CPHCS Care Guide: Chronic Pain

CHRONIC PAIN: WHAT YOU SHOULD KNOW

1. Treatment of pain is an important and complex issue for many CDCR inmate-patients and their medical providers.
2. Treatment of pain is also a challenge in the community with many people believing that patients are given too much pain medication and many people believing that patients are not given enough pain medication.
3. In order to try and provide the best pain management for each patient specialists from all over the United States have developed recommendations which help to guide doctors and nurses in the best way to treat different pain conditions. These recommendations are based on proven research and include guidelines on medication treatment and other treatments for pain.

CALIFORNIA PRISON HEALTH CARE SERVICES (CPHCS) PAIN GUIDELINES

What do we follow in CPHCS?

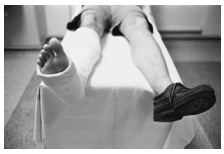
The CPHCS Pain Management Guidelines follow national guidelines including those from the Veterans Administration and outline recommendations for evaluating and treating a patient's pain complaint. The medical provider is advised to:

- Take a thorough history (this may not occur at one visit but make take several visits to get the complete history) of the pain and find out what treatments have been used in the past, and also what type of tests have been done in the past.
  Understanding what may be causing the pain helps to plan what may help it.
- Ask about details of the pain, where it is, how bad it is (number 1-10), what makes it better and what makes it worse.
  Asking at each visit how strong (severe) the pain is helps in deciding if a specific treatment is making the treatment better.
- Ask about how the patient is functioning in the activities of daily living such as getting on and off his/her bunk, getting to chow, getting down for alarms, showering and doing his/her job or education program.
  Improvement in a patient's ability to function is the primary goal in the treatment of chronic pain.
- Ask about the patient's mental health. Is the patient depressed, having trouble sleeping or anxious?
  Depression, anxiety or lack of sleep makes pain worse, and treating these conditions is important in the overall treatment of chronic pain.
- Help the patient set goals for pain treatment.
  Unfortunately total relief of pain can not be done for most patients. On average, even patients who receive narcotic/opioid medicine achieve only 30% improvement in their pain

PAIN: WHAT IS IT?

The American Academy of Pain Medicine **defines pain as –*"An unpleasant sensation and emotional response to that sensation".***
Pain is classified into two types:

ACUTE PAIN



- Usually has a clear cause
- Begins suddenly
- Doesn't last a long time-does get better
- Acute pain is generally useful. It's a clear sign of danger.
- Examples include touching a hot surface, stubbing your toe or breaking a bone.

CHRONIC PAIN

- Usually lasts a month or more, and could last years
- Can come and go many times or remain the same
- Can disturb sleep patterns, decrease appetite and cause depression
- Chronic pain can outlive its usefulness; the message was sent and received, <u>but keeps mistakenly being sent over and over.</u>
- Chronic pain <u>serves no biological function</u>, but results in physical and emotional stress for the patient.
- Examples include arthritis, back injuries and nerve damage caused by diabetes.

WHAT CAN INCREASE A PATIENT'S FEELING OF PAIN?

Not being able to sleep
Nausea
Depression
Any other discomfort
Fear
Being worried/anxious
Anger
Fatigue
Introversion
Sadness
Shame

The memory of past pain and the expectation that the pain will recur.

WHAT CAN HELP A PATIENT FEEL LESS PAIN?

- Getting enough sleep/rest
- Getting treatment for depression if it exists
- Understanding the pain
- Around the clock pain medication
- Relief of other symptoms
- Keeping his/her mind on something else

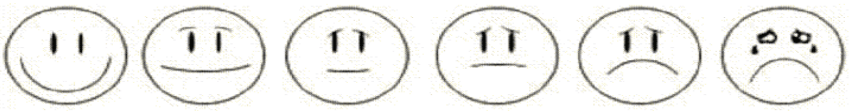
CHRONIC PAIN: WHAT YOU SHOULD KNOW

HOW IS A PATIENT WITH CHRONIC PAIN EVALUATED?

The medical provider:

Takes a history: to find out about how the pain started, where it is, what type of pain it is, what tests the patient has had before, what treatments have been tried before, what other medical conditions the patient has? The medical provider may ask the patient to describe his or her pain using a scale, such as 0 (no pain) to 10 (worst pain), or use other scales such as the faces scale if the patient has difficulty communicating.

No pain **0 1 2 3 4 5 6 7 8 9 10** ***Worst Pain***



Examines the area of pain: To identify obvious physical damage or deformity. People with chronic pain can have old injuries/deformities/scars which have healed and should not be sending pain messages.

Asks about mental health concerns: is the patient feeling worried or hopeless? Does the patient have a history of drug or alcohol abuse? Is the patient currently using drugs or alcohol? Prior substance abuse places a patient at higher risk for complications of opioid use. Medical providers are not allowed by law to prescribe opioids to a person known to be abusing or giving them to others.

Asks about how well a patient is functioning:

- Are you able to participate in prison program? Work or education?
- Are you able to get in and out of your bunk?
- Does your pain affect your relationship with others? Are you irritable? Withdrawn?
- Do you have any hobbies that are affected by your pain?
- Is your sleep disturbed by pain? If so, how?
- Are you able to walk to meals? Participate in yard? Get down for alarms? Stand for counts?
- Self-care behaviors; do you have any limitations with showering? Dressing? Grooming? Toileting?

If possible, the medical provider will diagnosis the cause of the pain. Unfortunately many times in Chronic Pain there is no specific diagnosis . Because chronic pain is caused by messages that are mistakenly being sent over and over the original reason for the pain is no longer present.

HOW IS A PATIENT WITH CHRONIC PAIN TREATED?

Both in the community and in CDCR medical providers are expected to follow certain approved guidelines as discussed above. The guidelines generally recommend using non-medication treatments first such as physical therapy, exercise, relaxation techniques and any specific injections or procedures that have been proven to help in specific conditions.

Non-medication treatments may stimulate natural painkillers, called endorphins, which are created within the body. In other cases, non-medication treatments work directly on nerves to interfere with the mistaken pain messages. Sometimes, it isn't clear why the pain stops

The CPHCS Guidelines **recommend that non-medication** treatment be considered first. This includes:

- Educating the patient on what is causing pain (if known) and what can be expected.
- Exercise and/or physical therapy to help strengthen healthy parts of the body that can protect painful areas
- Cortisone or pain blocking injections when medically indicated
- Relaxation techniques, positive thinking, psychological counseling (when medically indicated).

Medication treatments : In most cases medical providers do not try opioid (narcotic) medications first. This is because other medications are likely to be as effective and are safer in the long term. This policy follows the World Health Organization (WHO) guidelines.

The WHO guidelines were originally developed for relief of cancer pain, but they are now followed for noncancer pain as well. The WHO "ladder" recommends::

- Start with either:
  - Acetaminophen (Tylenol® and other brand names) which interferes with pain messages.
  - Aspirin and ibuprofen (Advil®, Motrin® and others) which works in two ways:
    1) by interfering with pain messages, and
    2) by reducing inflammation, swelling, and irritation that can make pain worse.
- If this is not enough add another type of medication from the "Adjuvant" family.
  - These are other medications such as anesthetics, antidepressants (nortriptyline, duloxetine) , anticonvulsants (carbamazepine, gabapentin), and
    corticosteroids that work against certain types of pain

If it is medically indicated, the next step on the ladder is to add an opioid medication.

Opioid (narcotic) pain relievers, such as codeine, methadone, and morphine are the most powerful pain treatments. These usually are reserved for the most intense pain. They can cause serious side effects, can be addictive, and often cause constipation.

CHRONIC PAIN: WHAT YOU SHOULD KNOW

OPIOIDS ARE *NOT* FOR EVERYONE AND *NEVER* THE WHOLE ANSWER

- Some chronic pain will not be relieved by opioids.
- When pain does not get better with increasing the opioid dose, doctors say the pain is "opioid-insensitive pain".
- The most common cause of this type of pain is physical nerve damage – such as crushed nerves.
- There are recent doubts about the value of opioids in treating lower back pain as well.
- Opioids will always work best when they are part of a whole plan of care aimed at helping the patient manage his or her pain.
- The goals of managing pain and of opioid therapy are:
  - ⇨ Improving what you can do
  - ⇨ Improving your comfort
  - ⇨ Improving your psychological well-being
  - ⇨ Improving your quality of life

It is worth remembering that what you do to help yourself is at least as important as any medication you try. Again, research has shown that, on average, opioid medication decreases the pain only 30%.

A review of the research has said there is actually little scientific proof that opioid medications work in chronic pain. The studies note that there are many risks associated with using these medications including:

- Respiratory depression-risk of death
- Constipation
- Sedation / dizziness
- Vomiting
- Rash-itching
- Trouble urination
- Low testosterone levels
- Addiction- higher risk in patients with history of substance abuse

✓ CPHCS Guidelines follow these recommendations and state that to put these risks on a patient there must be ***"objective evidence of disease or pathology".***

✓ Because of the large number of risks of using opioid medications, and the limited proof that the medications are helpful in chronic pain, the recommendation is that the medical provider must look at each patient individually. This means the medical provider must be able to clearly show that the patient has a definite medical problem.

✓ Many patients will have pain from wear and tear and old injuries in the knees, back, hips and shoulders. In most cases this pain can be managed with the WHO step one pain medications.

✓ If the medical provider does not have tests or other evidence of disease or pathology then he or she must consult with the Institution's Pain Management Committee before opioid medication can be used.

WHAT IS THE PROGNOSIS FOR PATIENTS WITH CHRONIC PAIN?

- People with chronic pain may have a difficult time.
- The cause of pain can be hard to find and difficult to treat, and pain may continue even after its causes are discovered and treated because of the "mistaken messages" sent by the nervous system
- Chronic pain can cause complications such as sleep disorders, loss of appetite, and depression.
- Doctors are learning more about the causes and treatment of chronic pain, but chronic pain sufferers may need to learn to cope with pain for a long time.
- Lifestyle changes and non-medication treatments may need to become a part of daily life

CHRONIC PAIN: WHAT YOU SHOULD DO

SET PERSONAL GOALS

As much as you would like to be free of pain this is not a goal that can be reached in most patients.
Even the strongest opioid/narcotic pain medication has been shown to decrease pain by only 30%. The best that can be hoped for is a decrease in pain, not complete removal of the pain.
Your doctor should help you set **"functional goals"**. This means providing treatment aimed at improving your ability to function during your day. You and your medical provider should look at:

Are you able to participate in prison program? Work or education?	
Are you able to get in and out of your bunk?	
Does your pain affect your relationship with others? Are you irritable? Withdrawn?	
Do you have any hobbies that are affected by your pain?	
Is your sleep disturbed by pain? If so, how?	
Are you able to walk to meals? Participate in yard? Get down for alarms? Stand for counts?	
Self-care behaviors; do you have any limitations with showering? Dressing? Grooming? Toileting?	

If you are having trouble with any of the above items you should chose two or three and begin by working to improve these.

WORK AS A TEAM WITH YOUR CAREGIVERS

At each appointment with the nurse or Primary Care Provider review the 4 A's:

	THINGS YOU CAN DO
ANALGESIA: meaning how well is your pain controlled? •Using the pain scale report your pain on a scale of 1-10. •Has the pain level improved, worsened or remained the same since last visit? •Remember **on average pain is only improved 30%** (example 10/10 to 7/10)	
ACTIVITIES OF DAILY LIVING: has your ability to function changed from the last visit? •Are you able to get in and out of bunk, work, get down for alarms? •Are you able to bathe, toilet and dress without problems? •How is sleep? Mood? Any depression or anxiety? •Are you able to function at your job or education program?	
ADVERSE EVENTS: are any of your treatments causing side effects? •Stomach upset, constipation, nausea? •Irritability, sleepiness? •Rash?	
ABERRANT DRUG-TAKING BEHAVIOR: this means are you taking your medications correctly? •Are you showing up at pill lines to take your nurse administered medication? •Are you taking other "keep on person" medications that your doctor has told you are part of your pain plan? •Are you taking any illegal drugs that interfere with your pain plan? •If you have opioids prescribed you could be urine tested at any time.	

CHRONIC PAIN: WHAT YOU SHOULD DO

IMPROVE SLEEP

Your Primary Care Provider is not able to prescribe medication to help you sleep. If you feel you need medication you must work with a Mental Health provider.

MANAGE STRESS

- Do what you can to stay healthy and stay positive.
- Seek and accept support.
- See below for relaxation techniques.

INCREASE PHYSICAL ACTIVITY:

Many people in pain are afraid to exercise not realising that it is vital to help improve muscle tone and achieve a feeling of improved fitness. These are natural chemicals produced by the body which have a direct influence on the reduction of pain.

We know that exercise improves mood, sleep, and general well being by releasing the body's own "feel good" hormones – endorphins. It also helps to condition soft tissue and bone, which results in a strong body structure. Exercise has a part to play in weight control too, so it really does have a lot to offer!

- Make time in your day for some exercise practice.
- Pick a "best" time for yourself during the day. Some people prefer mornings, others find later in the day suits better.
- Take your time and don't push through the pain: that's not helpful and can lead to flare-ups.
- Start with a few repetitions and gradually build up. You shouldn't need to spend any more than 10 - 15 minutes each day to get results.
- Give commitment to daily practice for three months before judging whether or not this is worthwhile! If you're very unfit, it may take this much time to feel an improvement, so don't give up!

RELAXATION TECHNIQUES

RELAXATION BREATHING

Proper breathing can be an antidote to stress. It cleanses and refreshes your body. This technique is portable and easy to do.

1. Begin by sitting or standing up straight.
2. Inhale through your nose, expanding your diaphragm. An indication that you are breathing properly is that your stomach will rise when you inhale.
3. Hold the breath briefly.
4. Slowly exhale through the mouth, allowing your stomach to fall.
5. As you exhale tell yourself "my body is relaxed and calm."

PROGRESSIVE MUSCLE RELAXATION (PMR)

PMR helps to condition your body to respond when muscles are tense. This technique can be practiced lying down or in a chair. Tense each muscle group holding it for a few moments and then let it relax. This will allow you to experience the muscle in a tense state and then a relaxed one. Here are some examples of how to tense muscle groups. This exercise is not limited to these muscle groups. Separately tense your muscles then relax them.

HEAD

1. Wrinkle your forehead, relax.
2. Squint your eyes tightly, relax.
3. Open your mouth wide, relax.
4. Push your tongue against the roof of your open mouth, relax.
5. Clench your jaw tightly, relax.

THIGHS, CALVES, ANKLES AND FEET

1. Tighten your thigh muscles, trying not to involve abdominal muscles, relax.
2. Tense the calf muscles, relax.
3. Point your toes out directly in front of you, feeling the tension in your ankles, relax.
4. Curl your toes under, as if to touch the bottom of your feet, relax.
5. Bring your toes up as if to touch your knees, relax.

VISUALIZATION

You can significantly reduce stress with your imagination. In creating your own special place you can make a retreat for relaxation. Here are a few guidelines:

- Allow a private entry into your place.
- Make it peaceful, comfortable and safe.
- Fill your place with sensuous detail.
- Allow room for an inner guide or other person to be with you comfortably.

MUSIC

Listen to some soothing, calm music. Often music can help you relax and retreat from the day.