Current Learning in Palliative care

CLiP

15 minute Worksheet

Helping the patient with pain

2: Issues in assessing pain

Introductory level

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Aim of this worksheet
To consider additional issues around assessing pain

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know.
- Take this learning into your workplace using the activity on the back page.

Case study

Pat is a 36 year old woman, married with two sons aged 12 and 9.

She had problems with her bowels for several months before some rectal bleeding made her see her GP. Investigations revealed a carcinoma of the sigmoid colon with liver metastases. She copes, with some denial, and refuses to tell her sons. She tends not to complain of pain, but grimaces whenever she sits down. She looks anxious.

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INFORMATION PAGE: Issues in assessing pain

Assessing pain

You need to ask Pat about the pain

S ite: where is the pain
O nset: when and how did it start?
C haracter: what is the pain like?
R adiation: does the pain radiate to another site?
A ssociations: are there any signs or symptoms associated with the pain?
T ime course: is there a pattern to the pain?
E xacerbating or relieving factors: what makes it worse or better?
S everity: how bad is it? Is it affecting mood, activities and relationships?

This checklist has the acrostic SOCRATES, which is a useful way of remembering the questions.

It is important to know Pat's goals at this stage:

If they are unrealistic we need to negotiate some shorter term goals

If they are too pessimistic, we need to negotiate some longer term goals.

Problems in assessing pain

- The number of different pains (50% of patients have 3 or more different pains).
- Not all pains respond to morphine.
- Patients underplaying their pain.
  Beware the stoic: "I think there's a pain somewhere in the room, but I could not positively say that I have got it." (Mrs. Gradgrind in *Hard Times* by Charles Dickens).
- Patients reacting markedly to their pain (usually anxiety, anger or depression are present).
- Staff or partners assessing a patient's pain.
  'Your own pain is certainty: another person's pain is uncertainty'.
- The patient with poor or absent communication (coma, confusion, dysphasia, learning disability).
  See *Identifying Distress* CliP Worksheet.

Pain – behaviour mismatches

The features of pain ('SOCRATES' above) are important, and patients are usually very accurate in describing their pain and the effects it is having on them (*'Pain is what the patient says hurts'*). In most patients, their description matches their behaviour and function. However, on occasions, the description of the pain and its effects seem out of proportion to their behaviour or function. These 'pain – behaviour mismatches' are important since they may indicate additional issues which can compromise effective pain management.

There may be many reasons for these mismatches.
Scenario 1: here Pat is minimising her pain. There may be many reasons why she is doing this: she is normally a stoical person; she believes that pain indicates weakness; she needs to remain in control; she fears that bad pain means the end is near; she believes that pain is inevitable in cancer and must be experienced; she believes that she deserves punishment (this may have a religious component or reflect the low self esteem that is part of a depressive illness); depression itself can also influence the experience of pain by lowering the pain threshold.
Scenario 2: here Pat appears to be exaggerating her pain. Reasons include the following: a determination to appear normal in front of her children; fear of losing support if her pain improves (occasionally a patient's pain may play such a large part of in the dynamics of a family it may be difficult for them to tell people it is well controlled for fear that they will loose some of the care and attention they need); an attempt to keep control over an uncontrollable disease; using opioid to sleep and forget the reality of her situation. Note that opioid addiction is rarely a factor in palliative care.
Scenario 3: the reasons can be a mix of the previous scenarios but, in addition, Pat may simply have a fear of starting strong opioids (perhaps based on past personal experience of being given incorrect opioid doses on a previous occasion, or having seen family or friends have side effects, or simply that she associates starting strong opioids with the imminence of death).

The presence of a pain – behaviour mismatch is a cue to exploring issues further than just the pain features. Failing to do so will mean a failure to uncover the causes that underlie an individual's ability to cope with their pain.

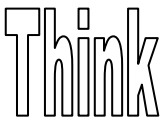
Principles of pain assessment

- Set realistic goals
- Assess all the features of each pain
- Understand the problems of assessment
- Identify pain-behaviour mismatches

Talk to a colleague

and write down what else you would want to know about Pat's pain

Tip: think about a pain you had recently. What information would you give the nurse or doctor so that they understood your pain?



Think about what makes it difficult to assess someone's pain?

Tip: think of the difficulties you had describing the problems of an older relative or young child to a health professional

Mismatched pain:

A patient's pain usually matches their reaction to the pain and fits with your understanding of their pain, but not always.

Write down some possible causes for the mismatches below

Details of pain	Possible causes of a pain-behaviour mismatch
1. Pat tells you she does not have pain, *but* - she does have an ache that keeps her awake all night and is *'getting me down'.*	
2. Pat admits that the pain in her bottom is 'absolutely terrible' all the time, and she could do with some morphine now, *but* - she sits comfortably, smiles and chats with her children.	
3. Pat is clear she has 'awful' pain, *but* - is adamant she does not want to start morphine.	

FURTHER ACTIVITY: Issues in assessing pain

Discuss the use of pain assessment tools in your team.

FURTHER READING: Issues in assessing pain

Journal articles and book chapters

Cherry NI. Pain assessment and cancer pain syndromes. In: *Oxford Textbook of Palliative Medicine* 4th ed. Hanks G, Cherny NI, Christakis NA, Fallon M, Kaasa S, Portenoy RK. eds. Oxford : Oxford University Press, 2010, p599-626.

Davies J, McVicar A. Issues in effective pain control. 1: Assessment and education. *International Journal of Palliative Nursing.* 2000; **6**(2): 58-65.

Davies J, McVicar A. Issues in effective pain control. 2: From assessment to management. *International Journal of Palliative Nursing.* 2000; **6**(4):162-9.

Knudsen AK. *Et al.* Classification of pain in cancer patients--a systematic literature review. *Palliative Medicine.* 2009; **23**(4): 295-308.

Mayer DM, Torma L, Byock I, Norris K. Speaking the language of pain. *American Journal of Nursing.* 2001; **101**(2): 44-9.

Regnard C, Mathews M, Gibson L, Clarke C. Difficulties in identifying distress and its causes in people with severe communication problems. *International Journal of Palliative Nursing.* 2003; **9**(3): 173–6.

Twycross R, Wilcock A, Stark Toller C. Pain relief. In: *Symptom Management in Advanced Cancer, 4th ed.* Nottingham: palliativedrugs.com, 2009. pp. 13–59.

Vachon M. The emotional problems of the patient in palliative medicine. In, Hanks G, Cherney NI, Christakis NA, Fallon M, Kaasa S, Portenoy RK. *The Oxford Textbook of Palliative Medicine, 4th ed.* Oxford University Press, 2010.

Further resources

A Guide to Symptom Relief in Palliative Care, 6th ed. Regnard C, Dean M. Oxford: Radcliffe Medical Press, 2010

e-lfh: e-Learning for Healthcare contains a range of online self-learning programmes, including several relating to end-of-life care (e-ecla). Registration is required but is free. http://www.e-lfh.org.uk/projects/e-elca/index.html

Oxford Textbook of Palliative Medicine 4th ed. Hanks G, Cherny NI, Christakis NA, Fallon M, Kaasa S, Portenoy RK. eds. Oxford : Oxford University Press, 2010.

PCF6- Palliative Care Formulary, 6th ed. Twycross RG, Wilcock A, Howard P. www.palliativedrugs.com

Symptom Management in Advanced Cancer, 4th edition. Twycross RG, Wilcock A, Stark-Toller C. Oxford: Radcliffe Press, 2009

Wall and Melzack's Textbook of pain, 5th ed. McMahon SB, Koltzenburg M, eds. Edinburgh : Elsevier Churchill Livingstone, 2005.