



ATTENDEE HANDOUT

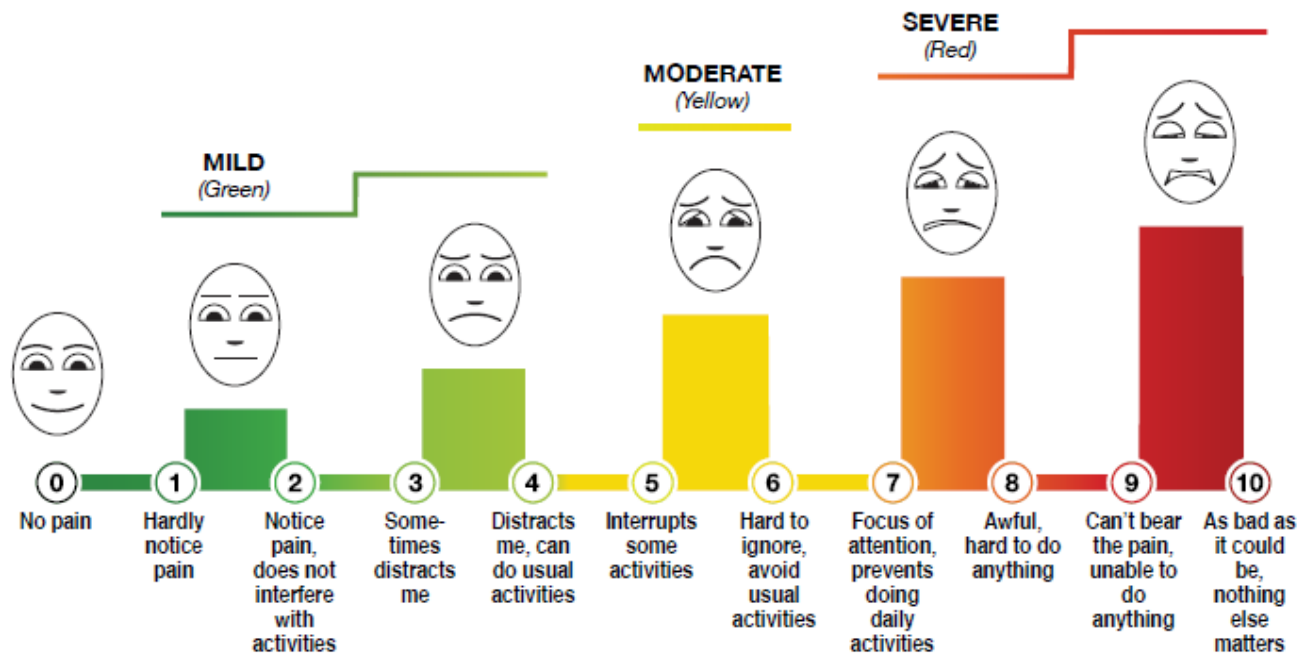
SERIOUS ILLNESS: PAIN AND
SYMPTOM MANAGEMENT



CONTENTS

Defense and Veterans Pain Rating Scale	3
Pain Medication Classes	4

Defense and Veterans Pain Rating Scale



v2.1

DVPRS SUPPLEMENTAL QUESTIONS

For clinicians to evaluate the biopsychosocial impact of pain

1. Circle the one number that describes how, during the past 24 hours, pain has interfered with your usual ACTIVITY:

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
Does not interfere *Completely interferes*

2. Circle the one number that describes how, during the past 24 hours, pain has interfered with your SLEEP:

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
Does not interfere *Completely interferes*

3. Circle the one number that describes how, during the past 24 hours, pain has affected your MOOD:

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
Does not affect *Completely affects*

4. Circle the one number that describes how, during the past 24 hours, pain has contributed to your STRESS:

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
Does not contribute *Contributes a great deal*

*Reference for pain interference: Cleeland CS, Ryan KM. Pain assessment: global use of the Brief Pain Inventory. *Ann Acad Med Singapore* 23(2): 129-138, 1994. v 2.1

PAIN MEDICATION CLASSES

Analgesic & Antipyretic [Harvard Health (2020), PDR (2021)]

Acetaminophen (Paracetamol, APAP)

- NO anti-inflammatory activity or effects on platelet function
- effective in mild to moderate pain
- risk of dose-dependent liver toxicity
 - calculate total dose from both over the counter (OTC) and prescribed combination medications
 - Maximum daily dose 3-4,000mg/24 hours from all sources (dose depends on person's size and liver function)
- can be used as adjuvant to opioids

Non-Steroidal Anti-Inflammatory (NSAID) [U.S. DHHS (2019)]

Aspirin, ibuprofen, naproxen

- significant relief for inflammation (e.g., arthritis, bone fractures, tumors, muscle pains, headache, injury, surgery)
- Note: as a prostaglandin synthetase inhibitor, Ibuprofen is very effective for dysmenorrhea (period cramps) and gynecological surgeries (which release prostaglandins)
- can be used as adjuvant to opioids

Adverse effects

- gastritis
- GI bleeding
- Hypertension
- cardiac-related events
- renal insufficiency (monitor kidney function)

Anticonvulsants [U.S. DHHS (2019)]

Gabapentinoids [gabapentin (Neurontin) and pregabalin (Lyrica)]

- treats *neuropathic* components of pain syndromes
- post-herpetic neuralgia
- peripheral neuropathy
- migraines
- useful in multimodal perioperative pain management

Precautions

- significant sedation, especially when first prescribed. Take before bedtime
- gradually taper up to effective dose (900-1800 mg/day)

Antidepressants U.S. DHHS (2019)

Tricyclic Antidepressants (TCA), such as desipramine, nortriptyline, amitriptyline

- commonly used in chronic pain conditions, including neuropathic pain
- analgesia actions occur in patients who do not suffer from depression, with effects occurring at lower doses than those used for depression
- initiate at low dose and gradually titrate up to desired effect

Selective serotonin reuptake inhibitors (SSRIs), such as fluoxetine, sertraline, citalopram, paroxetine

- less analgesic effect compared with other antidepressant classes
- effect usually occurs sooner and at lower doses than those required for depression management

Musculoskeletal Agents [U.S. DHHS (2019), WebMD (nd)]

Baclofen (Lioresal), Tizanidine, Cyclobenzaprine

- commonly used for pain treatment
- relaxes muscles, may relieve muscle spasms
- Often used in acute pain, or in anxiety related to chronic pain flare
- Non-treatment of anxiety related to pain can worsen severity of the pain, possibly interfering with coping skills
- may be helpful for hiccups, chronic regional pain syndrome (CRPS)

Note: Carisoprodol (Soma) is a muscle relaxant that may cause addiction, especially in someone with a substance abuse disorder.

Anxiolytics (Anti-Anxiety) [U.S. DHHS (2019)]

Benzodiazepines such as alprazolam (Xanax), clonazepam (Klonopin), chlordiazepoxide (Librium), diazepam (Valium), and lorazepam (Ativan)

- no independent analgesic effects, may have indirect pain-relieving effects.
- Avoid for regular or long-term use
 - may cause substance abuse disorder
 - co-prescription with opioids is associated with higher risk of overdose, respiratory depression, and death
 - may interfere with coping skills for chronic pain conditions

Opioids U.S. DHHS (2019)]

- Controlled substance group of broad-spectrum analgesics that provide pain relief for a variety of conditions
- Effective for moderate to severe acute pain

- Include short and long-acting formulations and different delivery methods (oral, buccal, sublingual, spray, intravenous, intramuscular, suppository, transdermal patches, lozenges)
- Bind to opioid receptors in the brain, spinal cord and other sites, activating analgesic and reward pathways
- Vary in ratio of their analgesic potency and their respiratory depression potential (major cause of opioid-related death)
- No current dosage ceiling, as tolerance builds over time; therapeutic window varies from patient to patient

Compiled by Dr. Carol Robinson RN, CHPN
September 13, 2021