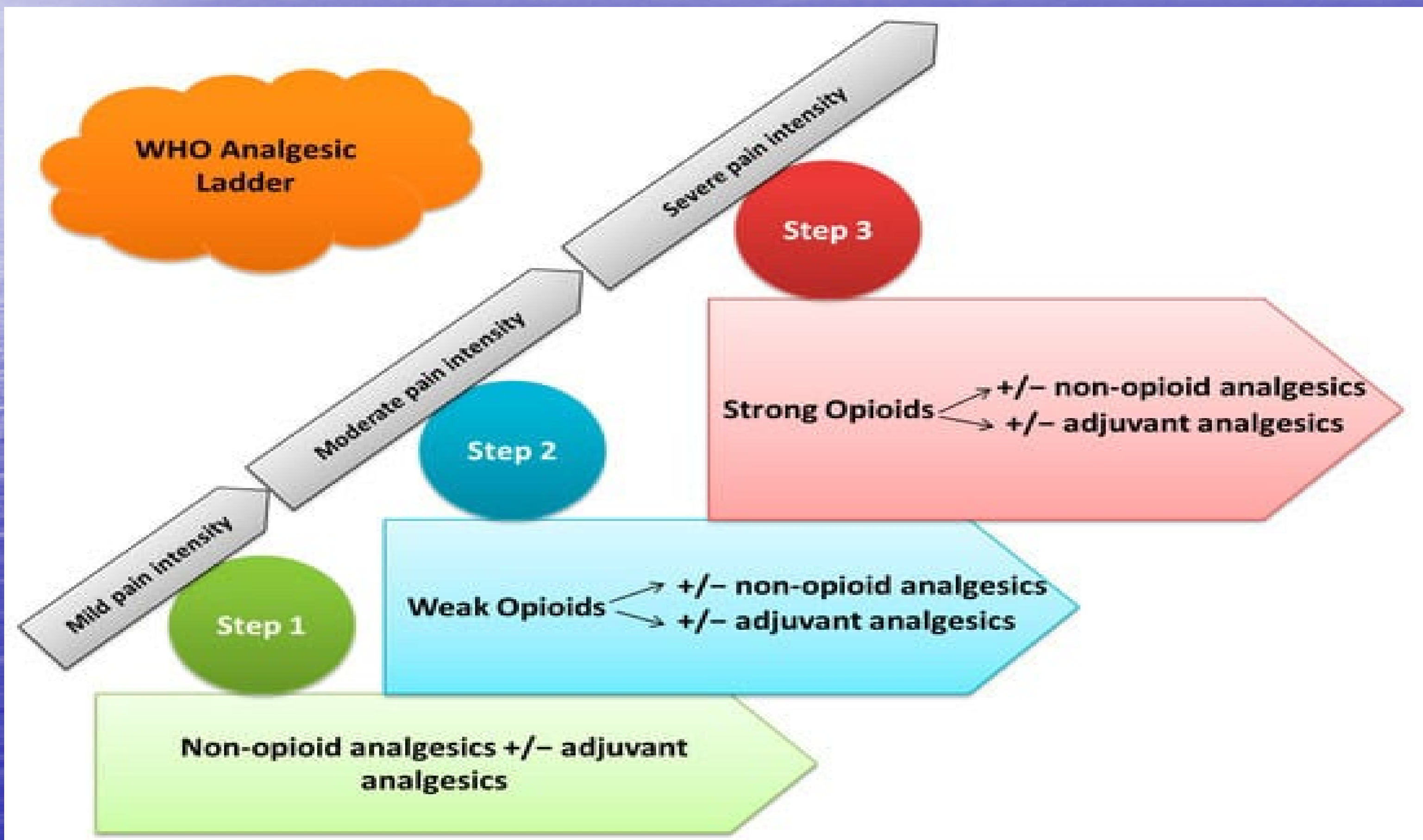
Checklist of Non-Verbal Pain Indicators (CNPI)

Indicators:	With Movement	At Rest
Vocal Complaints (non-verbal expression of pain demonstrated by moans, groans, grunts, cries, gasps, sighs)		
Facial Grimaces and Winces (furrowed brow, narrowed eyes, tightened lips, dropped jaw, clenched teeth, distorted expression)		
Bracing (clutching or holding onto bed/chair, caregiver, or affected area during movement)		
Restlessness (constant or intermittent shifting of position, rocking, intermittent hand motions, inability to keep still)		
Rubbing (massaging affected area)		
Vocal Complaints (verbal expression of pain using words, e.g., "ouch" or "that hurts," cursing during movement or exclamation of protest, e.g., "stop" or "that's enough")		
Total Score		

PAIN MANAGEMENT

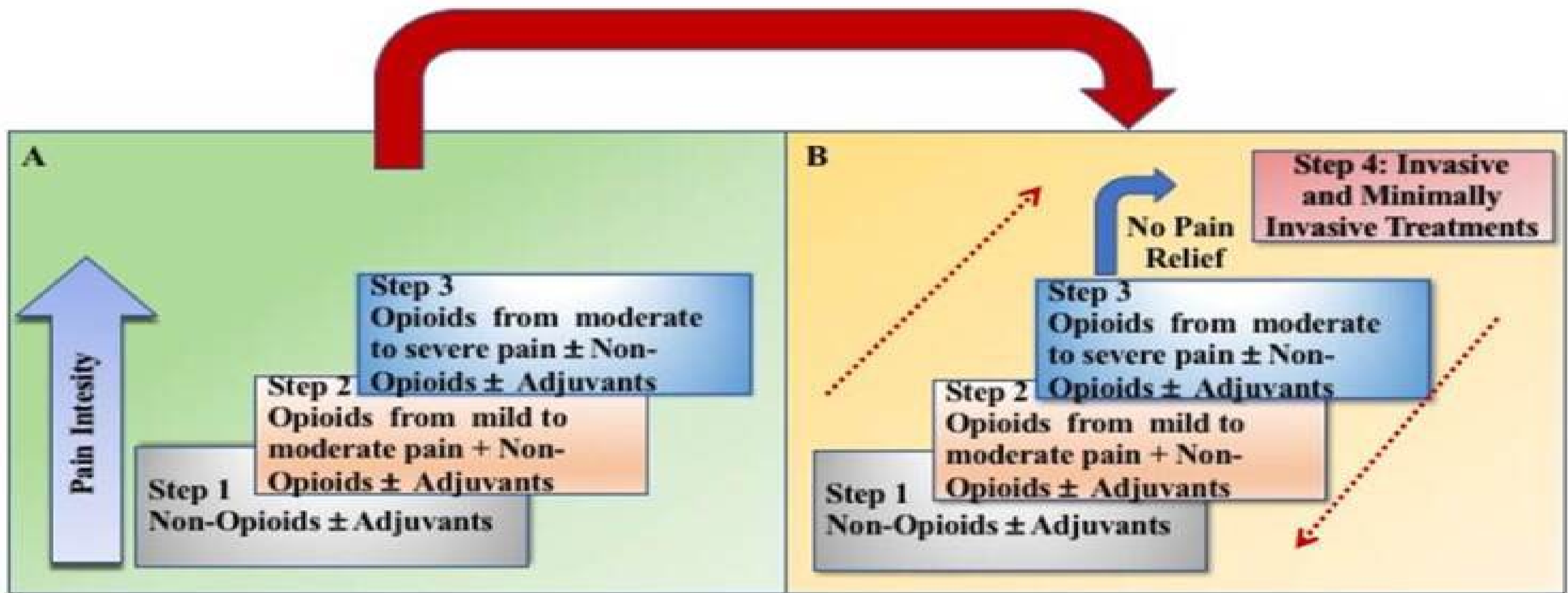
PHARMACOTHERAPY (DRUGS)	ADJUVANT TREATMENTS: NONINVASIVE	ADJUVANT TREATMENTS: INVASIVE
• Analgesic Ladder • Opioid analgesics • Non opioid analgesics • Adjuvant analgesics	• Psychosocial interventions • Relaxation techniques • Distraction techniques	• Nerve block • Surgical ablation • Chemical ablation • Spinal opioid infusions

WHO LADDER FOR CANCER PAIN



APPROACH TO PAIN MANAGEMENT

REVISED WHO PAIN MANAGEMENT LADDER



Transition from the original WHO three-step analgesic ladder (**A**) to the revised WHO fourth-step form (**B**). The additional step 4 is an "interventional" step and includes invasive and minimally invasive techniques. This updated WHO ladder provides a bidirectional approach.

OPIOID BASICS………

WebMD

HOW OPIOIDS BLOCK PAIN

PRESCRIPTION OPIOIDS

They influence the release of chemicals from the "brain's internal reward system" that can calm your emotions and give you a sense of pleasure.

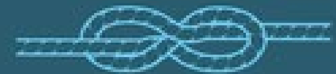
They slow down automatic functions, including breathing and heart rate, which can lower your pain.

They slow or reduce pain signals before they get to the brain, where you feel them.

THEY CAN ALSO MAKE YOU:

- Nauseated.

- Tired & Sleepy.

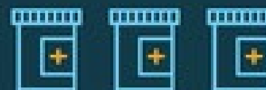


- Constipated.

TAKEN OVER TIME:

- Tolerance: Your body can get used to them, and you need more.

- Withdrawal: You can get very sick if you suddenly stop taking them.



- Misuse: You might take them in a way not prescribed by your doctor.

- Addiction: You might become dependent.

Sources: National Institute on Drug Abuse. National Institute on Drug Abuse for Teachers. University of Utah Health Care.

ADVERSE EFFECTS OF OPIOIDS

COMMON ADVERSE EFFECTS	MANAGING ADVERSE EFFECTS
GASTROINTESTINAL: • Nausea • Vomiting • Constipation **CUTANEOUS:** • Pruritus (Itching) • Sweating/flushing **NEUROLOGICAL:** • Sedation/drowsiness • Fatigue • Headache • Delirium/confusion • Clouded vision • Brain fog • Dizziness **AUTONOMIC:** • Xerostomia (dry mouth) • Bladder dysfunction (urinary retention) • Postural hypotension	**DOSE REDUCTION:** Start low and go slow Add non-opioid adjuvant **OPIOID ROTATION:** Try different class of opioids Adjust for opioid cross tolerance **CHANGE ROUTE OF ADMINISTRATION:** Formulations vary by opioids Oral, sublingual, via NGT/PEG Transdermal patch (through skin) Subcutaneous, IV Epidural, Intrathecal, Intraventricular **TREAT SYMPTOMS:** Nausea/Vomiting: Anti-emetics Sedation: lower dose, avoid polypharmacy Pruritus: Antihistamines **CONSTIPATION: BOWEL REGIMEN!!!!** **RESPIRATORY DEPRESSION: NALOXONE**

IS THERE A "RIGHT" OPIOID DOSE?

REMEMBER…

- There is no predictably effective or maximum dose of opioids for any individual patient.
- The "right" dose is the dose that controls patient's pain with the least side effects.
- Patient's opioid need changes over the course of the illness, needs to be monitored closely.

ALTERNATIVE DRUGS TO OPIOIDS

Pain Medicines You Could Use Instead of Opioids

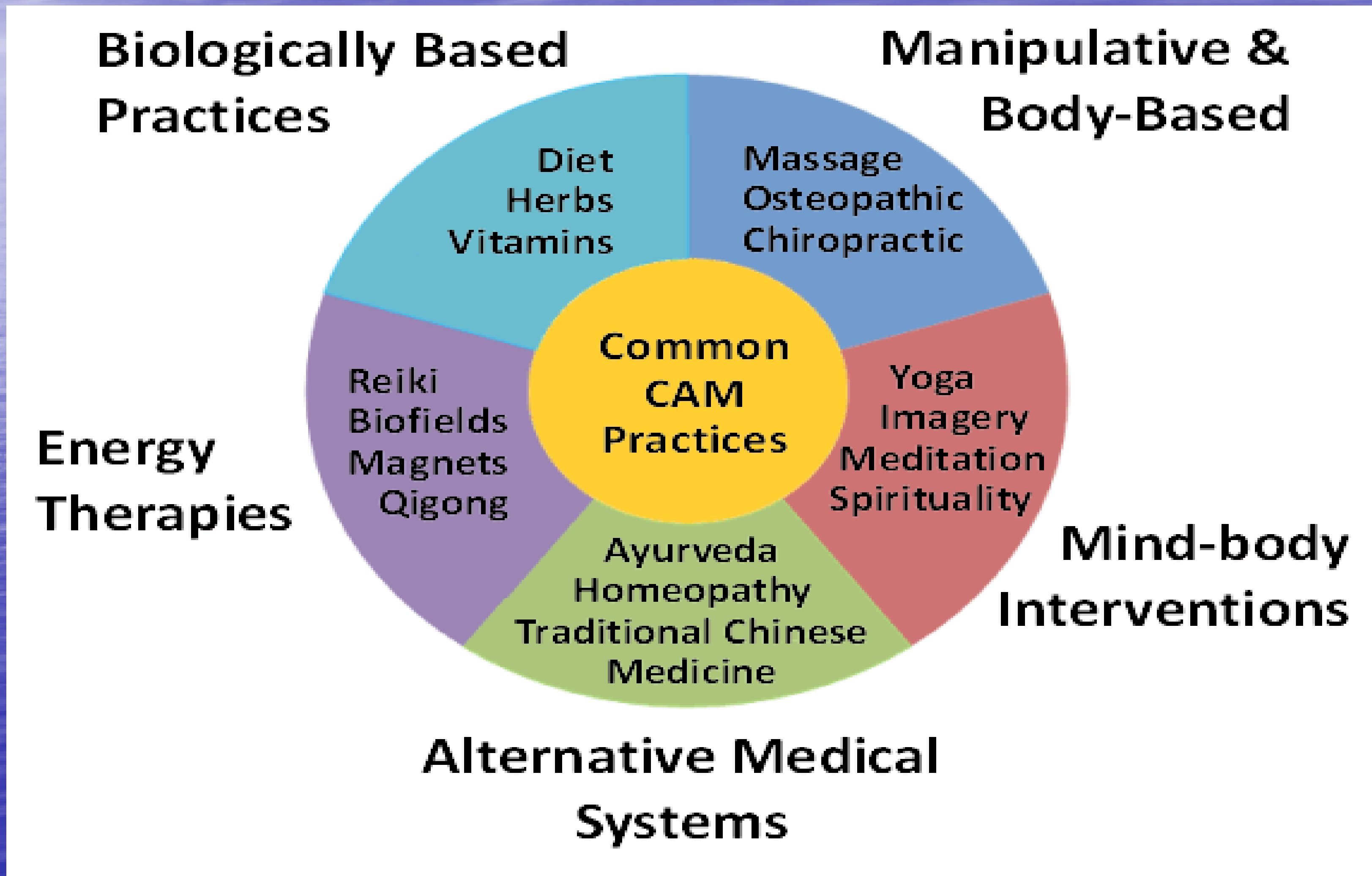
Sometimes your doctor can add other medicines to your treatment plan to help decrease the amount of opioids you're taking, such as:

MEDICINE	TREATS	COMMON EXAMPLE
Non-Steroidal Anti-inflammatory Drugs (NSAIDS)	Inflammation	Ibuprofen Naproxen
Antidepressants	Neuropathic Pain (Nerve pain that feels like burning, tingling or numbness)	Amitriptyline (Elavil) Duloxetine (Cymbalta)
Anticonvulsants	Neuropathic Pain (Nerve pain that feels like burning, tingling or numbness)	Gabapentin (Neurontin)
Topical Agents	Neuropathic Pain (Nerve pain that feels like burning, tingling or numbness)	Lidocaine Patch (Lidoderm) Capsaicin Ointment

WHY NON-PHARMACOLOGICAL TREATMENT ?

- Drugs may reduce pain, but limited long-term efficacy
- Medications can have significant risks + side effects:
  - NSAIDS: Nephrotoxicity, GI toxicity
  - Acetaminophen (Tylenol): Hepatotoxicity
  - Opioids: Constipation, tolerance, respiratory depression
  - Antidepressants: Anticholinergic side effects, nausea, constipation
  - Antiepileptics: Cognitive impairment, weight gain
- More effective in treatment of psychosocial and spiritual pain
- Can be used independently by patients
  - Promotes self-management
  - Sense of control over pain

COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) INTEGRATIVE MEDICINE



COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) INTEGRATIVE MEDICINE

NUTRITIONAL

- Herbs and supplements
- Therapeutic diets
- Prebiotics and probiotics

PSYCHOLOGICAL

- Meditation
- Hypnosis and guided imagery
- Relaxation therapies, such as breathing exercises

PHYSICAL

- Acupuncture
- Massage
- Chiropractic
- Reflexology
- Pilates

COMBINATIONS

Also known as mind-body therapies, such as:

- Music and art therapy
- Tai chi
- Mindful eating
- Dance
- Yoga
- Mindfulness-based stress reduction
- Qi gong

COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) INTEGRATIVE MEDICINE

- Medical products/practices not part of standard medical practices.
- 38% of adults and 12% of children use some form of CAM
- CAM use is higher in: women, higher income, higher educated
- Limited studies, focus on specific pain type not usually generalizable
- Limited data, variable quality, not often reproducible
- Common reasons for using CAM:

  Cope with side effects of cancer treatment, e.g., pain, nausea, vomiting, insomnia, fatigue

  Comfort themselves, help cope with illness/treatment related stress

  Try to treat or cure their own cancer

ALTERNATIVE MEDICAL SYSTEMS

Ayurvedic medicine: a system from India in which the goal is to cleanse the body and restore balance to the body, mind, and spirit. It uses diet, herbal medicines, exercise, meditation, breathing, physical therapy, and other methods.

Naturopathic medicine: a system that avoids drugs and surgery. It is based on the use of natural agents such as air, water, light, heat and massage to help the body heal itself. It may also use herbal products, nutrition, acupuncture, and aromatherapy.

Traditional Chinese medicine: based on the belief that qi (the body's vital energy) flows along meridians (channels) in the body and keeps a person's spiritual, emotional, mental, and physical health in balance. It aims to restore the body's balance between two forces called yin and yang.

RISKS AND BENEFITS OF CAM

Assessing the Risks and Benefits of CAM Treatments

May be safe; efficacy unclear
- **Treatment examples:** Acupuncture for chronic pain; homeopathy for seasonal allergies; low-fat diet for some cancers; massage therapy for low-back pain; mind–body techniques for cancer; self-hypnosis for cancer pain
- **Advice:** Physician monitoring recommended

Likely safe and effective
- **Treatment examples:** Chiropractic care for acute low-back pain; acupuncture for nausea from chemotherapy; acupuncture for dental pain; mind–body techniques for chronic pain and insomnia
- **Advice:** Treatment is reasonable; physician monitoring advisable

MORE SAFE ↑ / LESS SAFE

LESS EFFECTIVE → MORE EFFECTIVE

Dangerous or ineffective
- **Treatment examples:** Injections of unapproved substances; use of toxic herbs; delaying/replacing essential medical treatments; taking herbs that are known to interact dangerously with conventional medications (e.g., St. John's wort and indinavir)
- **Advice:** Avoid treatment

May work, but safety uncertain
- **Treatment examples:** St. John's wort for depression; saw palmetto for an enlarged prostate; chondroitin sulfate for osteoarthritis; ginkgo biloba for improving cognitive function in dementia
- **Advice:** Physician monitoring is important

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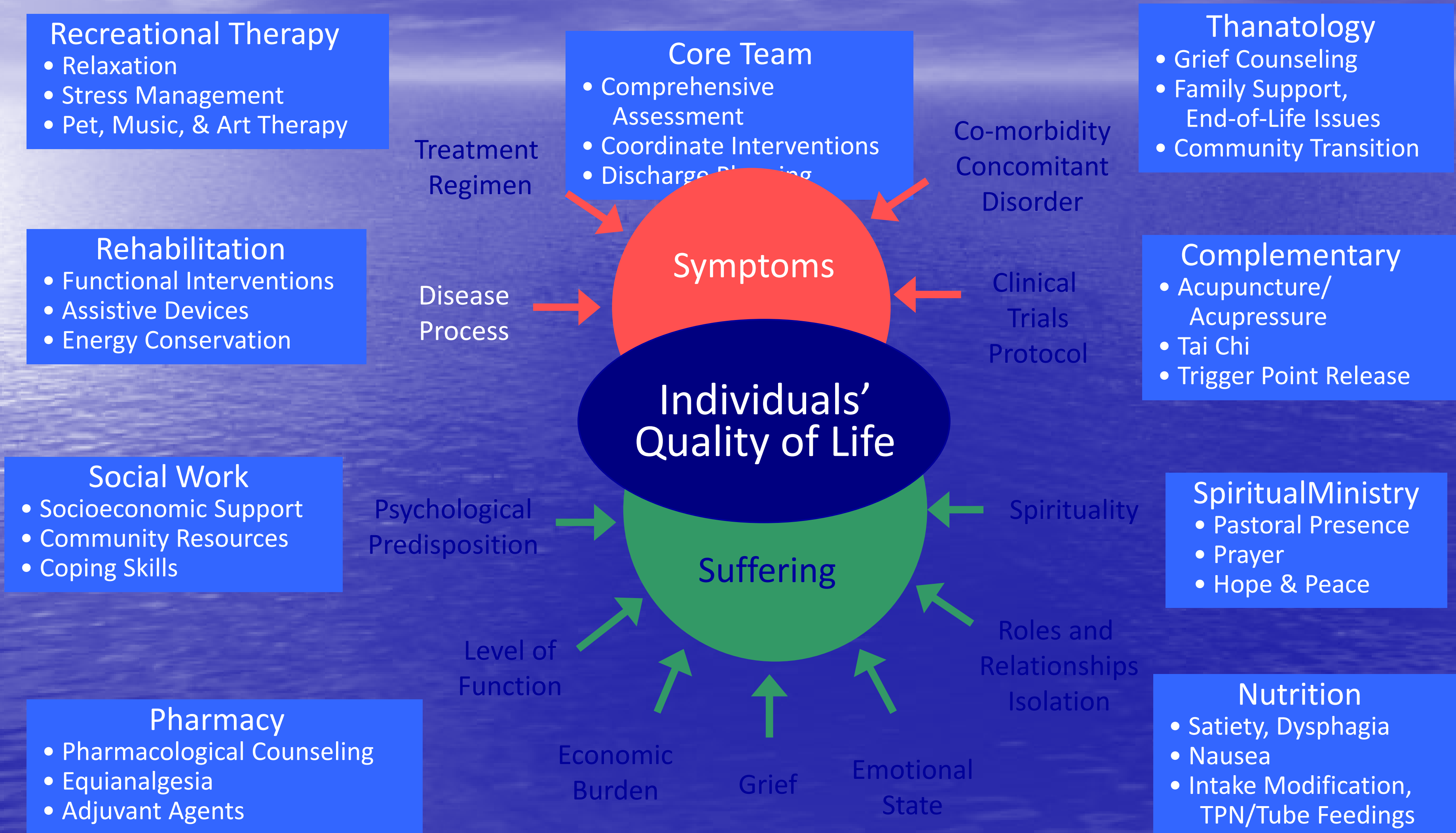
Figure 17.3

PALLIATIVE CARE IS AN INTERDISCIPLINARY TEAM SPORT



PALLIATIVE CARE IS A TEAM SPORT

treatment practical caregiver life help psychosocial relief goals of care
connection support
spiritual
strategy
team family quality of life
PALLIATIVE
CARE hope
communication compassion holistic
patient-focused peace
wellbeing emotional planning understanding management chaplian
social worker
care curative
comfort human nurse multidiscplinary

Essence of a Palliative Care Service

- Utilizing liaisons as integral interdisciplinary team members
- Providing palliative symptom management in conjunction with aggressive treatment modalities
- Ensuring continuity of symptom management /support throughout the stages of the disease process & across healthcare settings
- Facilitating integrative medicine
- Provide supportive listening to patient and caregiver
- On call availability to support nursing staff

The Secrets to Success In Palliative Care

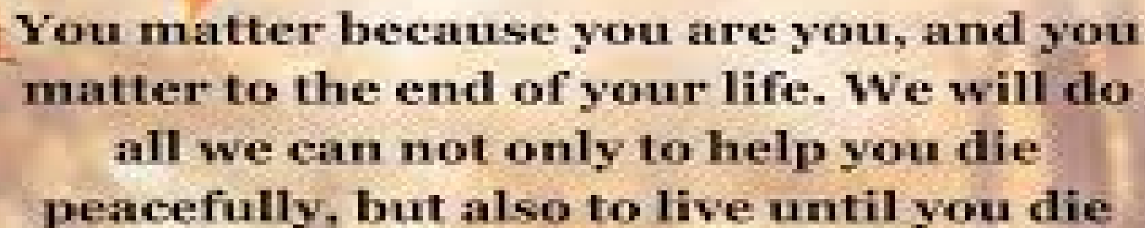
- Back to the Basics of bedside caring
- Time is our gift so give it freely and wisely
- Actions speak louder than words
- Don’t talk the talk if you cant walk the walk
- Teach by recommendation not prescription
- Palliate staff as well as patients/families
- Self-care…You can’t pour from an empty cup!

MEET THE PAIN AND PALLIATIVE CARE SERVICE TEAM (PPCS)
NIH CLINICAL CENTER

Dr. Ann Berger (Chief PPCS)
Ms. Eva Cummings (Administrative Coordinator)
Dr. Gang Peng (Acupuncture Specialists)
Dr. Jennifer Cheng (Program Director)
Dr. Jing Wang (Acupuncture Specialist)
Dr. Joseph O'Neill (Faculty)
Karen Baker CRNP (Faculty)
Mimi Mahon CRNP (Faculty)
Dr. Ruthann Giusti (Faculty)
Current Fellows: Dr. Sharon Kim and Dr. Sudha Chandrasekhar

Website: https://clinicalcenter.nih.gov/palliativecare/index.html
PHONE: 301 594 9767 (To request consults)
NIH PAGE OPERATOR: 301 496 1211 (To Page On Call Fellow)

YOU MATTER BECAUSE….



WHAT WE LEARNED TODAY

- The nature of pain
- "Total Pain" = Sum of Physical + Emotional + Spiritual pain
- Pharmacologic treatments: Opioids, Non-Opioids, Adjuvants
- Non-pharmacologic treatments: CAM
- Monitoring for efficacy and side effects of treatments
- Interdisciplinary approach to pain management
- Nature of Pain and Palliative Care Services
- Palliative Care is a team sport
- Current best practices in pain management

ACKNOWLEDGEMENTS

- Ms. Erin Ferraro
- Ms. Tracy Kirby
- Dr. Jennifer Cheng
- Audience
- Patients and Families

Q and A Session

HAVE QUESTIONS, COMMENTS OR CONCERNS?