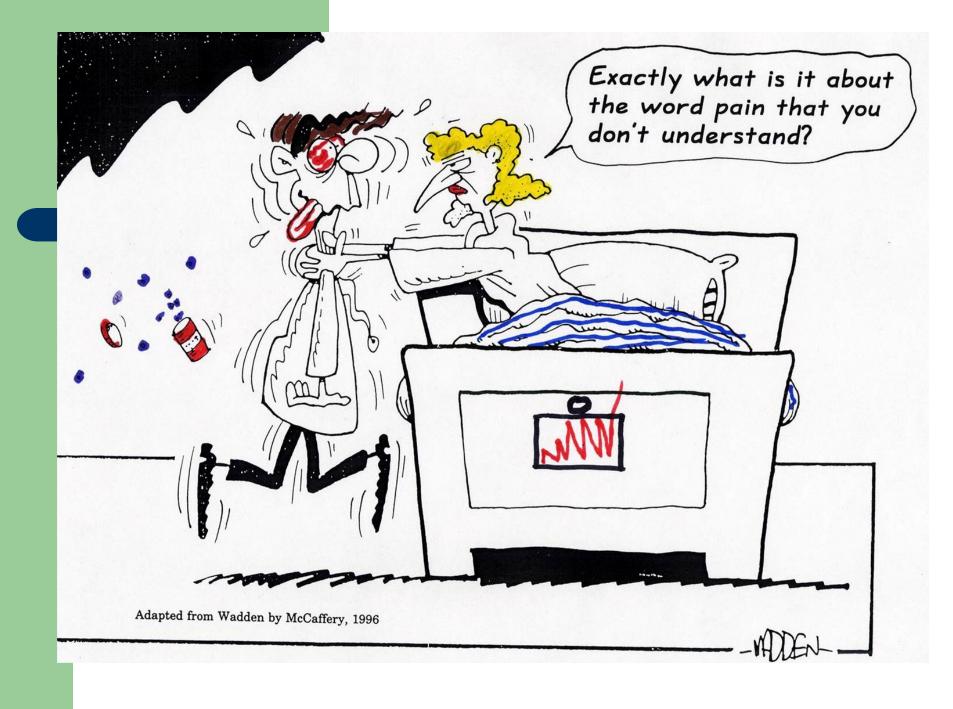
# Lora McGuire MS, RN Educator and Consultant

Barriers to effective pain relief

# Freedom from pain is a basic human right

# "Pain is whatever the experiencing person says it is and exists whenever he says it does."

McCaffery, 1979, p. 8



### Pain is subjective!

- There is no test for pain
- The patient's statement is the single most reliable indicator of pain

### **SLE Important Points**

- The better SLE controlled, better pain is relieved
- Diet: no garlic or alfalfa sprouts; increase omega-3 fatty acids to help decrease inflammation
- Treatment goals: prevent flares, appropriate treatment, decrease organ damage

#### Physiological Consequences of Unrelieved Pain

- Increased BP, HR
- Increased consumption of MI oxygen
- Increased metabolic rate
- Decreased gastric motility
- Stress response

- Sleeplessness
- Altered pul function
- Delayed healing
- Reduced mobility
- Reduced cognitive function
- Increased risk for chronic pain

#### Psychological Consequences of Unrelieved Pain

- Anxiety, depression
- Impaired sleep
- Decreased socialization
- Decline in ADLs
- Economic effects
- Decreased quality of life

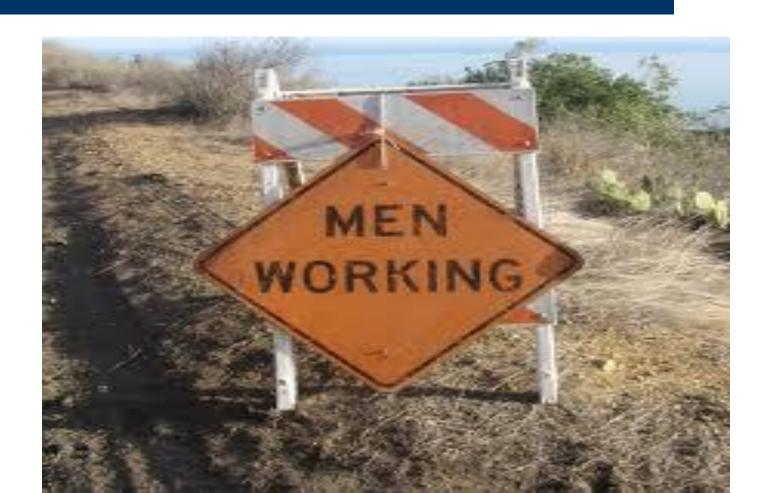
# Risk Factors for Under treatment of Cancer Pain

- Minorities: 3x increased risk
- Poor pain assessment
- Noncancer pain
- "Good" performance status
- Age > 70 years
- Female Patient

#### **Gender Issues**

- Women are twice as likely to take prescription pain medication for chronic pain than men (68% vs 32%)
- One study found women are more likely to be given sedatives for pain, while men are more likely to be given analgesics

# Women work all the time, but don't need a sign



# **Use Correct Terminology**

- Avoid words such as:
- Narcotic
- Drugs
- Painkillers

- Use words such as:
- Opioids
- Medicine
- Pain Relievers
- Analgesics

# Challenges in 2018

- Balance
  - Analgesia vs safety
  - Availability vs preventing diversion

### **Two Major Public Health Problems**

- Escalating problem of inadequately treated chronic pain
- Misuse, abuse, and diversion of prescription opioids

# **The Opioid Crisis**

- Over 20,000 people died from prescription overdose in 2015
- More deaths from opioid overdoses than by motor vehicle accidents
- 2 million people had a substance abuse disorder involving prescription opioids
- Not enough affordable treatment facilities

# Safety

- Add Safe storage and safe disposal to written discharge instructions
  - Lock meds up, safe, no medicine cabinets or purse
  - Take back programs (pharmacies, police departments)
  - Mix med in wet coffee grounds or kitty litter until dissolved, then dispose in garbage
  - Do not flush down toilet

# **Principles of Pain Control**

- Give medications orally
- Give medications regularly
- Give medications in adequate dose
- Give medications in combination (multimodal analgesia)

#### **SLE Medications**

- NSAIDs
- Antimalarial (Plaquenil)
- Steroids (Prednisone)
- Immunosuppressants (Imuran, Cytoxin, Methotrexate)
- Biologics (Rituxan)

#### **Medications for Pain**

- Non-Opioid Analgesics (old name nonnarcotics)
  - Acetaminophen (Tylenol)
  - Aspirin
  - NSAIDs (Aleve, Motrin, Naproxen, etc)

# **Acetaminophen (Tylenol)**

- Thought to work in the central nervous system
- Can be given orally, rectally, and IV
- Number one cause of acute liver failure
- Number one reason people are waiting for liver transplants
- Lower doses recommended for dehydrated, malnourished, elderly, or those who consume alcohol

# **Acetaminophen (Tylenol)**

- Paracetamol, APAP, Acetaminophen, Cet?
- Only 31% study respondents knew acetaminophen was Tylenol
- No long term studies on what is a safe dose
- FDA still says 4000mg/day; American Liver Foundation 3000mg/day
- Read your Tylenol and other over-thecounter medication bottles!

#### **NSAIDs**

- Non-steroidal anti inflammatory drugs
- All can cause stomach bleeding
- Can cause kidney failure
- Use lowest dose for shortest period of time

# **Opioids (Narcotics)**

- Morphine, Fentanyl, Dilaudid very potent
- (keep locked or hidden)
- Oxycodone (Percocet, Oxycontin)
- Hydrocodone (Norco, Vicodin, Lortab, etc.)
- Codeine (no longer recommended)
- All opioids (narcotics) cause constipation!

### **Adjuvant Medications**

- Neurontin or Lyrica
- Cymbalta
- Savella
- Older antidepressants
- Topical pain patches (Lidoderm prescription)
- Topical NSAIDs (Voltaren gel prescription)

#### WHAT IS THE BEST SCHEDULE?



# Non-Pharmacological Management of Pain

- Physical modalities
  - Heat/cold
  - Massage
  - Exercise/physical therapy
- Cognitive/behavioral strategies
  - Relaxation/Focused breathing
  - Aromatherapy
  - Distraction/Imagery
  - Music/Pet/Art therapy
  - Meditation

# Relaxation/Imagery

- Concentrate on deep breathing
- Decreases tension
- Focal point
- Practice skill
- Quiet setting

# Everyone needs a pain advocate

- Develop trust between doctor, nurse, family
- Don't stand for the words "I am sorry but there is nothing more we can do"
- Follow agreement from health care provider
- Prescription Monitoring Program
- Don't doctor shop

#### **Pain Resources**

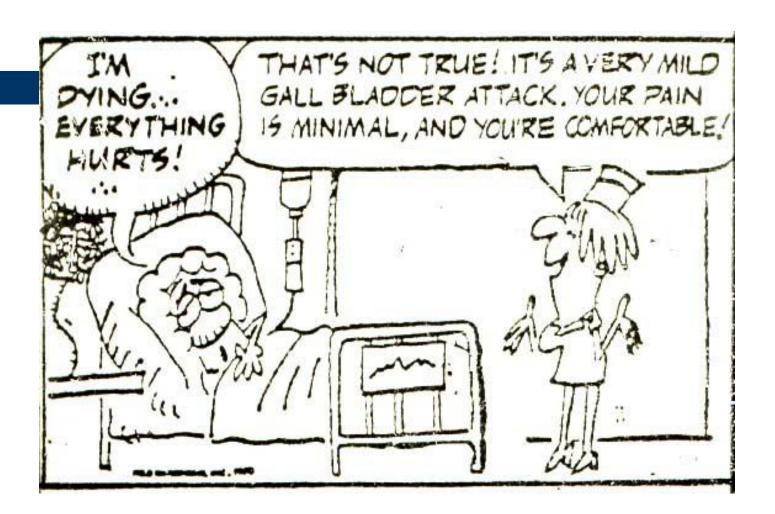
- www.paincommunity.org
- American Chronic Pain Association (ACPA)
  - http://www..theacpa.org
- Arthritis Foundation
  - http://www.arthritis.org
- ACPA "Using NSAIDs Safely and Effectively"
  - http://www.theacpa.org/NSAIDs-safety
  - Understanding Pain
    <a href="http://www.youtube.com/watch?V=4b80B757DKC">http://www.youtube.com/watch?V=4b80B757DKC</a>
  - Taking Opioids
    http://www.youtube.com/watch?V=7Na2m7lx-hu

#### Resources Con't

- Reflex Sympathetic Dystrophy
  - http://rsds.org
- The Fibro Center
  - www.fibrocenter.com
- The Fibromyalgia Network
  - www.fmnetnews.com
- www.PainSAFE.org
- www.lockyourmeds.org

# **Inadequate Treatment Of Pain**

- Decreases the quality of life
- May adversely affect the course of the disease
- Increases health care costs







# Thank You for your attention.

Questions???