Non-Pharmacological Pain Management

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May 31, 2023

Quality Insights
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Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

PAIN in Nursing Home Residents

- Prior studies estimate that >40% of long-stay nursing home (NH) residents experience persistent pain
- Pain medication in the elderly population has increased risk of unwanted side effects
- Non-pharmacological pain management can be effective way to help to manage pain without side effects
- Pain Assessment
- Pain Management Plan (Pain Care Plan)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6382036/#:~:text=Pain%20is%20defined%20as%20a,pain%20experienced%20by%20other%20people.
https://pubmed.ncbi.nlm.nih.gov/28267065/

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Definition of Pain

- Unpleasant sensory and emotional experience that can be acute, recurrent, or persistent
  - Acute pain
  - Chronic pain
- Not part of normal aging
- Resident report of pain is the best indicator of pain
  - Recognize many residents do not or cannot report pain

https://www.assistedlivingconsult.com/issues/01-03/ALC1-3_AMDAPain.pdf

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Conditions That Cause Chronic Pain

- 80% of residents have some condition that can be associated with pain
- Common causes/underlying disease
  - Musculoskeletal
  - Neurologic conditions
  - Medications
  - Diabetes

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Adverse Effects of Pain

- Depression/anxiety
- Decreased mobility/functional impairment
- Agitation/aggression
- Sleep disturbance
- Weight loss

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Adverse Effects of Unrelieved Pain

- Functional decline
  - Decline in activities of daily living (ADLs)
  - Increased risk of falls
- Immobility
  - Contractures
  - Skin breakdown
  - Incontinence
  - Deconditioning
- Quality of life
  - Depression/anxiety/sleep disturbance
  - Lack of activity
  - Behavior problems

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When to Do a Pain Assessment

- Admission/readmission
- Change in condition
- Minimum Data Set (MDS)
- At least quarterly
- At least daily for residents with a known painful condition
- Before and after administration of as-needed analgesic medication

https://www.assistedlivingconsult.com/issues/01-03/ALC1-3_AMDAPain.pdf

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Pain Management: Who is Responsible ?

- Nursing staff
- Rehabilitative staff
- Practitioners
- Dietician
- Social workers
- Pharmacists
- Administration
- Residents and responsible parties

https://www.assistedlivingconsult.com/issues/01-03/ALC1-3_AMDAPain.pdf

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Pain Assessment Tools

- Numeric Rating Scale (NRS),
- Faces Pain Scale-Revised (FPS-R)
- Verbal Descriptor Scale (VDS)
- Pain Assessment in Advanced Dementia (PAINAD)

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Pain Management Care Plan

- Address and treat underlying cause or causes
- Develop treatment plan based on whether pain is episodic, continuous or both (prn vs standing orders)
- Treatment plan/interventions are based on:
  - Resident's needs and goals
  - The source, type of pain, severity, and potential for multiple sources
- A variety of treatments may need to be tried (multiple modalities may be needed)
- Develop care plan with specific goals (i.e. pain will be maintained at a level of 3 or less on the pain scale within 2 weeks over 75% of the time)
- Continue to reassess/evaluate if the residents pain level is controlled according to the plan and revise the care plan as needed

Non-Pharmacological Interventions

- Any intervention that is not pain medication
- May combine non-pharmacological with pharmacologic (might allow for lower potency/dosing)
- Research has shown that non-pharmacological treatments for pain can be very effective and can at times work so well that a pain medication will not be needed
- When deciding which non-pharmacological approaches to implement, take into account the source of the individual resident's pain and their preferences

Environmental-Based Interventions

- Lighting alterations
- Warm blanket
- Adjusting the bed/pillows
- Activities (crafts, puzzles, books)
- Music, art, drama therapy
- Cup of tea
- Encourage visitors

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Physical Interventions

- Physical and occupational therapy
- Positioning (braces, splints, wedges)
- Neurostimulation (acupuncture, transcutaneous electrical nerve stimulation)
- Massage
- Chiropractic treatments (spinal manipulation)
- Exercise (walking)
- Yoga
- Warm bath
- Heat/cold/compression

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Behavioral/Cognitive Interventions

- Meditation techniques with mindfulness-based stress reduction (MBSR)
- Progressive muscle relaxation
- Spiritual counseling
- Psychological counseling
- Relaxation techniques
- Aroma therapy
- Biofeedback
- Peer support groups

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Education on Non-Pharmacological Interventions

- Provide adequate training on the interventions for members of the health care team
- Ensure that residents and their families receive sufficient education on the selected interventions
- The goals of resident education should be to understand:
  - The extent of pain relief expected
  - The frequency in which the treatment should be implemented
  - The potential side effects expected with each treatment
- Providing this knowledge will help to ensure ongoing treatment and reduce frustration from the potential over-expectation of treatment outcomes

https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-44-nonpharmacologic-and-nonopioid-solutions-for-pain-management/#.ZFKTEXZKhPZ

Study: Noninvasive Nonpharmacological Treatment for Chronic Pain

- Agency for Healthcare Research and Quality (AHRQ)
- Systemic Review update conducted through June 2022

https://effectivehealthcare.ahrq.gov/products/noninvasive-nonpharm-pain-update/research

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Study Findings

- Interventions that improved function and/or pain for ≥1 month:
  - **Low back pain:** Exercise, psychological therapy, spinal manipulation, low-level laser therapy, massage, mindfulness-based stress reduction, yoga, acupuncture, multidisciplinary rehabilitation (MDR)
  - **Neck pain:** Exercise, low-level laser, mind-body practices, massage, acupuncture
  - **Knee osteoarthritis:** Exercise, cognitive behavioral therapy (CBT)
  - **Hip osteoarthritis:** Exercise, manual therapies
  - **Fibromyalgia:** Exercise, CBT, myofascial release massage, mindfulness practices, tai chi, qigong, acupuncture, MDR
  - **Tension headache:** Spinal manipulation
- Serious harms were not observed with the interventions

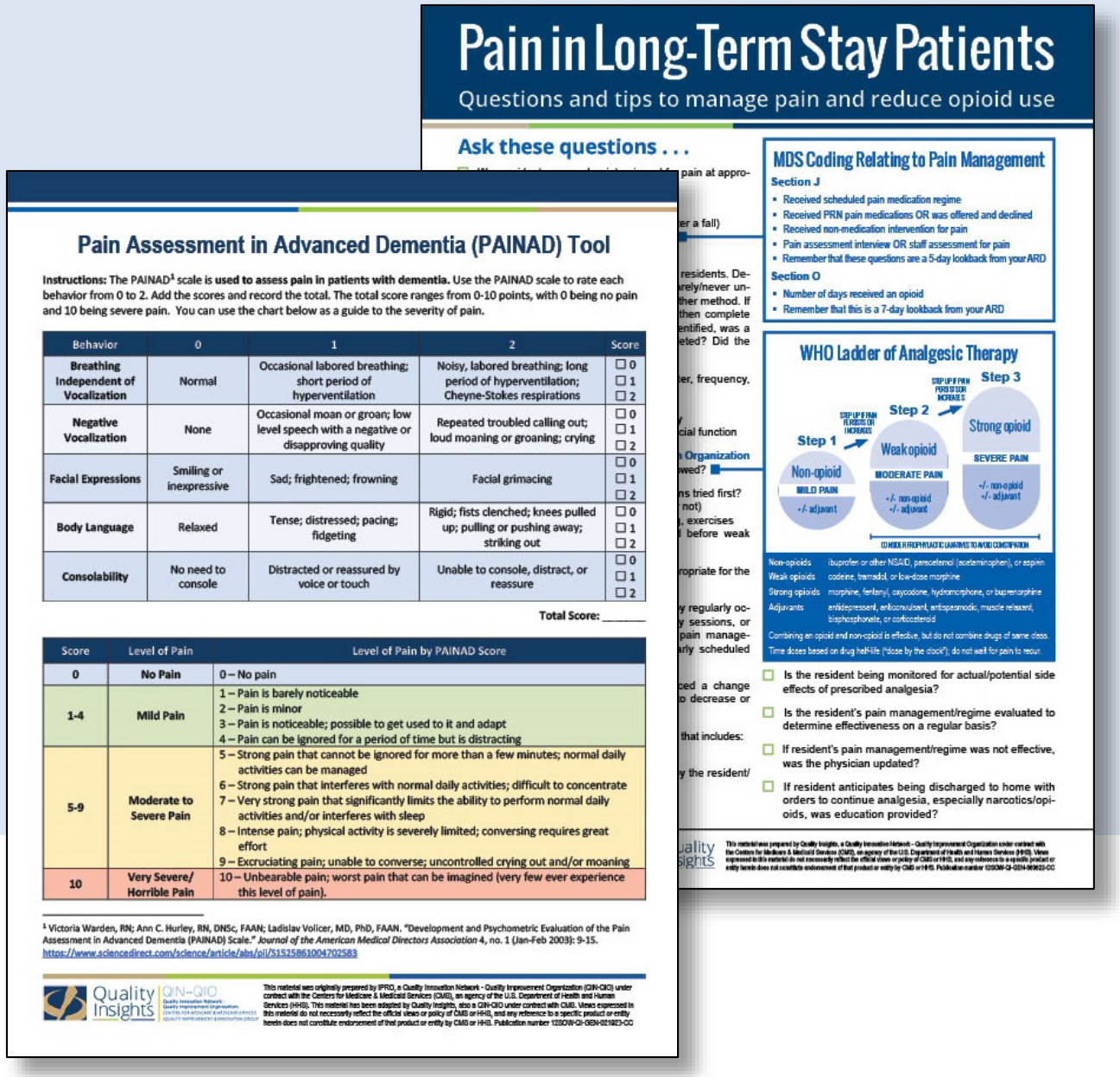
In Conclusion

- Non-pharmacological pain interventions have been shown to help relieve pain in residents and may decrease the use of pain medication and unwanted side effects
- Important to do a Pain Assessment
- Pain Management Care Plan
- Incorporate non-pharmacological pain interventions
- Educate residents/staff on interventions
- Ongoing evaluation of pain and revise care plan as needed

Resources

- Pain Assessment in Advanced Dementia (PAINAD) Tool
- Pain in Long-Term Stay Patients

Downloads available at qualityinsights.org/qin/resources



Pain in Long-Term Stay Patients

Questions and tips to manage pain and reduce opioid use

Ask these questions . . .

MDS Coding Relating to Pain Management

Section J

- Received scheduled pain medication regime
- Received PRN pain medications OR was offered and declined
- Received non-medication intervention for pain
- Pain assessment interview OR staff assessment for pain
- Remember that these questions are a 5-day lookback from your ARD

Section O

- Number of days received an opioid
- Remember that this is a 7-day lookback from your ARD

WHO Ladder of Analgesic Therapy

Step 1 Non-opioid MILD PAIN -/- adjuvant

Step 2 Weak opioid MODERATE PAIN +/- non-opioid -/- adjuvant

Step 3 Strong opioid SEVERE PAIN +/- non-opioid -/- adjuvant

Non-opioids	ibuprofen or other NSAID, paracetamol (acetaminophen), or aspirin
Weak opioids	codeine, tramadol, or low-dose morphine
Strong opioids	morphine, fentanyl, oxycodone, hydromorphone, or buprenorphine
Adjuvants	antidepressant, anticonvulsant, antispasmodic, muscle relaxant, bisphosphonate, or corticosteroid

Combining an opioid and non-opioid is effective, but do not combine drugs of same class.

Time doses based on drug half-life ("dose by the clock"); do not wait for pain to recur.

- Is the resident being monitored for actual/potential side effects of prescribed analgesia?
- Is the resident's pain management/regime evaluated to determine effectiveness on a regular basis?
- If resident's pain management/regime was not effective, was the physician updated?
- If resident anticipates being discharged to home with orders to continue analgesia, especially narcotics/opioids, was education provided?

Pain Assessment in Advanced Dementia (PAINAD) Tool

Instructions: The PAINAD[1] scale is **used to assess pain in patients with dementia.** Use the PAINAD scale to rate each behavior from 0 to 2. Add the scores and record the total. The total score ranges from 0-10 points, with 0 being no pain and 10 being severe pain. You can use the chart below as a guide to the severity of pain.

Behavior	0	1	2	Score
Breathing Independent of Vocalization	Normal	Occasional labored breathing; short period of hyperventilation	Noisy, labored breathing; long period of hyperventilation; Cheyne-Stokes respirations	☐ 0 ☐ 1 ☐ 2
Negative Vocalization	None	Occasional moan or groan; low level speech with a negative or disapproving quality	Repeated troubled calling out; loud moaning or groaning; crying	☐ 0 ☐ 1 ☐ 2
Facial Expressions	Smiling or inexpressive	Sad; frightened; frowning	Facial grimacing	☐ 0 ☐ 1 ☐ 2
Body Language	Relaxed	Tense; distressed; pacing; fidgeting	Rigid; fists clenched; knees pulled up; pulling or pushing away; striking out	☐ 0 ☐ 1 ☐ 2
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract, or reassure	☐ 0 ☐ 1 ☐ 2

Total Score: _____

Score	Level of Pain	Level of Pain by PAINAD Score
0	No Pain	0 – No pain
1-4	Mild Pain	1 – Pain is barely noticeable 2 – Pain is minor 3 – Pain is noticeable; possible to get used to it and adapt 4 – Pain can be ignored for a period of time but is distracting
5-9	Moderate to Severe Pain	5 – Strong pain that cannot be ignored for more than a few minutes; normal daily activities can be managed 6 – Strong pain that interferes with normal daily activities; difficult to concentrate 7 – Very strong pain that significantly limits the ability to perform normal daily activities and/or interferes with sleep 8 – Intense pain; physical activity is severely limited; conversing requires great effort 9 – Excruciating pain; unable to converse; uncontrolled crying out and/or moaning
10	Very Severe/ Horrible Pain	10 – Unbearable pain; worst pain that can be imagined (very few ever experience this level of pain).

[1] Victoria Warden, RN; Ann C. Hurley, RN, DNSc, FAAN; Ladislav Volicer, MD, PhD, FAAN. "Development and Psychometric Evaluation of the Pain Assessment in Advanced Dementia (PAINAD) Scale." *Journal of the American Medical Directors Association* 4, no. 1 (Jan-Feb 2003): 9-15. https://www.sciencedirect.com/science/article/abs/pii/S1525861004702583

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