



Pain Assessment

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Note: Countries not listed either did not report, or reported an amount of zero (0) for morphine consumption, to the INCB for 2011

1 Austria	222.7856	52 Cyprus	1.9033	103 Montserrat	0.3333
2 Canada	87.4741	53 Bahamas	1.7464	104 Peru	0.3221
3 Denmark	73.7832	54 Brunei Darussalam	1.6256	105 Ecuador	0.3102
4 United States of America	73.7779	55 Georgia	1.5378	106 Morocco	0.2713
5 United Kingdom	48.0638	56 Macedonia	1.4976	107 Kazakhstan	0.2479
6 Australia	45.1475	57 Malaysia	1.4810	108 Philippines	0.2393
7 Switzerland	43.3254	58 Colombia	1.4805	109 Turkey	0.2286
8 New Zealand	36.2702	59 Andorra	1.4419	110 Dominica	0.2206
9 France	32.3028	60 Papua New Guinea	1.4157	111 Mozambique	0.2192
10 Iceland	30.6944	61 Wallis and Futuna Islands	1.3571	112 Viet Nam	0.2164
11 Sweden	27.0058	62 Cuba	1.2743	113 Tuvalu	0.2000
12 Norway	25.0623	63 Republic of Korea	1.1580	114 Tanzania	0.1809
13 Germany	22.7013	64 Lebanon	1.1089	115 Dominican Republic	0.1755
14 South Africa	19.0554	65 St Vin. & the Grenadines	1.0642	116 Cape Verde	0.1737
15 Netherlands	10.4027	66 Singapore	1.0563	117 Bolivia	0.1511
16 Argentina	10.0822	67 Macao	1.0506	118 Algeria	0.1493
17 Latvia	9.5488	68 Zambia	0.9867	119 Turkmenistan	0.1453
18 Luxembourg	8.9690	69 Republic of Palau	0.9524	120 Kyrgyzstan	0.1431
19 Gibraltar	8.1379	70 Serbia	0.9369	121 Montenegro	0.1424
20 New Caledonia	7.8685	71 Hungary	0.9341	122 Egypt	0.1357
21 Ireland	7.7245	72 Brazil	0.9302	123 Belize	0.1289
22 Belgium	7.4942	73 Norfolk Island	0.9221	124 Uzbekistan	0.1262
23 Malta	7.3206	74 Samoa	0.9130	125 Syrian Arab Republic	0.1225
24 Cayman Islands	6.7679	75 Thailand	0.8807	126 India	0.1204
25 Spain	6.6885	76 Albania	0.7889	127 Cambodia	0.1166
26 Seychelles	6.6552	77 Oman	0.7516	128 Botswana	0.1044
27 Slovenia	6.0310	78 Cook Islands	0.7500	129 Nepal	0.0788
28 Poland	5.5026	79 China	0.7421	130 Guatemala	0.0760
29 Portugal	5.0391	80 United Arab Emirates	0.7374	131 Indonesia	0.0707
30 Bulgaria	4.5247	81 Korea	0.7362	132 Dem. Rep. of the Congo	0.0590
31 Chile	4.3620	82 Grenada	0.7048	133 Azerbaijan	0.0531
32 Israel	4.2309	83 Belarus	0.6392	134 Bangladesh	0.0399
33 Sint Maarten	3.8473	84 Bosnia and Herzegovina	0.6341	135 Bhutan	0.0393
34 Costa Rica	3.8014	85 Ukraine	0.6016	136 Gabon	0.0267
35 Czech Republic	3.6967	86 El Salvador	0.5752	137 Haiti	0.0239
36 Italy	3.6819	87 Mauritius	0.5608	138 Maldives	0.0188
37 Estonia	3.6189	88 Qatar	0.5433	139 Iraq	0.0184
38 Finland	3.5573	89 Anguilla	0.5333	140 Yemen	0.0173
39 Hong Kong SAR	3.3308	90 Nicaragua	0.5315	141 Lao Peop. Dem. Rep.	0.0161
40 Trinidad and Tobago	3.0416	91 Fiji	0.5242	142 Angola	0.0156
41 Uruguay	2.8018	92 Mexico	0.5129	143 Ghana	0.0150
42 Slovakia	2.7880	93 Kuwait	0.5110	144 Myanmar	0.0142
43 Lithuania	2.5231	94 Panama	0.4800	145 Côte d'Ivoire	0.0131
44 Tunisia	2.4685	95 Armenia	0.4787	146 Burkina Faso	0.0128
45 Japan	2.4471	96 Vanuatu	0.4634	147 Pakistan	0.0113
46 Jamaica	2.2890	97 Venezuela	0.4048	148 Afghanistan	0.0105
47 Republic of Moldova	2.2008	98 Russian Federation	0.3770	149 Tajikistan	0.0073
48 Croatia	2.1247	99 Sri Lanka	0.3668	150 Eritrea	0.0041
49 Jordan	2.1033	100 Greece	0.3634	151 Togo	0.0039
50 Saint Helena	2.0951	101 Saudi Arabia	0.3504	152 Nigeria	0.0032
51 Bahrain	1.9396	102 French Polynesia	0.3469		

Morphine consumption (INCB 2011)

- Australia – 45.1475
- Hong Kong – 3.3308
- Malaysia – 1.4810
- Thailand – 0.8807
- Vietnam – 0.2164
- Laos – 0.0161
- Myanmar – 0.0142

Pain



‘...an unpleasant sensory and emotional experience’

**“Those who do not feel pain
seldom think that it is felt.”**

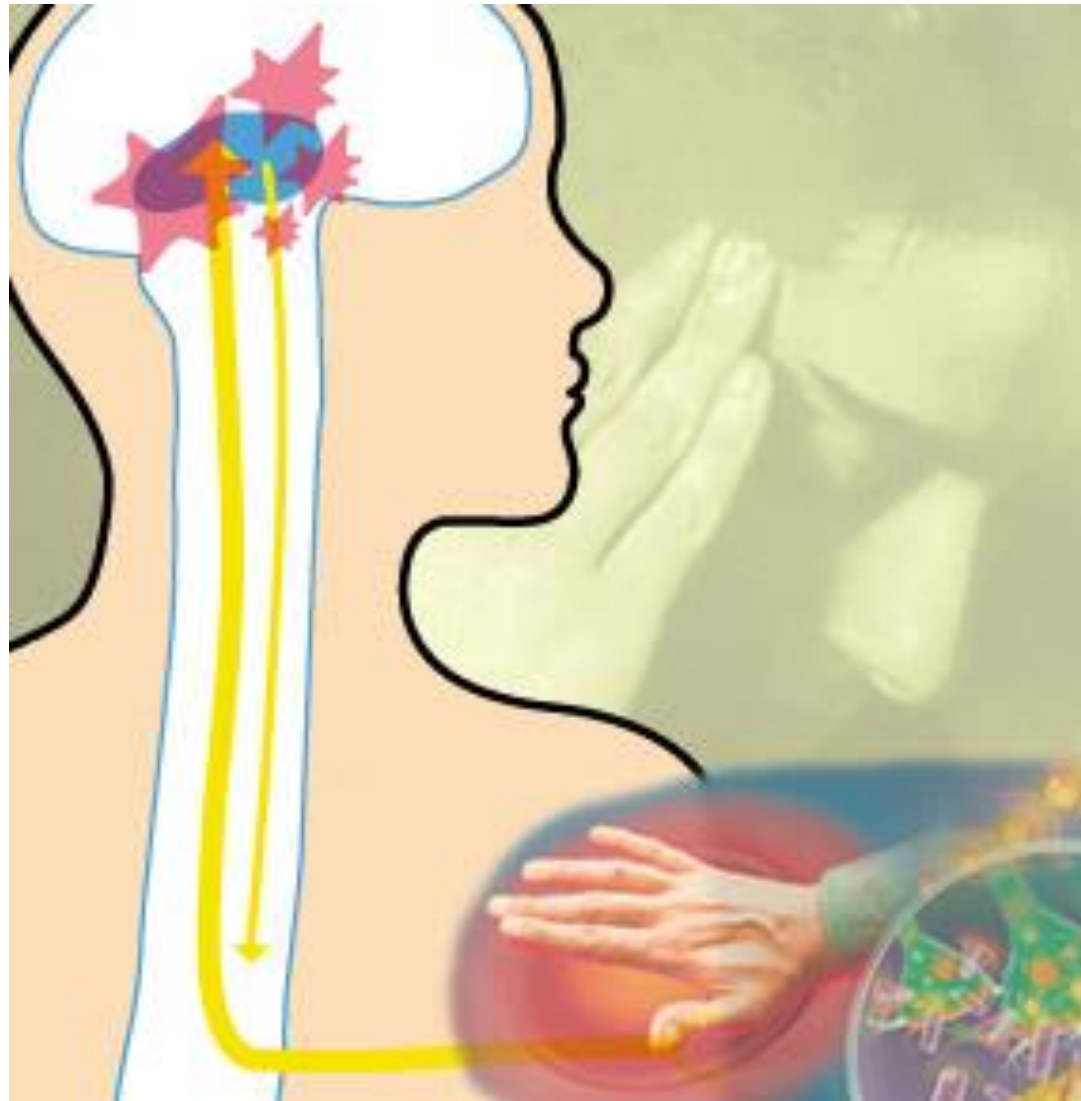
Dr. Samuel Johnson
(1709-1784)

Survey of Pain in America

One third say their pain makes them feel isolated and believe that “no one believes how much pain they are in.”

Lazarus, H., Neumann, C., Assessing Undertreatment of Pain: The Patients' Perspectives. *Journal of Pharmaceutical Care in Pain & Symptom Control* 2001; 9 (4) 5 - 34

Understanding pain



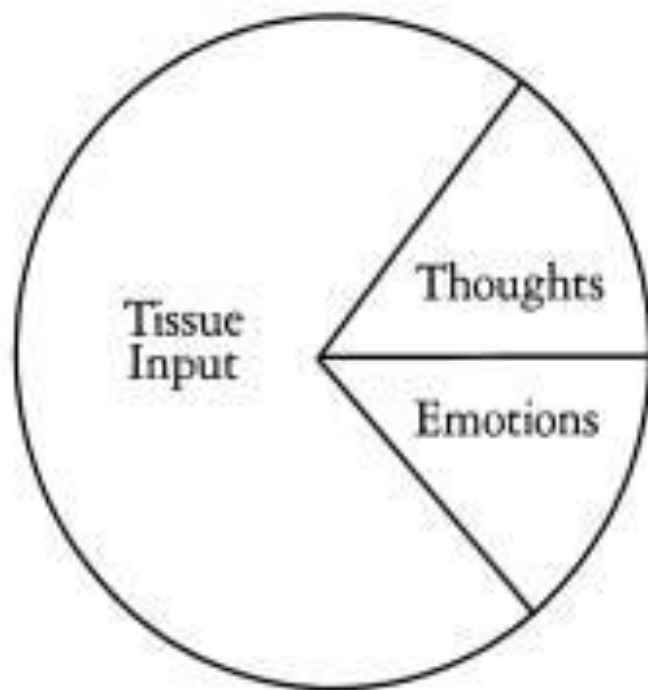
PAIN

- Due to the cancer
- Due to therapy
- Pre-existing chronic pain

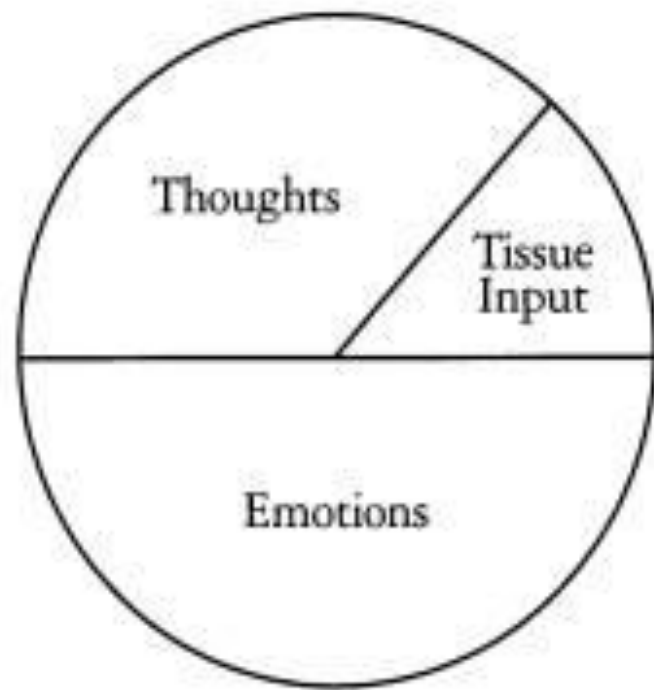
Pain Classification

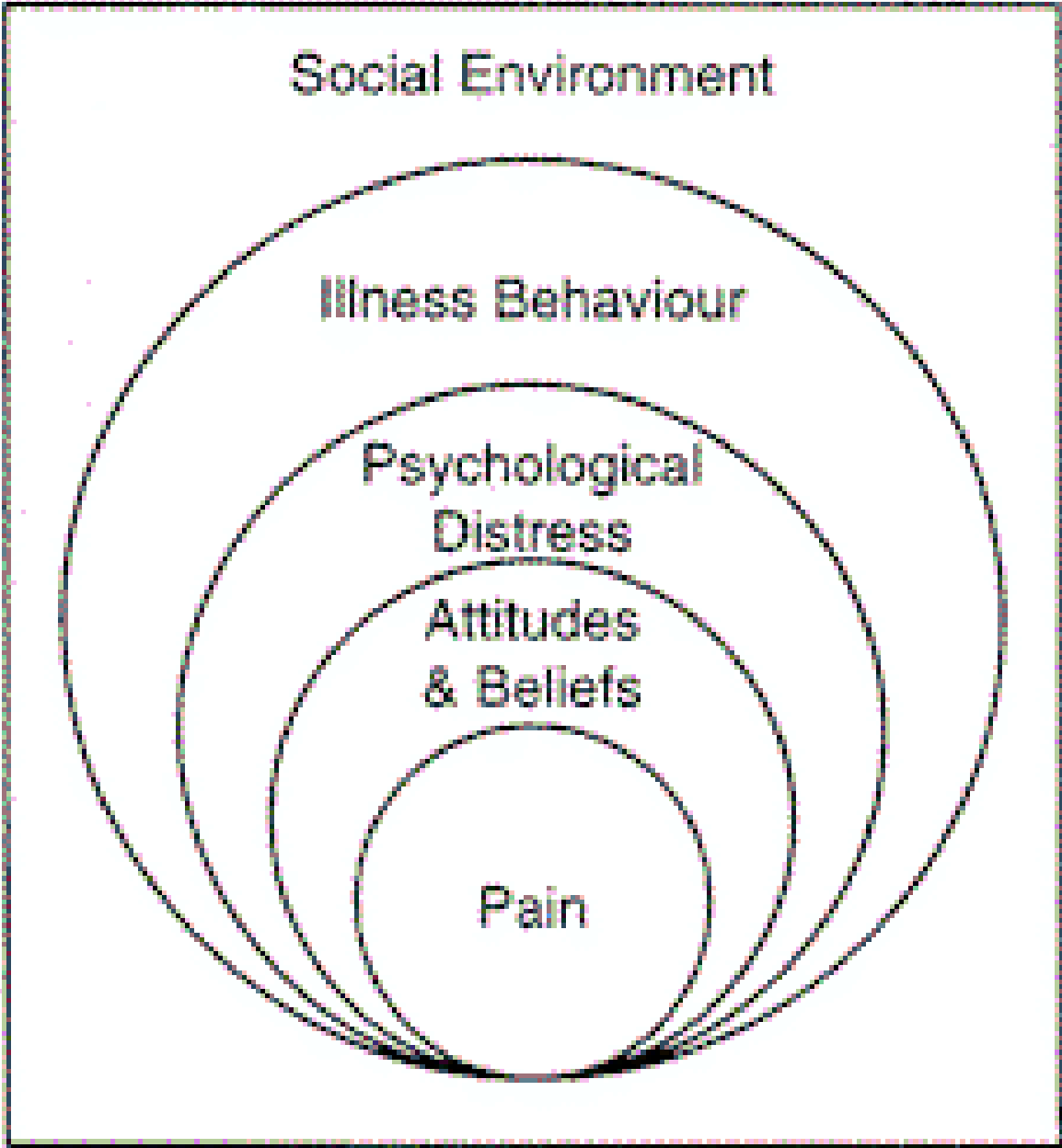
- Acute - Chronic
- Nociceptive – neuropathic
- Opioid responsive – partial – non responsive

ACUTE PAIN

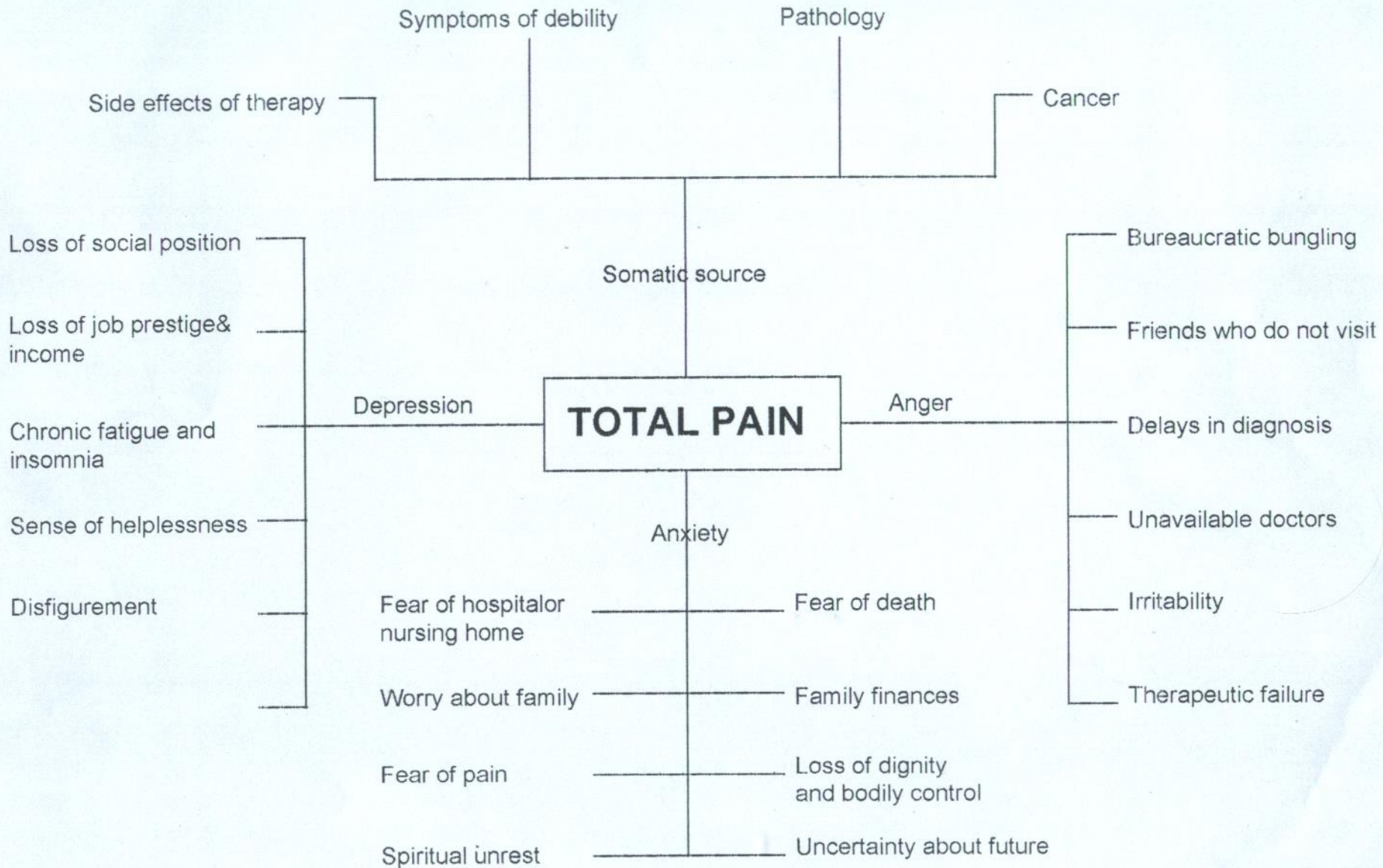


CHRONIC PAIN





Concept of total pain



Concept of total pain

Pain to the clinician

- Linked to cancer
- Treatment based mainly on pharmacological intervention
- Perception that it is inevitable

Cancer pain in hospital

- 68 doctors in Malacca General Hospital
- 19% thought patients adequately treated
- 74 – 90% had no idea of pain assessment tools
- 79% base on ‘gut feeling’
- 91% aware of WHO ladder
- 70% were correct
- Only 39% use the WHO ladder regularly

Pain Management

- 33% unable to distinguish aetiology
- 33% prescribe inappropriate analgesia
- 94% use morphine as first choice regardless
- 8% knew to start 4 hourly
- 31% thought morphine cause addiction
- 68% concerned about side effects
- 59% concerned about tolerance

Cancer pain in hospital

- Often not a primary concern of physicians and sometimes no one takes charge
- Poor communication skills
- Lack of knowledge on cancer pain, opioids and management
- Chronic cancer pain behaviour poorly understood
- Little consideration for continuing care when discharged to the community

Attitudes to treatment

- Welcome any treatment to alleviate
- No more medication / hospital admission
- Fear of addiction and other misconceptions of opioids
- Fear of side effects, mainly drowsiness
- Previous poor experience
- Prefers alternative treatment
- Acceptance of pain / illness experience
- Linked to end of life issues
- Confusion due to conflicting advice

Cancer pain in the community

- Patients with pain attending hospital follow-up
- Patients unable to continue follow-up care eg social issues, poor mobility
- Patients discharged from care
- Patients undergoing alternative treatment
- Marginalised groups eg do not know diagnosis

Reasons for increased pain

- Run out of medication
- Hospital analgesic regime impossible to follow at home
- Medication changed by community clinicians
- Side effects
- Unable to return to hospital
- Disease progression
- Altered priorities

Assessment

Doctors communication about pain with patients

- Focussed on location
- Discussion mainly to find pain that they understand
- Dismissive of pain they don't understand or related symptoms
- Poor communication skills

Rogers, Todd

Palliative Med 2000: 14, 299-307

Opportunities

- Pain is usually part of a larger issue
- A wider interest of how pain impacts on a person will give greater understanding of the suffering of a person
- Gives greater options for targeted treatment options
- Improves relationships
- Better outcomes

Talking pain

- Pain scores
- Meaning of pain
- Impact of pain

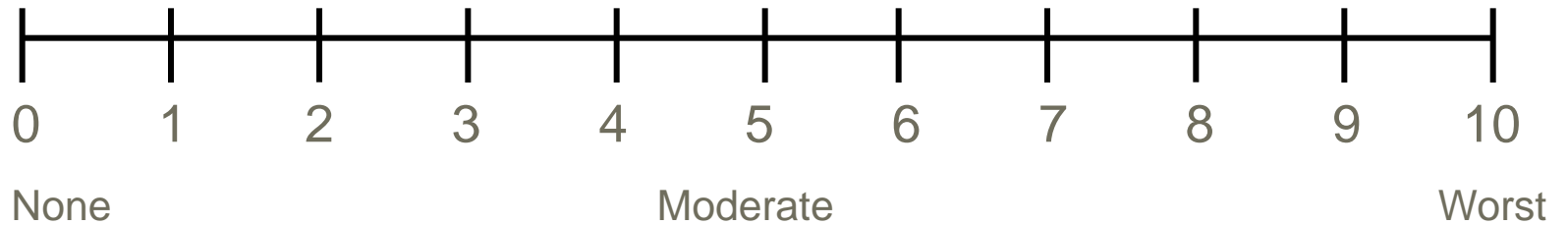
Pain assessment

- Visual analogue scale
- Pain scores
- Faces
- Pain Index

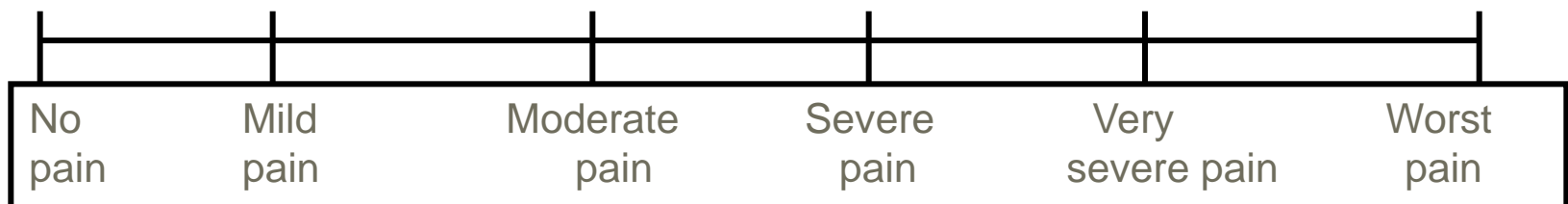


Pain Intensity Scales

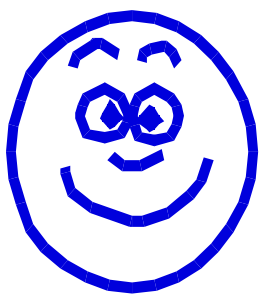
Numeric scale



Simple descriptive scale

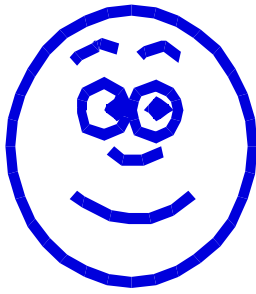


FACES Pain Rating Scale



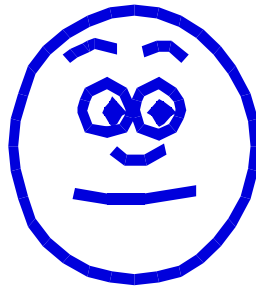
0

No hurt



2

Hurts
little
bit



4

Hurts
little
more



6

Hurts
even
more



8

Hurts
whole
lot



10

Hurts
worst

PQRST

- P- provoking factors
- Q – quality of pain
- R - region and radiation
- S – severity and symptoms
- T – timing

Pain Assessment: Critique

Your job is to watch the interview process. Check off the following components of the assessment as they are completed. Once the pain assessment is completed, discuss the process and your observations with your team.

Was the interview successful in obtaining a full assessment?

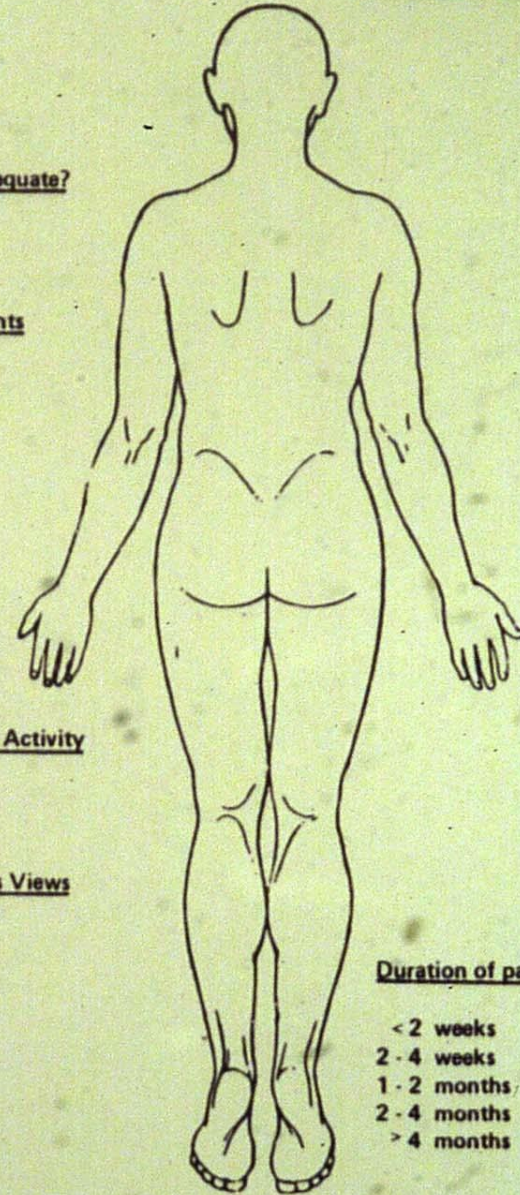
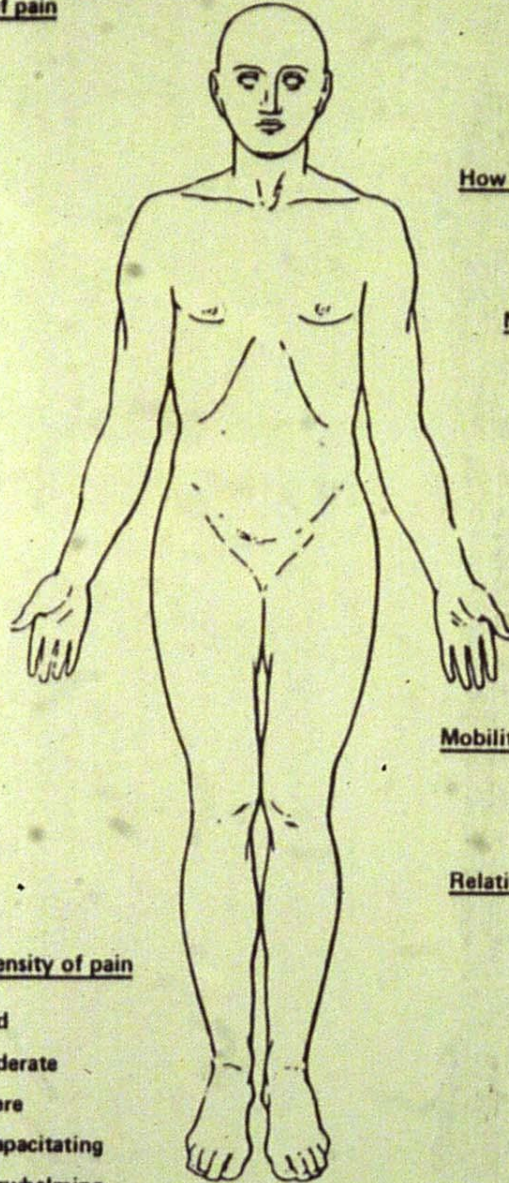
Locations/s	Yes _____	No _____
Description/Quality	Yes _____	No _____
Pain rating	Yes _____	No _____
Pt. goal in pain relief	Yes _____	No _____
Pattern	Yes _____	No _____
Analgesic history	Yes _____	No _____
Strategies that help	Yes _____	No _____
Exacerbating activities	Yes _____	No _____
Emotional state	Yes _____	No _____
Effect on ADLs	Yes _____	No _____

Overprinted body chart

Sites and mechanisms of pain

Present Medication

Other relevant data



How adequate?

Nights

Mobility - Activity

Relative's Views

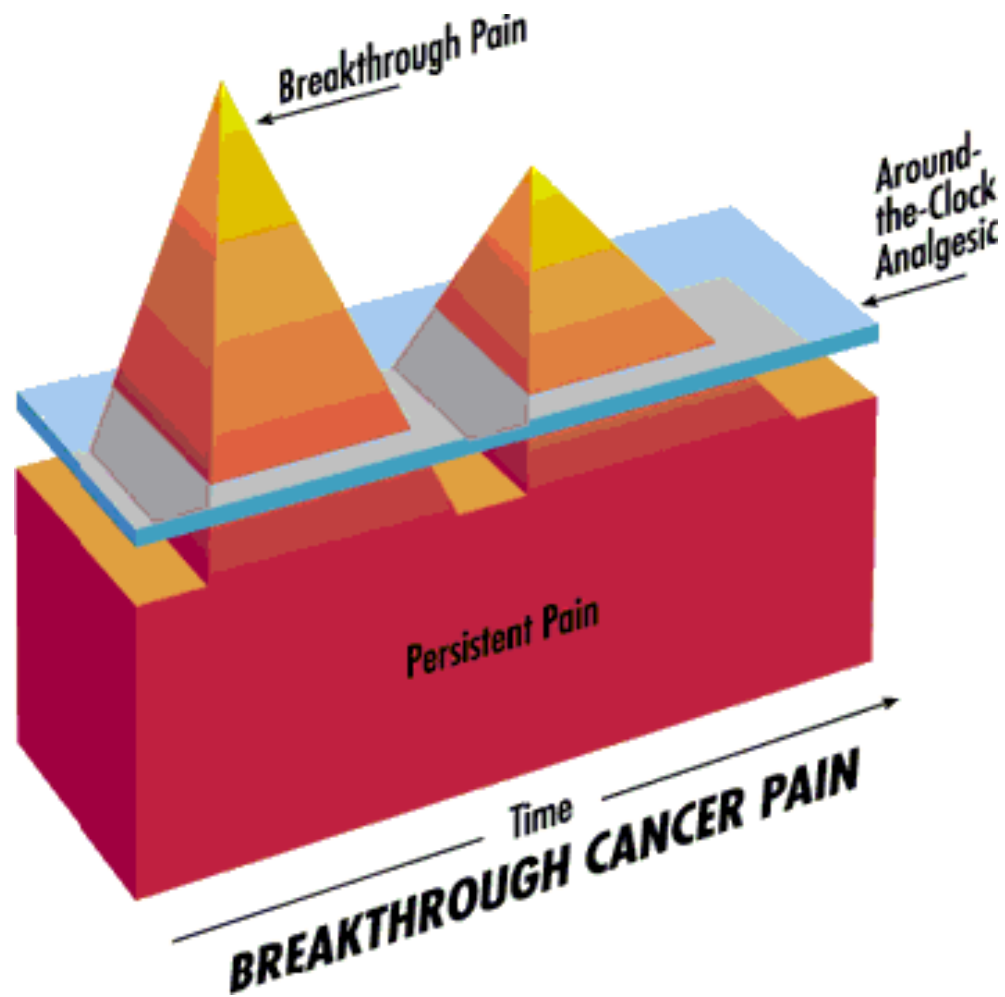
Intensity of pain

mild
moderate
severe
incapacitating
overwhelming

Duration of pain

< 2 weeks
2 - 4 weeks
1 - 2 months
2 - 4 months
> 4 months

What is Breakthrough Pain?



Incident pain

Precipitated pain induced by an action of the patient, such as movement, swallowing, micturition, defecation or cough



Prescribing Pitfalls

- Right pain, wrong medication
- Right medication, wrong dose +/- frequency
- Too many 'right' medication, wrong dose
- Not knowing equianalgesic dosing
- Poor choice of route of administration
- Not using adjuvants
- Poor management of side effects

Prescribing pitfalls

- Right medication, right dose and frequency, attention to side effects and use of adjuvants but lack of information to patient / family
- And there are more...

Goals of care

- Pain free
- No pain most of the time
- Reduced pain

Think about

- Where do the goals come from?
- Are they patient centred? (or they yours or of the family?)
- Are they achievable?
- Time to achieve goal?
- Any other barriers?

Family Pain Management

- When patients are home, the caregiver is an integral participant in symptom management
- Interpretation of symptoms and discharge or medication may affect pain management
- However caregiver perceptions may be different to patients

Caregivers

- 66% refused to provide analgesics
- Stopped analgesics when pain is relieved

Increasing pain

- Fatalism : pain is inevitable
- Fear of addiction
- Concerns about side effects
- Desire to be a good patient and not complain
- Fear about distracting physician from treating the disease
- Increasing pain signifies disease progression
- Concern about tolerance
- Fear of injections

Ward SE, Goldberg N, Miller-McaCauley V et al. Pain 1993;52:319-24

Lin CC, Ward SE. Cancer Nurs 1995; 18:16-22

Lin CC et al. Palliat Med 2000;14:463-470

Goals

- Understanding the patient's cancer pain
- Pain assessment
- Simple guidelines
- Cancer stories

Good cancer pain management
not just relieves pain but gives
back quality of life.

Conclusion

- Check self knowledge of pain
- Good communication skills is essential
- Assess types of pain and its relevance to patient
- Decide of goals of care
- Treatment decisions
- Always plan for review