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Chronic Pain Education Session
Recognising pain in those unable to articulate it

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Learning outcomes:

Understanding Pain - What exactly is pain? A brief overview of the body's pain mechanisms.

Understand how living with pain can affect all aspects of a person's life

Pain behaviours and communicating pain

To feel more confident in supporting those who are unable to articulate pain

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Why understanding pain is important

- People may not be able to articulate pain.
- It is important that family/support workers/carers notice if someone may be in pain.
- If you think someone is in pain – what to do about it?
- Some people believe that older people and those with disabilities can tolerate more pain than the general population. **This is not true,** the older person or those with disabilities, will have individual and different responses to pain.

The Biology of Pain

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Acute Pain

This comes on suddenly, usually from an injury or surgery. It can usually be treated and lasts a short period of time. It is a useful response and serves to protect us from further injury.

Chronic Pain

Pain that lasts beyond the usual expected healing time, if it did start off with an illness or injury. It however does not always need an injury to start. It is not a useful response.

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Acute Pain

- The major goals are **pain control and relief** while efforts are made to identify and treat the underlying disease and to enhance healing and recovery.

- Adequate management of acute pain may also prevent the development of chronic pain.

- Pain medication is the mainstay of acute pain treatment, but non-drug methods (patient education, heat/cold, massage, distraction/relaxation) are essential too.

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The Biology of Pain: Acute vs Chronic Pain

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Acute Pain

- Usually obvious tissue damage
- Protective function
- Increased nervous system activity
- Pain resolves upon healing

Chronic Pain

- Pain beyond expected period of healing
- Pain no longer serves a useful purpose
- Changes in pain signalling and detection
- Degrades health and function

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How does pain make us feel?

- Depressed or anxious.
- Sad
- Frustrated
- Feeling misunderstood or demoralised
- Anger
- Increased risk of substance misuse and other mental health disorders.

- Now think about your patient ……..

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It can be hard to recognise if those with communication issues are in pain

- They may not say/be able to articulate their pain.
- They may not act in a way that you would ‘expect’ people in pain to act.
- People who have additional health needs, especially those who are immobile or wheelchair dependent, are likely to suffer from long-term pain.
- They may display challenging behaviour – this might include trying to hurt themselves or others.
- They may become quiet or withdrawn
- Show unusual behaviours.

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Pain Assessment and Tools

1. The holistic assessment is essential – pain behaviours are essential as is the context of the patient.
2. Joint planning (whenever possible) with the patient and or family/carers regarding pain management strategies
3. Over/under reactive to sensory stimuli

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FLACC Scale (GOS amended)

Categories	Scoring 0	1	2
Face	No particular expression or smile	Occasional grimace/frown; withdrawn or disinterested; ***appears sad or worried***	Consistent grimace or frown; frequent/constant quivering chin, clenched jaw; ***distressed-looking face; expression of fright or panic***
Individual Behaviours			
Legs	Normal position or relaxed; ***usual tone and motion to limbs***	Uneasy, restless, tense; ***occasional tremors***	Kicking, or legs drawn up; ***marked increase in spasticity, constant tremors or jerking***
Individual Behaviours			
Activity	Lying quietly, normal position, moves easily; ***Regular, rhythmic respirations***	Squirming, shifting back and forth; ***tense or guarded movements; mildly agitated (eg. head back and forth, aggression); shallow, splinting respirations, intermittent sighs***	Arched, rigid, or jerking; ***severe agitation, head banging, shivering (not rigors); breath-holding, gasping or sharp intake of breaths; severe splinting***
Individual Behaviours			
Cry	No cry/verbalisation	Moans or whimpers; occasional complaint; ***occasional verbal outburst or grunt***	Crying steadily, screams or sobs, frequent complaints; ***repeated outbursts, constant grunting***
Individual Behaviours			
Consolability	Content and relaxed	Reassured by occasional touching, hugging, or being talked to; distractible	Difficult to console or comfort; ***pushing away caregiver, resisting care or comfort measures***
Individual Behaviours			

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Wong-Baker faces

Instructions for Usage

Explain to the person that each face represents a person who has no pain (hurt), or some, or a lot of pain.

Face 0 doesn't hurt at all. Face 2 hurts just a little bit. Face 4 hurts a little bit more. Face 6 hurts even more. Face 8 hurt a whole lot. Face 10 hurts as much as you can imagine, although you don't have to be crying to have this worst pain.

Ask the person to choose the face that best depicts the pain they are experiencing.

Other non-verbal pain scales

- Abbey Pain Scale
- DisDAT

Helping the patient ‘see things differently’

- Reduce the focus on the pain itself
- Understanding is key
- Identify a start point for example, improved sleep or reduced stress (music/films/quiet)

Improving Communication

- http://stickmancommunications.co.uk/
  Communicating about disability with style and humour

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Improving self-management: What can help

A few strategies:

- Positioning and physio exercises
- Heat
- Improving overall levels of activity
- TENS
- Relaxation & Mindfulness
- Tai Chi/movement classes
- Medication

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Chronic Pain and Medication

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- Medication can be used as part of pain management.
- Sadly, **pain medication alone is not usually very helpful if it is the only tool in the toolbox** for managing pain.
- In chronic pain management, **medication is only expected to have 20-30% benefit.**
- It is therefore important to establish what type of pain the person is suffering from in order to make the best recommendations. (bone and tissue pain vs nerve pain/centralised pain) ***opioids do not work on neuropathic/centralised pain.***
- Every person is different and can react very differently to any medication, e.g. older people and children and those with particular pain conditions can be quite sensitive.

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Medication:

- Regular paracetamol (1g three times a day)
- Consider a non-steroidal (risks)
- Consider low dose codeine (risks **[age]**)
- **Antidepressant medications** (licencing) may relieve both pain and depression because of shared chemical messengers in the brain.

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Further learning – Online

1. Understanding pain, Brainman chooses Understanding Pain: Brainman chooses - YouTube
2. Understanding pain and what to do about it in less than 5 minutes Understanding Pain in less than five minutes - YouTube

Non-animated – Body in Mind – the role of the brain in chronic pain. (Professor Moseley is an Australian physiotherapist and Clinical Neuroscientist who provides a more in depth level of understanding of chronic pain to an audience. Including anecdotes, scientific experiments, how vision works (and how your brain creates illusions), what pain is and how it becomes chronic).
Lorimer Moseley 'Body in mind - the role of the brain in chronic pain' at Mind & Its Potential 2011 - YouTube

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Thank you!

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Compassionate


Aspirational


Responsive


Excellent

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