

Current thinking on pain diagnosis and management in humans

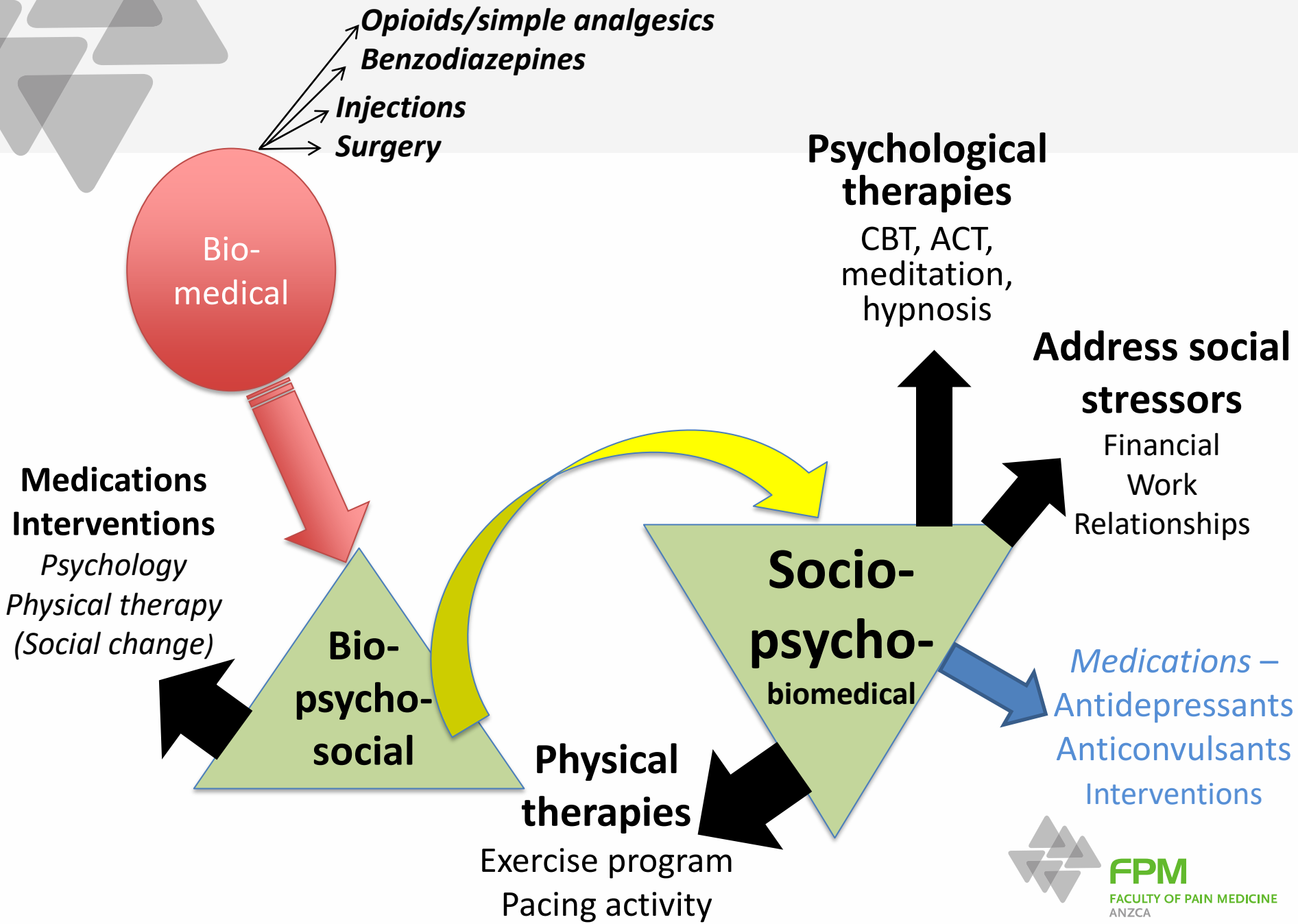
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2 December 2020

10th National Primary Industries Animal Welfare RD&E Forum
"Pain – elimination, mitigation and inter-disciplinary learnings"

Conflicts of interest declaration

- Employed by SA Health
- Editor “*Anaesthesia & Intensive Care*” Journal
- Clinical lead, FPM Pain Management Health Practitioner Education Strategy
- Honoraria for education seminars





Pain assessment

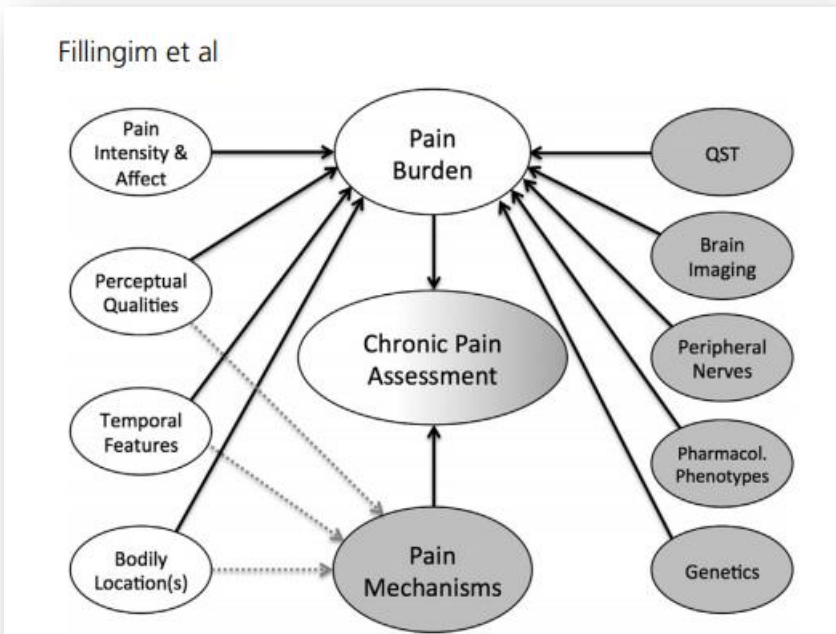


Fig 1. Heuristic model of pain assessment. This model depicts the 2 major goals of pain assessment: 1) assessment of pain burden, and 2) assessment of pain mechanisms. The left side

Fillingim et al Assessment of Chronic Pain: Domains, Methods and Mechanisms J Pain 2016

- **2020 new definition of pain**
International Association for the Study of Pain
- **3 types of pain**
 - Nociceptive pain
 - Neuropathic pain
 - Nociplastic pain



Pain assessment

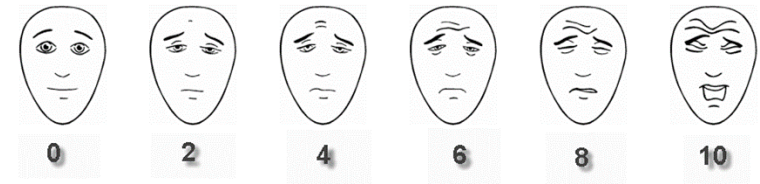
- Acute pain
 - Verbal Rating scales
 - Observational scales for non-verbal persons
- Chronic pain questionnaires
 - Pain Catastrophising Scale
 - Depression Anxiety and Stress Scale
 - Pain Self Efficacy Questionnaire
 - Magill Pain Questionnaire
 - Parent/caregiver questionnaires
- Physical examination
 - Pain-oriented physical examination (POPE)
 - Pain-oriented sensory testing (POST)

❖ Sleep assessment

0-10 NUMERIC PAIN RATING SCALE



Faces Pain Scale - Revised



FLACC

Categories	0	1	2
Faces	No particular expression or smile	Occasional grimace frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
Cry	No Cry (awake or asleep)	Moans/whimpers, occasional complaint	Crying steadily, screaming or sobs, many complaints
Consolability	Content, relaxed	Reassured by touch, hugs or talking to	Difficult to console or comfort

Patient self-report is the gold standard

New Patient Questionnaire - Back and Pain Center BIRTHDATE

Michigan Body Map

On the image below, identify all the areas of your body where you have felt persistent or recurrent pain present for the last 3 months or longer.

Left Side:

- Head: Head (orgasmic headaches, need to see neurologist)
- Face: Face (tics - sometimes painful)
- Jaw: Jaw
- Neck: Neck
- Shoulder: Shoulder
- Upper Arm: Upper Arm
- Elbow: Elbow
- Lower Arm: Lower Arm
- Hand: Hand (nerve damage, carpal tunnel)
- Buttocks: Buttocks
- Groin: Groin
- Upper Leg: Upper Leg
- Knee: Knee
- Lower Leg: Lower Leg
- Foot: Foot

Right Side:

- Head: Head
- Face: Face
- Jaw: Jaw
- Neck: Neck
- Shoulder: Shoulder (SA plan of tx changed per Dr. Dobson informed @ 1st visit to be done. No PE performed)
- Upper Arm: Upper Arm
- Elbow: Elbow (due to wearing cane from Δ in plant tx from SA)
- Lower Arm: Lower Arm
- Hand: Hand (surgery for carpal tunnel post op, due to move back home to MI)
- Buttocks: Buttocks (due to wt loss 3 people, No butt left, use special cushions to sit on)
- Groin: Groin
- Upper Leg: Upper Leg
- Knee: Knee (arthritis or just sore thing get dozens of forms for 3 people)
- Lower Leg: Lower Leg
- Foot: Foot

Central Regions:

- Upper Back: Upper Back (Sciatica - bilaterally)
- Chest/Breast: Chest/Breast
- Abdomen: Abdomen
- Lower Back: Lower Back (pain in back - the priority, need an epidural. Last one was difficult to get in, allergic to Sadies, eat seafood + no problems. Severe problems many hrs. later after last epidural. Pain specialist covered)
- Coccyx: Coccyx
- Hip: Hip
- Hip: Hip

Handwritten Notes:

- Left:** I'm turning into a recliner chair since Dec. 4th. Limited Rheumatology in SA, 3 in Atlanta area - Primary in pediatrics. Arthritis in other places now. LT carpal tunnel release went bad in 6th on 4-26-11. Worse since. Nerve damage diagnosed with 6/15 that mimic MS, carpal tunnel, spasms, twitching etc. very painful. Severe Polyneuropathy after chemo for AML in 1990. Took some time, months - 1yr - 2yrs to recover to feel the ground. Mid thigh to feet. Mid upper forearm to fingers. See pt. list please for more info.
- Right:** Sciatica - bilaterally.

No Pain

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5-10C04 Ver: B11 Medical Record **M** New Patient Questionnaire - Back and Pain Center

Courtesy of A/Prof Chad M. Brummett, Director, Pain Research
Department of Anesthesiology University of Michigan Medical School

Old wounds run deep...



Adverse Childhood Experiences (ACE) Study

- Association with affective and anxiety disorders, personality disorders

Dong et al., Child Abuse & Neglect 2004

Fear-proneness remains present throughout life



Patient-centred approach to pain management

- **Multimodal approach**
 - Pain education
 - Targeted information
 - Medications
 - Procedures
 - Psychological strategies
 - Activity and rest
 - Lifestyle and diet
- **Disease-specific treatments**
- **Team approach by healthcare professionals**

