

## Symptom Management Pain

### Aims of the session



- Describe best practice in the assessment and management of pain in person-centred end of life care
- Understand the terminology related to pain management and its meaning in end of life care
- Increase awareness of evidence base in pain management, including impact on own practice.

### What is pain?



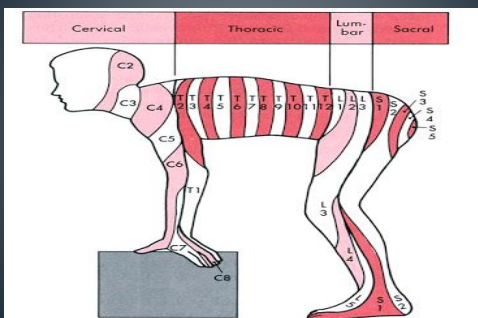
- Pain is a complex phenomenon, and the experience of pain is unique for each individual. Pain can be defined as:
- “An unpleasant sensory and emotional experience associated with actual or potential tissue damage, described in terms of such damage”
- Or, more simply, “Pain is what the patient says hurts”

### TYPES OF PAIN

- **Nociceptive pain – Somatic- Bone soft tissue**
- **Visceral- capsular, hollow viscus, cardiac**
- **Referred**
- **Emotional/existential**
- **Neuropathic**



## DERMATOMES



### ACUTE PAIN



**Acute pain** - has a well-defined onset, generally associated with subjective and objective physical signs and with hyperactivity of the autonomic nervous system. It usually responds to analgesic drug therapy and treatment of its underlying cause.

**CAN YOU NAME TYPES OF ACUTE PAIN**

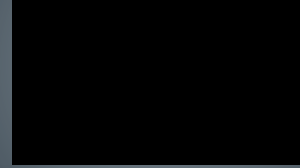
## CHRONIC PAIN



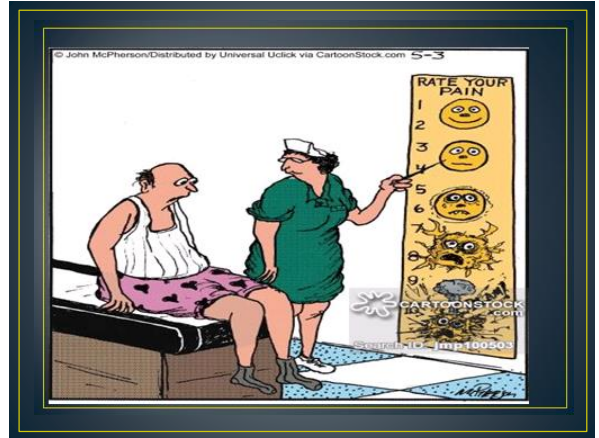
**Chronic pain** - persists over weeks or months and may be associated with significant changes in lifestyle, functional ability and personality. Management is often challenging, requiring a detailed holistic assessment of the physical, social, psychological and spiritual elements contributing to pain and to suffering.

### WHAT ARE TYPES OF CHRONIC PAIN ?

## THE SCIENCE BEHIND PAIN

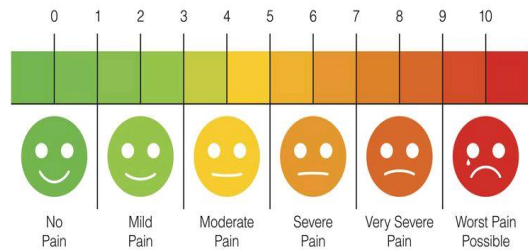


## PAIN ASSESSMENT



<b>S</b>	<b>Site</b>	Where exactly is the pain?
<b>O</b>	<b>Onset</b>	What were they doing when the pain started?
<b>C</b>	<b>Character</b>	What does the pain feel like?
<b>R</b>	<b>Radiates</b>	Does the pain go anywhere else?
<b>A</b>	<b>Associated symptoms</b>	e.g. nausea/vomiting
<b>T</b>	<b>Time/duration</b>	How long have they had the pain?
<b>E</b>	<b>Exacerbating/relieving factors</b>	Does anything make the pain better or worse?
<b>S</b>	<b>Severity</b>	Obtain an initial pain score

## PAIN SCALE



## PATTERNS OF PAIN

- Background pain
- Incident pain
- Total pain
- End dose failure

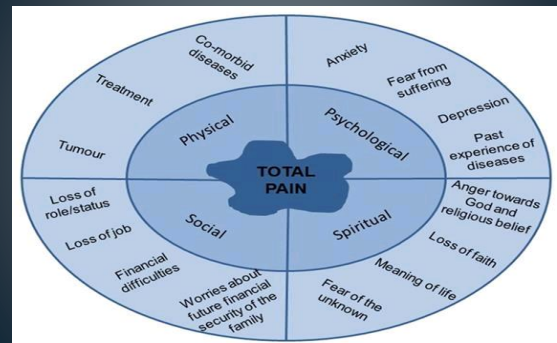
## BACKGROUND AND BREAKTHROUGH PAIN

Background pain refers to persistent **baseline pain** which is managed with **regular analgesia**, often in a slow release format. **Breakthrough pain** is defined as, "a **transient exacerbation** of pain that occurs either **spontaneously**, or in relation to a specific **predictable or unpredictable trigger**, despite relatively stable and adequately controlled background pain".

## INCIDENT PAIN

Incident pain is either **voluntary or involuntary**, and has an **identifiable precipitant** e.g. dressing changes or movement. Idiopathic/ spontaneous pain may have no identifiable cause.

## TOTAL PAIN



## END DOSE FAILURE

Pain occurring towards the **end of the expected duration of action** of an opioid (i.e. 8-10h after giving a 12h preparation) is known as "end of dose failure." It is **NOT** considered as breakthrough pain; the background opioid dose may need adjusting.

## PRINCIPLES OF PAIN MANAGEMENT

Comprehensive, individualised and **holistic assessment** and treatment planning, including **regular review** and **reassessment** with involvement of the wider **multi-professional team** as appropriate.

## PAIN MANAGEMENT

- Involve patient and carer
- What are the underlying causes?
- Can these be treated?



## WHO PAIN LADDER



## ADJUVANTS



- Anti depressants
- Anti epileptics
- Anaesthetics
- Steroids
- Anti – inflammatory drugs
- Paracetamol

## SIDE EFFECTS OF ANALGESICS

- Constipation
- Somnolence
- Nausea
- Dry mouth
- Concerns about addiction
- Opioid toxicity



WHY IS PAIN CONTROL SO IMPORTANT ?

**PAIN IS THE MOST FEARED SYMPTOM IN PALLIATIVE PATIENTS AND MOST WISH FOR A PEACEFUL PAIN-FREE END TO THEIR LIVES**



Patient in South India presenting at a palliative care clinic





**Patient after a single dose of morphine sitting up and enjoying tea**



References;

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