

# p a i n

a guide for  
physician assistants  
and patients



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# About Pain

## Some Facts about Chronic (Persistent) Pain

- According to the Institutes of Medicine, more than 100 million Americans suffer from chronic pain, but surveys show that almost half of them receive no treatment.
- Pain affects more Americans than diabetes, heart disease and cancer combined.
- Pain is not just physical. Severe chronic pain affects mental functioning, makes it hard to concentrate and think, and can cause emotional suffering, such as depression, anxiety and anger.
- Pain may make it difficult to work, sleep, and participate in normal daily activities.
- Everyone experiences pain differently. Pain treatment is highly individualized and it may take some time to find just the right treatment or combination of treatments that will work best.
- A trusting relationship between the physician assistant and patient is important to the effectiveness of pain treatments.
- Your pain is real and something can always be done to manage it.

## What is Pain?

The International Association for the Study of Pain defines pain as “An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.” Pain can vary in intensity, and is a symptom that can be caused by a wide variety of conditions or diseases. When pain occurs, it is important to discover the cause or source of the pain. If the pain is caused by a serious condition, ignoring or covering up the pain with medication may allow the underlying condition to get worse.

## Types of Pain

There are two basic types of pain, acute and chronic (persistent), and they differ greatly.

**Acute** pain has a sudden onset and generally lasts less than six weeks. It may be accompanied by anxiety or emotional distress. Acute pain can range from mild to severe and is commonly associated with tissue injury, inflammation, a surgical procedure, or disease. The pain that is experienced from stubbing your toe or after an operation is acute pain; it is severe, but we expect it to go away. The cause of acute pain can usually be diagnosed and treated.

Sudden onset of severe pain that does not have an obvious cause can signal a serious medical problem. Severe pain in the head, for example, may be associated with a stroke. Acute pain in the chest, neck, or upper arm may signal the onset of a heart attack. Seek medical help right away if you experience these symptoms.

**Chronic** pain is widely believed to represent disease itself. Chronic pain can be mild or excruciating, episodic or continuous, merely inconvenient or completely incapacitating. Chronic pain can be made much worse by environmental and psychological factors. While acute pain is a normal sensation triggered in the nervous system to alert you to possible injury and the need to take care of yourself, chronic pain is different. Chronic pain persists, and is resistant to most medical treatments.

Other types of pain may be classified as **neuropathic** (chronic pain resulting from damage to nerves), or **psychogenic** (pain not due to visible signs of disease or injury).

## Pain and Older Adults

Persistent or chronic pain is common in older people. According to the American Geriatrics Society, nearly half of older adults living in the community, and up to 80% of seniors in long-term care facilities have substantial pain. Research has shown that persistent pain in older adults is under-recognized and inadequately treated.

Many chronic pain conditions affect older adults. Common chronic pain complaints include headache, low back pain, cancer pain, arthritis pain, neurogenic pain (pain generated by a nerve), nighttime leg pain (from muscle cramps, **restless legs**, or other conditions), and pain from claudication (severe, cramp-like pain caused by too little blood flow to the muscles).

Some older adults may be more sensitive to medications than younger persons, more likely to experience side effects, and more likely to be using multiple medications, which increases

the risk of interactions between the drugs. Your physician assistant will usually start with a low dose of a pain drug and slowly increase the dose until you are feeling better in order to avoid side effects.

Some people think that pain is a natural part of aging. That is a myth. There is almost always a reason for the pain and most physical pain can be managed.

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# Tips for Managing Your Pain

You can gain better control of your pain. Research shows the best way to control chronic pain is through a comprehensive approach. You can't get chronic pain relief with a single treatment. A 2006 review published in the Journal of Pain found that comprehensive pain programs — ones that are designed to treat the whole person, physically, mentally and emotionally — are most effective at improving quality of life.

Becoming knowledgeable about your pain and learning to advocate for yourself will help you and your physician assistant address your pain in a way that works for you. Take pain relief into your own hands with a complete treatment plan that includes diet, exercise, self-care remedies, and working with your physician assistant. The choices you make can make a big difference.

Here are some general guidelines that can help anyone to manage their pain better.

## Use Pain Medicines as Prescribed

Take your pain medicine at the specific times or specific time intervals (for example, every six hours) prescribed by your physician assistant. Do not wait until the pain comes back to take the medicine.

One of the important ways that pain medicine works is that it helps to prevent episodes of severe pain. In order to do this, there has to be a certain amount of medicine in the blood. This is why your physician assistant prescribes taking the medicine at regular intervals — to be sure that the amount in the blood level stays high enough. The important thing to remember with pain relief is that it is best to take your pain medicine when you first start to feel uncomfortable and to keep taking it at regular intervals. It is better to prevent severe pain rather than waiting until it comes back.

## Insist on Good Pain Control

Let your physician assistant know if your pain treatment is not working and ask about your options. If your physician assistant cannot control the pain, ask for a referral to a pain clinic that has a team of people (doctors, nurses, physical and occupational therapists, psychologists) that specialize in pain treatment. In addition to universities and large hospitals, which often have these types of clinics, there are pain centers and clinics in many local communities.

## Use a Pain Diary

A pain diary is a way for you to track your pain level and activities every day to help you tell your physician assistant when you are in pain and how it felt. Keeping a record of your daily “pain score” will help you track your pain. During the day or at the end of each day, note your pain level on the 1 to 10 pain scale. Also, note what activities you did that day and when you took your pain medicine. Take your pain diary to every physician assistant visit. A pain diary may help you and your physician assistant find the cause of your pain and what makes it better or worse.

## Help to Reduce Pain

There are many things you can do to help reduce your pain and improve the quality of your life. These are general, common-sense suggestions to incorporate into your treatment plan.

**Reduce stress.** Stress can increase the body’s sensitivity to pain. By learning to take control of stress, you may find some relief from chronic pain. Practicing **relaxation techniques** is a great way to calm the mind and reduce stress. Clinical studies also show that relaxation techniques reduce the perception of pain. Some simple relaxation techniques include:

- **Deep breathing.** Close your eyes, and try taking deep, slow breaths, making each breath even deeper than the last.
- **Progressive muscle relaxation.** Starting with your toes, tense all the muscles as tightly as you can, then completely relax. Work your way up from your feet to the top of your head.
- **Visualizing a peaceful, restful place.** Mental imagery relaxation (also called guided imagery) is a form of mental escape that can help you feel peaceful. It involves creating calming, peaceful images in your mind. Close your eyes and imagine a place or activity that is calming and peaceful for you. Concentrate on how relaxed this place or activity makes you feel.
- **Mindful meditation.** This practice may help you relax and relieve stress.
- **Biofeedback.** Pain causes stress and tension. As the pain builds, we unconsciously clench our muscles, respiration and heart rate increases, and skin temperature drops. This bodily tension response only serves to worsen the experience of pain. Although pain causes unconscious bodily reactions, you can learn to regulate your body and perform relaxation exercises that can counter this tension response and reduce feelings of pain. Biofeedback is a technique that helps you recognize how pain causes changes in your body. It teaches you exactly how, when and where to relax. Once you can recognize what pain does, you can learn to control this reaction and reduce the experience of pain.

**Exercise regularly.** Any form of exercise, from aerobics to yoga, can act as a stress reliever. Physical activity of any kind helps to increase the production of the brain's feel-good neurotransmitters, called endorphins. Endorphins are brain chemicals that help improve mood while also blocking pain signals. Exercise also strengthens muscles, increases flexibility and lowers stress hormones. Keeping your muscles strong will help prevent future injury. Start slow and easy, working up gradually to more distance, time, or weight. The type of exercise is less important than doing some kind every day. Ask your physician assistant for an exercise routine that is right for you.

**Heat or Cold.** Heat relaxes muscles, which can help reduce pain and give a sense of comfort. Use warm showers, baths, hot water bottles, or warm washcloths. Cooling the skin and muscles can soothe pain, especially pain that comes from inflammation or swelling. Check with your physician assistant about how long to apply heat or cold, since prolonged exposure to either can cause tissue damage.

**Massage.** Massage can help reduce stress and relieve tension.

**Distract yourself from pain.** When you focus on pain, it makes it worse rather than better. Being active takes the mind off the pain. Distract yourself with something you like doing that keeps you busy and thinking about things besides your pain.

**Lose weight if you need to.** Extra body weight strains joints, muscles and your back. Even losing just 10 pounds can make a difference!

**Connect with others.** For those who don't experience chronic pain, it can be hard to understand what it feels like to be in chronic pain. It can be helpful to find people who are also living with chronic pain, who can share their feelings and tips that have helped them manage their pain. Chronic pain support groups can be found in almost every city as well as online.

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# Talking to Your Physician Assistant about Pain

Make sure your physician assistant knows you have pain. It will help if you talk accurately and specifically about your pain, and even make a list of what you are going to say when you see your physician assistant. Write down the answers to the following questions before you talk to the physician assistant so you can best describe the pain. Consider keeping a [pain diary](#) to track your pain for a few days before seeing your physician assistant.

- How long has the pain been a problem?
- Is the pain new or has it happened before?
- Where is it located? Is it in more than one area? If so, which location is most bothersome? Does it move from one place to another? Be very specific. Keep track of pain by marking an “x” on a simple [outline drawing of the body](#) and take the picture with you to the physician assistant as a visual reminder. When you talk to your physician assistant, point to a specific location or to more than one area on your body.
- How severe is the pain? [Rate your pain](#) on a scale of 0 to 10, with 0 being no pain at all and 10 being the worst pain ever.
- How would you describe the pain? Try to use specific words that will let your physician assistant know how the pain feels to you. Is the pain sharp and stabbing, tugging, dull and aching, burning, tender, stiff, achy, deep, feel like pressure or like an electric shock?
- Is there any numbness, tingling, or new weakness in the area of pain?
- Does the pain interfere with or limit your normal daily activities? Describe how your pain limits your daily activities on [this scale](#). Are there any activities that make the pain worse? It's really important to talk to your physician assistant about how your pain affects your life. Does pain wake you up at night? Have you given up any activities because of your pain? Do you no longer go on walks because the pain is too severe? Has pain affected your performance on the job, maybe even putting your ability to work in jeopardy? Giving specifics about how your pain is impinging on your life and changing your behavior helps your physician assistant understand how much you're suffering and appreciate the pain as a problem that needs treatment.
- When is the pain at its worst? In the morning when you first wake up? During the day, after activity? In the evening, before you go to bed? At night, interfering with your sleep?
- Is the pain affecting your emotional well-being? Are you feeling depressed, anxious or isolated?

- What have you tried to relieve the pain?
- What medicines are you taking for pain? Are you taking the medicines at set times or just when you need them?
- Are you allergic or sensitive to any pain medicine?

Asking questions is important but so is making sure you hear—and understand—the answers you get. The more you understand about the pain treatment prescribed, the better you will be able to advocate for yourself. Below is a list of suggested questions to ask your physician assistant. Take notes during your appointment or bring someone with you to help you understand and remember what you heard.

- What is causing my pain?
- What are all the options available for treating the pain?
- What is the treatment plan?
- What are the goals for my treatment plan?
- What are the benefits of each treatment?
- What are the risks of each treatment?
- What are the possible side effects?
- What are the costs of each treatment?
- How long will it take for the treatment to work?
- When will we evaluate the effectiveness of my treatment plan?
- What should I do if the treatment does not work?
- Will insurance pay for treatment?
- Besides taking medicine, what else can I do to help manage my pain?

To learn about how to be more involved in your health care and what questions to ask your physician assistant, see the information from the Agency for Healthcare Research and Quality (AHRQ): <http://www.ahrq.gov/patients-consumers/patient-involvement/index.html>

## Resources

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# Treatment Options for Persistent Pain

There are a variety of treatment options available for those living with pain, and pain is best managed using a combination of treatments. For example, your physician assistant may prescribe a medication along with activities to reduce stress, such as yoga or deep-breathing exercises. To improve functioning, your physician assistant may recommend specific therapies to increase muscle strength and flexibility, enhance sleep, and assist you in performing usual daily activities and work-related tasks.

Pain care should be tailored to each person's experience, and self-management of pain — including fitness and a healthy lifestyle — should be promoted. The comprehensive plan of care for all persons with chronic pain should address these five major elements:

- Set personal goals for improved functioning and enhanced quality of life.
- Improve sleep.
- Increase physical activity.
- Manage stress.
- Decrease pain.

Even the most potent medications used for pain may not completely eliminate pain. Pain medications should be considered as part of a comprehensive approach to pain management and improvement in function. The goal of medication is to reduce your pain so you can function better at work and in daily activities, during exercise, and in personal relationships.

See [Tips for Managing Your Pain](#) (page 4) for more information.

## Using Medicines to Control Pain

Many different medicines can be used to help relieve pain. Pain relievers are also known as “analgesics.” Some medications are available over-the-counter (OTC), without a prescription, and some require a prescription.

There are four major types of medications used in the treatment of chronic pain.

1. Acetaminophen (e.g., Tylenol®)
2. Non-steroidal anti-inflammatory drugs (e.g., Advil®, Aleve®)
3. Opioid analgesics, also called narcotics (e.g., morphine, codeine, hydrocodone, oxycodone)

4. Adjuvant medications. Medications originally used to treat conditions other than pain can also be used to help relieve specific types of pain. For example, some drugs used to manage depression or seizures can be used to treat neuropathic or nerve pain. Some steroid medications, such as prednisone and dexamethasone, may be used to treat pain caused by inflammation or bone disease.

Various guidelines and reports on management of chronic pain can be found at:

[http://pain-topics.org/guidelines\\_reports/current\\_guidelines2.php#Assessment](http://pain-topics.org/guidelines_reports/current_guidelines2.php#Assessment)

Also see: [A Guide to Safe Use of Pain Medicine](#)

#### **Acetaminophen (APAP)**

Acetaminophen is usually the first drug to consider for treating mild to moderate pain. Acetaminophen, the ingredient in Tylenol®, is also found in more than 600 OTC and prescription medicines, including pain relievers, cough suppressants and cold medications. If you see the abbreviation “APAP” on the label of a drug, it means the medicine contains acetaminophen.

Acetaminophen can be toxic to the liver, especially with heavy alcohol use or in those with liver problems, even at lower doses. The maximum recommended adult dose for acetaminophen is 4,000 mg, or 8 extra-strength 500 mg tablets in 24 hours.

On January 13, 2011, the U.S. Food and Drug Administration (FDA) asked drug manufacturers to limit the strength of acetaminophen in prescription drug products, including combination acetaminophen and opioid products, to no more than 325 mg per tablet, capsule, or other dosage unit. The FDA has stated that limiting the amount of acetaminophen per dosage unit in prescription products may reduce the risk of severe liver injury from acetaminophen overdosing.

On July 28, 2011, McNeil Consumer Healthcare, the maker of Tylenol®, announced it would lower the maximum daily dose instructions for Extra Strength Tylenol® to six pills a day (3,000 mg) to reduce the risk of acetaminophen overdose.

It is important to read product ingredients carefully to ensure that the maximum daily dose of acetaminophen is not accidentally exceeded from a combination of multiple products taken.

Here is a link to more information about acetaminophen: <http://www.knowyourdose.org>

#### **Non-steroidal anti-inflammatory drugs (NSAIDs)**

NSAIDs are common medications used to relieve mild to moderate pain and reduce fever and inflammation. They include aspirin, naproxen (Aleve®, Naprosyn®), and ibuprofen (Advil®, Motrin®), as well as many medicines taken for colds, sinus pressure, and allergies. Another

class of NSAID is the selective COX-2 inhibitor celecoxib, which is available by prescription only.

NSAIDs are generally safe and effective for short-term use to treat mild to moderate pain. With long-term or chronic use, NSAIDs can increase blood pressure and worsen heart failure by causing sodium and water retention. Long-term use of NSAIDs can also increase the risk of ulcers and gastrointestinal bleeding, the latter of which increases in frequency and severity with age.

### **NSAIDs and Older Adults**

Two NSAIDs -- ketorolac (Toradol®) and indomethacin (Indocin®) — should not be used by older adults since safer alternatives are available. Chronic NSAID use should be avoided unless other alternatives are not effective and the patient can take a gastroprotective agent (proton pump inhibitor or misoprostol) (AGS, 2012).

In its most recent guidelines on the management of persistent pain in older adults, a panel of the American Geriatrics Society removed almost all NSAIDs from the list of recommended medications for *adults age 75 and older* with chronic pain (AGS, 2009). The guidelines state, “The decision to prescribe NSAIDs in the management of persistent pain in older adults demands individualized consideration.” Acetaminophen is recommended as first-line therapy for pain in older adults. The panel recommended that NSAIDs be considered “rarely” for elderly people, and used “with extreme caution” in “highly selected individuals.”

Here is a link to information on the safe use of acetaminophen and nonsteroidal anti-inflammatory drugs: <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/SafeUseofOver-the-CounterPainRelieversandFeverReducers/ucm164977.htm>.

### **Opioid Analgesics**

Opioid analgesics are used to help relieve moderate to severe pain. Examples of opioid analgesics include morphine, methadone, oxycodone (Oxycontin®), hydromorphone (Dilaudid®), and fentanyl (Duragesic®). Opioid analgesics are also available as combination products, usually combined with acetaminophen. Examples of combination products are Lortab®, Percocet®, Percodan®, Vicodin® and Tylox.

Opioids should be prescribed on a trial basis and should be continued only if progress is made toward improving the level of functioning and reducing pain complaints.

Opioid analgesics are most commonly taken orally — in a slow release (long-acting) or fast release (quick acting) form — or in the form of a patch that sticks to the skin.

For information on specific medications see Medline Plus:

<http://www.nlm.nih.gov/medlineplus/druginformation.html>

### Opioid Precautions

- Do not drive a car or operate dangerous machinery until you know how the medication affects you or if the medication is making you sleepy or feel confused. Opioids can slow your reflexes and affect your judgment.
- Alcohol and opioids together cause sleepiness and poor concentration. You should avoid alcohol completely when you first start on opioids or when your dose has just been increased. If you are taking opioids, you should avoid alcohol if you are going to drive or operate machinery.

### Opioid Side Effects

Opioids usually produce some side effects, including:

- Mild nausea or stomach upset
- Sleepiness, drowsiness
- Thought and memory impairment
- Impaired coordination
- Dizziness, lightheadedness, or feeling faint
- Constipation

These side effects (with the exception of constipation) often go away as you get used to the drug. Constipation can be a significant problem with opioid medicines, which may be prevented or lessened by taking a laxative on a regular basis.

An effective preventive bowel regimen, including diet changes and a stimulant laxative plus a stool softener may be needed to manage constipation. Bulk forming laxatives, such as psyllium, are often not useful and can actually worsen opioid-induced constipation by producing colon obstruction. Non-drug interventions that may assist with constipation include increasing dietary fiber intake, increasing fluid intake, increasing physical activity, and encouraging daily bowel movements at the same time, often after a meal.

A side effect associated with using these opioids regularly for many years is a decrease in certain hormones, particularly sex hormones, which may cause you to lose your ‘sex drive.’ A serious side effect, particularly in those individuals who have not been taking opioids regularly (opioid-naïve), is respiratory depression (slowed rate of breathing or loss of urge to breathe). Tolerance to respiratory depression occurs with regular opioid use.

### Opioids and Older Adults

Meperidine (Demerol®) and pentazocine (Talwin®) should be avoided in older adults because they have more side effects than other opioids and safer alternatives available (AGS, 2012).

The use of opioid analgesics may increase the risk for falls and fractures in older adults.

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# Safe Use of Pain Medications

- Always tell your physician assistant about all the medications you are taking, prescription and non-prescription, including vitamins and supplements.
- Keep a list of all the medicines you take.
- Keep track of when you take your medicines.
- Don't take more of a medication—or more often—than prescribed.
- Never take a prescription pain medication unless it is prescribed for you.
- Never share your medication with others.
- Store medications in a safe place. See [Safe Storage of Medications](#).
- Dispose of any unused medications. See [Safe Disposal of Medications](#).

## Opioid Analgesics

If you take opioid analgesics, there are other precautions you should take.

- Opioids can interact in a dangerous way with alcohol, recreational drugs, and certain medications. Alcohol and opioids together cause sleepiness and poor concentration. You should avoid alcohol completely when you first start on opioids or when your dose has just been increased. If you are taking opioids, you should avoid alcohol if you are going to drive or operate machinery.
- Combining opioids with sedatives can be dangerous.
- Opioids can slow your reflexes and affect your judgment. Do not drive a car or operate dangerous machinery until you know how the medication affects you or if the medication is making you sleepy or feel confused.
- If you take opioid medication for long periods of time, you can develop a tolerance so it is less effective. If this happens, your physician assistant may need to change the dose or medication.
- People who take opioids for a period of time may develop a physical dependence on the medicine. If you stop the medication suddenly, you may have uncomfortable symptoms, such as sweating, chills, and nausea. This is only a temporary situation that can be prevented by slowly reducing the medicine over a few days or a few weeks.

- Opioid therapy poses a risk of addiction or abuse. There is a difference between addiction, which is a psychological craving for medicine, and physical dependence. Abuse is using a medication for non-medical purposes (such as getting “high”). This risk is low in the general population, but it may be higher in young people, smokers, and people with a variety of risk factors.
- A majority of abused prescription drugs are obtained from family and friends, including from the home medicine cabinet. To protect your opioids from damage, loss, or theft:
  - Keep your opioids in a safe, locked place, out of reach of family, children, visitors, and pets.
  - Always store your opioids in the original labeled container.
  - Notice if any pills are missing.
  - If you travel, carry the original labeled container of opioids. This will help you answer any questions about your medicine.
  - If someone steals your opioids or your opioid prescription, report the theft to the police. Give this report to your physician assistant if you need a new prescription or early refill.

# **Safe Storage of Medications**

Here are a few tips about safe storage of medications in the home. Be aware that children and adolescents, or even visitors can get hold of sedative or painkiller prescriptions and abuse them or accidentally poison themselves.

- Keep all of your medications in one place and out of reach of children.
- Store your medicine in an area that is convenient, but is also cool and dry since heat and humidity can damage medicines. The kitchen and bathroom are bad places to store medicine because of the heat and moisture generated.
- Good lighting near where you store your medicines will help you make sure you are taking the right medicine. Never take medicines in the dark.
- Store medications for different family members separately to avoid the risk of mistakenly taking the wrong medications.
- Always keep medicines in their original container or packaging. The original packaging has useful information such as dosing, expiration date and pharmacy contact information.
- Don't leave the cotton plug in a medicine bottle. This can draw moisture into the container.
- Check the expiration date each time you take a medicine. Replace any medications that are out of date.
- Never use a medication that has changed color, texture, or odor, even if it has not expired. Throw away capsules or tablets that stick together, are harder or softer than normal, or are cracked or chipped.
- Do not mix different medications together in the same container.
- Keep track of the amount of medication you have frequently to make sure no one else is taking it.
- Don't share medication with anyone else or take someone else's medicine.
- Don't keep medication once you no longer need it. This will help keep it out of the hands of children and others who should not take the medication.
- Periodically organize and keep track of your medications. You should try to do this type of inventory every six months, or at least once a year. Check the expiration date of each medication and dispose of any expired or unneeded medicine. Also, look for medicines that have changed color, texture, or odor, or are dried out or crumbling.

Keeping “leftover” medications in your medicine cabinet contributes to the risk for accidental poisoning of children who can access these drugs and provides a source of drugs for others to abuse. Do your part by cleaning out your medicine cabinet.

## Sources

Medline Plus. Storing medicine safely.

Available at: <http://www.nlm.nih.gov/medlineplus/ency/article/007189.htm>

National Council on Patient Information and Education. Tips on safe storage and disposal of your prescription medicines.

Available at: [http://www.talkaboutrx.org/documents/safe\\_storage.pdf](http://www.talkaboutrx.org/documents/safe_storage.pdf)

National Hospice and Palliative Care Organization. Caring Connections. Live without pain.

Available at: <http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3521>

# Safe Disposal of Medications

Properly disposing of unneeded medications can help to prevent them from falling into the wrong hands. It is important to protect the environment and prevent unintentional misuse and illegal abuse by properly disposing of unused medications. Controlled substances, such as opioid pain medications, should be disposed of with particular care.

The U.S. Food & Drug Administration (FDA) has a web page for consumers with [information on how to dispose of certain drugs](#), including several high-potency opioids and other selected controlled substances. The web page lists some disposal options and some special disposal instructions for you to consider when throwing out expired, unwanted or unused medicines.

The FDA has determined that flushing is the most appropriate route of disposal for certain powerful opioid pain relievers and other controlled substances in order to reduce the danger of unintentional use or overdose and illegal abuse.

The resources listed below provide important information about safe disposal of medicines and can be found on the U.S Food & Drug Administration website.

- [Safe Disposal of Medicines](#)
- [Medication Disposal: Questions and Answers](#)
- [Disposal of Unused Medicines: What You Should Know](#)
- [How to Dispose of Unused Medicines](#)
- [Medicines Recommended for Disposal by Flushing](#)

[SMARxT DISPOSAL™](#) is a unique public-private partnership between the U.S. Fish and Wildlife Service, the American Pharmacists Association, and the Pharmaceutical Research and Manufacturers of America to educate consumers about how to dispose of medicines in a safe and environmentally protective manner. <http://www.smarxtdisposal.net>

[Safeguard My Meds™](#) is a national educational program from the National Community Pharmacists Association and Purdue Pharma L.P. to increase awareness about the importance of safe storage and disposal of prescription medicine in an effort to reduce the risk of misuse and abuse. <http://www.safeguardmymeds.org>

## Medicine Take-Back Programs

Medicine take-back programs for disposal are a good way to remove expired, unwanted or unused medicines from the home and reduce the chance that others may accidentally

take the medicine. Contact your city or county government's household trash and recycling service to see if there is a medicine take-back program in your community and learn about any special rules regarding which medicines can be taken back. You can also talk to your pharmacist to see if he or she knows of other medicine disposal programs in your area or visit the U.S. Drug Enforcement Administration's website for information on [National Prescription Drug Take-Back Events](#).

[DisposeMyMeds.org](#) is an online resource to help find medication disposal programs at the local independent community pharmacy near you. <http://www.disposemymeds.org>

The [Drug Take Back Network](#) provides information on permanent and regularly recurring drug take-back events by state. [http://www.takebacknetwork.com/local\\_efforts.html](http://www.takebacknetwork.com/local_efforts.html)

## Sources

DisposeMyMeds.org. <http://www.disposemymeds.org>

Drug Enforcement Administration. National Take-Back Initiative.  
[http://www.deadiversion.usdoj.gov/drug\\_disposal/takeback](http://www.deadiversion.usdoj.gov/drug_disposal/takeback)

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Food and Drug Administration. Medicines Recommended for Disposal by Flushing. Available at: <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm>

Food and Drug Administration. Safe disposal of medicines. Available at:  
<http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/default.htm>

Safeguard My Meds. <http://www.safeguardmymeds.org>

# Pain Assessment

The tools in this section are meant to help patients keep track of their pain as well as teach them how to communicate that information to their Physician Assistant.

## Brief Pain Inventory

This short yet comprehensive form rates how pain affects various aspects of daily life, such as sleep, mood, enjoyment of life, relationships, normal work, and more.

<http://www.partnersagainstpain.com/printouts/A7012AS8.pdf>

## Daily Activity Pain Limits

Assessment scale (0-10) to describe how pain limits daily activities.

<http://www.pa-foundation.org/wp-content/uploads/Daily-Activity-Pain-Limits.pdf>

## Live Better with Pain Log

This log can help track everyday things that have an impact on pain.

<http://www.pa-foundation.org/wp-content/uploads/Live-Better-with-Pain-Log-Rev-ACPA-2010-V2.pdf>

## Living with Arthritis Ability Chart

This tool rates the level of difficulty to perform everyday tasks.

<http://www.theacpa.org/uploads/documents/ACPA-Arthritis.pdf>

## Locate-Rate Your Pain

Provides body figure to locate pain and a 0-10 numeric pain rating scale with descriptions of each pain level.

## Memorial Pain Assessment Scale

This assessment card rates pain on four scales: mood, pain description, pain severity and relief. <http://www.partnersagainstpain.com/printouts/A7012AS9.pdf>

## Multi-Language Pain Assessment Scales

An easy-to-use pain assessment scale from 0 to 10 to describe pain. Scales are provided in several languages, including English, Chinese, French, German, Italian and Japanese.

[http://www.partnersagainstpain.com/printouts/Multilingual\\_Pain\\_Scale.pdf](http://www.partnersagainstpain.com/printouts/Multilingual_Pain_Scale.pdf)

## Numeric Pain Intensity and Pain Distress Scales

Two separate but similar scales that gauge pain intensity and distress on a scale of 0 (no pain) to 10 (worst pain imaginable/unbearable pain).

<http://www.partnersagainstpain.com/printouts/A7012AS7.pdf>

### **Pain Assessment for Older Adults**

Best practice information on pain assessment for older adults.

Source: The Hartford Institute for Geriatric Nursing, College of Nursing, New York University  
<http://www.pa-foundation.org/wp-content/uploads/Pain-Assess-Older-Adults-Try-This.pdf>

### **Patient Comfort Assessment**

This assessment form includes questions regarding the effectiveness of pain medications, side effects of these medications, and the effect the pain has had on the patient's mood, general activity, and other parts of life.

<http://www.partnersagainstpain.com/printouts/Patient-Comfort-Assessment-Guide.pdf>

### **Wong-Baker FACES Pain Rating Scale**

This scale features a series of faces that graphically depict pain, and rates pain from no pain (0) to the most severe pain (10).

<http://www.partnersagainstpain.com/printouts/A7012AS6b.pdf>

## **Pain Diaries**

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### **Pain Management Log**

This handy self-assessment log is helpful when keeping track of when you experience pain, how long you've had it, the medication you took to relieve the pain, the severity of pain after taking your medication, and the activity you were involved in when the pain occurred.

<http://www.partnersagainstpain.com/printouts/A7012PD3.pdf>

### **Daily Pain Diary**

The Daily Pain Diary is an effective record-keeping tool that enables you to keep detailed records of when you experience pain throughout the day, medications and other methods used for relieving pain, and the medication's side effects. It also includes a body diagram to identify where you experience pain, the effect of pain on your sleep, and more. The Daily Pain Diary should be taken to each visit with your physician assistant.

[http://www.partnersagainstpain.com/printouts/Daily\\_Pain\\_Diary.pdf](http://www.partnersagainstpain.com/printouts/Daily_Pain_Diary.pdf)

# Resources

## Organizations

**American Academy of Pain Medicine** is the medical specialty society representing physicians practicing in the field of pain medicine. As a medical specialty society, the Academy is involved in education, training, advocacy, and research in the specialty of pain medicine. <http://www.painmed.org>

**American Academy of Pain Management** is the largest pain management organization in the nation and the only one that embraces an integrative model of care, which: is patient-centered; considers the whole person; encourages healthful lifestyle changes as part of the first line of treatment to restore wellness; is evidence-based and brings together all appropriate therapeutic approaches to reduce pain and achieve optimal health and healing; and, encourages a team approach. The Academy offers continuing education, publications, and advocacy. <http://www.aapainmanage.org>

**American Chronic Pain Association (ACPA)** is an association that offers peer support and education in pain management skills to people with pain, family and friends and healthcare professionals. The website has thorough information on conditions associated with pain, medications and treatments, and pain management tools. Sponsored by Medtronic Foundation and Purdue Pharma L.P. <http://www.theacpa.org>

**American Pain Society** is a professional organization that increases the knowledge of pain and transforms public policy and clinical practice to reduce pain-related suffering. The website has resources for professionals and lists pain organizations that can help people in pain. <http://www.americanpainsociety.org>

**National Fibromyalgia and Chronic Pain Association** unites patients, policy makers, and medical and scientific communities to educate patients and the medical community as well as the public, government agencies and scientists regarding the importance of timely diagnosis and appropriate treatment of fibromyalgia and overlapping conditions in order to gain the most positive outcome for this patient population. <http://www.fmcpaware.org>

## Websites

**In the Face of Pain®** is an online pain advocacy resource that includes pain related information, statistics and resources to empower healthcare professionals, people with pain, caregivers, and other concerned individuals to take action and advocate for appropriate and effective pain care. Sponsored by Purdue Pharma L.P. <http://www.inthefaceofpain.com>

**Live without Pain** has information for patients and caregivers.

<http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3348>

**Partners Against Pain** provides information about pain including measuring and tracking it; features stories about real people living with pain; shares information about pain events in local communities and helps visitors find pain help near them. Partners Against Pain® is a resource that serves patients, caregivers, and healthcare professionals to help alleviate unnecessary suffering by advancing standards of pain therapy and care through education and advocacy. Sponsored by Purdue Pharma L.P. <http://www.partnersagainstpain.com>

### **MedLine Plus—Pain**

MedlinePlus is the National Institutes of Health's website for patients and their families and friends that offers reliable, up-to-date health information for free.

<http://www.nlm.nih.gov/medlineplus/pain.html>

**National Center for Complementary and Alternative Medicine** conducts and supports research and provides information about complementary health products and practices.  
<http://nccam.nih.gov>

**National Institute of Arthritis and Musculoskeletal and Skin Diseases** supports research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases; the training of basic and clinical scientists to carry out this research; and the dissemination of information on research progress in these diseases. <http://www.niams.nih.gov>

**National Institute of Neurological Disorders and Stroke** conducts and supports research on brain and nervous system disorders. <http://www.ninds.nih.gov>

**Pain Treatment Topics** is a noncommercial resource for healthcare professionals and their patients, providing open access to clinical news, information, research, and education for a better understanding of evidence-based pain-management practices. <http://pain-topics.org>

**Rx Safety Matters** offers education to help curb abuse of prescription medications through education. The website focuses on information for the healthcare professional, families and communities and law enforcement and government. Sponsored by Purdue Pharma L.P. <http://www.rxsafetymatters.org>

**Using Acetaminophen and Nonsteroidal Anti-inflammatory Drugs Safely.** Available from the Food and Drug Administration. <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/SafeUseofOver-the-CounterPainRelieversandFeverReducers/ucm164977.htm>

## Publications

**ACPA Resource Guide to Chronic Pain Medication & Treatment** provides current information on medications, non-drug interventions and complementary therapy options, including descriptions of non-opioid analgesics, trade names of commonly used opioid medications and easy-to-understand explanation of issues related to tolerance, physiological impairment, dependence, addiction, and withdrawal. Uses of antidepressants, anticonvulsants, sedatives, muscle relaxants, and topical analgesics in pain management are discussed. The booklet can be printed or when used online, it has many links in the text to additional website resources.

[http://www.theacpa.org/uploads/ACPA\\_Resource\\_Guide\\_2013\\_Final\\_011313.pdf](http://www.theacpa.org/uploads/ACPA_Resource_Guide_2013_Final_011313.pdf)

**A Guide to Safe Use of Pain Medicine.** Available from the Food and Drug Administration. <http://www.fda.gov/downloads/ForConsumers/ConsumerUpdates/ucm095742.pdf>

**Handbook for People with Pain** is a free resource to help people with pain and their caregivers face the challenges so often encountered by those who suffer from pain. The Guide includes pain assessment tools, treatment plans, caregiver issues and other ideas and tools to face the challenges of living with pain. Developed by Purdue Pharma L.P.

<http://www.inthefaceofpain.com/content/uploads/2011/08/ITFOPResourceGuide.pdf>

**Managing Chronic Pain: A Guide for Patients**

[http://www.acponline.org/patients\\_families/pdfs/misc/pain.pdf](http://www.acponline.org/patients_families/pdfs/misc/pain.pdf)

**Managing Your Pain** brochure

[http://www.caringinfo.org/files/public/brochures/LIVEMng\\_your\\_pain.pdf](http://www.caringinfo.org/files/public/brochures/LIVEMng_your_pain.pdf)

**Using Narcotics Safely** brochure

[http://www.caringinfo.org/files/public/brochures/LIVEUsing\\_Narcotics\\_Safely.pdf](http://www.caringinfo.org/files/public/brochures/LIVEUsing_Narcotics_Safely.pdf)

## Safe Storage and Disposal of Medications

**DisposeMyMeds.org** is an online resource to help find medication disposal programs at the local independent community pharmacy near you. <http://www.disposemymeds.org>

**Drug Enforcement Administration** website for information on National Drug Take-Back Events. [http://www.deadiversion.usdoj.gov/drug\\_disposal/takeback](http://www.deadiversion.usdoj.gov/drug_disposal/takeback)

**Drug Take Back Network** provides information on permanent and regularly recurring drug take-back events by state. [http://www.takebacknetwork.com/local\\_efforts.html](http://www.takebacknetwork.com/local_efforts.html)

### Food & Drug Administration

- Disposal of unused medicines: What you should know.  
<http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm>
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- Safe disposal of medicines.  
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**Storing Medicine Safely.** From Medline Plus.

<http://www.nlm.nih.gov/medlineplus/ency/article/007189.htm>

**National Council on Patient Information and Education.** Tips on safe storage and disposal of prescription medicines. [http://www.talkaboutrx.org/documents/safe\\_storage.pdf](http://www.talkaboutrx.org/documents/safe_storage.pdf)

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