Hospice Pain Management: How Are We Doing?

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Objectives

1. Discuss current pain practices in hospice care
2. Identify continued pain management challenges and possible solutions using case studies
3. Explore what is new in the world of pain management
How Are We Doing?

- A study of pain prevalence in hospice patients with nonmalignant terminal disease reported 66% had reasonable control of background pain while 34% reported severe or excruciating pain.

- Mean daily incidents of breakthrough pain was five:
  - 54% occurred suddenly
  - 56% was unpredictable
  - 60% was severe or excruciating
  - 73% of all pain lasted less than 30 minutes

(Peuse, 2001 in ASPMN Core Curriculum)

- Pain prevalence in hospice patients with malignant terminal disease studied duration of persistent pain:
  - 10% experienced pain for days
  - 55% weeks
  - 35% months
  - 89% reported breakthrough pain:
    - 50% occurred suddenly
    - 17% R/T end-of-dose failure
    - 50% unpredictable
    - 73% of pain episodes lasted 30 minutes of less

(Zeppetella, O'Doherty, & Collins, 2000 in ASPMN Core Curriculum)
Treatments Reported to Relieve Pain the Best in These Studied Patients

- Analgesics ~ 57%
- Lying still ~ 32%
- Of Patients studied:
  - 34% were prescribed nonopioid analgesics
  - 23% were prescribed weak opioids
  - 64% were prescribed strong opioids
  - 43% were not prescribed “rescue” medications

Effects of Uncontrolled Pain

- Increased peripheral vascular resistance
- Increased consumption of myocardial oxygen
- Increased metabolic rate
- Decreased gastric motility
- Reduction in cognitive function
- Sleeplessness
Uncontrolled Pain Continued

- Altered pulmonary function
- Reduced mobility - ↑ risk of complications
- Lowered pain threshold
- Delayed healing
- Increased risk for chronic pain
- Negative effects on loved one
- Not to mention quality of life….

Barriers to Quality EOL Care

- Realities of life-limiting diseases
- Lack of adequate training of professionals
- Delayed access to hospice and palliative care services
- Rules and regulations
- Denial of death
Ongoing Myths

- Addiction
- If a patient is sleeping they can’t be in severe pain
- Babies/peds patients don’t experience pain
- Opioids are too dangerous for the elderly
- Dependence and Addiction are interchangeable

Patient Fears

- Addiction
- Viewed as a complainer
- Unmanageable side effects
- If take opioids now – won’t work if pain worsens
- Talking about pain to provider will distract from focus on illness
Patients at Particular Risk for Undertreated Pain

- Old & young
- Racial disparities
- Women
- People with history of chemical dependency
- Mentally ill
- Racial and ethnic minorities
- Socioeconomic disadvantage
- Language barriers
- Geographic remoteness
- Poor health literacy
- Undocumented
- Inmates at correctional facilities

Assessment

- Assess each report of pain
- Pain may be due to the primary disease such as nerve or tumor compression
- Pain may be associated with treatment e.g. with diagnostics and procedures or surgeries
- Pain may be due to problems associated with debilitation like pressure sore, constipation
- Pain may be completely unrelated to the primary disease or treatment such as with arthritis
Assessment: Nonverbal Indicators

- Frowning or grimacing
- Moaning with cares
- Changes in their normal behavior
- Lying in the fetal position
- Fearful look
- Crying
- Noisy breathing
- Restlessness
- Inability to relax
- Slow or cautious movements
- Clenched fists
- Increased display of anger
- Increased anxiety
- Whimpering
- Holding or rubbing a body part
- Limping
- Decreased appetite and intake of food and fluids

Cultural Consideration

- Do not assume that cultural information you’ve learned is always true ~ your patient may be “westernized”
- Whatever culture your patient may be, it is always important to examine your own thoughts and values about pain relief, demonstrating the importance of pain control by responding quickly and appropriately to your patient's pain needs is always important
Multimodal Approach

- Pharmacological therapies
  - Nonopioids
  - Opioids
  - Adjuvants
  - Cancer therapies
  - Procedural interventions

Nonopioids

- Acetaminophen
- NSAIDs
- COX-2
Opioids: Let’s Use Correct Terminology!

- **Opioid**: Refers to morphine, codeine, and other natural, semisynthetic, and synthetic drugs that relieve pain by binding to multiple types of opioid receptors in the nervous system.

- **Narcotic**: Obsolete term used to refer to what is now called opioid. Current use of the term is mainly in a legal context to refer to a wide variety of substances of potential abuse.

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Opioids

- Many choices
- Many routes
- Assess adverse effects
  - Respiratory depression
  - Constipation
  - Sedation
  - Urinary retention
  - Nausea/vomiting
  - Pruritis
Adjuvants

- Tricyclic antidepressants
- Anticonvulsants
- Local anesthetics
- Corticosteroids
- Antispasmodics

Cancer Therapies to Relieve Pain

- Radiation
- Surgery
- Chemotherapy
- Hormonal Therapy
Opioid Rotation

- Use when an opioid is ineffective even with adequate titration
- Use when adverse effects are unmanageable

Opioid Rotation

- All mu agonists relieve pain at the same sites so there is little difference overall in their ability to relieve pain; however patients may vary in their responsiveness to the different drugs in their ability to achieve a good balance between pain relief and side effects……so if a patient is having side effects from one opioid, they may tolerate a different one better
Prevent Pain When Possible

➢ It is much easier to prevent pain than it is to get on top of pain that is out of control

➢ Use of preemptive analgesia for predictable pain can be very helpful. Offer a PRN analgesics before events known to have previously caused pain

Additional Therapies

➢ Calm, comfortable environment;
  • ↓ env. stressors like loud TV, room clutter, light glare, room temp., wrinkled linen
➢ Heat or ice
➢ Position with support
➢ Backrubs
➢ Your presence
➢ Music
➢ Distraction
➢ Relaxation techniques

➢ Massage
➢ Physical therapy
➢ Acupuncture
➢ Water exercise
➢ Humor
➢ Spirituality
➢ Prayer
➢ Aromatherapy
➢ Provide opportunity to toilet on a regular basis
➢ Hand/foot massage
➢ Lotion to skin
Questions to Consider if Pain Poorly Controlled

- Have the medications (opioids) been titrated aggressively?
- Is the pain neuropathic?
- Is a true pain assessment being done?
- Is the patient getting their meds?
- Is the medication schedule and route appropriate?
- Have invasive techniques been considered?

Some Helpful Hints

- Use guidelines – and individualize plan
- Weigh risk vs benefit
- Averse reactions are more common in the elderly so start lower and titrate slower
- Opioids and adjunct meds can be used safely
Pain Expectations

Pain Management Nursing 03/09

- Nurses being present and supportive
- Being given information and sharing knowledge
- Nurses taking care of medications
- Nurses recognizing patient’s pain

“Nurses Being Present and Supportive”

- A caring person ~ kind, understanding, nice, takes pain seriously, listens to pain problems, gives medication at once
- Trustworthy
- Empathetic
“Being Given Information and sharing Knowledge”

- Offer information about the patient’s pain experience
- Give information about pain management
- Providing written material
- With information patient experiences reduced uncertainty and anxiety
- Too many questions from nurse may increase patient’s anxiety

“Nurses Taking Care of Medications”

- Patients report nurses are highly skilled when taking care of medications for pain
- Want nurses to be proactive and offer medications
- Patients do not want the medications to impair their vitality and consciousness
- Want nurses to know best methods
- Want nurse “to sit down and talk directly to me about my pain problem”
“Nurses Recognizing Patient’s Pain”

- Recognize importance of patient’s pain
- Take patient’s pain seriously
- Be able to “see the pain through signs” without needing to ask all of the time
- Be able to anticipate patient’s pain
- Be responsible for relieving patient’s pain

Subject’s Comments

- “It seems as they are ahead of the pain. That makes me feel secure”
- “The good nurse is with me as soon as the pain occurs”
- “The nurses come with medication as soon as I give a sign”
- “A good nurse is a caring nurse”
- “you can always trust them”
Let’s Talk About Patients

Patient is a 69 y/o lady admitted with acute back pain & confusion. She was diagnosed with lung CA 6 months ago. CT of brain normal, chest wall & spine have lesions. She is unable to rate or describe pain, she just says her back “hurts so bad”

Meds: Oxycontin 20mg BID
  Oxycodone 5mg q 6 hr prn
  Dilaudid PCA 0.1mg basal rate,
    0.1mg PCA dose q 8 min

This patient is a 72y/o gentleman with hx of lymphoma ~ 8 yrs ago admitted with acute right hip pain. Plain films were suspicious for lesion. MRI pending. Pain is constant, sharp and always 8/10. Was on PRN Vicodin at home, now on
  Percocet every 3 hrs PRN
  IV Dilaudid 1mg every hour PRN
  Flexeril TID
  Norvasc
  HCTZ