

Medium

Pain Management: "One of the most complicated, most common problems we see."



Susan Northover, RN, MHA

Following

Sep 30 · 6 min read



No, said the 82-year-old man with diabetes, who was receiving wound care. He was not in pain. He discussed his wound, blood sugar, and other facts and figures about his condition. The nurse, trained to ask the right questions and listen hard for unspoken answers, continued her inquiry.

So, no pain *anywhere*? "No more than usual," the man said.

How about walking? "I'm not walking much these days," he acknowledged.

The neuropathy in his leg and foot were tremendously painful, as it turned out. Was he doing or taking anything for the pain? "I take enough medications already," he replied. Probably nothing can be done anyway, he added, and, furthermore, he'd heard a lot about [opioid addiction](#) and didn't want to go down that road.

Ultimately, after talking with his nurse and after a visit to his physician, he found a measure of relief in over-the-counter ibuprofen, monitored by his doctor with close attention paid to potential effects on the patient's kidneys.

His doctor also referred him for in-home physical therapy, which got him moving again, one careful step at a time, and helped reverse the downward spiral of his health.

Some [20 percent](#) of American adults reported having chronic pain in 2016, according to the Centers for Disease Control. This group includes a disproportionate number of lower-income and less-educated adults, especially those on public health insurance. Chronic pain can limit mobility, exacerbate isolation and affect quality of life factors like eating and sleeping. Studies show that chronic pain can also lead to [depression](#) and can be a risk factor in suicide and suicidal ideation as well.

At the same time, few things have as much positive impact on quality of life as proper pain management, for everyone from the marathon runner recovering from knee surgery to the homebound great grandmother living with rheumatoid arthritis. At the [Visiting Nurse Service of New York](#), where I oversee Patient Care Services, we help people manage all

kinds of pain, including acute pain when recovering from surgery, illness or injury, and the chronic pain that often accompanies the multiple long-term conditions so many older Americans live with. (Pain management at end of life is a specialty unto itself, as [hospice](#) and palliative care teams work to deliver [comfort](#) and [quality of life](#) for patients with terminal illnesses.)

VNSNY Nurse Huda Scheidelman, who works with acute-care patients recovering from illness, injury or surgery, explains that clinicians “must honor all reported pain.” Doing this, as I’ve learned from our clinicians who help manage pain every day, is part art and part science. Here are five key insights to help caregivers and patients address pain and move forward together:

Encourage Dialogue

Pain is subjective. Caregivers cannot see it directly or measure it with an instrument. Pain can only be gauged in partnership with the patient, whose input helps caregivers assess pain on a standard “pain scale.”

“The most important step in treating chronic pain is to engage in dialogue,” says Marian Unterman, a nurse practitioner with [VNSNY CHOICE Health Plans](#), who coordinates care for frail, elderly New Yorkers living at home. “A lot of our care plan members feel that there’s a certain amount of pain they’re supposed to experience as they get older. We talk to them to get an overall assessment. *How’s your walking? How’s your mood? What do your activities include?* Even if we’re not directly asking about pain, we ask questions that get at their quality of life.” This includes assessing limitations in mobility, changes in eating or sleeping, and signs of [depression](#) or other mood disorders.

VNSNY CHOICE care coordinators like Marian use a “pain script” to make sure they have the tools they need to guide the conversation, assess the patient’s pain level, and gauge its impact on quality of life. The script asks expressly about pain, and follows up with questions about its severity, whether it is new, what makes it better or worse. Clinicians also review existing pain medications with members and inquire about their effectiveness and side-effects. As our bodies grow older they metabolize medication differently, so age, too, factors into pain management.

Stay Ahead of the Pain

With pain, the best defense is a good offense. Most of the pain medication her patients have been prescribed involves a nerve block, Huda says, and once the pain is past the nerve, the medication is far less effective — and may not work at all.

Philip Leon, a VNSNY nurse who works with patients recovering from orthopedic surgery, compares acute pain to a fire, and pain medication to a bucket of water, which has a better chance of dousing the fire before it is raging. “The number one mistake is waiting too long to take the medication,” he says. “Once those pain pathways are shooting, they’re hard to calm down.” Philip adds that recovery, including physical therapy, can be much more effective when unimpeded by pain.

Patient Education is Key

Huda works closely with her patients, through teaching and constant support, to help them stay ahead of their pain. “For patients with pain prescriptions, we do a lot of patient education to make sure they can follow exactly the regimen that their physician has given them,” she says.

For example, when a prescription says, “*Take every six hours,*” or “*Take with food,*” it helps if the patient or family caregiver maps out a schedule of how and when the medication will be taken, to ensure that they comply with doctor’s orders and keep the pain at bay. “Managing pain takes effort, a schedule and diligence,” says Huda. “To keep it up, patients need a lot of support and education.”

Seek Broad-Based Solutions

“Pain management is one of the most complicated and one of the most common problems we deal with,” says Marian. “It needs to be done in close collaboration with the patient and an integrated care team. The patient has to be closely monitored, and a broad spectrum of solutions has to be considered, including exercise, psychosocial approaches, and medication if needed.”

Drug options fall into two different classes, and each must be taken only in consultation with a physician: opioid-based medicines, closely regulated by a pain clinic or pain management specialist; and nonsteroidal anti-inflammatory drugs (NSAIDs), such as nonprescription ibuprofen, or prescription-strength drugs.

[Other pain management strategies](#) include:

- Physical or occupational therapy, which helps build strength, stability and flexibility — reducing pain and increasing mobility.
- Behavioral therapy, because chronic pain, especially when untreated, can erode quality of life and lead to depression and other mood disorders. (Our nurses often refer patients to organizations such as [Service Program for Older People](#), or SPOP.)
- [Movement therapy](#), such as tai chi or chair yoga, often found at senior centers, can also help alleviate pain — as well as social isolation.
- Alternative therapies, such as acupuncture and message therapy, can be quite effective in relieving pain as well (although, as Marian notes with frustration, Medicare usually does not cover these alternatives).
- [Relaxation techniques](#), including guided imagery, can help focus the mind on something other than pain.

Meet People Where They Are

No matter the type of pain afflicting a patient, Marian emphasizes the value of meeting people where they are — and working closely to bring them where they’d like to be. “Being a good clinician is not just about asking, ‘Are you in pain?’ and ‘Where does it hurt?’” she says. “It’s about listening carefully and understanding deeply where that person is coming from. It’s taking the conversation one step at a time, following up regularly, and always engaging the patient or member to be active in their own care.”

The cost of managing pain may be a significant one, she acknowledges. “But,” she says, “there is a much bigger cost to not managing it.”