



THE TEAM APPROACH TO PAIN MANAGEMENT

Management of chronic pain is a critical component of healthcare that requires a coordinated team effort including those who provide care, patients, and their families. The prevalence of chronic pain increases with age. Moreover, it has been estimated that approximately 80% of older adults living in LTC facilities suffer from chronic pain.¹ Unfortunately, studies also suggest that chronic pain in this group of individuals is under-recognized and undertreated.¹ This is in large part due to issues associated with the identification of pain in this demographic.

Chronic pain greatly diminishes the patient's quality of life and may result in anxiety, depression, inability to sleep, gait disturbances, malnutrition, and immune suppression.

Identifying that a patient is in pain is a critical first step. The following "**One Minute Pain Assessment**" can quickly identify older adults who may be experiencing pain (regardless of cognitive status or verbal abilities):

- **3 pain questions**
 - Do you have any aches or pains today?
 - Can you tell me about your pain, aches, soreness, or discomfort?
 - Would you say your pain is mild, moderate, or severe?
- **Facial expression**
 - Examples: Grimacing, frowning, clenched teeth
- **Verbal expressions**
 - Examples: Moaning, crying, yelling, screaming, swearing, unusually quiet
- **Body posturing**
 - Reluctant to cooperate with activities of daily living, guarding
 - Stiff, rigid, or withdrawing body posture when moving
 - Legs/arms drawn up in fetal-type position

THE THERAPEUTIC RELATIONSHIP

Best practices in pain management include the development of a therapeutic relationship between health professionals

and the patient/family.⁴ The patient and his/her family are important partners in development and implementation of a pain management care plan.⁵ They can become even more effective partners if they are better informed about pain and its management. In order for an effective therapeutic relationship to develop, the following attributes of health professionals are required:³

- Effective communicators
- Skilled at facilitating care team formation and function
- Effective facilitators of change in the illness experience

Each therapeutic encounter should include six steps to facilitate the interaction between caregivers and the person/family:³

1. Assessment
2. Information sharing
3. Decision-making
4. Care planning
5. Care delivery
6. Confirmation (i.e., understanding, addressing concerns)

INFORMATION SHARING WITH PATIENTS

Information sharing may be one of the most overlooked steps in terms of importance in meeting patients' needs. When sharing information with the patient and/or caregiver (with the patient's consent), the following should take place:³

- Maintenance of privacy and confidentiality limits
- Provision of information in a language and manner that the patient and/or caregiver understands
- Consideration of the patient's and/or caregiver's readiness to receive information
- Discovery and addressing of myths and barriers to effective pain management
- Inquiry as to the extent of understanding and need for additional information
- Agreement on goal for pain management
- Discussion of care plan—this includes
 - Sharing the potential risks/benefits of treatment options
 - Discussing requests for withholding, withdrawing therapy
 - Understanding the resident's wishes

INTERDISCIPLINARY INFORMATION SHARING

It is important that the interdisciplinary team members share information in such a way that consistent interventions, information, and reinforcement of the written pain management care plan can be provided.³ Information that should be shared include:

- The goals of care for the patient
- The results of a comprehensive pain assessment
- The results of the Palliative Performance Scale (PPS) assessment
- The results of pain assessment tools such as the Edmonton Symptoms Assessment System (ESAS) if the patient is able to complete it, the Pain Assessment in Advanced Dementia

Scale (PAINAD), the Abbey Pain Scale, and the Patient Comfort Assessment Guide

- Recommendations and/or details of the patient care plan
A number of geriatric pain education resources for providers, family, patients and staff can be found online at www.geriatricpain.org. **MPT**

1. Ca The Canadian Pain Society. Pain in Canada Fact Sheet. June 2014
2. Burfield AH, Wan TTH, Sole M, Cooper JW. Clin Interv Aging 2012;7:207-223
3. Geriatric Pain: Educational Resources for Staff. Available online at <http://www.geriatricpain.org/Content/Education/Pages/Education-for-Staff.aspx> Accessed July 20, 2014
4. Guidelines for Developing a Pain Management Program: A Resource Guide for Health Care Facilities 5th Ed. Beach House Press 2009
5. Geriatric Pain: Education. Available online at <http://www.geriatricpain.org/Content/Education/Pages/default.aspx> Accessed July 20, 2014
6. Targin Product Monograph. e-CPS, Updated July 2013, Canadian Pharmacists Association
7. Schutter U, Grunert S, Meyer C, et al. Curr Med Res Opin 2010; 26(6): 1377-87

In this issue we review a drug developed to help address constipation that may arise with the use of opioids.

Targin® (Oxycodone HCl-Naloxone HCl) controlled-release tablet

Targin® is a controlled release tablet that has two mechanisms of action.⁶ The oxycodone component is indicated for the relief of moderate to severe pain in adults who require continuous around the clock opioid analgesia for several days or more. Naloxone is an opioid antagonist that counteracts the constipating effects of oxycodone without affecting the pain relief mechanism. Studies suggest that Targin® use as compared to oxycodone without naloxone results in a 50% reduction in the use of laxatives.⁷

Dose & Administration

In general, dose selection for the elderly patient should be cautious. Dosing should usually start at the low end of the dosing range, as there is higher risk of decreased hepatic, renal and cardiac function, as well as potential interaction with other drug therapy in the senior population. The usual starting dose for patients who have not previously received an opioid analgesic is Targin® 10/5 mg (oxycodone/naloxone) every 12 hours. Titration of small incremental dose increases can be accomplished with the 5/2.5 mg tablets.

Patients currently taking oxycodone may be switched to Targin® based on an equivalent oxycodone dose. All other around-the-clock oxycodone analgesic medications should be discontinued when Targin® is initiated.

If converting from other opioids/opioid preparations, all other round-the-clock opioid analgesic preparations should be discontinued. Targin® should be started at the lowest available strength, and pain rescue medication provided. The dose should be titrated (adjustments made every 1-2 days) to achieve satisfactory pain relief with acceptable side effects. The dose must be individualized and assessed at regular intervals. The maximum daily dose of Targin® is 80 mg oxycodone and 40 mg naloxone.

Adverse effects

The most common adverse effect of Targin® is nausea (approximately 12.3% of individuals taking the drug).⁶ In clinical trials constipation occurred in 6.5% of patients taking Targin® (compared with 10.5% using oxycodone alone) and 6.2% of patients experienced diarrhea (compared with 5.4% using oxycodone alone). Additional side effects such as sedation and nausea often subsides after the first few days.

Precautions

Targin® controlled release tablets must be swallowed whole. Chewing, dissolving or crushing the tablets could lead to rapid release of the drugs and absorption of a potentially fatal dose of oxycodone. **DN**

This review of Targin is not comprehensive. Please refer to Targin® product monograph for more comprehensive information.*