

# Surviving Pain: The Delicate Balance in Caring for the Seriously Ill

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## WHAT IS PAIN?

Unpleasant sensory experience that involves actual or potential tissue damage

Involves both the physical and emotional self

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## WHAT IS PALLIATIVE CARE

"Palliative care is a holistic practice using a multidisciplinary approach in addressing multidimensional needs. It is care that helps with personal, social, and medical problems associated with serious and potentially mortal illness, assists families and carers, and uses approaches from a trained team, but also involves the wider community."

- ▶ Who are our patients?
- ▶ What is pain management in the Palliative Care patient?

Taali, B., Bhermami, K., et al. "How Can Social Workers be meaningfully involved in Palliative Care? A Scoping review on the pre-requisites and how they can be realized in practice." Palliative Care & Social Practices. 2021(1), Vol. 1(3), 14.

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**IMPACT OF PAIN**

ACCORDING TO THE WHO: "INDIVIDUALS WHO LIVE WITH PERSISTENT PAIN ARE FOUR TIMES MORE LIKELY THAN THOSE WITHOUT PAIN TO SUFFER FROM DEPRESSION AND ANXIETY AND ARE TWO TIMES MORE LIKELY TO HAVE DIFFICULTY WORKING, RELATIONSHIPS, AND OTHER IMPORTANT ROLES IN THEIR LIFE".

O. Gureje, M. Von Korf, G.E. Simon, et al. (1998). Persistent pain and well-being: A World Health Organization study in primary care. Jul 8;28(2):147-51. doi: 10.1001/jama.280.2.147.

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**WHAT ARE THE ORIGINS OF PAIN**

- ▶ PHYSICAL
- ▶ SOCIAL
- ▶ EMOTIONAL
- ▶ EXISTENTIAL/SPIRITUAL

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**CONSEQUENCES OF INADEQUATE PAIN CONTROL**

-  **PHYSICAL SUFFERING:** PHYSICAL MOBILITY, APPETITE, SLEEP, FATIGUE, LACK OF ENERGY, REHABILITATION
-  **EMOTIONAL SUFFERING:** MOOD, RELATIONSHIPS (INTERACTING WITH LOVED ONES, LOOSE ALL SENSE OF NORMALCY)
-  **VIEW OF ILLNESS/PROGNOSIS:** MEDICAL DECISION MAKING

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### THE IMPACT & CONTRIBUTORS OF TOTAL PAIN

- ▶ COPING
  - ▶ ANXIETY
  - ▶ DEPRESSION
- ▶ OVERALL FUNCTIONAL STATUS AND QOL
- ▶ RELATIONSHIPS
- ▶ UNDERMINES WELL-BEING- LOSS OF HOPE & MEANING
- ▶ DEMORALIZATION
- ▶ HINDERS ABILITY TO NAVIGATE LIFES MANY ROLES
- ▶ MEDICAL DECISION MAKING
- ▶ VIEW ON PROGNOSIS OR ILLNESS PROGRESSION
- ▶ BREAKDOWN IN THE FAMILY SYSTEM
- ▶ TRAUMA TRIGGER

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### ASSESSMENT OF TOTAL PAIN

- ▶ What are some of the ways that your pain is affecting your life, or life as you once knew it?
- ▶ What do you miss most as a result of the pain/your illness?
- ▶ How well do you think that you are functioning?
- ▶ What is making you most uncomfortable (in your body, in your heart/mind)?
- ▶ Who else knows?
- ▶ What keeps you up at night?

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### ASSESSMENT OF PHYSICAL PAIN

- ▶ Various pneumonics:
  - PQRST
  - OLD CART
- ▶ Pain Scales:
  - NRS
  - VAS
- ▶ General Functioning!

<https://geriatricacademy.com/pqrst-pain-assessment>

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### CLASSIFICATION OF PAIN

- ▶ **Nociceptive:** arises from tissues damaged by physical and/or chemical agents
  - somatic: think skin, muscles, bones, joints
  - visceral: think swelling/stretching of organs (tumors, bowel obstruction)
- ▶ **Neuropathic:** arises from diseases or damage mediated directly to sensory nerves
  - Think descriptors including tingling/numbness, burning/prickling/electric like sensations (paresthesia), can difficult to describe, pain distributed along path of nerves

Armstrong, S. & Herr, H. (2023). Stat Pearls. <https://www.ncbi.nlm.nih.gov/books/NBK551562/>

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### VARIABLES TO CONSIDER

- ▶ Age
- ▶ Organ impairment
- ▶ Cardiac issues
- ▶ Fall risk
- ▶ Medication interactions
- ▶ Absorption issues
- ▶ Cognitive impairment
- ▶ Adherence



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### STRATEGIES TO MANAGE PHYSICAL PAIN IN THE SERIOUSLY ILL

- ▶ Non-opioid Analgesics: Acetaminophen, NSAIDs
- ▶ Opioids: tramadol, hydrocodone/acetaminophen, oxycodone, hydromorphone, morphine, morphine ER, oxycodone ER (OxyContin or Xtampza), fentanyl, methadone and buprenorphine
- ▶ Adjuvants: Corticosteroids (dexamethasone), TCAs (nortriptyline, amitriptyline), anticonvulsants, bisphosphonates, muscle relaxants, topicals (lidocaine patch/cream), cannabis
- ▶ Non pharm approaches: radiation, relaxation/mindfulness, PT/OT, acupuncture, interventional approaches

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### WHO REVISED 4 STEP ANALGESIC LADDER

Transition from the original WHO three-step analgesic ladder (A) to the revised WHO four-step form (B). The additional step 4 is an "interventional" step and includes invasive and minimally invasive techniques. This updated WHO ladder provides a bidirectional approach.

<https://www.ncbi.nlm.nih.gov/books/NBK554435>

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### NON-OPIOID ANALGESICS

- ▶ Acetaminophen
  - 3 g per day total, monitor LFTs
  - Caution with any other med containing acetaminophen (hydrocodone)
- ▶ NSAIDs
 

Compound	Acidity (pKa)
Celecoxib <sup>62</sup>	9.7
Ibuprofen <sup>62</sup>	5.2
Indomethacin <sup>62</sup>	4.5
Naproxen (enteric-coated) <sup>62</sup>	4.2
Diclofenac <sup>62</sup>	4.0
ASA (enteric-coated) <sup>62</sup>	3.5

  - GI renal toxicity
  - Increased risk of bleeding
  - ? GI protection

Acidity comparison among NSAIDs - lower the value, the more acidic the drug.

Green, K. J. & Goh, V. B., Lim, G. S. Sethi, S. (2018) Coprescribing proton-pump inhibitors with Non-steroidal Anti-inflammatory Drugs: Risks versus Benefits. Journal of Pain Research, Volume 11 285-293

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### ADJUVANTS

- ▶ Corticosteroids
- ▶ Tricyclic Antidepressants
- ▶ Anticonvulsants
- ▶ Muscle Relaxants
- ▶ Cannabis

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### SHORT ACTING OPIOIDS

Short Acting:

- ▶ Tramadol
- ▶ Hydrocone/acetaminophen
- ▶ Oxycodone, with or without acetaminophen
- ▶ Morphine immediate release
- ▶ Hydromorphone

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### LONG ACTING OPIOIDS

Long Acting:

- ▶ Morphine ER
- ▶ Oxycodone ER, OxyContin or Xtampza
- ▶ Fentanyl
- ▶ Methadone

Partial Agonist:

- ▶ Buprenorphine

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### OPIOID PEARLS

- ▶ Write down dosing and frequency instructions when possible
- ▶ Think of 4-6 hours as needed dosing when opioid naïve
- ▶ Consider long acting when pt consistently needs short acting; breakthrough dose should be 10-15% of total daily dose
- ▶ When converting, use equianalgesic table and dose reduce by 25%
- ▶ Narcan is recommended for anyone who is prescribed opioids
- ▶ Recommend keeping meds in a safe, especially important if children/teenagers around
- ▶ Do not drive the first few days of starting/adjusting opioid regimen
- ▶ Monitor constipation and adjust bowel regimen (stool softener and bulking agents not effective, requires laxative like senokot)
- ▶ "Start low and go slow" for the elderly, frail, and with any organ impairment

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### NON-PHARMACOLOGIC APPROACHES

- ▶ Radiation therapy
- ▶ Relaxation/Mindfulness
- ▶ PT/OT
- ▶ Acupuncture
- ▶ Interventional Procedures

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### CASE STUDY: SOCIAL HISTORY

- 53-year-old female, married, with two sons ages 16 and 18
- Executive with very stressful job, primary breadwinner in family, navigating potential for divorce prior to diagnosis
- Diagnosed with pancreatic cancer in July of 2020; initial consult 6 months later after 3 inpatient admissions for intractable pain and persistent n/v
- Described herself as wanting to live in Denial Island- her eldest son would be off to his Freshman year of College in the Fall
- Primary concern had been her children & wanting to shield from illness/seeing her in pain

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### CASE STUDY: SOCIAL HISTORY

- ▶ Minimize pain & preferred alternative methods (hot baths, meditation/mindfulness)- initially declined Palliative Care involvement
- ▶ Fear of disease progression; fear of losing control; spouse with history of alcohol use disorder, ? Other addictions
- ▶ Over time and multiple inpatient/outpatient Palliative Care visits we were able to address grief & fears that she was nearing the end of her life

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**CASE STUDY:  
PAIN  
MANAGEMENT**

- ▶ Barriers to managing pain and patient preferences
- ▶ Impact of overall symptom management
- ▶ Pain Medication Regimen and escalation of opioids with progression of cancer and simultaneous existential crisis
- ▶ Addressing total pain

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**SUMMARY**

- ▶ Utilizing the multidisciplinary approach in Palliative Care can have profound effects in addressing the different dimensions of pain!
- ▶ Physical pain can be managed utilizing multiple modalities and the most effective approach typically utilizes several
- ▶ Attending to the emotional burden of disease and its symptoms can foster a healthier outlook/perspective on illness trajectory, medical decisions, and QOL at end of life.

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**QUESTIONS FROM THE AUDIENCE?**

*"I'd like some Ketamine for my appetizer. What oplate would you recommend for my entree?"*

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