

MULTIDIMENSIONAL ASSESSMENT FOR PERSISTENT PAIN

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The following format for documentation of a multidimensional pain assessment is recommended for complex patients. It serves to ensure that all the various dimensions of pain have been assessed and serves, when dictated in this format, to facilitate communication with other treating clinicians. Tools that are commonly used are noted at each heading.

Pain History [Brief Pain Inventory (BPI) and Douleur Neuropathique (DN-4) for neuropathic pain]

- Details of pain history and associated symptoms
 - Onset, provoking/relieving factors, quality, character (specifically asking about typical features of neuropathic pain), region, radiation, severity and timing (continuous or intermittent and if intermittent is it provoked or spontaneous?)
 - Associated symptoms- sleep disorders, cognitive impairment (memory, concentration), appetite and diet, energy, libido, medication side effects (and if on opioids >100mg/morphine per day equivalence ask about symptoms of hypogonadism -(in males, reduced libido, fatigue, loss of muscle mass, weight gain, depression, infertility, osteoporosis. In females, amenorrhea, infertility and osteoporosis) and consider screening - Free and bioavailable testosterone in males, estradiol in females. If low-normal or low, recheck and also order FSH, LH, PRL and Hgb. Bone density may also be appropriate.
- Details of previous consults and investigations
- Previous treatments tried and details of the outcomes
- Current medications, including over the counter medications and other treatments.

History of Past Health Relevant to the Presenting Problem

- Those co-morbidities or factors that could influence the reporting of the pain syndrome (dementia, other cognitive or conceptual problems, language barriers)
- Those co-morbidities that could influence treatment (renal failure, abnormal hepatic function, short-gut syndrome, cardiovascular disease, sleep disturbance, skin conditions that might impair patch application such as psoriasis)
- Any other relevant medical or surgical history

Psychiatric Co-morbidity (Generalized Anxiety Disorders-7 (GAD-7) and Patient Health Questionnaire-9 (PHQ-9))

- Anxiety, depression and suicide inquiry, bipolar disorder, posttraumatic stress disorder (PTSD), adult attention deficit hyperactivity disorder (ADHD)

Psychosocial Factors [Pain Catastrophizing Scale (PCS) Tampa Scale of Kinesiophobia]

- Individual personality features which impact pain (catastrophizing, health-related anxiety, pain-related fear and associated avoidance behaviors)
- Factors relevant to patient/physician communication (What does the patient think is the cause of their pain and what do they think the pain means?)
- What impact has the pain had on their life?
- What strategies does the patient use to manage their pain now?
- Other factors (specific family or cultural issues, employment history, litigation issues, financial situation, family and/or community support)
- Relevant family history, including chronic pain, sexual abuse and adverse childhood events (A nice way to enquire about this is to ask the patient "Would you like your children to have the same childhood you did?")

Risk of Addiction [Screener and Opioid Assessment for People in Pain (SOAPP-14 / Opioid Risk Tool (ORT)]

Screening—if opioids or cannabinoids are currently being used, requested, or will be considered; determine if the addiction risk is low, medium or high)

- If currently using opioids history of use, if any aberrant behaviours, or non-reassuring urine drug testing
- Smoking history
- Previous drug and/or alcohol exposure and related outcomes (attendance at drug or alcohol detoxification or rehabilitation programs or legal or social problems)
- Family history of drug, alcohol, or psychological/psychiatric problems

Assessment of Function [Brief Pain Inventory/ Pain Disability Index/ Fibromyalgia Impact Questionnaire-Revised]

- To determine the impact of the pain on a person's life and provide a baseline for follow-up assessment
- It should cover all of the relevant areas and usually includes impact of pain on domains such as employment, social life, recreational pursuits, family or home responsibilities, self care, sleep, and ideally evaluate the overall quality of life

Goals

- Determine patient goals to direct treatment and evaluate effectiveness of therapeutic interventions. Consider S.M.A.R.T. goals- specific, measurable, achievable, realistic and timely- "walk three blocks four times a week for one month" rather than "exercise more")

Physical Examination

- Mental status examination as appropriate
- General physical examination and, if appropriate, look for evidence of substance abuse/misuse and document its presence or absence (evidence of IV injection, unusual scars or burn marks, enlarged liver or other stigmata of alcohol abuse, normal nares and nasal septum and dentition are normal with evidence of dental care)
- Focused pain examination, paying attention to musculoskeletal and neurological examination
- Further investigations or consults as needed and consider:
 - urine drug testing
 - medication logs
 - diaries to assess pain, sleep, activity, or other relevant behaviors
 - informed consent documentation if prescribing opioids or behavioral contracts.

Follow Up Visit [Opioid Risk Manager]

- To monitor treatment effectiveness by reviewing goal achievement
- To review "homework" (pain diaries, medication logs, sleep assessments)
- To interview a significant other (to confirm functionality, aberrant behaviour..)
- Need to document (5As):
 - Analgesic response both to pain score and function
 - Activity response
 - Adverse events (to treatment)
 - Aberrant drug-related behavior if potentially addictive medications such as opioids and /or cannabinoids are prescribed
 - New action plan of care

References:

- 1.Irving G, Squire P. Chronic pain assessment. In Ballantyne J, Wallace M (eds.) 2009 *Bonica's Textbook of Pain Management*, 4th Ed.
2. Squire P.Does ineffective communication confound multidimensional pain assessment? *J Pain*. 2007;8(12):903-5.
3. Short C, Lynch M. Assessment of Pain. In Lynch M, Craig K &Peng P, *Clinical Pain Management, a Practical Guide*. Oxford England: Wiley Press, 2010
4. Colamenco,S. Opioid -induced Endocrinopathy. *JAOA* .Vol 109 No 1 January 2009
<http://www.jaoa.org/cgi/content/full/109/1/20>

Selected Tools and Sources - Updated January 14 2011- Note that these sources may change (so our regrets if the website is no longer functional) and some are associated with pharmaceutically supported websites. This will not affect the tool and tools modified by pharmaceutical companies have not been included.

Tool	Web Source of Tool
Patient Medication Journal	http://www.nationalpainfoundation.org/tools.php
Canadian National Opioid Use Guidelines -Opioid Manager	http://nationalpaincentre.mcmaster.ca/opioidmanager/
Brief Pain Inventory	http://www.painknowledge.org/physiciantools/opioid_toolkit/components/BPI.pdf
Short Form McGill Pain Questionnaire	This website is a pdf that includes the SF-MPQ as well as a pain diagram. It is available for download with the authors permission. http://www.npcrc.org/usr_doc/adhoc/painsymptom/McGill%20Pain%20Inventory.pdf
The Neuropathic Pain Scale	PainEdu.org at http://www.painedu.org/tools.asp?Tool=8
The DN4 to asses for Neuropathic Pain	http://www.dn4.ca/en/splash/ or http://www.calgaryhealthregion.ca/programs/rpp/pdf/hcp_dn4questionnaire.pdf
Gad-7 for anxiety and PHQ-9 for depression screening	http://www.phqscreeners.com/instructions/instructions.pdf
The Beck Depression Inventory	This website is a resource centre and provides comprehensive information on this tool as well as information regarding purchasing the tool. http://www.musc.edu/dfm/RCMAR/Beck.html
Psychological assessment: The Minnesota Multiphasic Personality Inventory (MMPI)	This website provides information regarding this tool and purchasing it. http://psychcorp.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=MMPI-2
Psychological assessment: The Pain Catastrophizing Scale	The scale: http://www.worksafe.vic.gov.au/wps/wcm/connect/9d7069804071f90b951cffe1fb554c40/pain_catastrophizing_scale.pdf?MOD=AJPERES Scoring it: http://www.worksafe.vic.gov.au/wps/wcm/connect/2b991f804071f90d9530dfe1fb554c40/pain_catastrophizing_scale_scoring_information.pdf?MOD=AJPERES
Psychological Assessment to assess fear of movement. The Tampa Scale for Kinesiophobia	http://www.worksafe.vic.gov.au/wps/wcm/connect/9b57dc004071f90694b8dee1fb554c40/tampa_scale_kinesiophobia.pdf?MOD=AJPERES
Pain Coping Strategies Questionnaire	This page discusses the questionnaire http://www.thefreelibrary.com/The+coping+strategy+questionnaire.-a0221595591 If you google the questionnaire there is a link to a series of questionnaires that also includes spiritual coping strategies
Tools to assess addiction risk. Review of 9 validated tools and downloadable selected tools and information on Urine Drug Testing	For information on this and many other tools and topics on Opioid Risk Management http://pain-topics.org/opioid_rx/risk.php
Functionality Assessment: 1. The Pain Disability Index Score 2. The Brief Pain Inventory 3. The Fibromyalgia Impact Questionnaire-Revised (FIQ-R)	1. http://www.statisticssolutions.com/methods-chapter/directory-of-survey-instruments/pain-disability-index/ 2. http://www.partnersagainstpain.com/printouts/A7012AS8.pdf 3. Web address of the article Bennett R et al; The Revised Fibromyalgia Impact Questionnaire (FIQ-R): validation and psychometric properties. Arthritis Research & Therapy 2009. This is a free access article
Informed consent documentation, opioid or behavioral contracts	PainEdu.org at www.painedu.org/tools.asp Emerging Solutions in Pain at www.emergingsolutionsinpain.com