

The Problem of “Pain”

**“The
greatest
evil is
physical
pain.”**

Saint Augustine

Life controlling / Life altering

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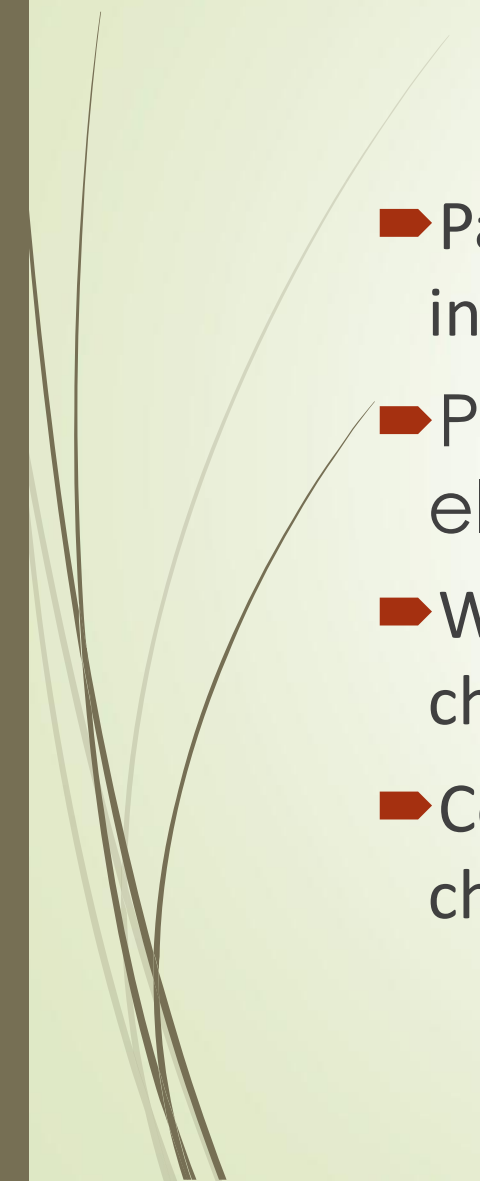
Rev 9/2020

Objectives

- Recognize the incidence and prevalence of pain in the population they serve
- Identify conditions that mask pain
- Verbalize variables and barriers resulting in poor pain management
- Differentiate between addiction, tolerance and pseudo- addiction
- Identify an indication for the use of antidepressants in pain management
- Demonstrate pain assessment in non-verbal patient
- Identify the use of opioids for pain and other EOL matters



What does pain look like in 2021?

- Pain is in the top 10 most prevalent “diseases” in the US
 - Pain and chronic particularly in the elder population is 20% to 50%
 - Women more likely than men to experience chronic pain
 - Covid has seriously impacted an increase in chronic pain
- 

'Pain lets you know you are still
alive.'

Man, I feel so, so, so Alive right
now.

Making Invisible
Disabilities Visible
someecards
user card



What does pain control in our lives?

- Weight gain
- How we do our job
- How we spend time with friends
- How we view others
- Weight loss
- Are we able to keep a job
- Can we maintain friendships
- How we view ourselves

Pain
changes people.

**It's truly a sad
thing when you
don't realize that
you are the
medicine.... And
you've also been
the reason for
pain.**



Pain is produced by:

- Stimuli (poke, stab, falls)
- Disease

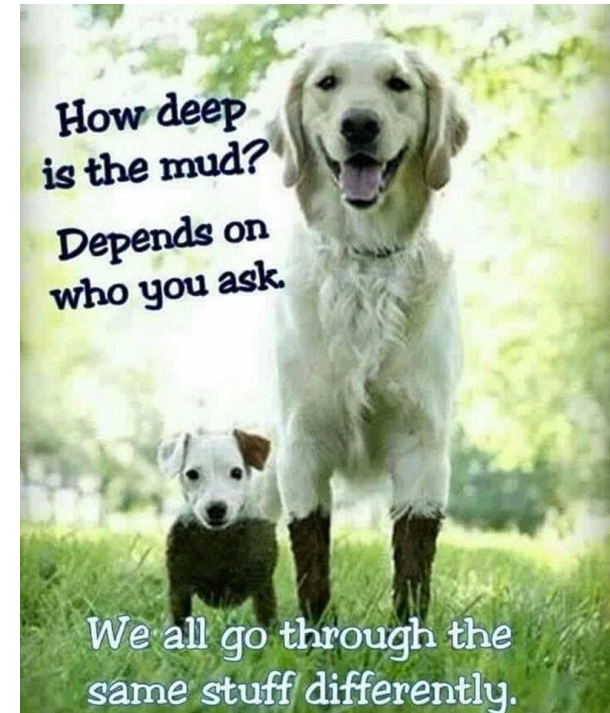
And exaggerated by:

- Loneliness
 - Despair
 - Depression



Contributing to pain misunderstanding in those experiencing it:

- Culture
- Gender
- Age
- Mental status / TBI – even mild
- Societal acceptance



So, who has pain, really?
Its harder to see (at times) addiction vs pseudo-
addiction

Classification of Pain Types

- Neuropathic – damage to peripheral or central nerves
- Nociceptive – associated with inflammatory/ biological processes
- Somatic – body wall, usually easy to locate
- Visceral – internal organ – diffused in nature
- Break-through – fleeting increase in pain with baseline persistent pain
- Phantom - affecting the part of amputated limb farthest from the body
- **And something we all chuckle about ... MAN PAIN**

MAN PAIN is real!

- There **IS** a gender gap here!
- Males and females process pain response differently (MU & Kappa)
- Medication use is different as well (>30% more for females)
- Men aren't weaker, they're just different ... nuff said?



How fast does pain travel?

- Delta fibers: 40
- C- Fibers: 3
- Sensory: 275

So, if we know this, and we are supposed to understand medication, how did we get into the opioid crisis we are in today?

WHY MY ANCESTORS

ONE NIGHT
TRADE MARK
COUGH SYRUP

EACH OUNCE CONTAINS

ALCOHOL, (less than 1%)	4 1/4 m.
CANNABIS INDICA, F.E.,	4 1/2 m.
CHLOROFORM,	2 1/5 m.
MORPHIA, SULPH,	1/8 gr.

SKILLFULLY COMBINED WITH A NUMBER
OF OTHER INGREDIENTS

NEVER MISSED WORK FOR A COLD



Dr. Batty's



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HEAD COLDS, CANCER SOURS
BRONCHIAL IRRITATIONS

NOT RECOMMENDED FOR CHILDREN UNDER 6.



Victim of
Overeating and
"Oversitting"

BIPHETAMINE
A "STRASIBONIC" RELEASE ANORETIC RESIN

- 10-14 Hour Appetite Curb
- 10-14 Hour Mild Invigoration
- Predictable Weight Loss ...
a comfortable 1 to 3 lbs. a week in 9 out of 10 cases



BALANCE

In many instances both appetite limitation and mild invigoration ("Bipheta-ming") are required to effect the balance between calorie intake and energy output necessary for predictable weight reduction and control. Since "Strasibonic" release is employed, the desired therapeutic action is uniform, predictable and comfortable.

Bipheta-mine may be prescribed for the obese, hypertensive, arthritic, diabetic, pregnant, menopausal, aged, or pre-operative patient. Use with care in patients hypersensitive to sympathomimetic compounds, in cases of coronary disease or severe hypertension.

- Single Capsule Daily Dose 10 to 14 hours before retiring

3 STRENGTHS

List No. 878
BIPHETAMINE
"20" Resin

Each black capsule contains:
4 amphetamine 10 mg.
21 amphetamine 10 mg.
as each capsule

List No. 879
BIPHETAMINE
"12 1/2" Resin

Each black and white capsule contains:
4 amphetamine 5.75 mg.
21 amphetamine 5.75 mg.
as each capsule

List No. 880
BIPHETAMINE
"7 1/2" Resin

Each white capsule contains:
4 amphetamine 5.75 mg.
21 amphetamine 5.75 mg.
as each capsule

By U.S. Custom Federal law prohibits dispensing without prescription.

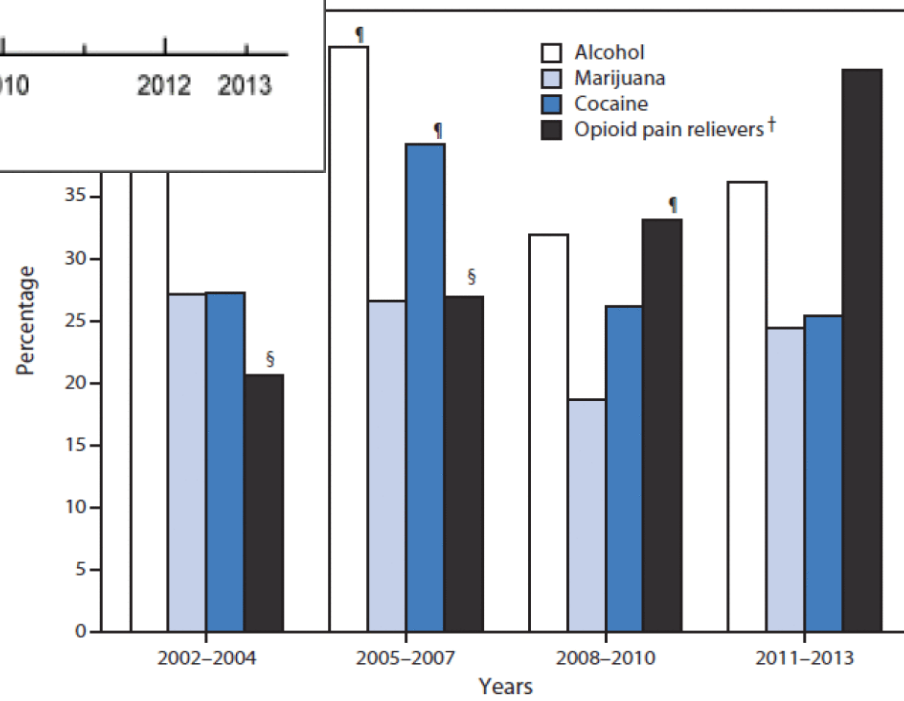
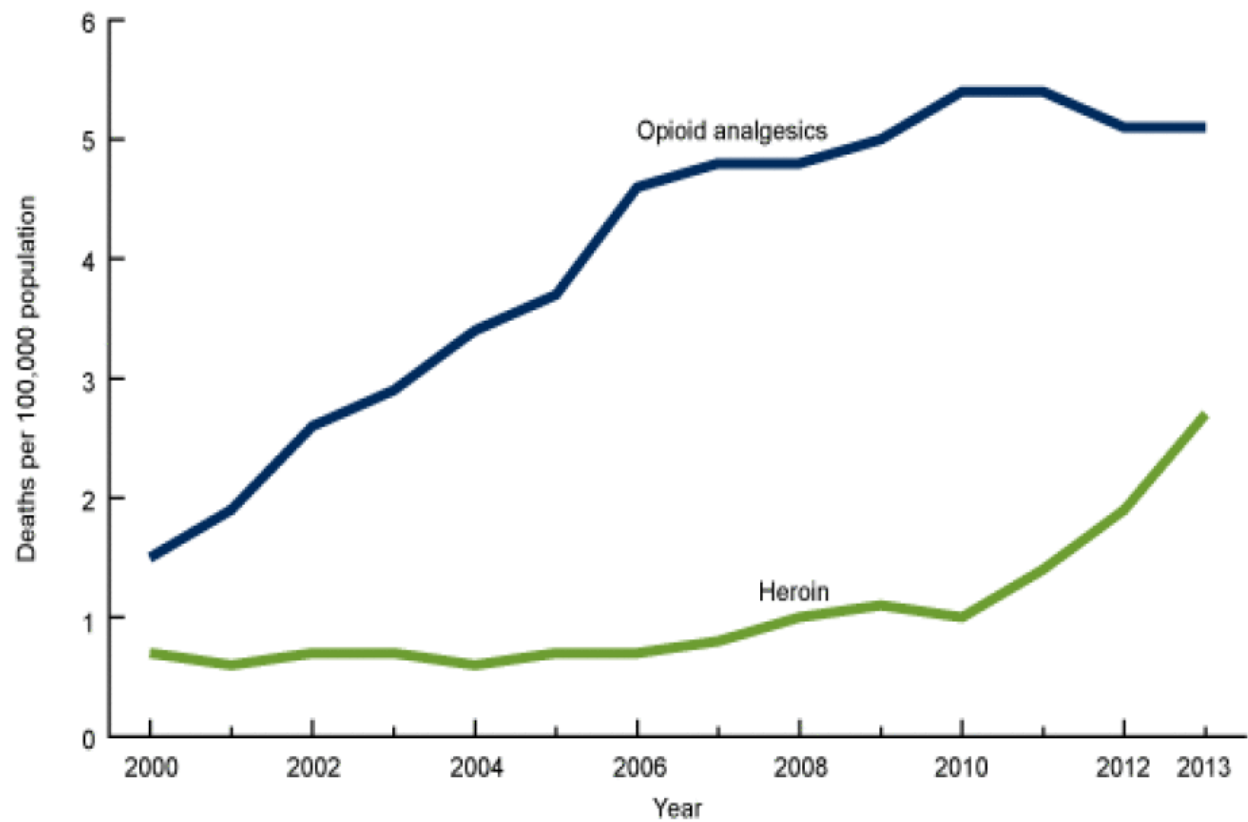
STRASBURGH LABORATORIES
KODAK, N.Y.C.

Originators of "Strasibonic" (sustained action) Release

The Role of Cannabidiol (CBD) in Comfort Care

- Is CBD legal?
- Hemp oil versus CBD
- Research **on** CBD for pain
- What can CBD be used for?
- Side effects of CBD: Elevated Liver En
- Is CBD addictive?
- There is presently no “appropriate” (
- Labeling is an issue





The Difference between addiction and pseudo-addiction

Addiction

- Medications stimulate the reward center in the brain
- Impaired control over drug use
- Compulsive use despite evidence of harm
- This harm may be physical, mental, and/or social
- May begin by over-prescribing by physician

Pseudo-addiction

- Patient may be under-treated and appear to have a craving for a drug
- May become anxious or easily agitated
- Medication may be correct, but dosage schedule too far between
- Issues resolve once pain is treated effectively

ADDICTION Case Study #1

A 54-year-old woman with chronic pain due to inflammatory arthritis presents to the emergency department (ED) stating that she is having a “flare” of her arthritis, but is out of her Oxycontin[®] and immediate-release oxycodone. She is aware that it is too early to fill her prescriptions, but she insists that she will be traveling out of state and “really needs” her medications. She presents on a Saturday when her clinic is closed, and her primary care physician is “on vacation.”

"We combined all your medications
into ONE convenient dose."



NICKEL

PSEUDO-ADDICTION Case Study #2

17-year-old man with acute leukemia, who was hospitalized with pneumonia and chest wall pain.

5 mg of intravenous morphine every 4 to 6 h on an as-needed dosing schedule but received additional doses and analgesics over time.

After a few days the young man began requesting medication prior to scheduled dosing, requesting specific opioids, and engaging in pain behaviors (e.g., moaning, crying, grimacing, and complaining about various aches and pains) to elicit drug delivery.

How dependence and tolerance differ

Dependence

- A person who uses opioids despite the resolution of pain may experience withdrawal symptoms.
- It is often a choice to want something different in life and desire to quite using drugs.

Tolerance

- Tolerance is when the body adjusts to the desired and undesired effects of the drug.
- Develops more slowly to pain relief than to respiratory depression and the constipating effects of the drug.

Antidepressants for pain management

Positives

- Mechanism not fully understood, but requires smaller dose to treat pain than to treat depression
- Mainstay treatment for chronic pain
- Dose to treat pain is often less than to treat depression

Negatives


- Takes time to get into the system
- May have unpleasant side-effects in certain populations
- May be associated with increased suicide risks
- Must be tapered when withdrawing patient from medication

Alternatives to medications

- Aromatherapy
- Massage
- Hypnotism
- Acupuncture
- **Let any other medical practitioners you see know about any massage or other natural therapies you are using to treat your chronic pain.**

End-of-life doesn't always mean end of pain

- The rule is: If someone required pain medication before they went into a semi or full comatose state, they probably still need pain management.



The pain of not knowing what to do was
exceeded only by that of knowing what I had
done

- Erich Segal
Pain Quotes



www.brainquotes.org

Assessing comatose or non-verbal patient for pain

- Facial action (at rest and with repositioning)
- Body movement and with repositioning
- Vocalizations (groan with repositioning)
- Increased heart rate
- Respiratory rate
- Blood pressure
- Decreased heart rate with oxygen desaturation

Morphine at end-of-life

- Pain management
- Eases breathing even with lower respirations
- The fear of Morphine
- Explaining “Double effect”



The often
vilified
hero of
pain
control



Am. J. Ph.]

7

[December, 1901

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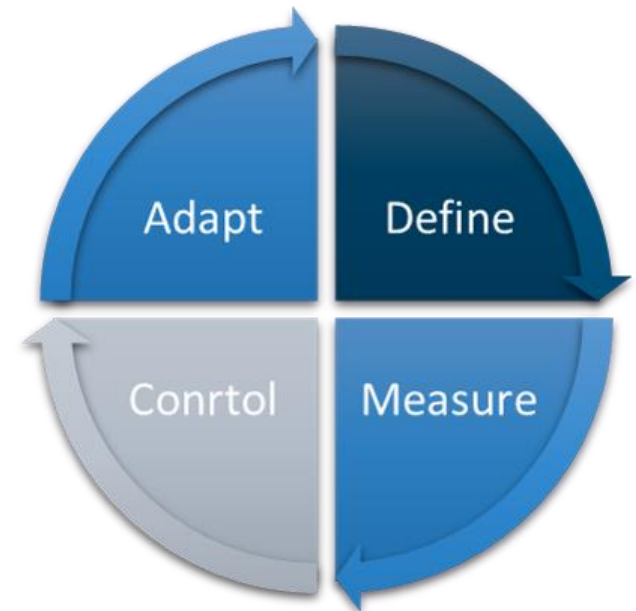
Fentanyl is 50 to 100 times more potent than morphine



**This is the amount of Fentanyl
needed to kill the average adult.**

Keys to meeting the pain challenge

- **Knowledge**
- **Listening skills**
- **Proper assessment**
- **Patience**



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In Conclusion

- Pain is “what they say it is”
- Be a good listener
- Be a good detective!
- Know ourselves and our bias’
- Always be compassionate



Thank you for your time!

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