

Pain

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Disclosure

I have no actual or potential conflict of interest in relation to any product or service mentioned in this program or presentation.



Learning Objectives

1 Describe the different types of pain and their appropriate management strategies.

2 Recognize pain in the elderly and apply age-appropriate pain management approaches.

3 Discuss effective pain management strategies in the ambulatory setting.

4 Examine federal and state regulations related to pain management, including prescribing guidelines and documentation requirements.





Pain

Pain

- Pain is a signal that something may be wrong.
- Each person feels pain differently.
- Qualities
 - Sharp - dull
 - Mild – severe
 - May be intermittent or constant.
- Causes
 - Usually easier to identify a cause with acute pain versus chronic pain.
 - A clear cause may not be identified.
- Environmental and psychological factors, such as stress and beliefs



Types of Pain

- Acute
- Use
- Pre
- Sha
- Use
- Car



Types of Pain

- Chronic
 - Last longer than acute
 - May affect mood
 - Example, osteoarthritis



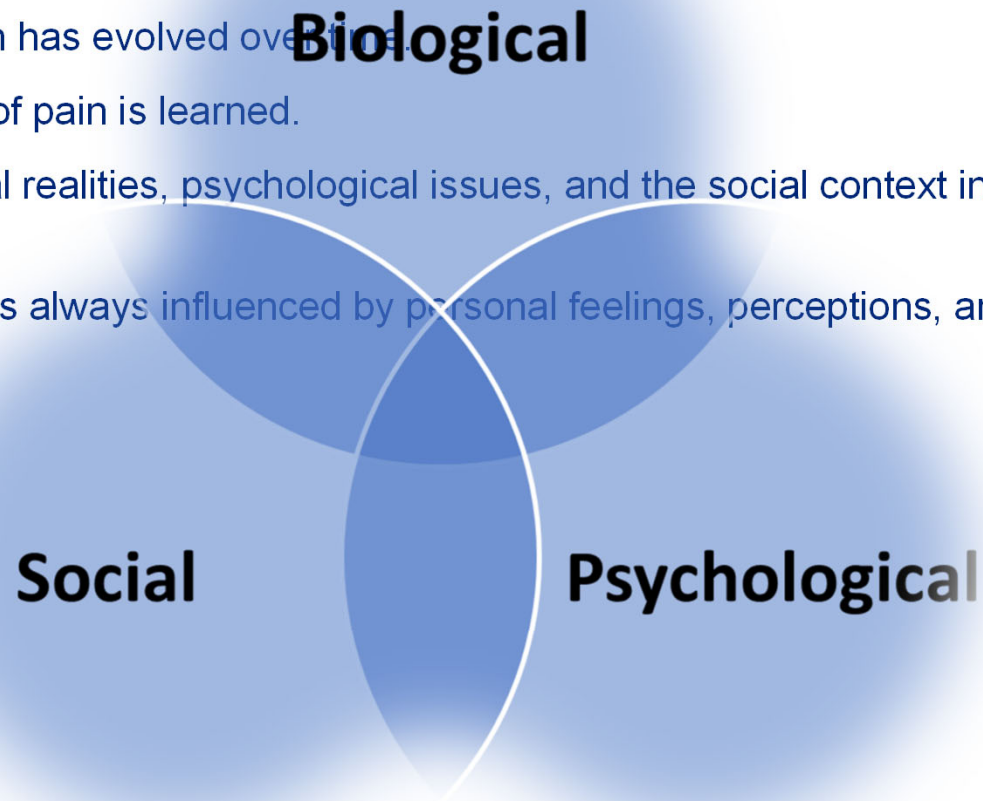
Types of Pain

- Episodic
 - Intermittent
 - May be associated with chronic diseases, e.g., sickle cell disease.



Concept of Pain

- The understanding of pain has evolved over time.
- An individual's concept of pain is learned.
- Influenced by biomedical realities, psychological issues, and the social context in which that pain is experienced.
- The experience of pain is always influenced by personal feelings, perceptions, and/or opinions.





Pain Management in the Elderly

Aging

- Conditions that cause pain are common among older adults.
- As people age, they complain less of pain.
 - The reason may be a decrease in the body's sensitivity to pain or a more stoical attitude toward pain.
 - Some older adults mistakenly think that pain is an unavoidable part of aging and thus minimize it or do not report it.



Aging

- The number of chronic conditions
- Effect of chronic conditions
- Chronic conditions
- They are more likely to have
- They are more likely to have
- Pain is often isolated
- Pain management



Aging

Older Adults and Pain Relievers

- More likely to have side effects
- Some side effects are more likely to be severe.
 - Analgesics may stay in the body longer.
 - May be more sensitive to them.
 - Many older adults take several medications, increasing the chances for interactions.
 - May reduce the effectiveness of one of the medications and/or
 - Increase the risk of side effects.

Older adults are more likely to have health problems that increase the risk of side effects from analgesics.



Aging

1. **Nonsteroidal anti-inflammatory drugs (NSAIDs) can have side effects.**
2. Examples ibuprofen or naproxen,
3. Risk of several side effects is higher in older adults.
4. Particularly if they have several other disorders or are taking NSAIDs in high doses.
5. For example, older adults are more likely to have a heart or blood vessel (cardiovascular) disorder or risk factors for cardiovascular disorders.
 1. These disorders or risk factors for them, taking NSAIDs increases their risk of having a heart attack or stroke and of developing blood clots in the legs or heart failure.
6. NSAIDs can damage the kidneys. This risk is higher for older people because the kidneys tend to function less well as people age. This risk of kidney damage is also higher in people with a kidney disorder, heart failure, or a liver disorder, which are more common among older adults.
7. Older people are more likely to develop ulcers or bleeding in the digestive tract when they take NSAIDs. Doctors may prescribe a medication that helps protect the digestive tract from such damage. These medications include proton pump inhibitors (such as omeprazole) and misoprostol.
8. When older adults take NSAIDs, they should tell their doctor, who then evaluates them periodically for side effects. Doctors also recommend the following for older adults if possible:
9. Taking low doses of NSAIDs
10. Taking them for only a short time



Aging

- Opioids
 - More likely to be prescribed
 - Short time to onset
 - Opioids are more likely to cause respiratory depression
 - Older adults are more likely to experience side effects
 - Impaired ability to metabolize drugs
 - Respiratory depression, even at low doses
 - Liver and kidney impairment
 - Use of other medications
 - Both opioids and other medications can interact, increasing the risk of side effects.
 - Opioids to be used with caution
 - Doctors should be aware of the risks
 - Acetaminophen

respiratory depression, which tend to

depression (e.g., anxiety depression) or
depression, which tend to

depression, which tend to

depression, which tend to



Aging

- Certain NSAIDs (indomethacin and ketorolac) and certain opioids (such as pentazocine) are usually not given to older adults because of the risk of side effects.
- Opioids start with a low dose at first.
 - The dose is increased slowly as needed, and its effects are monitored.
 - Buprenorphine (Suboxone/Sublocade) may be a good choice, especially for older adults with a kidney disorder, because it may have a lower risk of side effects than other opioids.
- Nonmedication-related treatments and support from caregivers and family members can sometimes help older adults manage pain and reduce the need for analgesics.





Pain Management in the Ambulatory Setting

Ambulatory Pain Management

- Goal is to relieve suffering, facilitate functioning and enhance recovery.
 - Goal is not zero pain but to allow physical and emotional functioning.



Ambulatory Pain Management

- Principles
- Individualized plan
- Multimodal-opioids only if needed
 - Nonpharmacologic techniques
 - Regional anesthesia- when appropriate.
 - Nonopioid analgesics
 - Acetaminophen and/or NSAids unless there are contraindications.
- Patient Education
- Adjust based on of pain relief and adverse events.

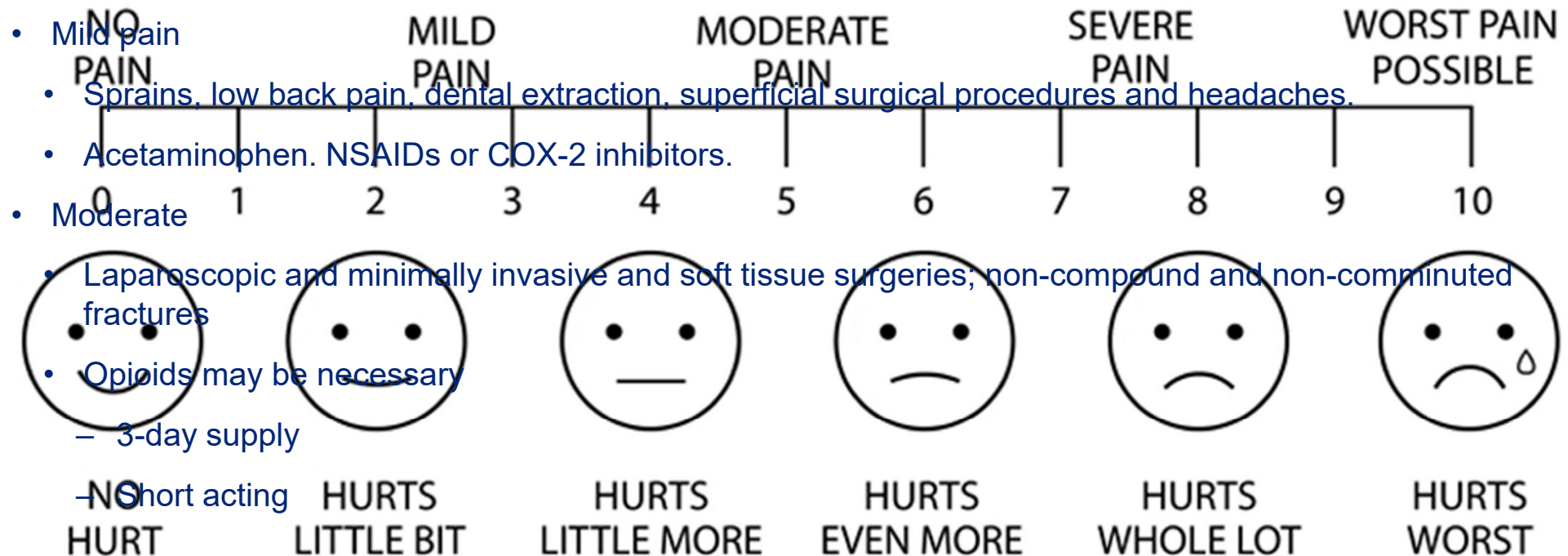


Demographics

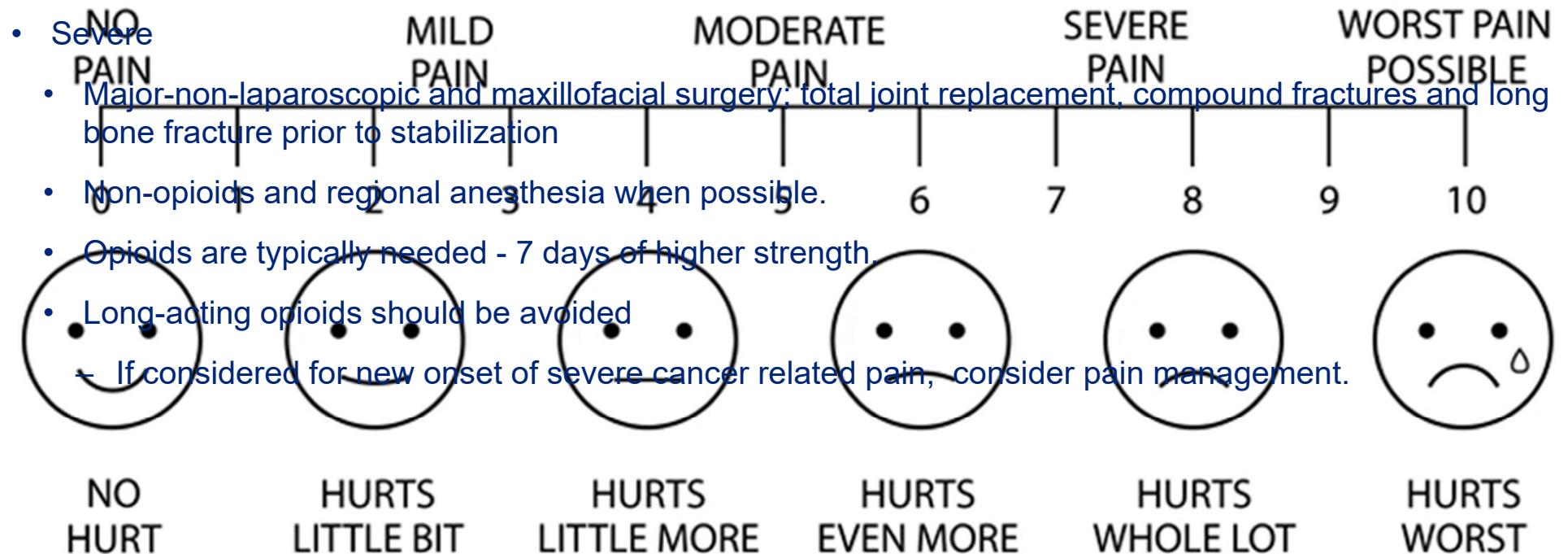
- Evaluation should be based on the individual not pre-conceived concepts about groups.



Level of Pain



Level of Pain



- Severe
- Major-non-laparoscopic and maxillofacial surgery; total joint replacement, compound fractures and long bone fracture prior to stabilization
- Non-opioids and regional anesthesia when possible.
- Opioids are typically needed - 7 days of higher strength.
- Long-acting opioids should be avoided
- If considered for new onset of severe cancer related pain, consider pain management.



Non-Opioid

- Acetaminophen
- NSAID
- Combined
- Scheduled rather than prn
- Newer medications are being studied
 - Suzetrigine- NAV1.8 inhibitor



Opioids

- Balance against adverse effects- nausea, constipation, drowsiness, dizziness, respiratory depression, and dependence.
- Consider when non-opioid treatments are contraindicated
- Lowest effective dose
- Shortest duration.
- Immediate release-IR
- Overdosing associated with – acting opioids



Naloxone

- Required to discuss availability to patients.
- Consider prescribing naloxone for members on opioids and benzodiazepines or other CNS depressants.
- Education of use for overdosing.





Federal and State Requirements

Rules and Regulations for Opioid Dispensing

- There are both federal and state laws for prescribing and dispensing controlled substances.



Federal

- Schedule
- DEA
- 8 hours

| Schedule | Drugs |
|----------|--|
| 1 | All non-research use illegal under federal law |
| 2 | No telephone prescriptions, no refills |
| 3 | Prescription must be rewritten after 6 months or 5 refills |
| 4 | Prescription must be rewritten after 6 months or 5 refills; differs from schedule 3 in penalties for illegal possession |
| 5 | As any other nonopioid prescription drug; may also be dispensed without prescription unless additional state regulations apply |



Texas Requirements

- E-prescribing
- Registration with Prescription Monitoring Program (PMP)
- Education
- Pain Management clinics are required to be licensed in Texas.





Q&A



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