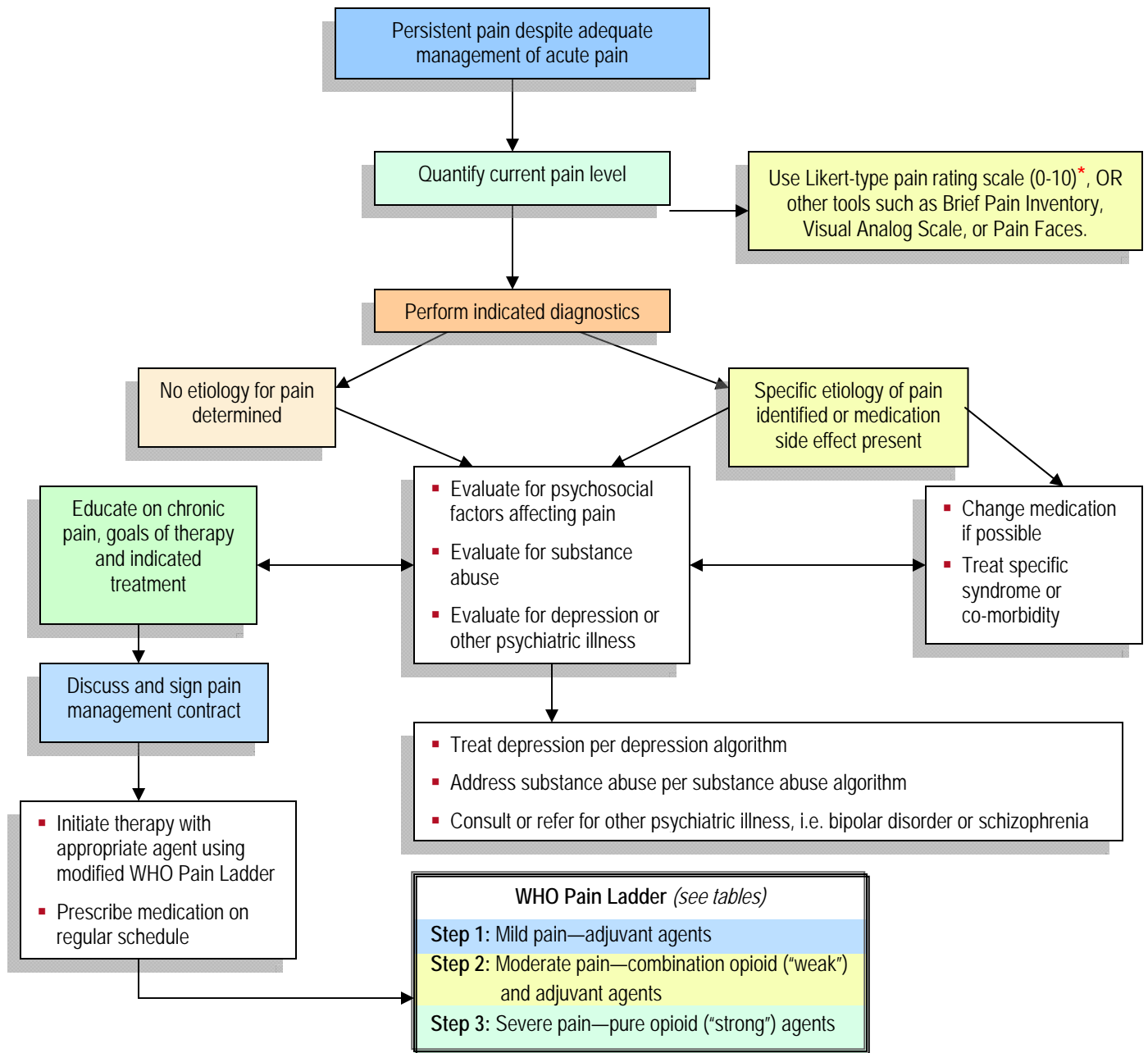


Chronic Pain Management

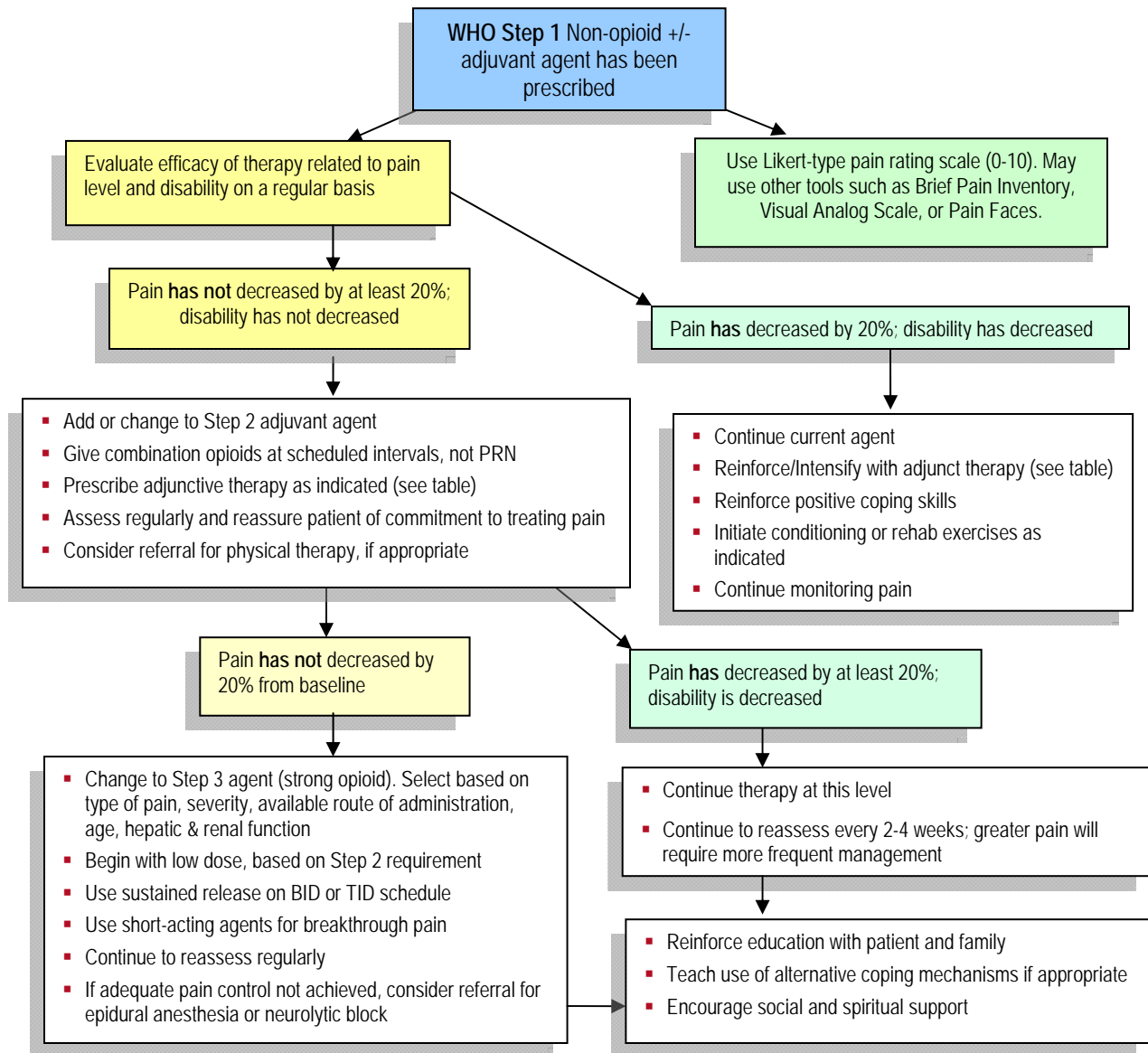


*** Likert-type Pain Scale**

On a scale of 1 to 10, with one being "no pain" and ten being "high pain," how much pain are you in today?

1 2 3 4 5 6 7 8 9 10

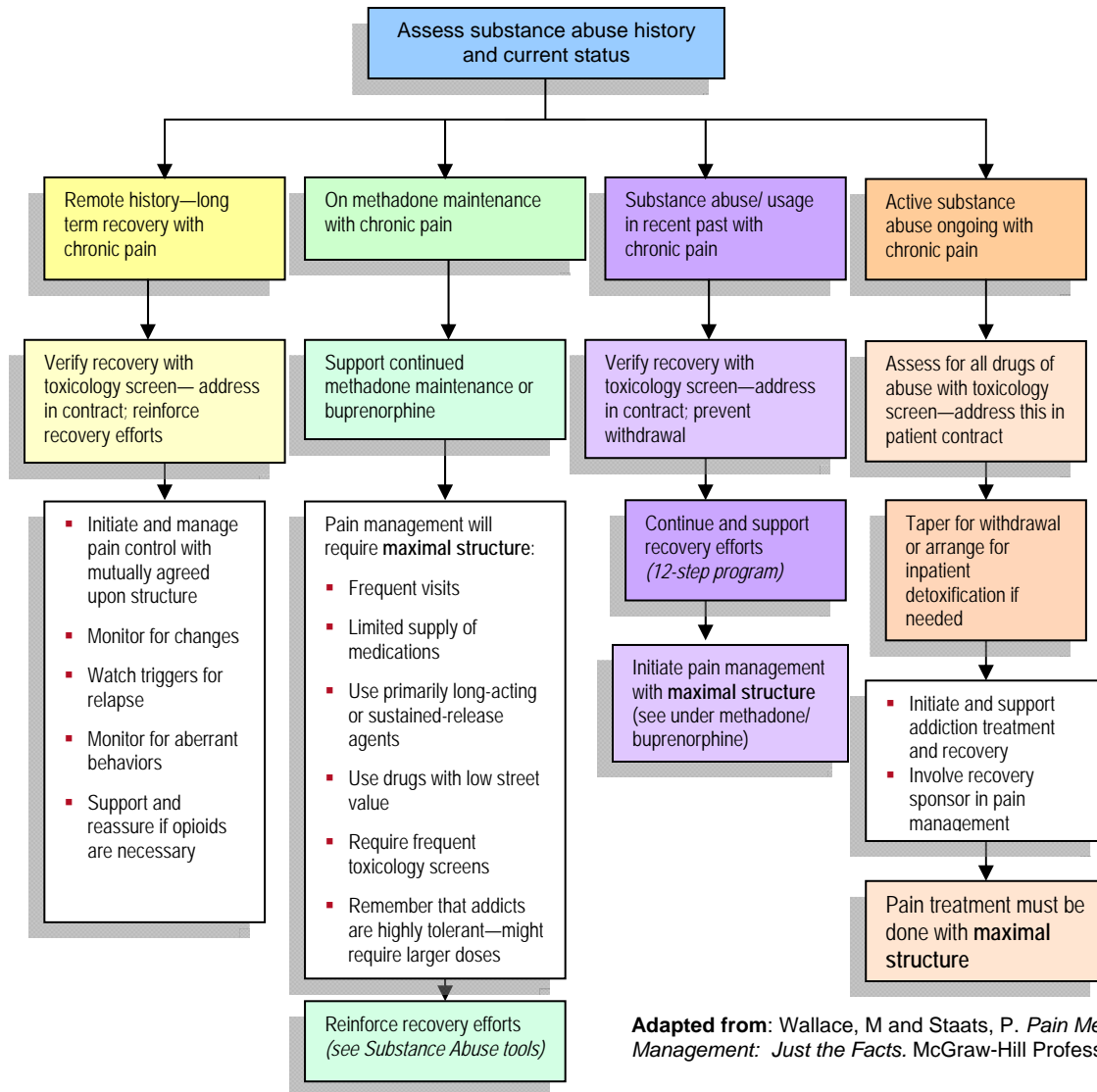
Ongoing Management for Chronic Pain



Education and counseling for patients who are HIV-infected and have chronic pain should include:

1. Chronic pain is common, up to 80% of HIV-infected patients experience chronic pain
2. Goal of therapy is reduction of pain and disability, improve quality of life
3. Complete eradication of pain usually not possible
4. Treatment often consists of pain medication in combination with adjunctive therapies
5. Review of medications—mode of action, side effects and prevention, need for scheduled doses
6. Benefits and mode of action for adjunctive therapies—i.e., antidepressants, anticonvulsants
7. Social support referrals and recommendations
8. Potential for opioid tolerance, psychological dependence and physical addiction
9. Side effects, including constipation, and the importance of stool softeners, laxatives in addition to increasing fiber while taking opioids.

Chronic Pain Management Algorithm for Substance Abuse

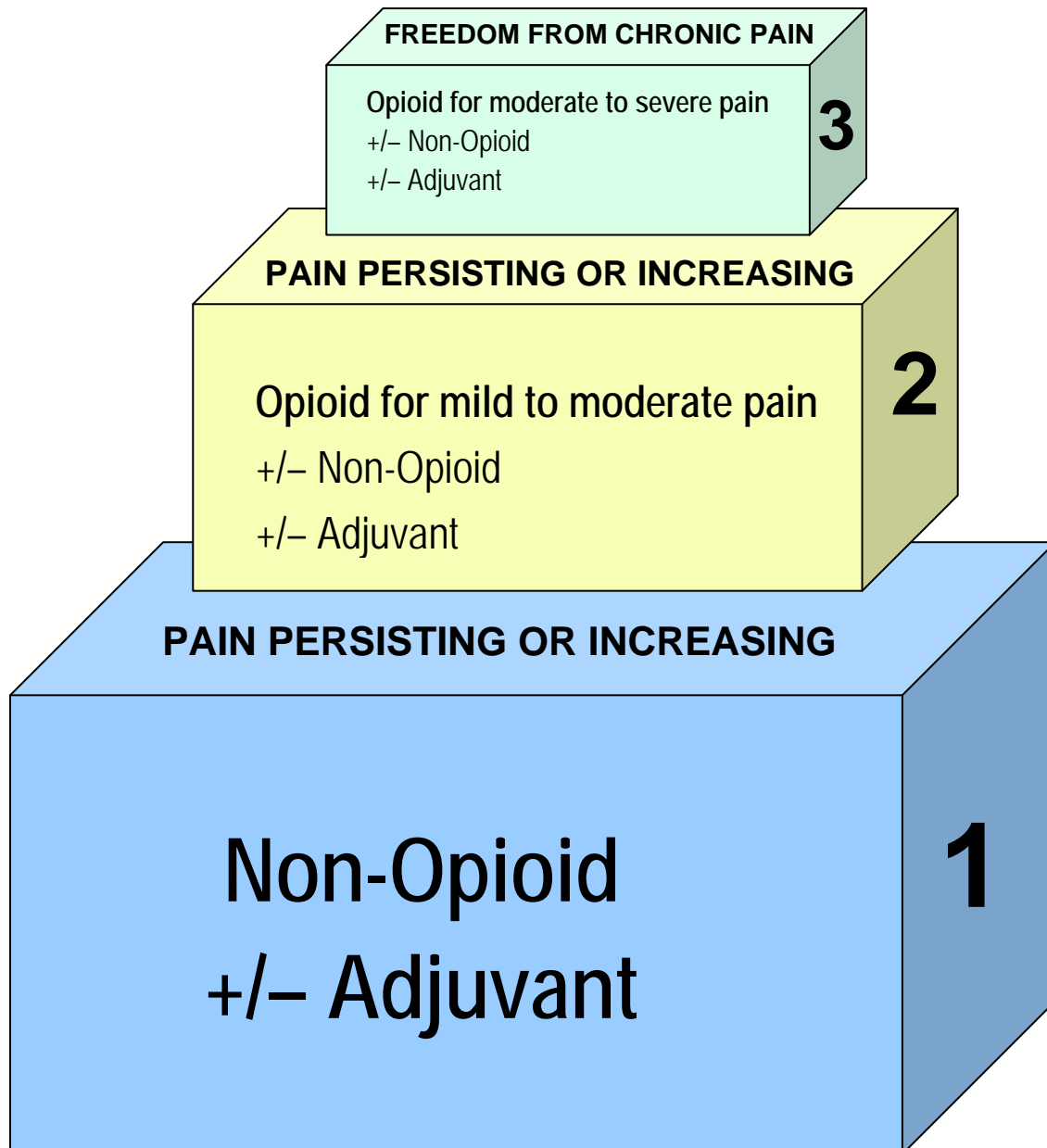


Adapted from: Wallace, M and Staats, P. *Pain Medications and Management: Just the Facts*. McGraw-Hill Professional, 2004

Adjunct and Non-Pharmacologic Therapies for Pain-Relief

- Caffeine can augment ASA, APAP and NSAIDS
- Antiemetics (i.e., hydroxyzine) have additive effects with opioids
- Anticonvulsants (i.e., gabapentin) helpful with neuropathic pain syndromes
- Tricyclic antidepressants and selective serotonin reuptake inhibitors (SSRIs) can augment pain therapy and treat depression
- Topical capsaicin
- Lidocaine 5% transdermal patch for post-herpetic neuralgia and peripheral neuropathy
- Biofeedback, relaxation and distraction techniques (i.e., music or humor)
- TENS units
- Massage, acupuncture, and hydrotherapy
- Physical therapy
- Meditation/prayer/spirituality

WHO Pain Relief Ladder



Adapted from: WHO's Pain Relief Ladder. Not dated. Retrieved <http://www.who.int/cancer/palliative/painladder/en/>

General Guidelines for Chronic Pain Management

1. Believe the patient's report of pain.
2. Match therapy to pain level.
3. Prevent/anticipate side effects of therapy.
4. Antipyretic activity is found with aspirin, acetaminophen, and non-steroidal anti-inflammatory drugs.

Non-opioid analgesics (WHO Step 1 drugs)

Drug	Dose Range	Max effect dose	Notes
<ul style="list-style-type: none"> Aspirin 	500-1000 mg (4000 mg/24 hrs)	Single dose of 650-1300 mg	May cause platelet inhibition, bleeding or dyspepsia
<ul style="list-style-type: none"> Salsalate 	500-750 mg (4000 mg/24 hrs)	Single dose of 650-1300 mg	Same as aspirin but less platelet inhibition
<ul style="list-style-type: none"> Acetaminophen 	650-1000 mg (4000 mg/24 hrs) (2500 mg/24 hrs in liver disease or alcohol use)	630-1300 mg	Adverse event may be hepatic toxicity; normal doses toxic if hepatic disease, alcohol use, or fasting present. Note: other pain relievers contain acetaminophen which must be considered in maximum dosage per day.
NSAIDS (all doses PO) <ul style="list-style-type: none"> Ibuprofen Naproxen Ketoprofen Indomethacin Sulindac Etodolac Meloxicam 	200-400 mg Q4-6H 250-500 mg Q6-8H 25-50 mg Q6-8H 25-50 mg BID/TID 150-200 mg QD/BID 200-400 mg Q6-8H 7.5-15 mg QD	Highly variable	Take with food to avoid GI irritation Avoid use with low platelets or albumin Can cause bleeding due to platelet inhibition Response to all NSAIDS not the same in all patients—try different NSAID if one does not work initially Always check drug interactions and allergies Most NSAIDS require dose adjustment in renal impairment Recommend monitoring of blood pressure due to potential for fluid retention
Cox-2 Selective Inhibitor <ul style="list-style-type: none"> Celecoxib 	100-200 mg QD		Cardiovascular disease may be contraindication. Contraindicated with sulfa allergy GI bleeding still possible Monitor hepatic function
Corticosteroids <ul style="list-style-type: none"> Dexamethasone Methylprednisolone Prednisone Cortisone Hydrocortisone 	0.5 to 10 mg 4 to 160 mg 5 to 200 mg 25 to 300 mg 20 to 800 mg	Highly variable	Dose and frequency of administration should be individualized Use with caution due to additive immunocompromise Effective anti-inflammatories Can increase appetite Very effective for tumor infiltration of bone and nerves, nerve compression, or increased intracranial pressure One week trial; if effective titrate to lowest dose; stop if no benefit Agitation, dysphoria, and hyperglycemia may occur Long-term use may cause gastric irritation, osteoporosis, adrenal insufficiency and cushingoid effects When stopping, must titrate down

Adapted from: *Parkland Pocket Guide to HIV Care, 3rd Edition*. Naiel Nassar, MD, FACP; Philip Keiser, MD and Clark Gregg, MD. 2004.

General Guidelines for Opioid Use

1. Always individualize treatment based on WHO ladder.
2. Unless contraindicated, utilize non-opioids in every pain regimen for their anti-inflammatory and additive effects; continue to utilize/maximize adjunct therapies if appropriate.
3. Give on scheduled basis, not PRN.
4. In Step 3, begin with low dose sustained-release formulation BID or TID.
5. Immediate release (IR) formulations used for rescue or break-through pain; should be 5-15% of total daily dose and available frequently when indicated.
6. Increase sustained-release (SR) formulations if at steady state and needs more than 5 doses rescue medication/24 hours.
7. Only one prescriber to provide opioids prescriptions.
8. Utilize pain management contracts with clear consequences for non-compliance for all patients
9. Require prescription bottles to be brought to clinic visits.
10. Use pain diaries.
11. Assess as often as necessary and document response to medications
12. Prevent/manage side effects.

Opioid Analgesics (WHO Step 2 and Step 3 drugs)

Drug	Equianalgesic Doses	Duration	Notes
WHO STEP 2			
Codeine	130 mg IM/IV 200 mg oral	4-6 hours	Weak opioid, best used in combination forms with non-opioid analgesic
Hydrocodone	30 mg oral (no IV)	3-4 hours	Weak opioid, best used in combination forms with non-opioid analgesic
WHO STEP 3			
Oxycodone—IR Oxycodone—SR	30 mg oral 30 mg oral	3-5 hours 12 hours	Use SR formulation BID
Morphine—IR Morphine—SR (MS contin)	IR—10 mg IM/IV 30 mg oral SR—30 mg oral	4-6 hours 4-7 hours 8-12 hours	IR available oral or sublingual—good availability Extensive liver metabolism first pass Dose SR form BID or TID
Hydromorphone	1.5 mg IM/IV 7.5 mg oral	4-5 hours 4-6 hours	Use if morphine allergy or renal insufficiency
Methadone	10 mg IM/IV 20 mg oral	6-8 hours 3-4 hours	Requires close monitoring—only experienced practitioners should use
Fentanyl	0.1 mg IV 25 mcg transdermal— variable doses	1 hour 48-72 hours	Transdermal dose requires 8-16 hours to attain analgesia effect; 24 hours to steady state

Note: Meperidine should not be used for pain management, and as such has not been included in the table.

Adapted from: *Parkland Pocket Guide to HIV Care, 3rd Edition*. Naiel Nassar, MD, FACP; Philip Keiser, MD and Clark Gregg, MD. 2004.

Sample Treatment and Consent Agreement/ Acute Prescription of Controlled Substances

I understand that I am being prescribed _____ for the acute management of _____.

1. I agree that I will use my medicine exactly as prescribed. Overuse will result in my being without medication for a period of time.
2. I understand that medication refills will be provided as written prescriptions and only during scheduled appointments. If I do not keep my appointment, I will not receive a refill. No emergency refills will be provided.
3. I understand that lost or stolen medication will not be refilled under any circumstance. It is my responsibility to safeguard my medicine from loss or theft. I will keep this medication in a secured location.
4. I agree that if I use illegal drugs, this may interfere with my provider's ability to control my pain and may result in my provider stopping medication for my pain control.
5. I agree not to share, sell or trade my medication with anyone.
6. I accept the right of my provider to stop prescribing this medication if I do not follow this agreement. In that case, no other provider at this health care facility will prescribe this medication. Also, I accept the right of my provider to stop prescribing this medication if he/she decides that it is not effective or appropriate for my symptoms.

I understand that by signing this agreement I must abide by the conditions reviewed above and that failure to abide by these conditions will result in the termination of medication prescriptions and possibly the services from my provider. All of my questions and concerns regarding treatment and potential risks have been adequately answered. A copy of this document has been given to me.

Patient signature _____ Date _____

Clinician signature _____ Date _____

Sample Narcotic Pain Killer Contract for Chronic Pain

My clinician has diagnosed me with Chronic Pain. Chronic Pain is pain that has continued for more than 3-6 months and/or long after the cause for my pain has been fixed. I have been prescribed narcotic pain killers to treat my pain.

We do not know if long-term use of narcotic pain killers can help treat chronic pain.

We know that addiction to these medications is a risk. We do not know how much risk there is.

I understand that I have important responsibilities in the care and use of these medications. Failure to follow these policies may make it unsafe for me to use narcotic pain killers in the treatment of my pain and my clinician may stop prescribing these medications for me. I agree to follow all the policies outlined below:

1. Only my pain clinician, (Name/Title: _____) will prescribe my narcotic pain killers. I will not ask any other clinician at this clinic or outside this clinic to prescribe my narcotic pain killers.
2. I will fill my narcotic pain killers at only one pharmacy: Name: _____ Tel: _____.
3. I will call this clinic (Telephone _____) if I have problems with my narcotic pain killers or new medical problems.
4. I give permission to my pain clinician to discuss my test results and treatment with pharmacists or other clinicians.
5. I will not sell or share my narcotic pain killers with other persons. I will not get medicines of any kind from other people.
6. I will be the only person using my medications and I will use them as prescribed. I may experience "withdrawal" if I run out of or stop my medications.
7. My clinician may request urine drug screens from time to time. If I have street drugs or drugs in my system that were not prescribed for me, my clinician may refer me for treatment for addiction.
8. People with drug problems may want to steal my medications. I will guard my medications carefully. If I go to the pharmacy, I will just ask for my medications. I will not say that I am picking up my pain killers. Most commonly family and friends, not strangers, steal medications.
9. I will bring my medications in their bottles to each clinician's visit.
10. If I keep losing my medications or cannot figure out where they went, my clinician will only give me one or two weeks supply of these medications at a time.
11. These medications can harm someone not familiar to their effects. At home, I will keep my medications in a safe place, out of sight and out of reach of everyone else, especially children.
12. My medications will not be replaced if they are lost, get wet, destroyed or forgotten somewhere.
13. Early refills are not given for any reason. I will not use any more medications than prescribed. I will remember that no narcotic pain killer takes away all pain.
14. If the law asks for my records with a court order (for example I am using several pharmacies or several clinicians for pain killer prescriptions), I will no longer have the right to confidentiality.
15. I must keep my appointments in order to receive my pain medication. If I miss an appointment, the clinic cannot guarantee that a make up appointment can be given.
16. I must keep all the appointments (PT, specialist clinicians, and counselors) that my clinician recommends.
17. I understand that treatment with narcotic pain killers is on a trial basis. I will get more medications depending on the benefits I show and also the problems that develop.
18. The consent form explains how much relief I can expect from narcotic pain killers and also what kind of side effects they cause.
19. I understand these rules, and understand that if I do not follow them my clinician will not be able to continue to prescribe my medications.

Patient _____

Date _____

Clinician _____

Date _____

PAIN DIARY

You are the only one who knows how much pain you are feeling. The diary will help your health care provider to understand your pain better. This is your diary. Write when you can, and for as many days as you can.

- Do not worry about how much to write--just write the words that describe how you are feeling.
- Write the time every time you write in the diary.
- If writing is too painful, ask a family member or friend to do it for you or record the diary on a tape recorder.
- Bring it with you to your next appointment.

Week Ending: ____/____/____

Fill in the boxes using the numerical scale of 0=No pain to 10=Worst pain imaginable

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning – Overall Pain Level							
Afternoon – Overall Pain Level							
Evening – Overall Pain Level							

Fill in these charts to help you keep track of your pain.

Physical Symptoms	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Where does it hurt? (List every place that hurts.)							
Does the pain move? (Yes/No. If yes, please describe)							
Does the pain feel different in different places? (Yes/No. If yes, please describe)							
How does the pain feel? (Please describe, e.g., burning, stabbing, sharp, aching, throbbing, tingling, dull, pounding, or pressure.)							
Does anything make the pain <i>better</i>? Does anything make the pain <i>worse</i>??							
Do you do anything to help make the pain go away, other than taking medicine? (e.g., get a massage, exercise, meditate, pray etc.)							

Physical Symptoms	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Did the pain wake you up at night? (Yes/No. If yes, how often?)							
Do you skip meals because of the pain? (Yes/No. If yes, how often?)							

Cognitive/Emotional Symptoms	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Does the pain affect my ability to think?							
Does the pain make me anxious?							
How depressed/frustrated am I?							

Possible Exacerbating Conditions	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Does the weather affect my pain?							
Does the humidity affect my pain?							
Have I done too much today?							

What medicines did you take? List all medicine that was prescribed by all of your healthcare providers and all of the medicines you bought for yourself at the store.

Adapted from: *Keeping A Pain Diary*, American Pain Foundation. Recovered on 4/28/06 from: http://www.painfoundation.org/page.asp?file=documents/doc_038.htm&menu=1 and, *My Weekly Pain Diary*. Recovered on 4/28/06 from http://www.painworld.zip.com.au/downloads/pain_diary.html