Addressing pain

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Introduction

- Definitions
- Background
- Assessment principles
- Treatment principles
- Using PD as an example
- Conclusions

Definitions of pain

- "An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage."

OR

- Pain is

  "what the patient says hurts".

Definition

'Total pain' encompasses

- physical
- psychological
- social
- spiritual

Background

- Prevalence of pain in all ages in the community setting was **50%** (15% of these people had the most severe grade of pain) [Elliot et al Lancet 1999]
- **70%** of elderly patients in the community reported having some kind of pain problem but few regarded it as a major issue in their lives [Roy et al Clin J of Pain 1987]
- **~45-80%** NH residents have pain [Fox PL et al CMAJ 1999] which contributes to functional impairment and decreased QoL [Ferrell BA 1995 Ann Int Med]
- **71%** of nursing home patients had one or more pains.
  - major sources of pain were low back pain in **40%**
  - arthritis in hip, knee and shoulder in **24%** [Ferrell BA et al JAGS 1990]
- There is an increase in joint problems with increasing age [Elliot et al Lancet 1999/ Badley EM et al Annals Rheum Dis 1992]

Analgesic use

- Pain is markedly undertreated in older people in the community
  - Only a third suffering from joint or back pain that impaired daily function were prescribed regular analgesia [Pitkala et al JAGS 2002]
- Pain is undertreated in IPD/ MND [Lee et al JPSM 2006/ Oliver D et al. J of Neurol Sci 1992]
- Patients most at risk of being undertreated are
  - Elderly
  - Ethnic minorities [Bernabei R et al JAMA 1998]
  - Cognitively impaired
- Systematic review of pain in NH showed a lack of evaluation of pain interventions [Fox PL et al CMAJ 1999]

Assessment

- Challenges which make pain assessment difficult in the elderly nursing home population.
  - Multiple concurrent illnesses/ multiple sources of pain.
  - Under-reporting of symptoms.
    - Low mood
    - Not wanting to be a burden
  - High prevalence of cognitive impairment. [Ferrell BA. Annals of Int Med. 1995]
    - Patients may under report pain but any expression of pain was no less valid. [Parmelee PA et al JAGS 1993]

Therefore…

Pain is:

- Subjective
- Very common out with neurological conditions (under–recognised)
- Has multiple causes
- Undertreated
- Not just physical
- Can be very challenging

It’s on this background that pain in neurological conditions is superimposed

Prevalence

- MS ~50%
  - Dysaesthesia and muscle spasm
  - increasing with disease duration/ neurological deficit
- MND ~ 75%
  - Cramps/ posture
- IPD
  - ~40% PD specific pains were cramps/ dystonia
  - ~80+ including other causes

Assessment

- History
  - qualitative (ie descriptions)
  - quantitative (ie numbers)
- Examination
  - Tender areas
  - Associated signs (eg neuropathy/ trigger points)
- Investigation

Assessment - descriptions

- Site
- Onset
- Periodicity (eg colic)
- Character (eg sharp/dull etc)
- Radiation
- Associated symptoms (eg colour changes/ paraesthesia)
- Severity
- Precipitating or relieving factors

Wider assessment

- Previous analgesia
- Current analgesia
- Effects of pain on lifestyle
- Mood
- Sleep
- Social history
- Meaning of the pain
- <u>Many patients have more than one pain and these should be assessed individually.</u>

Drug Treatments

- WHO analgesic ladder
  - STEP 1
    - Non opioid analgesics (eg paracetamol/ NSAID) +/- adjuvants
  - STEP 2
    - Weak opioid (eg DHC/ codeine) +/- non opioid +/- adjuvants
  - STEP 3
    - Strong opioid (eg morphine/ fentanyl/ oxycodone) +/- non opioid +/- adjuvants

Drug Treatments

- WHO analgesic ladder
  - Adjuvants (can be added at any step)
    - Corticosteroids
    - Antidepressants (eg tricyclic antidepressants)
    - Anticonvulsants (eg valproate/ gabapentin)
    - Anti-arrhythmics
    - Muscle relaxants (eg diazepam/ baclofen)
    - Botulinum
    - [laxatives]

Non Drug Treatments

- Physical therapies
  - Physiotherapy
  - Posture
  - TENS
  - Acupuncture
- Psychological therapies
  - Psychotherapy (eg CBT)

Postulating a cause in neurological conditions

Is the pain….

1. Caused by the neurological disease

2. Unrelated to the neurological disease

3. Indirectly related to the neurological disease

4. Related to treatment

Study results in IPD (n=123)

- 285 pains were identified
- Range = 0-8 pains
- Mean = 2.3
- Median = 2
- 40% had 3 or more pains
- 51% said that it had a moderate or dominating affect on their day

General Classification

- 50.9% - Non IPD related (eg OA)
- 42.5% - IPD related (eg cramps)
- 4.2% - Indirectly IPD related (eg pressure sores)
- 0.3% - IPD treatment related
- 2.1% - Other/ multiple causes

PAIN ASSESSMENT
(Nociceptive or neuropathic)

PD related

Non drug
Physio
Acupuncture
TENS

Drug
DA
WHO

Surgery

Non PD related

Non Drug
Physio
Acupuncture
TENS

Drug
WHO

Surgery

Indirectly PD related

Non drug
Physio
Nursing care
- Dressings
- Mattress

Drug
Topical
Systemic

Surgery

PD Treatment related

Review DA treatment

? cause

Investigate

Conclusion

Addressing pain in neurological conditions

- Pain is very common in the general population
- Patients with neurological conditions may have disease specific pains superimposed
- It is undertreated
- Optimal assessment (history and examination)
  - Is it really related to the neurological condition?
- Broad MDT approach (not just physical)
- Remembering common things are common