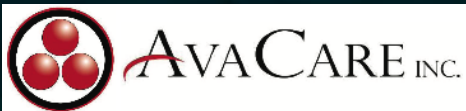




EDUCATIONAL RESOURCES

# PAIN MANAGEMENT DURING HOSPICE CARE

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January 16, 2020



# OBJECTIVES

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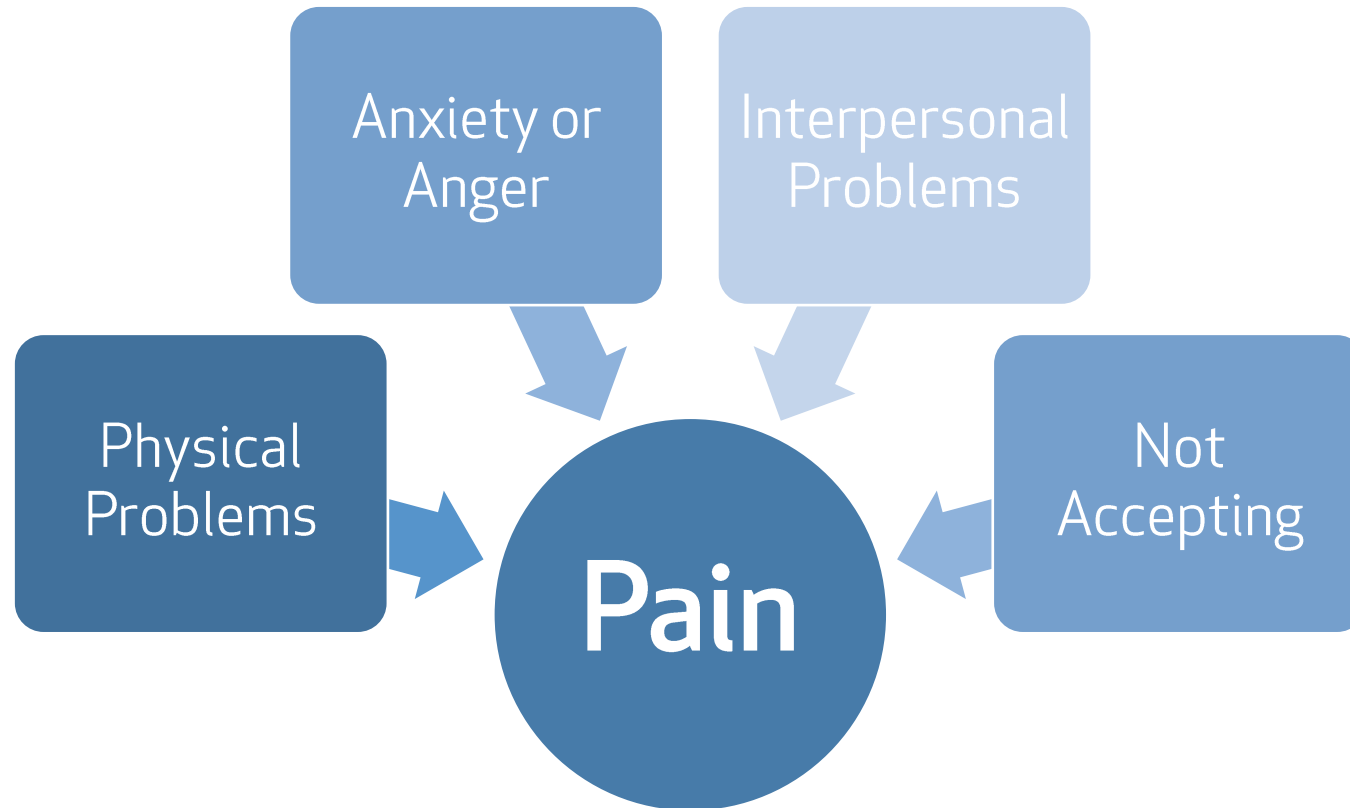
- Review pain and pain assessment.
- Discuss hospice quality measures surrounding pain management at end of life.
- Differentiate nociceptive and neuropathic pain.
- Identify appropriate analgesic therapies based on clinician assessments.
- Review formulary opioid regimen initiation, rotation, titration, disposal, and monitoring.

# PAIN

- What is pain?
  - “An unpleasant sensory or emotional experience associated with actual or potential tissue damage.”
  - “Whatever the patient says it is.”
- Multifactorial symptom impacting the whole person, family, and caregivers
  - Acute
    - Duration is brief (hours, days, weeks, short months).
  - Chronic
    - Duration is extended (months, years, lifetime).



# TOTAL PAIN



# PAIN: CONSIDER THE SOURCE(S)

- Somatic Pain
  - Body surface
  - Musculoskeletal tissue
- Visceral Pain
  - Internal organs (Example: constipation)
- Neuropathic Pain
  - Nerve malfunction



# HOSPICE QUALITY MEASURES

- NQF #1634 Pain Screening
  - Measure Description: Percentage of patient stays during which the patient was screened for pain during the initial nursing assessment.
- NQF #1637 Pain Assessment
  - Measure Description: Percentage of patient stays during which the patient screened positive for pain and received a comprehensive assessment of pain within one day of the screening.

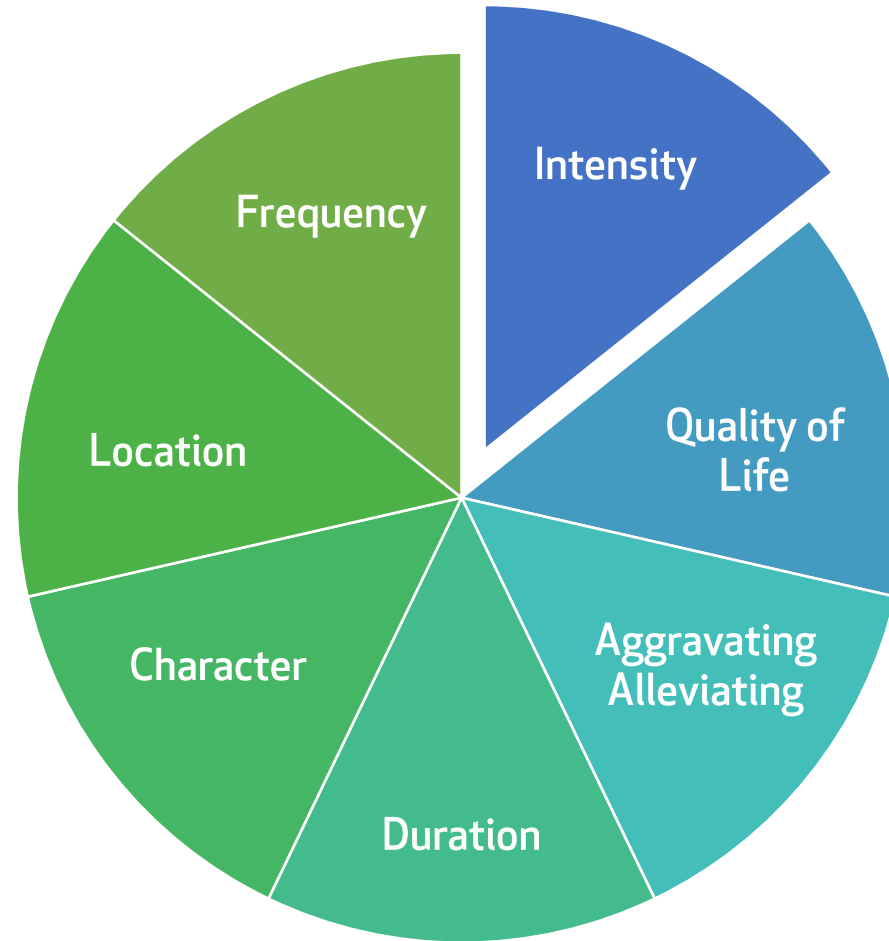


# PAIN INTENSITY

- Pain **Intensity** Assessment Tools
  - Visual Analogue Scale
  - Numeric Rating Scale
  - Verbal Descriptor Scale
  - FACES Scale (Wong-Baker)
  - Faces Pain Scale- Revised
  - Pain Thermometer



# PAIN ASSESSMENT





# PAIN INTERVENTIONS

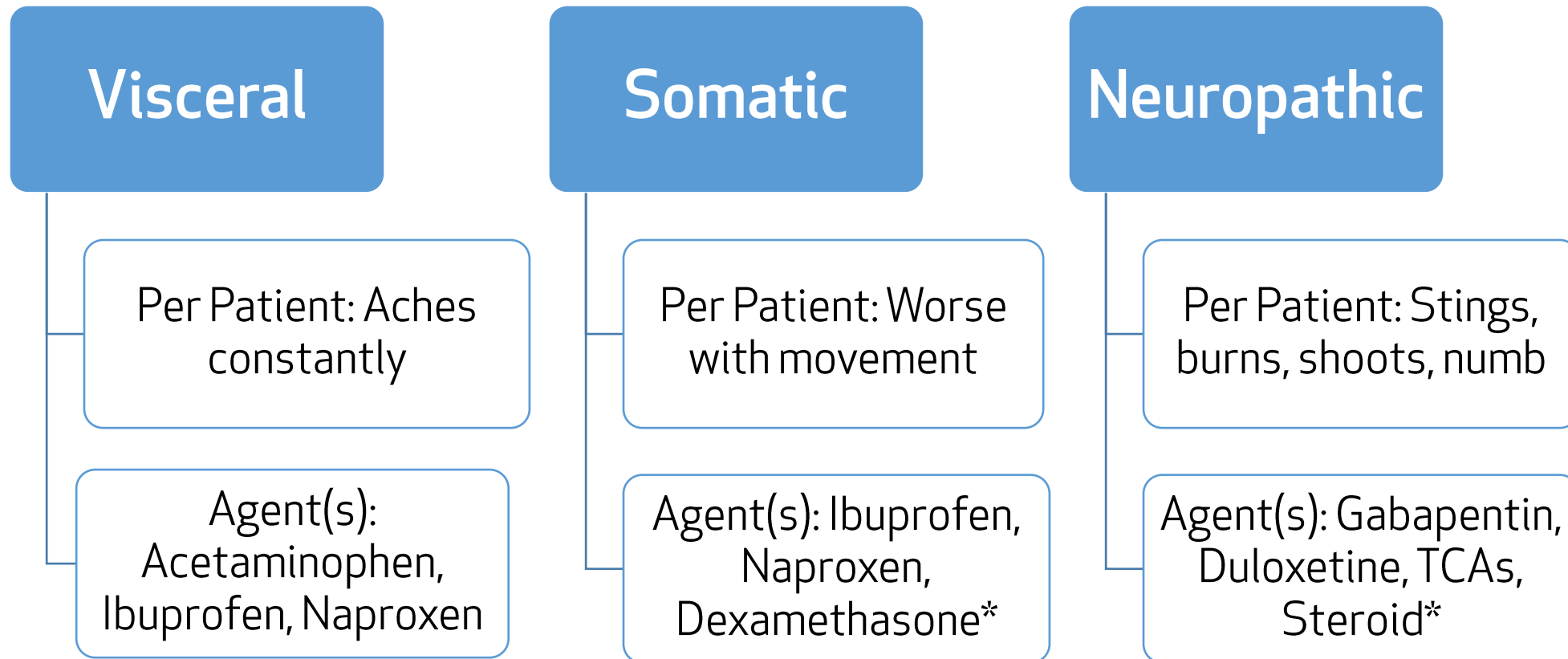
- Nonpharmacologic Interventions

- Psychotherapy
  - Mindfulness
  - Guided Imagery
- TENS Unit
- Therapeutic exercise
- Nerve blocks
- Acupuncture
- Massage



- Disease severity
- Functionality
- Availability
- Cost considerations

# PAIN INTERVENTIONS



# TREATMENT PLAN

- Patient Involvement
  - Shared decision-making
- Communication is key!
  - BUILD Model
  - Ask-Tell-Ask
  - SPIKES



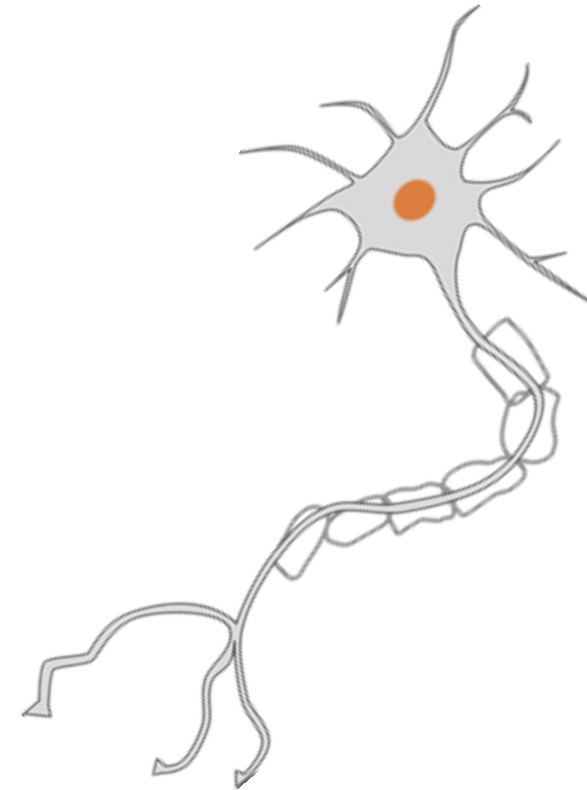
# NOCICEPTIVE PAIN

- Acetaminophen
  - Mild pain or fever
  - Cost-effective formulations: tablets, capsules, suppositories, oral liquids
- Anti-Inflammatory Agents
  - NSAIDs
    - First Line: Ibuprofen, Naproxen
    - Alternatives: Meloxicam, Celecoxib, Diclofenac, Sulindac, Oxaprozin, Piroxicam
    - Avoid: Ketorolac, Indomethacin
  - Corticosteroids
    - First Line: Dexamethasone, Prednisone
    - Formulations: oral tablets, oral concentrate, oral elixir



# NEUROPATHIC PAIN

- Anticonvulsants
  - First Line: Gabapentin
  - Others: Pregabalin, Carbamazepine, Oxcarbazepine
- Antidepressants
  - Tricyclic antidepressants (TCA)
    - First Line: Amitriptyline
    - Others: Nortriptyline, Imipramine, Doxepin
  - Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)
    - Duloxetine



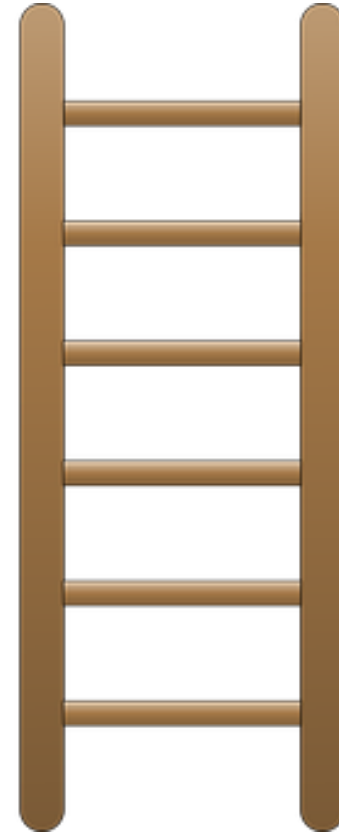
# OPIOID NAÏVE VS. OPIOID TOLERANT

- Opioid naïve patients are:
  - Not currently receiving opioid therapy
  - Not receiving at least 60mg of morphine daily for at least one week
- When starting a patient on opioid therapy, be sure to discuss goals of therapy with patients and caregivers
  - Pain assessment and follow-up
  - Fears
  - Opioid-induced adverse effects
    - Example: constipation prophylaxis



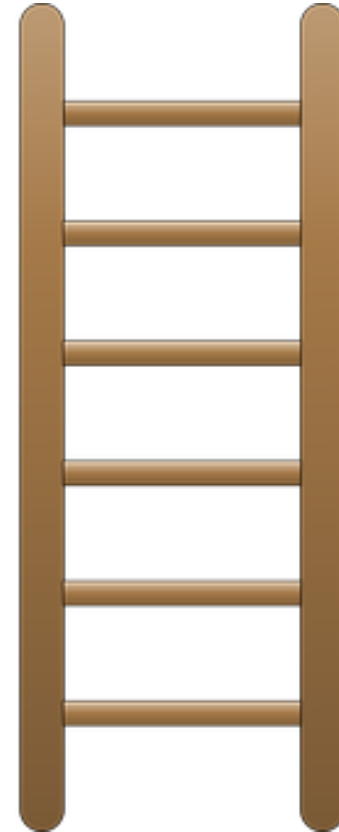
# OPIOIDS

- Mild to Moderate Pain
  - Acetaminophen/Opioid Combination
    - Acetaminophen/Hydrocodone
    - Acetaminophen/Oxycodone
  - Tramadol (Ultram®)
  - Tapentadol (Nucynta®)
  - Buprenorphine (Butrans®)
  - +/- Adjuvant Therapy



# OPIOIDS

- Severe Pain
  - Morphine (MS IR, MS Contin<sup>®</sup>, Kadian<sup>®</sup>)
  - Hydromorphone (Dilaudid<sup>®</sup>, Exalgo<sup>®</sup>)
  - Oxycodone (Percodan<sup>®</sup>, Percocet<sup>®</sup>, OxyContin<sup>®</sup>)
  - Fentanyl (Duragesic<sup>®</sup>)
  - Tapentadol (Nucynta<sup>®</sup>)
  - Oxymorphone (Opana<sup>®</sup>)
  - Methadone
  - +/- Adjuvant Therapy





# OPIOIDS: METHADONE

- Available as: tablet, oral solution, parenteral
- Lipophilic (accumulation in tissues)
- Onset after oral dosing: 15-45 minutes
- Peak after oral dosing: 2-4 hours
- Duration of action: 8-12 hours
- Oral bioavailability: 80%
- Elimination half-life: 20-40 hours (average)
- About five days to reach steady state

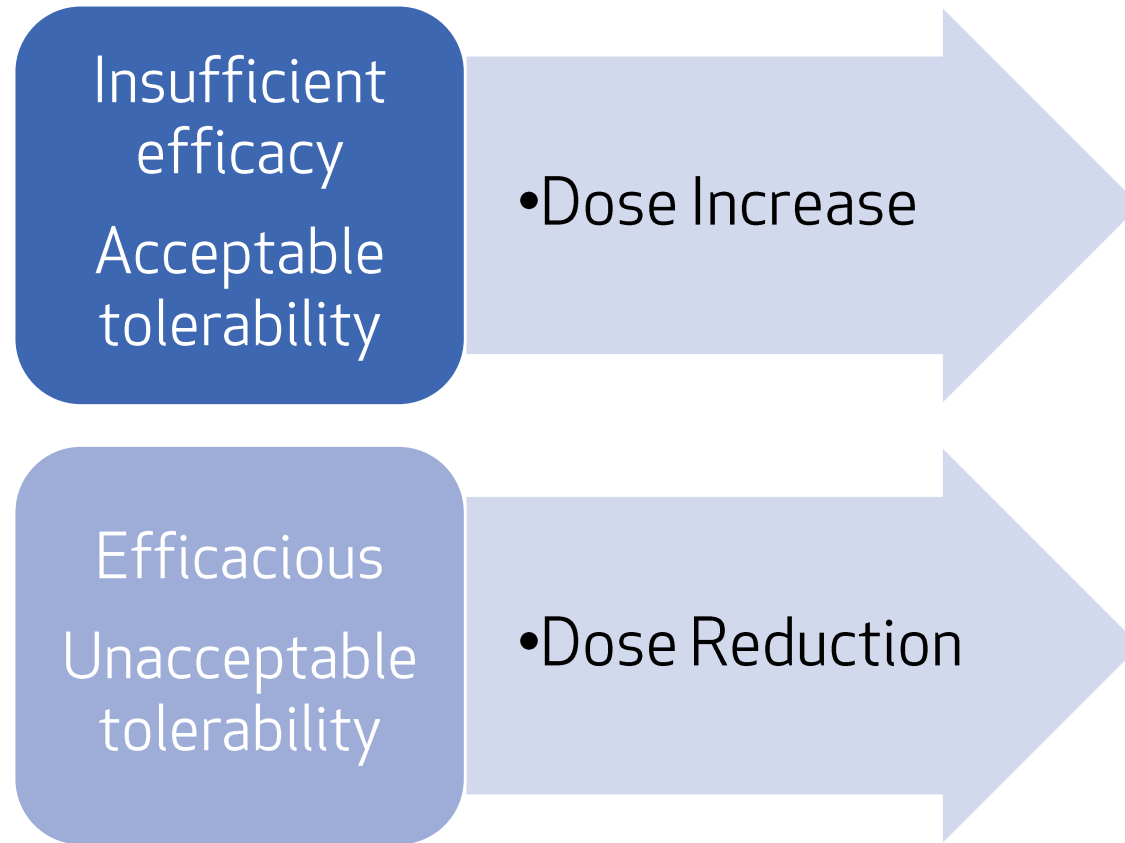


# FORMULARY ANALGESIC SELECTION

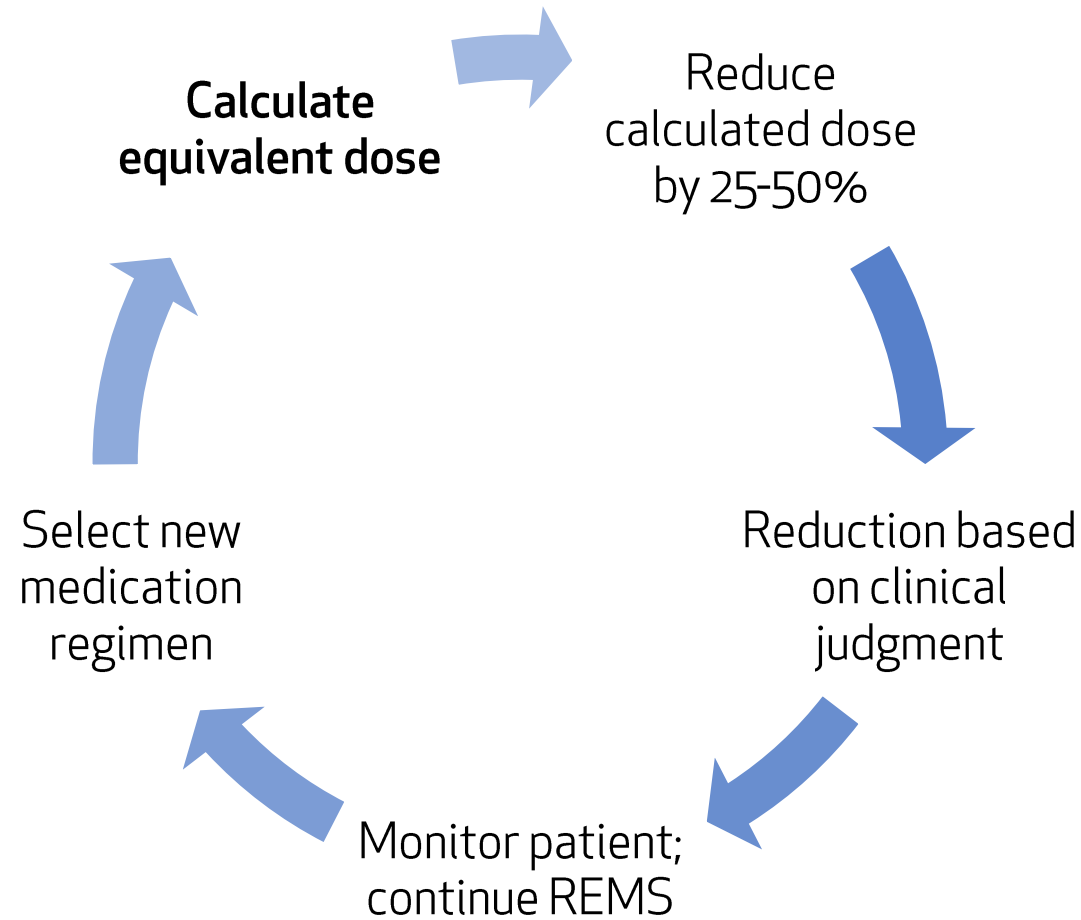
Symptom	Medication
Pain, Mild	Acetaminophen
Pain, Inflammatory	Ibuprofen
	Naproxen
Pain, Moderate to Severe	Hydrocodone/Acetaminophen
	Hydromorphone IR
	Methadone
	Morphine
	Oxycodone IR Tablets
	Oxycodone/Acetaminophen



# OPIOID TITRATION



# OPIOID ROTATION



# OPIOID SAFETY CONCERNS

- Opioid Use Disorders
- Opioid overdoses
- Heroin addiction
- Economic burden



# OPIOIDS: PRESCRIBING RECOMMENDATIONS

- Centers for Disease Control and Prevention: Opioid prescribing recommendations (2016)
- American Medical Association
- American Academy of Hospice and Palliative Medicine



# OPIOIDS: PRESCRIBING RECOMMENDATIONS

- Risk evaluation and mitigation strategy (REMS)
  - Risk-assessment tools
  - Non-pharmacologic therapy
    - Relaxation, emotional support, mindfulness, distractions
  - Realistic goals of care
  - Safe storage, reliable caregivers, tablet inventories, pain diaries, individualized formulation selection
  - Frequent visits, smaller prescription quantities, ER formulations
  - Safe disposal





EDUCATIONAL RESOURCES

# QUESTIONS?



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