Pain 101: Symptom Management Tips with a Palliative Care Focus

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Objectives

- Review pain and pain assessment tools
- Differentiate between nociceptive, neuropathic, and nociplastic pain
- Identify appropriate non-pharmacologic and pharmacologic therapies based on clinician assessments
Pain

- “An unpleasant sensory or emotional experience associated with actual or potential tissue damage”
- “Whatever the patient says it is”
- Multifactorial symptom impacting the whole person, family, and caregivers
- Acute
- Chronic

Total Pain
- Physical Pain
- Social Pain
- Spiritual Pain
- Psychological Pain

Paice, 2019.
Hospice Quality Measures

- NQF #1634 Pain Screening
  - Measure Description: Percentage of patient stays during which the patient was screened for pain during the initial nursing assessment.

- NQF #1637 Pain Assessment
  - Measure Description: Percentage of patient stays during which the patient screened positive for pain and received a comprehensive assessment of pain within one day of the screening.

CMS.gov Image: Pixabay.com
Pain: Intensity

- Pain Intensity Assessment Tools
  - Visual Analogue Scale
  - Numeric Rating Scale
  - Verbal Descriptor Scale
  - FACES Scale (Wong-Baker)
  - Faces Pain Scale- Revised
  - Pain Thermometer

Fink, 2019.
Image: Pixabay.com
Pain: Assessment

- Intensity
- Quality of Life
- Aggravating Alleviating
- Duration
- Location
- Character
- Frequency

Fink, 2019.
Image: Pixabay.com
Pain Assessment

- Provocative or palliative factors
- Quality
- Region or radiation
- Severity
- Timing
Adjuvant Analgesics

**Visceral**
- Per Patient: Aches constantly
- Agents with evidence: Acetaminophen, NSAIDs, anticholinergics

**Somatic**
- Per Patient: Worse with movement
- Agents with evidence: Corticosteroids, bisphosphonates, NSAIDs

**Nociplastic**
- Multifocal pain; More widespread and/or severe than expected
- Agents with evidence: Antidepressants*

**Neuropathic**
- Per Patient: Stings, burns, shoots, numb
- Agents with evidence: TCAs, SNRIs, anticonvulsants, topicals, ketamine, lidocaine

World Health Organization (WHO)

- Acetaminophen
- NSAIDs
- Opioids
- Adjuvants
- Interventions: injections, radiofrequency ablation, spinal cord stimulators, intrathecal/epidural pain pumps

Non-pharmacologic therapy
- Physical therapy: aqua therapy, massage
- TENS
- Scrambler therapy
- Music therapy
- Pain psychology: guided imagery, cognitive behavior therapy, biofeedback
- Exercise

Anekar, 2023. WHO
Image: Pixabay.com
Medication Titration

Dose Increase
- Insufficient efficacy
- Acceptable tolerability

Dose Reduction
- Efficacious
- Unacceptable tolerability

Nociceptive Pain

- Acetaminophen
  - Mild pain or fever
  - Cost-effective formulations: tablets, capsules, suppositories, oral liquids

- Anti-Inflammatory Agents
  - NSAIDs
  - First Line: Ibuprofen, Naproxen
  - Alternatives: Meloxicam, Celecoxib, Diclofenac, Sulindac, Oxaprozin, Piroxicam
  - Avoid: Ketorolac, Indomethacin
  - Corticosteroids
  - First Line: Dexamethasone, Prednisone
  - Formulations: oral tablets, oral concentrate, oral elixir
Neuropathic Pain

- **Anticonvulsants**
  - First Line: Gabapentin
  - Others: Pregabalin, Carbamazepine, Oxcarbazepine

- **Antidepressants**
  - Tricyclic antidepressants (TCA)
    - Agents: Amitriptyline, Nortriptyline, Imipramine, Doxepin
  - Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)
    - Agent: Duloxetine
Opioids: Mild to Moderate Pain

- Acetaminophen/Opioid Combination
  - Acetaminophen/Hydrocodone
  - Acetaminophen/Oxycodone
- Buprenorphine
- Tramadol
- Tapentadol
- +/- Adjuvant Therapy
Opioids: Severe Pain

- Fentanyl
- Hydromorphone
- Methadone
- Morphine
- Morphine
- Oxycodone
- Oxymorphone
- Tapentadol
- +/- Adjuvant Therapy
# Opioid Efficacy

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Analgesia</td>
<td>Assessment of effectiveness</td>
</tr>
<tr>
<td>Activities</td>
<td>Engagement in activities that provide acceptable QOL</td>
</tr>
<tr>
<td>Adverse Effects</td>
<td>How are side effects impacting QOL? Management plan?</td>
</tr>
<tr>
<td>Aberrant Drug Behaviors</td>
<td>Are there signs of substance use disorder?</td>
</tr>
</tbody>
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Opioid Rotation

- Switching to a different opioid analgesic when inadequate response to one opioid or adverse effects become intolerable
- Improved pain control
- Decreased intensity of adverse effects
- Failure to respond to an opioid ≠ patient will not respond to others
- Incomplete cross-tolerance

Opioid Spotlight: Methadone

- Available as: tablet, oral solution, parenteral
- Lipophilic (accumulation in tissues)
- Onset after oral dosing: 15-45 minutes
- Peak after oral dosing: 2-4 hours
- Duration of action: 8-12 hours
- Oral bioavailability: 80%
- Elimination half-life: 20-40 hours (average)
- About five days to reach steady state
Pain Management

- Goals of care
- Non-pharmacologic therapy
- Medication appropriateness
- Disease progression
- Monitoring and reevaluation
- Communication strategies
Thank you

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References