

## **PAIN MANAGEMENT:**

Joel Appel, D.O.

Director Ambulatory and Subinternship Programs

Wayne State University School of Medicine

### ***Specific Learning Objectives***

#### **Knowledge**

Consider pathophysiology in the etiology of pain

Describe nociceptive versus neuropathic pain syndromes

Understand WHO analgesic ladder for use of opioid therapy

Use adjuvant (non-opiate) therapy when indicated

Manage or prevent complications of pain medications

#### **Skills**

Perform a history and physical directed at manifestations of pain

Utilize pain assessment tools

Calculate equianalgesic doses of opiates

#### **Psychosocial**

Use of empathy and compassion in dialogue with patient in pain

Understand impact of pain on patient as a whole

Case 1:

**A 55 year old female is admitted directly to the hospital from her primary care physician's office with a history of progressive onset of pain. The chart review indicates a history of invasive ductal cancer of the right breast 3 years earlier. A lumpectomy was performed. She had received adjuvant chemotherapy for 16 weeks after the diagnosis. She then received chest irradiation. She had no other active medical problems.**

What would be essential information you would need to elicit in the history?

What would be essential information you would need to elicit on physical examination?

**Your MS III has accompanied you at the bedside. You initiate a parenteral short acting analgesic, and the patient appears at least transiently more comfortable and can elaborate further. She had noted discomfort in her back and hips that began 5-6 weeks earlier. She initially thought that she may have been overactive with her exercise regimen. She took non-steroidal anti-inflammatory medication with initial relief, but the pain became progressively worse. On this day, she describes it as 9 on a 0-10 scale. It is present in the mid-back and both hips, the right greater than the left. She describes it as a deep, boring ache that is worse with activity and alleviated somewhat by rest. It is continuous. You would like your student to ask further questions to assess the psychosocial implications of this pain. What features would you expect her to cover?**

**Your student asks you about the clinical manifestations of nociceptive pain versus neuropathic pain. How would you contrast these two syndromes?**

**What would be the most likely etiology of her pain syndrome?**

**Given the above information, how would you approach this patient pharmacologically?**

**You initiate therapy with Morphine Sulfate at 10 mg IV q 3 hours as needed. Your patient has requested this 6 times over the next 24 hours. What would be an appropriate oral dose to convert this patient to?**

**She is discharged on the above dose. An outpatient PET/CT scan was highly suggestive of bone metastases. One week later, when you happen to be on an ambulatory block in this physician's office, she states that while she was doing well, in the last few days, she was requiring the medication at an increased frequency,**

**now averaging 30mg MSIR q 3 hours. What would be pharmacologic opiate options in this setting?**

**What additional non-opiate strategies might you employ?**

**What additional psychosocial support might be useful?**