

Pain Management in PA/LTC

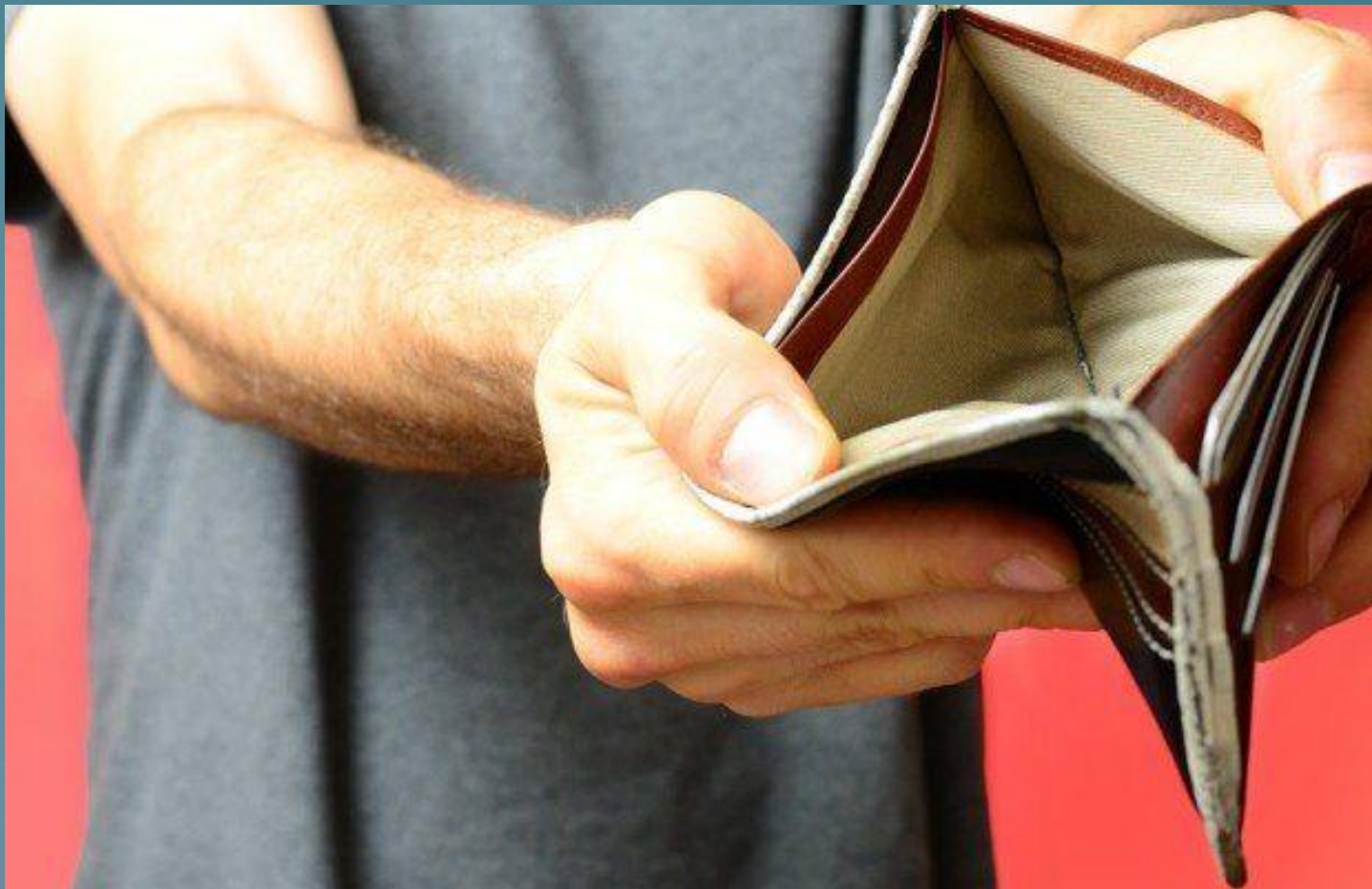
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Prevalence of Pain in LTC

- Pain prevalence is difficult to assess but based on 6 studies of self-reported and chart reviews the range was 49% to 83% of Nursing Home residents
- 40% of Cancer patients discharged to a Nursing Home reported daily pain
- The prevalence of analgesic use ranges from 27% to 44% suggesting a lot of pain is being under treated

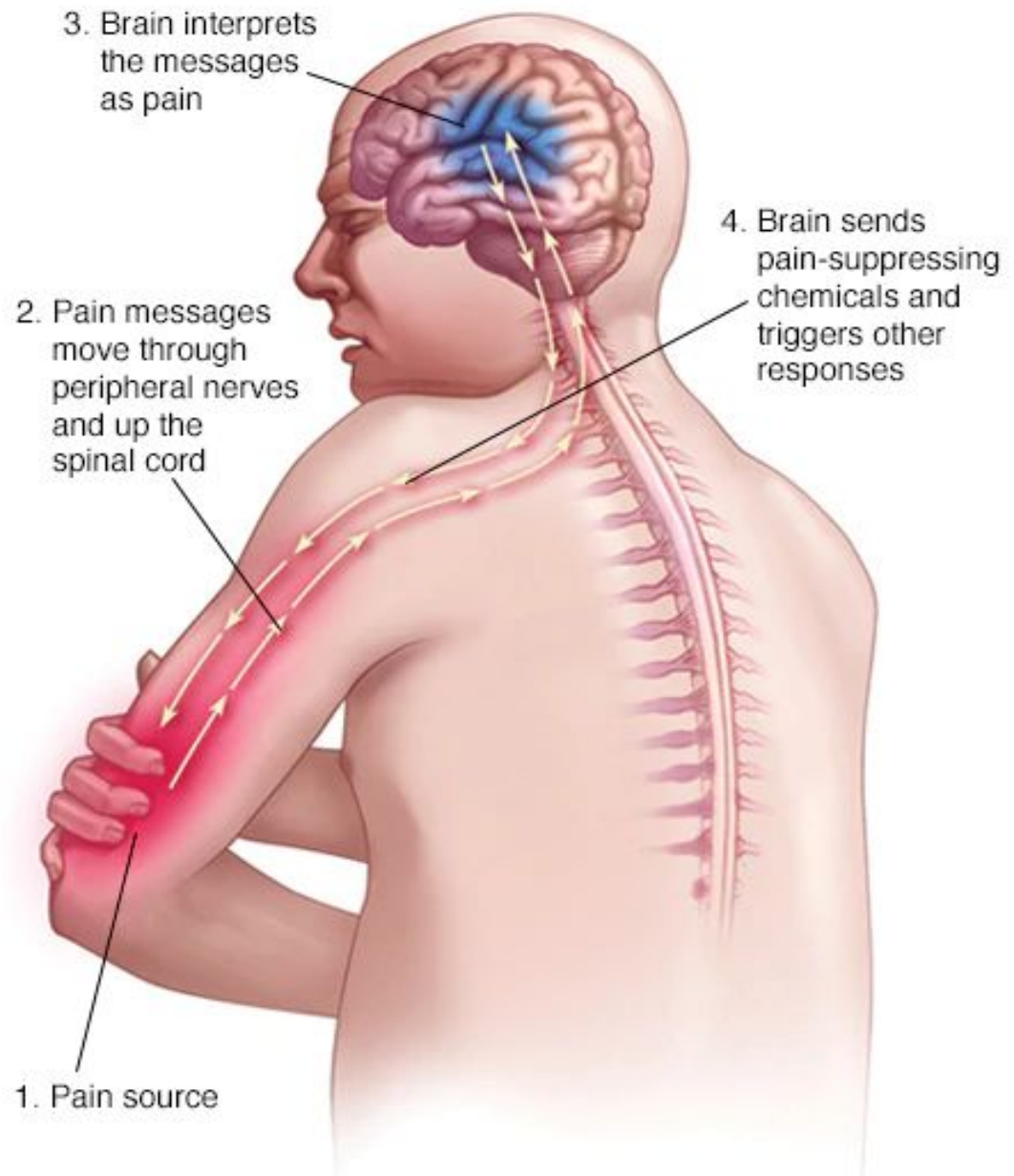
Consequences of untreated or undertreated pain

- Reduced function(ADLs) and in turn increased staffing needs
- Depression, Anxiety, Poor sleep, Malnutrition
- Post-surgical or wound patients with untreated pain can lead to chronic pain or hyperalgesia
- There is a strong psychological component where untreated pain can lead to negative perceptions making the pain much harder to treat

What is Pain?

- Pain is an unpleasant sensory and emotional experience that is highly individualized
- Pain is not a simple sensation, but rather a complex experience, only a part of which is sensory in nature
- Nociception is the sensory nervous system's response to certain harmful or *potentially* harmful stimuli

The Body's Response to Pain



The Body's Response to Pain

- The body responds to pain through numerous and interconnected physiological processes via the sympathetic nervous system (SNS), neuro-endocrine system and immune system, but also via emotions
- Sweating, nausea, tachycardia, hypertension, water retention, increased need for oxygen, increased risk of infection, increased blood glucose, urinary freq or incont, pallor, anxiety, fear, depression
- The anticipation or perception of pain can also initiate this response and untreated pain can become chronic neural pathways and contribute to

Transmission, Modulation, Perception

1. Transmission - the nerve impulse travels from the site of transduction to the brain in three stages: from nociceptors to spinal cord, from spinal cord to brain stem, and from brain stem to other parts of the brain
2. Modulation - pain is reduced or increased by the body through descending (from brain to spinal cord) and ascending (from spinal cord to brain) mechanisms
3. Perception - *when pain becomes a conscious experience, involves recognising, defining and responding to pain. It takes place in the cortex, the limbic system, and the reticular system.*

Pharmacological Interventions

- NSAIDs
- Opioids
- Tylenol
- Muscle Relaxers
- Nerve blocks
- Local Anesthetics
- Topicals
- Neuroleptics
- Corticosteroids/Injections
- Antihistamines

Non-pharm Interventions

- Massage therapy
- Aromatherapy
- Acupuncture
- TENS units
- Ice machines/Heat
- Physical & Occupational Therapy
- Biofeedback
- Exercise

Perception Modalities

- Relaxation Techniques - meditation, guided imagery
- Antidepressants
- Counseling - therapist, pastoral support
- Social Support - family or peer support groups
- Placebo effect - emphasize certain modalities
- Distraction and reframing
- Exercise - movement is your friend
- Emotional Intelligence - providers and staff
- Physical and Occupational Therapy

Challenges to Assessing Pain in LTC

- MDS done quarterly with inconsistent assessments in between
- Evaluating non-verbal signs of pain
- Cognitive, Communication and Cultural Barriers
- Staff turnover, training and access to tools
- Fear of addiction, shame
- Staff bias
- *How much time is spent on Perception modalities?*



Strengthen your personal "pain immune system"!



helpful
thoughts



less
stress



staying active
and exercise



good
feelings

Management of Pain in LTC

Interventions should be:

- preceded by an assessment - good history from patient or family and standardized assessments
- tailored to acute vs chronic
- individualized with goals discussed and documented
- monitored for effectiveness and/or adverse consequences in *frequent intervals*
- collaborative - nurses, CNAs, therapists, providers, family, patient

Clinical Practice Guidelines on Pain Management

- American Geriatrics Society
- AMDA - The Society for Post-Acute and Long-Term Care Medicine