

Pain Relief Connection

Issue # 7

July 15, 2007

**Preventing
pain
is easier than
treating pain**

Pain ... The 5th Vital Sign

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Clinical Focus: Ten Guidelines for Assessing and Treating Pain

This is the 7th in a series on the principles and guidelines for pain management

8. Use adjuvant medications to supplement opioids.

Opioids are usually the most important medication used in the treatment of pain especially moderate to severe pain. In addition, adjuvant medications (used to be called co-analgesics) are frequently indicated. It should be stressed that adjuvants should generally not be used *instead of* opioids, but to *supplement* opioids.

- *Neuropathic pain*: (described as burning, electric shock, stabbing, paroxysmal) may respond to tricyclic antidepressants (such as nortriptyline, desipramine, amitriptyline) or anticonvulsants (such as Gabapentin, Pregabalin, Topiramate).
- *Bone pain*, such as that resulting from primary or metastatic cancer, tends to respond well to nonsteroidal anti-inflammatory agents (NSAIDs), steroids, bisphosphonates. Primary treatment of the tumour by radiation therapy or chemotherapy should be strongly considered
- *Pain associated with swelling* (such as intracranial tumour-related oedema, pressure on the liver capsule) may respond to glucocorticosteroids. Note that in published guidelines, glucocorticosteroids are not recommended in the management of head injury.
- In *advanced cancer or AIDS*, psychostimulants (such as methylphenidate also known as Ritalin) may enhance pain relief while reducing drowsiness and improving mood, energy and appetite.

9. Base choice of analgesic and other interventions on underlying pathology and specific pain syndromes.

- If an underlying cause for the pain (such as trauma, infection, tumour) can be identified, both the pain and the underlying cause should be treated concurrently.
- Pain can be classified in multiple overlapping categories. Appropriate selection of these categories during the assessment/diagnosis process will greatly assist in treatment of planning and follow up.

Examples of categories include:

1. Acute pain: caused by trauma or injury. The pain usually resolves with healing.
2. Chronic non-malignant pain: pain that continues after the point of healing theoretically involving damage to the nervous system or processing of the signal by the nervous system.
3. Malignant (cancer) pain: caused by the disease itself or the treatment of the disease.
4. Nociceptive vs neuropathic:
5. Somatic vs visceral pain
6. Continuous, recurrent, intermittent, incident, or breakthrough pain
7. End-of-life pain

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References used for the Pain Relief Connection Newsletter include among others, the following:

Care Beyond Cure A Pharmacotherapeutic Guide to Palliative Care 2000

McCaffery M., Pasero C., *Pain Clinical Manual* 2nd Edition 1999 Mosby

Professional's Handbook of Drug Therapy for Pain Springhouse 2001

Ballantyne Jane C., *The Massachusetts General Hospital Handbook of Pain Management* 3rd Edition

Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain 5th Edition American Pain Society
2005

Pereira, J., Bruera e., *Alberta Palliative Care Resource Guide* Alberta Cancer Board 2001 2nd Edition

Roman D. Jovey, MD editor *Managing Pain the Canadian Healthcare Professional's Reference* 2002

End-of-Life Physician Education Resource Center www.eperc.mcw.edu

EDUCATION:

Managing Pain Before It Manages You This once-a-week for 9 weeks program is for individuals who are living with persistent (chronic) pain and who are interested in learning how to learn to manage their pain. The classes are one-hour long and are limited to 10 participants. For more information, please contact Bev More, Pain Management Resource Nurse at 578-4202 or to register, contact Pat Shaw, Clinics Clerk 578-4200. The next classes start September 13, 2007 from 1030-1130 and continue until November 8, 2007.

If you have a question that you would like answered or a case study that you would like to see profiled here, please send the information to Bev More, Pain Management Resource Nurse, CS1-200 BRHC or email to: moreb@brandonrha.mb.ca

Feedback about this newsletter is welcome. Please send comments to moreb@brandonrha.mb.ca

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