

Advanced Pain Management
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The vast majority (80-90%) of pain can be relieved relatively simply by applying the WHO guidelines most notably the WHO analgesic ladder. Knowledge of treating uncomplicated pain is improving worldwide. There remains however a number of difficult pain problems. This lecture will give a brief overview of advanced pain management including a discussion around the concepts of opioid-responsive and opioid-poorly responsive pain. It will then look in more detail at the issues of two challenging pain situations; incident pain and pain in patients with impaired ability for self-report. Incident pain is seen by some as a subset of 'breakthrough pain'. It is usually related to a specific activity (moving, coughing, swallowing) and the patient often experiences sudden and severe pain. The patient's anxiety is high if the 'incident' requires repetition. The strategy of using pre-emptive quick acting, short duration drugs such as fentanyl and sufentanil in incident pain will be reviewed. This lecture will also look in more detail at pain assessment and management in patients with impaired ability to self-report. A review of the literature pointing to the under-diagnosis and treatment in these individuals will be highlighted. Often simply a failure to ask can lead to under-identification of pain in these patients. Despite cognitive impairment, many patients are able to report pain in the 'here and now' even if they can not remember if they had pain earlier that day or the day before. A review of certain pain assessment tools used with the cognitively impaired patient points to their effectiveness in this population.