

# **A Pain Toolkit for Health Care Professionals**

## **Michigan Pain Management and Palliative Care Program**

[www.michigan.gov/pm](http://www.michigan.gov/pm)

### **THE ESSENTIAL PRINCIPLES FOR MANAGING PAIN APPROPRIATELY, SAFELY AND EFFECTIVELY**

*First, treat the person. Second, treat the pain.*

#### **1. Use evidence-based and consensus guidelines for best practice outcomes.**

Many professional organizations provide such guidelines. This is especially true of pain organizations, including those focused on palliative and hospice medicine.

##### Resource

- Institute for Clinical Systems Improvement *Assessment and Management of Chronic Pain*: [www.icsi.org](http://www.icsi.org). These guidelines focus on the biopsychosocial model.

#### **2. Distinguish the underlying and distinct mechanisms of acute, acute recurring, and chronic pain.** Treat the pain based on the underlying mechanisms.

##### Resources

- American Academy of Family Physicians free online CME course entitled *Pain Management: the Role of Family Physicians in the Treatment of Pain and Its Comorbidities*: <http://www.aafp.org>
- Brookoff, Daniel. Chronic Pain: 1. A New Disease? *Hospital Practice*. July 2000; 35(7). Go to: <https://hospitalpracticemed.com/home> or <http://www.doctordeluca.com/Library/Pain/CP1NewDisease2K.htm>.
- Bonica, John. *Management of Pain*. 4th Ed. Editors Jane C. Ballantyne, Scott M. Fishman, James P. Rathmell. Lippincott Williams & Wilkins (December 16, 2009). Available as an ebook.

#### **3. Understand the origins of pain and methods for treating the origin.** Of specific concern are those patients who are without an objective tissue abnormality but who have an abuse/trauma background, social disadvantages, psychiatric disease, or a combination of these factors. These patients are at high risk for developing chronic pain, and are often harmed by treatment with opioids.

- Resource. Schubiner, H, Betzold M. *Unlearn Your Pain: A 28-Day Process to*

*Reprogram Your Brain*. Pleasant Ridge, MI: Mind Body Publishing; 2010. An important book on how the brain can be reprogrammed back to health from a centralized pain condition.

4. **Address and manage chronic pain effectively.** Chronic pain is a chronic disease requiring chronic disease management skills. It is a common- though often very challenging- health condition. It is best treated and managed by a multidisciplinary team. Begin therapy with non-pharmacological approaches, and evaluate periodically for improved function and quality of life as well as reduced pain levels.

Resources

- University of Michigan Health System clinical care guidelines on *Managing Chronic Non-Terminal Pain including Prescribing Controlled Substances*: [http://www.michigan.gov/documents/mdch/UM\\_Pain\\_guidelines\\_290232\\_7.pdf](http://www.michigan.gov/documents/mdch/UM_Pain_guidelines_290232_7.pdf)
- National Institutes of Health National Center for Complementary and Alternative Medicine: <http://nccam.nih.gov/>.
- Stanford University's School of Medicine Patient Education Research Center offers a chronic disease self-management program on chronic pain, arthritis, diabetes, HIV/AIDS, and other pain conditions. In Michigan, this program is called Personal Action Toward Health (PATH): [www.mihealthyprograms.org](http://www.mihealthyprograms.org).

5. **Use opioids appropriately and safely.** Not all pain conditions (particularly central neuropathic pain) respond well to opioids, and can even be worsened by their use. Regarding side effects, patients should be CLEARLY advised that opioids a) in combination with benzodiazepines will increase the risk of overdose and even death; b) may impair their ability to drive or operate machinery; and c) and may interact adversely with alcohol to the point of being lethal.

Resources

- Concise information on this topic is provided in the Federation of State Medical Boards' *Responsible Opioid Prescribing* by Scott Fishman, M.D. 2nd Ed. May 2012. (limited copies are available upon request at 517-335-6557)
- Several of Michigan's licensing boards have adopted guidelines on using controlled substances for the treatment of pain: [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense).
- Boston University School of Medicine offers a free CME course that provides detailed information on how to safely and effectively prescribe opioids: <http://www.opioidprescribing.com>.

6. **Know your definitions regarding opioid use in pain patients:** The terms *addiction*, *pseudo-addiction*, *dependence*, and *tolerance* are key. For instance, dependence and tolerance are not equivalent to addiction. The misunderstanding of these opioid terms can result in inappropriate prescribing.

Resources

- Many of the resources of this toolkit provide definitions on addiction, pseudo-addiction, dependence, and tolerance.
- The International Association for the Study of Pain periodically updates pain definitions and taxonomy: <http://www.iasp-pain.org>
- Michigan's pain management website also contains resources on these definitions in the section for health professionals: [www.michigan.gov/pm](http://www.michigan.gov/pm).

7. **Use Michigan's electronic prescription monitoring program (MAPS).** The Michigan Automated Prescription System (MAPS) is a free risk management tool that generates reports on a patient's use (or misuse) of schedules II-V controlled substances.

Resources

- To become a M.A.P.S. user, go to [www.michigan.gov/mimapsinfo](http://www.michigan.gov/mimapsinfo).
- The State of Michigan has produced a DVD on *M.A.P.S. and Effective Pain Management* (limited copies are available upon request at 517-335-6557).

8. **Improve patient safety.** When using opioid therapy, consider: a) assessing for addiction and diversion behavior (and refer to addiction/chronic pain specialists as needed); b) requiring a physician-patient written agreement for using opioids and, as part of the written agreement; c) requiring the patient to use one physician for opioid prescriptions, and one pharmacy to fill those prescriptions; and d) using laboratory drug testing and other resources to verify compliance.

Resources

- Assistance for impaired health professionals is available through the State of Michigan's Health Professional recovery Program: [www.hprp.org](http://www.hprp.org).
- Assistance for patients with the disease of addiction is available at the State of Michigan's Bureau of Substance Abuse Services at: [www.michigan.gov/mdch-bsaas](http://www.michigan.gov/mdch-bsaas).
- The guidelines from the University of Michigan, in Appendix C, contain a sample physician-patient written agreement template: [http://www.michigan.gov/documents/mdch/UM\\_Pain\\_guidelines\\_290232\\_7.pdf](http://www.michigan.gov/documents/mdch/UM_Pain_guidelines_290232_7.pdf).

9. **Prevent and reduce the misuse, abuse, and diversion of pain medications, and address proper storage and disposal.** Be sure to:
- a) limit access to your prescription pad; b) educate patients on how to take their pain medication and how to properly store and dispose of pain medications; c) monitor patients for compliance; and d) diligently address noncompliant behavior.

Resources

- White House Office of National Drug Control Policy:  
<http://www.whitehouse.gov/ondcp/>
- Drug Enforcement Administration Office of Diversion Control:  
<http://www.deadiversion.usdoj.gov/>
- National Center for Injury [poisonings] Prevention and Control:  
<http://www.cdc.gov/injury/>
- DHHS Substance Abuse and Mental Health Services Administration:  
<http://www.samhsa.gov/rxsafety/>
- Drug Enforcement Administration take-back initiative:  
<http://www.deadiversion.usdoj.gov/>
- U.S. Food and Drug Administration: <http://www.fda.gov/>