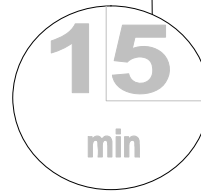


# CLIP

15 minute Worksheet



## Helping the patient with pain

### 1: What is pain?

Introductory level

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#### Aim of this worksheet

To consider general aspects of pain and pain relief.

#### How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Work on the questions overleaf.
- The work page is on the right side, the information page is on the left.
- Work any way you want: you can try answering from your own knowledge (in which case fold over the information page), you can use the information page (this is not cheating- you learn as you find the information), or you can use other sources of information
- It should take you about 15 minutes. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know
- Use the activity on the back page and take this learning into your workplace.

v12: 2008

## What is pain?

Here are four definitions:

- *Pain is perceived along a spectrum from peripheral pain receptors to the cerebral cortex, and is modified at every step along its travel.*
- *Pain is an unpleasant, complex, sensory and emotional experience.*
- *Pain is a distressing experience for the patient*
- *Pain is what the patient says it is.*

The first definition sounds authoritative, while the last sounds simplistic (and ungrammatical!).

In practice, the last two definitions are probably the most helpful since only the patient can really know what their pain is really like. The second definition is a compromise and might be preferred by those who prefer a 'proper' definition!

## Causes of failure to relieve pain

Pain may remain untreated, or inadequately treated for many reasons. Here are some of the reasons, with their consequences (you may have thought of some more):

### Reasons

Belief that pain is inevitable

Inaccurate diagnosis of the cause

Lack of understanding of analgesics

Unrealistic objectives

Infrequent review

Insufficient attention to mood and morale

### Consequences

Unnecessary pain

Inappropriate treatment

Use of inappropriate, insufficient or infrequent analgesics

Dissatisfaction with treatment (by patients and carers)

Rejection of treatment by patient

Lowered pain threshold

(Adapted from Twycross, *Update* 1972; 5: 115-121.)

## Pain in cancer and non-cancer diseases

Pain in cancer is often overestimated, while it is often underestimated in other conditions.

In reality, around 60% of patients with advanced disease get troublesome pain, and this figure is similar for AIDS, cardiac disease and neurological disorders. The scandal for people with advanced, non-cancer disease has been that they are much less likely to be treated with strong analgesics for their pain. However, this has been recognised and many initiatives have now started that are addressing the issue of palliative care in non-cancer conditions.

## Acute versus chronic pain

During their training most professionals meet patients with acute pain (eg. a fracture) and are much less likely to meet a patient with chronic pain (eg. neuralgia), let alone be taught how to manage such pains. Consequently it can be difficult to appreciate the differences between the effect of these different pains on the patient and their carer:

	<b>Acute pain (eg. fracture)</b>	<b>Chronic pain (eg. neuralgia)</b>
<b>Patient</b>	Obviously in pain Complains loudly of pain Understands why they have pain Primarily affects the patient	May only seem depressed May only complain of discomfort or may not complain at all May see pain as unending and meaningless Pain overflows to affect family and carers
<b>Carer</b>	Treatment is straightforward Parenteral analgesics acceptable Analgesic effects acceptable Single treatments often work	Treatment may be complex Oral analgesics preferable Adverse effects unacceptable Multiple approaches usually needed

## Principles

There are lots of possible principles from this first page. Here are three (you may have more):

- Pain is what the patient says it is (or shows itself as a distressing experience)
- Most causes of unrelieved pain are unrelated to analgesics
- Chronic pain cannot be treated in the same way as acute pain

We have all experienced pain, but there are some rare people who cannot perceive pain. Think about how would you tell them about pain.

**Reflect**

**How would you describe and define pain?**

In one survey, 88% of patients with advanced disease had pain in the last year of life: 66% found this pain 'very distressing'.

**Talk it over**

**Talk to a colleague and write down reasons why you think there is so much unrelieved pain**

**Write**

**Ring the percentage closest to the correct amount of distressing pain in the following conditions?**

Cancer = 10% 30% 60% 80%      Motor neurone diseases = 10% 30% 60% 80%  
 AIDS = 10% 30% 60% 80%      End-stage cardiac disease = 10% 30% 60% 80%

Most people have seen or treated acute pain (eg. any injury), but many people have much less experience of persistent, long-term pain.

**Write**

**What are the differences between acute and chronic pain for the patient and carer**

	Acute pain (eg. fracture)	Chronic pain (eg. neuralgia)
Patient		
Carer		

## FURTHER ACTIVITY: What is pain?

Think back to a pain you have experienced:  
-how would you describe it in a letter to a friend?

## FURTHER READING: What is pain?

### Journal articles

- 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.
- Mayer DM. Torma L. Byock I. Norris K. Speaking the language of pain. *American Journal of Nursing*. 2001; **101**(2): 44-9.
- Twycross RG. Palliative care in the past decade and today. *European Journal of Pain*. 1999; **3**(SUPPL. A):23-29.
- Twycross RG. The fight against cancer pain. *Annals of Oncology*. 1994; **5**(2): 111-112.

### Resource books and websites

- A Guide to Symptom Relief in Palliative Care, 5<sup>th</sup> ed.* Regnard C, Hockley J. Oxford: Radcliffe Medical Press, 2004.
- Cancer Pain Relief and Palliative Care.* Geneva : WHO, 1990.
- Oral Morphine, Information for Patients, Families and Friends.* Twycross R., Lack S.A. Beaconsfield Publishers. 1988.
- Oxford Textbook of Palliative Medicine* 3rd ed. Doyle D, Hanks G, Cherny NI, Calman K eds. Oxford : Oxford University Press, 2003.
- Oxford Textbook of Palliative Care for Children.* Ann Goldman, Richard Hain, Stephen Liben, eds. Oxford : Oxford University Press, 2006.
- PCF3- Palliative Care Formulary, 3<sup>rd</sup> ed.* Twycross RG, Wilcock A. Oxford: Radcliffe Press, 2008. Also on [www.palliativedrugs.com](http://www.palliativedrugs.com)
- Symptom Management in Advanced Cancer, 3rd edition.* 2001. Twycross RG, Wilcock A. Abingdon: Radcliffe Medical Press.
- Wall and Melzack's textbook of pain, 5th ed.* Stephen B. McMahon and Martin Koltzenburg, eds. Edinburgh : Elsevier Churchill Livingstone, 2006.



**Current Learning In Palliative care**  
An accessible learning programme for health care professionals

### 15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

Also available online on  
[www.helpthehospices.org.uk](http://www.helpthehospices.org.uk) (click on 'e-learning')