Complex Pain In the Adult Patient

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What is Complex Pain?

• Pain that is compounded by chronic conditions and/or comorbidities

Patients with complex pain experience a disregulation of the body “Supersystem”.

- Nervous
- Immune
- Endocrine
At-Risk Patients

- Patients with auto-immune disorders (lupus, MS, rheumatoid arthritis)
- Patients with chronic disease (diabetes, COPD, sickle cell disease)
- Survivors of a horrific accident or event (illness, injury, abuse, physical or emotional trauma)

Nervous System

- Gate-control theory: transduction, transmission, modulation, perception (sensory modality)
- Cognitive variables: interpretation, attention, anticipation

Actual or Anticipated Tissue Injury Triggers:

- Immune system (pro-inflammatory vs. anti-inflammatory response)
- Endocrine system (stress response: arousal vs. recovery)
Chemical Soup

- Peptides (link the nervous & endocrine systems)
- Hormones i.e., cortisol (arousal vs. recovery)
- Neurotransmitters (epinephrine, norepinephrine)
- Endocannabinoids (exert immune-suppressing effects)
- Cytokines (pro-inflammatory, anti-inflammatory)

Chemical soup ingredients:

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- Tolerance
  - Biologic adaptation
  - Exposure to a drug induces changes that result in a diminution of one or more of the drug’s effects over time. (JAMA, APS, AAPM, 2001)

- Physical Dependence
  - Normal physiologic response to drug
  - A state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level, and/or administration of an antagonist.
  - Treatment: Taper off medication – do not stop abruptly.
Addiction

- Chronic, relapsing, treatable, disease
- Characteristics
  - Lack of control
  - Compulsion to use despite harm to self or others
- Managing pain
  - Larger doses may be required
  - Do not withhold/reduce opioids with severe pain
  - Multidisciplinary approach is needed

Caring for the patient with complex pain:

- Thorough history
  - Most recent level of function
  - Comorbidities
  - Assess potential need for social work and/or chaplaincy involvement

Caring for the patient with complex pain:

- Work with patient to establish appropriate comfort / function goal
- Foster a relationship of trust and accountability.
Medication Reconciliation

- Prescription and recreational drugs
- When pt is at home, what does it take to get comfortable?
- What has worked in the past?
- Equianalgesic conversion guidelines posted on PULSE page.
- Consult with unit pharmacist as a resource to validate equianalgesic dosing.

Optimize medications that are currently prescribed (multimodal analgesia)

- NSAIDs
- Muscle relaxants
- Anxiolytics
- Antidepressants
- Opioids (prn & rescue doses)

Documentation is Critical!

- Validates complexity of pain
- Reflects effectiveness of analgesia
- Provides record of contacting, working with pharmacy, social work, primary team, etc.
Documentation is Critical!

- Incorporate the results of PCA interrogation
- Non-pharmacologic interventions implemented (effectiveness, family / caregiver involvement)
- REASSESSMENT!!!

References: