

Curriculum for Pain Management Education from the Oregon Pain Commission (v3.4)

Introduction to curriculum

- ⇒ The Pain Management Commission of Oregon has developed this sample curriculum with the goal of seeking the highest quality of care for all patients (including adults, children and the elderly) with cancer related and non-cancer related pain.
- ⇒ This is a sample of topics that may be of interest to medical professionals treating pain in Oregon.

Topics

- I. Intractable pain diagnosis
- II. Pain assessment and documentation
- III. Opioids
- IV. Non-opioid analgesics
- V. Non-drug therapy
- VI. Psych aspects of disease
- VII. Prescribing regulations
- VIII. Communication with patients and other providers
- IX. Pediatrics
- X. Special populations

I. Overview of Pain in Oregon

- Statistics regarding pain in America
- JCAHO requirements
- 'Intractable pain' diagnosis
 - The presence of a condition that explains persistent pain
 - The patient avails themselves of reasonable medical therapy to treat the pain condition
 - Appropriate consultation if a treatment failure occurs
 - Psychosocial changes that result from chronic pain
 - Loss of activity
 - vocational
 - recreational
 - familial
 - Loss of identity
 - reassessing self image
 - grieving lost abilities
 - reassessing relationships

II. Pain Assessment and Documentation

- Functional assessment
- Reported pain
- Health care utilization
- Assessment tools

III. Opioids

- Evidence of efficacy in studies of acute pain conditions
 - Evidence of pain reduction and/or functional improvement for some patients treated with opioids for chronic pain states
 - Efficacy must be determined for each patient and may or may not result in improved functional status
 - Focused past medical history for risk factors for addiction e.g. (Drug Abuse Screening Test (DAST-10))
 - Patients with risk factors for addiction may benefit from additional monitoring including urine toxicology evaluation, and psychiatric and or addiction evaluations
1. Toxicology and metabolism (differentiate normal and abnormal urine toxicology screens, and how to order a toxicology screen)
 - Toxicity including cognitive impairment
 - Pharmacology including long acting and short acting medications, dose equivalence and accumulation
 - Drug interactions with sedatives/hypnotics
 - Management of withdrawal and referral to addiction treatment
 - Potential for improved pain and functioning with dose reductions
 - Withdrawal of therapy
 - Addiction, physical dependence and pseudo-addiction
 - Spinal narcotic therapy

IV. Non-opioid analgesics

- Membrane stabilizing agents
- Muscle relaxants and sedatives
- Tri-cyclic antidepressants
- Topical therapy
- Non-steroidal anti-inflammatory agents
- Acetaminophen
- Alpha-2 agonists
- Complementary and Alternative Medicine (CAM)

V. Non-drug therapies

- Complementary and alternative care (CAM)
 - Potential for interactions between CAM therapies and other medications
- Rehabilitation exercises and regular exercise
- Massage
- Acupuncture
- Manipulation
- Trans-cutaneous electrical stimulation (TENS)
- Spinal stimulation

VI. The psychological consequences of chronic pain and its treatment

1. Psychological treatments
 - cognitive behavioral interventions/therapies
 - relaxation training and biofeedback

- educational approaches
- 2. Complicating factors in psychological treatment of chronic pain
 - pre-existing psychiatric conditions
 - Somatoform disorders
 - Conversion Disorders
 - Post traumatic stress disorder
 - Personality disorders
- 3. Depression and grief in chronic pain

VII. Prescribing regulations

- Acute pain prescribing
- Intractable pain prescribing
- Intractable pain diagnosis
- Material risk notice
- Goals of care and mechanism for monitoring outcome
- Definition of treatment failure
- Records of prescriptions written
- Monitoring including
 - Outcome tests to determine efficacy and toxicity e.g. Brief Pain Inventory, Short Form –36/Rand-36, Oswestry Disability Index, Beck Depression Inventory
 - with other Patient involvement in recommended self care
 - Urine toxicology evaluations for patients with risk factors for disuse
 - Documentation relating to goals of care
 - Communication medical care providers

VIII. Communication with patients and other providers

- Multi-disciplinary pain management centers provide integrated evaluation and treatment services for complex pain conditions
- Active communication with all professionals caring for the patient including past medical records
- Development of a partnership where decreased pain and improved function are valued by the patient and the physician
- Physicians should not be coerced into providing analgesics they do not believe are helping the patient
- Office procedures that reduce potential for misunderstandings and promote the office as a unified force to help the patient with pain
- Pre-arranged office plan for the treatment of addiction when this behavior is detected
- Possible vignettes
 1. The “angry at the world” patient with entitlement
 2. The co-dependent patient / couple
 3. The passive patient (who limits treatment options by not participating in concurrent care)
 4. The drug diverting patient
 5. The patient self treating anxiety with narcotics

6. The “you are the only one who can help me” patient
7. The “I am the only one who can help you” physician
8. The patient who has suffered a bad clinical outcome
9. The patient who always wants a dose increase
10. The pseudo-addict
11. The addict with pain
12. Acute pain therapy in the patient receiving chronic opioid therapy
13. The “nothing that you can do helps” patient

IX. Pediatrics

1. Introduction and Overview
 - Historical aspects of pain in children
 - Incidence of chronic pain in children
 - Epidemiology: Societal consequences
 - Medicolegal and JCAHO issues
 - Relationship between acute and chronic pain
 - Philosophical issues
 - Historical aspects of the study of pain
 - Biological significance of pain
2. Ethical issues
 - Pain research in children
 - Under treatment of pain
 - Pain and opiate dependence
3. Pain Physiology - Relevant to the developing child
 - Neuroanatomy
 - Neurophysiology
4. Behavioral issues
 - Pain and developmental stages
5. Clinical presentation of pain in children
6. Acute pain
 - Postoperative pain
 - Related to medical illness
 - Procedural pain
7. Management of Procedural Pain
 - Anxiety vs. pain
 - Pharmacologic vs. behavioral interventions
 - Pharmacologic agents
 - Sedatives
 - Analgesics
 - Topical anesthetics (e.g., EMLA cream)

- Local anesthetics
 - Distraction techniques
 - Effectiveness of pharmacobehavioral intervention
 - Policies/Guidelines
 - JCAHO
 - American Academy of Pediatrics
 - American Pain Society
8. Chronic pain
- Related to medical illness
 - Headache
 - Abdominal pain
 - Myofascial pain
 - Posttraumatic pain – neuropathic pain
9. Illness behaviors associated with pain
- School absence
 - Deconditioning cycle
10. Management in pediatrics
- Pain Assessment
 - Clinical research on behavior and assessment
 - Age appropriate assessment tools
 - Parent report
 - Nurse report
 - Documentation
 - Importance of follow-up assessment after initiation of treatment
 - Clinical pharmacology
 - NSAIDs
 - Opioids
 - Adjunctive agents
 - Antidepressants
 - Anticonvulsants
 - Alpha 2 agonists
 - Other techniques
 - Nerve blocks
 - Surgical techniques
 - Behavioral Interventions
 - Psychotherapy
 - Cognitive-behavioral therapy
 - Relaxation techniques – biofeedback
 - Hypnotherapy
 - Others
 - Physical Therapy
 - Complementary Interventions
 - Acupuncture
 - Massage therapy

- Herbal therapy
- Naturopathy
- Craniosacral therapy
- Importance of multidisciplinary approach for chronic and complex pain problems

X. Special populations

- Cancer pain management
 1. Double effect
 2. Hospice care
 3. Anxiety management
 4. Nausea management
 5. Delirium management
 6. Advance directives
- Neuropathic pain
- Geriatric pain management
- Pain management for the cognitively impaired
- Pregnancy
- Analgesic therapy for painful procedures
- Specific pain syndromes
 1. Headache
 2. Abdominal pain
 3. Myofascial pain
 4. Neuropathic pain
 5. Spine pain
- Pain management for patients with substance abuse
- Oregon medical marijuana legislation

Sources of prototype educational materials

- ⇒ EPEC (Education of Physicians on end-of-life Care)
- ⇒ AMA (American Medical Association) Pain Education Module