

Pain in People With Developmental Disabilities

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Module 3

Pain Management



Outline - Module 3

- Strategies for Pain Management
 - ▶ Behavioral
 - ▶ Non-Pharmacologic
 - ▶ Pharmacologic
- Strategies for Pain Management with Co-Existing DD & Psychiatric Symptoms
 - ▶ Behavioral
 - ▶ Non-Pharmacologic
 - ▶ Pharmacologic
- Prevention of Chronic Pain Syndromes
- Documentation of Pain Management
- Communication

Overall Themes of Pain Management

- All recipients of health care, whether with a developmental disability or not, have the right to have their pain effectively treated.
- Health care professionals must consistently address pain symptoms with ongoing assessment, informative documentation, and effective interventions.

Coping with Pain

- Coping with pain is a skill.
- Individuals may have some advantages in coping with pain (high pain thresholds, positive attitudes, excellent focus and control) but the rest of us have to learn how to perform this skill.

Learning to Cope

- Learning is maximized when advantages are capitalized upon and there are work-arounds for the disadvantages.
- People with DD can, and do, learn how to cope with pain.

Behavioral Pain Management

- Pain is a complex process
- Interaction of
 - ▶ Sensation
 - ▶ Physiology
 - ▶ Cognition
 - ▶ Emotions
 - ▶ Behavior
- All provide possible intervention points

Behavioral Pain Management

General Principles of Intervening in Problem and Pain Behaviors:

- Behavioral observations
 - ▶ Antecedents
 - ▶ Consequences – what is the function?
 - ▶ Self-injurious behavior

Behavioral Pain Management

General Principles of Intervening in Problem and Pain Behaviors (cont'd):

■ Analysis

- ▶ Involve observations of the behavior, interpretation of the behavior, and designing a plan based on those interpretations

■ Design plan

- ▶ Reinforce positive behavior

■ Design of a Plan B and Plan C may be necessary

Behavioral Pain Management

Behavioral Analysis of Pain

- How is pain expressed
- When is pain experienced
 - ▶ Anticipatory (tensing before activity)
 - ▶ During activity (motor, neurological, skeletal , organ involvement)
 - ▶ Following activity (residual)
 - ▶ Chronically
 - ▶ Associated with psychological events
 - Change, Fear, Startle, Anger, Sadness

Behavioral Pain Management

Behavioral Analysis of Pain (cont'd)

- With whom is pain experienced
- Where is pain experienced

Behavioral Analysis of Pain

- MESIP
 - ▶ Environmental
 - ▶ Interactional

Behavioral Pain Management

Behavior Plans

- Develop the plan based on behavioral analysis
- Plan must be workable for all involved (recipient, caregivers, health care providers)
- Plan must be consistently implemented
- Evaluation during and following a set time frame prior to moving on to a variation on the plan

Behavioral Pain Management

- Sample Behavior Plans
- Alteration of accidental positive reinforcement of pain complaints
- Differential positive reinforcement of pain coping behavior
- Alternate schedules for environmental factors and conditioning
- Skills training
 - ▶ How does each individual learn best?

Non-pharmacological Strategies for Pain Management

Pain management using behavioral interventions have the potential to be maximally effective while minimizing the complications inherent in introducing pharmacological compounds into the treatment regimen of someone with DD.

Non-pharmacological Strategies for Pain Management

Before instituting a behavioral plan, do you need to address pain causes that are

- Potential
- Logical
- Actual
- Environmental

Non-pharmacological Strategies for DD Pain Management

Frequent components of behavioral plans:

- Comfort boxes
- Sensory experiences
- Distraction
- Biofeedback

Non-pharmacological Strategies for DD Pain Management

Behavioral plan components (depending on the recipient's tactile sensitivities and tolerance)

- Ice
- Heat
- Acupuncture/acupressure
- Massage

Non-pharmacological Strategies for DD Pain Management

- Ultrasound
- TENS electrical nerve stimulator
- Vibration
- Cushioning/splinting

Non-pharmacological Strategies for DD Pain Management

- Breathing exercises
- Visualization and guided imagery
- Art journaling



Pharmacologic Interventions for DD Pain

Pharmacologic Strategies

Non-opioids are preferred if medically feasible

- Antidepressants

- ▶ Because depressive reactions amplify pain sensations, antidepressants can be effective in tamping down those reactions

Pharmacologic Strategies

Non-opioids (cont'd)

■ Anticonvulsant

- ▶ Selected anticonvulsants may decrease neurologic hypersensitivity that some pain messages are composed of

Pharmacological Strategies for Pain Management

Non-opioids (cont'd)

- Anti-anxiety medications are in 2 main classes
 - ▶ Benzodiazepines
 - ▶ Non-benzodiazepines

Pharmacological Strategies for Pain Management

Non-opioids (cont'd)

- Muscle relaxants
- OTC – ASA, ibuprofen, acetaminophen, etc.

Pharmacological Strategies for Pain Management

- Opioids – not to be dismissed for this population despite disadvantages
 - ▶ Scheduled administration
 - ▶ Consider patient-controlled analgesia (PCA, coupled with monitoring to determine effectiveness)

Pharmacological Strategies for Pain Management

- Opioids – difficulties for this population include:
 - ▶ Substance dependence
 - ▶ Constipation
 - ▶ Respiratory depression
 - ▶ Potential for overdose
 - ▶ Tolerance requiring higher doses

Pain Sources Needing This Type of Pain Management

- Acute, procedural, and post-operative pain types can be easier to treat as they have an obvious source and require short-term management.
- Shorter term treatment usually minimizes consequences of pharmacologic treatment.

Pain Sources Needing This Type of Pain Management

- Chronic pain is less predictable and its source more difficult to localize.
- The long term nature of the pharmacological interventions along with the unlikely full resolution of pain includes many consequences of pharmacological treatment.

Pain Management

for Co-Existing DD & Psychiatric Symptoms



Strategies for Pain Management with Co-Existing DD & Psychiatric Symptoms

The same cascade of interventions as for pain without psychiatric symptoms:

- Behavioral
- Non-Pharmacologic
- Pharmacologic

Behavioral Pain Management for Co-Existing DD & Psychiatric Symptoms

- Observation of behavior in light of established psychiatric diagnosis and history of symptom presentation, interpretation of the behavior, and designing a plan based on those interpretations.
- As pain is stressful and stress engendered psychiatric symptoms exacerbation, more frequent revisions of plan are necessary
- Design of a Plan B and Plan C may be necessary

Behavioral Pain Management for Co-Existing DD & Psychiatric Symptoms

Behavioral Analysis of Pain

■ How is pain expressed

- ▶ Does this expression vary with psychiatric symptom variations
- ▶ Is there delusional, hallucinatory, mood, or anxiety state contributions to pain expression

Behavioral Pain Management for Co-Existing DD & Psychiatric Symptoms

Behavioral Analysis of Pain

- When is pain experienced
 - ▶ Before activity (anticipatory)
 - ▶ During activity (motor, neurological, skeletal , organ involvement)
 - ▶ Following activity (residual)
 - ▶ Chronically
 - ▶ Associated with psychiatric symptoms or medication administration
 - Paranoia, anxiety, depression, mania

Behavioral Pain Management for Co-Existing DD & Psychiatric Symptoms

Behavioral Analysis of Pain (cont'd)

- With whom is pain experienced
 - ▶ With certain staff members
 - ▶ With certain family or visitors
 - ▶ With certain types of people
- Where is pain experienced
 - ▶ In certain locations
 - ▶ During certain activities

Behavioral Pain Management for Co-Existing DD & Psychiatric Symptoms

Behavioral Analysis of Pain (cont'd)

- Associated with psychiatric symptoms
 - ▶ Anxiety symptoms
 - ▶ Depression symptoms
 - ▶ Agitation
 - ▶ Psychosis

Behavioral Pain Management for Co-Existing DD & Psychiatric Symptoms

Behavior Plans

- Develop the plan based on behavioral analysis, and the current presence and severity of psychiatric symptoms
- Plan must be workable for all involved (recipient, caregivers, health care providers) and have as the goal not only pain management, but maintenance/stabilization of psychiatric symptoms

Behavioral Pain Management for Co-Existing DD & Psychiatric Symptoms

Behavior Plans

- Plan must be consistently implemented by all staff
- Evaluation is more frequent to assure pain management plus psychiatric stabilization

Behavioral Pain Management for Co-Existing DD & Psychiatric Symptoms

Sample Behavior Plans

Behavioral Pain Management for Co-Existing DD & Psychiatric Symptoms

Sample Behavior Plan for Pain & Psychosis

- Differential positive reinforcement of pain coping behavior
- Reality orientation
- Assist recipient with daily structure and schedule

Behavioral Pain Management for Co-Existing DD & Psychiatric Symptoms

Sample Behavior Plan for Pain & Depression

- Avoid accidental positive reinforcement of pain complaints
- Activity and interaction
- Empathic support

Behavioral Pain Management for Co-Existing DD & Psychiatric Symptoms

Sample Behavior Plan for Pain & Anxiety

- Relaxation procedures
- Distraction
- Exercise as medically feasible

Non-pharmacological Strategies for Pain Management for Co-Existing DD & Psychiatric Symptoms

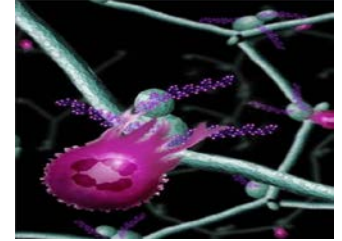
Before instituting a behavioral plan, examine environmental contributions or causes of both pain and psychiatric symptoms

The same basic components are included in behavioral plans for pain management for co-existing DD with or without psychiatric symptoms.

The difference for those with psychiatric symptoms is the relevance and safety for each modality.

Non-pharmacological Strategies for Pain Management for Co-Existing DD & Psychiatric Symptoms

- Comfort boxes
- Sensory experiences
- Distraction
- Biofeedback
- Ice
- Heat
- Acupuncture /Acupressure
- Massage
- Ultrasound
- TENS electrical nerve stimulator
- Vibration
- Cushioning / splinting
- Visualization & guided imagery
- Art Journaling
- Breathing exercises



Pharmacologic Interventions

for Pain & Co-Existing DD & Psychiatric Symptoms



Pharmacologic Strategies

Because of the sensitivities of people who have DD & psychiatric symptoms, non-opioids are generally used

- Antidepressants

- ▶ Because depressive reactions amplify pain sensations, antidepressants can be effective in treating depression while addressing pain symptoms

Pharmacologic Strategies

Non-opioids (cont'd)

■ Anticonvulsant

- ▶ Selected anticonvulsants that are also mood stabilizers may decrease neurologic hypersensitivity that some pain messages are composed of, while helping recipients maintain a normalized mood state

Pharmacological Strategies for Pain Management

Non-opioids (cont'd)

- Anti-anxiety medication are classified into 2 groups
 - ▶ Benzodiazepines
 - ▶ Non-benzodiazepines

Pharmacological Strategies for Pain Management

Many people with DD and psychiatric symptoms may already be on an anti-anxiety medication.

The medication or the dosage or dosage time may be changed to also address pain symptoms.

Pharmacological Strategies for Pain Management

Non-opioids (cont'd)

These options for DD pain management are not different when a recipient also experiences psychiatric symptoms

- Muscle relaxants
- OTC – ASA, ibuprofen, acetaminophen, etc.

Pharmacological Strategies for Pain Management

- Opioids – not to be dismissed for the DD and co-occurring psychiatric disorder population for pain management, although the risk of dependence is elevated and PCA is not recommended
 - ▶ Scheduled administration remains a priority in lieu of prn

Pharmacological Strategies for Pain Management

- Opioids – difficulties for this population include:
 - ▶ Substance dependence
 - ▶ Constipation
 - ▶ Respiratory depression
 - ▶ Potential for overdose
 - ▶ Tolerance requiring higher doses

Prevention of Chronic Pain Syndromes

While not completely avoidable, chronic pain syndromes can be minimized by following these practices:

- Scheduled pain medication as opposed to prn administration
- Early and often training on coping with pain
- Maintain a positive attitude
- Positively reinforce all competent coping

Documentation of Pain Management

- Effectiveness of Pain Interventions Via Re-assessment of Pain
- Observations
- Interpretations
- Examples of Effective and Ineffective Documentation



Communication

Adapting Your Communications to Fit the Consumer

- Staff resilience and flexibility
- Conflict of value system

Communication

Role Play

- Staff members who practice transmitting pain communications (using the same disadvantages as the recipient) become more sensitized to the challenges facing the recipient, and generate more effective problem solving.

Communication

Case Discussions

- Take advantage of your expertise by discussing pain cases with each other
- This provides an array of options to select from
- Clarifies uncertain treatment foci
- Energizes and sustains treatment teams

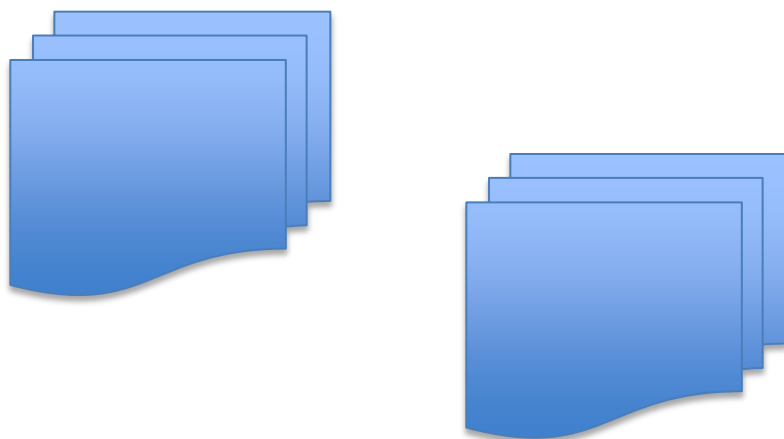
Communication

Involving others

- Pain is complex and bringing in others to discuss treatment is useful
- Take advantage of ethics committees and community involvement
- Listen to the voice of relevant published peers

The ultimate goals:

- Ongoing pain assessment and management
- Improved quality of life



Evaluation Survey

At the conclusion of the webinar, please fill out the survey that will pop up in your internet browser.

If you don't see the survey, please follow the link in the follow up email that you will receive tomorrow.

Questions / Comments?

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