

**NONPHARMACOLOGIC
APPROACHES
for
EFFECTIVE
PAIN MANAGEMENT**

Linda J. Keilman, DNP, GNP-BC

Objectives:

- 1. Define & recognize pain across the lifespan.**
- 2. Identify evidence-based nonpharmacological approaches (NPAs) or interventions for effective management of pain.**

- An unpleasant sensory & emotional experience associated with actual or potential tissue damage, or described in terms of such damage**
(International Association for the Study of Pain, 1979)
- The clinician must accept the patient's report of pain**
(American Association of Pain, 2003)
- A subjective experience & no objective tests exist to measure it**
(American Pain Society, 2009)
- Whatever the experiencing person says it is, existing whenever the person says it does**
(McCaffery, 1968)

What is wrong with these definitions?

The individual must be able to answer the questions we ask & tell us what is wrong in a way that we understand what they are saying!

- Older adults tend to under report pain
- Individuals with cognitive impairment (CI) may experience pain differently
 - Ability to describe symptoms is impaired
 - If CI becomes dementia, the ability to communicate & remember pain becomes increasingly difficult
- Pain is undertreated in dementia *(Sarbacker, 2014)*
 - Individuals with dementia are at risk for multiple sources & types of pain *(Horgas, 2012)*

- All pain is a very individualized, subjective experience
 - Self-report of pain is the single most reliable indicator of pain
- Chronic pain is one of the most common conditions in older adults & is associated with substantial disability & costs *(Reid et al., 2016)*
- Presentation of pain may be non-specific
- Consider pain the 1st vital sign
- There are no universal tests for pain

- Medication
 - NPAs
 - Consider:
 - What works & does not work?
 - Trial & error
 - Documentation – **EXTREMELY** important!
 - Effectiveness of medication
 - Effectiveness of NPAs
 - How do you know?
- } —————→ **AND**
 ↓
 At the SAME time!

Underlying Pain Principles

- **Moral imperative**
- **Chronic pain can be a disease itself**
- **Treatment & management = comprehensive**
- **Interprofessional approach**
- **Prevention is paramount**
- **Research evidence should be translated to practice & utilized** (*evidence-based*)
- **Safe, effective & appropriate prescription of medications** (*including opioids*)
- **Treatment success depends on relationships**

Nonpharm Approaches (NPAs)

* = empirically supported; evidence based

Advantages:

- **Addresses the psycho-social-spiritual-cultural-environmental potential reason for the pain**
- **Holistic & person-centered**
- **Avoids use of medications that can decrease QOL**
- **Preserves communication & interaction**
- **Creates memorable moments**
- **Improves/maintains QOL for all involved**

- **Not used in place of appropriate medications but rather as an adjunct**
- **Utilize as soon as possible**
- **Know the individuals story**
 - **Past interests, hobbies, activities, likes & dislikes, experience, preferences, values, their *bucket list***
- **INDIVIDUALIZE the approaches!**

- **Many of the interventions, techniques & strategies require active involvement from the individual** (*cognitively intact*)
 - Empowerment
 - Increased self esteem & self worth
- **Older adults with CI can & should be involved in interventions starting with their preferences**
 - Caregiver & provider education, patience, creativity, *knowing the person's story*

- * **Activities/Activity**
 - **Individual**
 - Meaningful
 - Intentional
 - **Physical** (*exercise*)
 - Aerobic
 - Low impact
 - Water (*hydrotherapy*)
 - **Stretching & strengthening are effective exercises for improving pain & function**
 - Tai chi, yoga, Pilates, chair

- Acupuncture
- * **Animal Assisted Therapy (AAT)**
 - Pet visitation
 - Certified, family pets, farm animals, strays
- Aromatherapy
 - Use of scents to relax, relieve stress & decrease pain
- * **Assistive Devices**
 - Eye glasses, hearing aids, canes, WC
 - Shoes, clothing

- * **Bathing Alternatives**
 - **Bathing Without a Battle** (*Barrick et al., 2002*)
- * **Biofeedback**
 - Machine that helps the individual control their physiological function & relax
- * **Care Plans**
 - Individualized, detailed, comprehensive
- * **Communication**
 - Slow, repetitive, simple explanations
 - Consider health literacy principles!

- * **Cognitive-Behavioral Therapy (CBT) =**
Psychological intervention
 - **Adaptive & therapeutic coping strategies**
 - **Behavioral rehearsal**
 - **Imagining/thinking about performance**
 - **Practicing**
 - **Role-playing**
- * **Cryotherapy** (*decrease pain & swelling; prevent further tissue damage*)
 - **Cold/ice = numbing**
 - **Compresses/packs**

- * **Coping Strategies**
 - **Adaptive**
- * **Daily Routine**
 - **Consistent**
 - **Familiar**
 - **Honoring basic bodily/human functions**
- * **Distraction / Diversion**
 - **Person-centered**
 - **Everyone is a unique individual**
 - **Knowing their story very helpful!**

- * **Environment Modification**
 - **Lighting, sound, temperature, smells**
 - **“Home-like”**
 - **Comfortable seating** (*arms, back support*)
 - **Mattress** (*pressure redistributing*)
 - **Bed height**
 - **Positioning/repositioning** (*neutral body alignment*)
 - **Smooth & tight linens**
 - **De-clutter**
 - **Placement of furniture**

- * **Heat** (*sore muscles, spasms, old injuries*)
 - **Warm**
 - **Moist**
 - **No heating pads over an ointment**
- * **Hypnosis/Hypnotherapy**
 - **A state of conscious change requiring the body to relax**
- * **Humor & Laughter**
 - **Relaxes whole body**
 - **Triggers release of endorphins**
 - **Boosts the immune system**
- * **Immobilization** (*with caution*)

- * **Listening**
 - **The ability to accurately receive & interpret messages in the communication process**
 - **Not the same as hearing**
 - **Types:**
 - **Active**
 - **Comprehensive**
 - **Discriminative**
 - **Empathic**
 - **Reflective**
 - **Intentional**

- **Lifestyle Changes:**
 - **Adequate sleep**
 - **Balanced nutritional intake**
 - **Drinking plenty of water**
 - **Limiting caffeine**
 - **Physical activity**
 - **Routines**
 - **Smoking cessation**
 - **Monitoring alcohol & drug intake**

- * **Massage** (*body, feet, hands, legs, head, back*)
 - **Progressive muscle relaxation/techniques**
 - **Techniques: friction, percussion, vibration, tapotement**
- * **Mindfulness Meditation**
 - **Mindfulness based stress reduction (MBSR)**
 - **Guided imagery**
- * **Music or Music Therapy** (*MT*)
 - **Positive effects on pain & anxiety from a pathophysiology perspective**

- * **Observation**
- * **Presence**
 - **Being with**
 - **Empathic**
- * **Rehabilitation**
 - **Physical or occupation therapy**
 - **Optimizing ROM, strength, endurance, neuromuscular control**
- **Reflexology**
 - **Points in the feet that correspond to parts of the body (organs, systems)**

- * **Reminiscence**
 - Life review
- * **Religion/Spirituality/Faith**
 - Improve coping skills, social support, foster feelings of optimism/hope, promote healthy behavior, reduce feelings of depression & anxiety, encourage a sense of relaxation
 - Meaningful practices
 - Prayer (*centering*)
 - Readings
 - Rituals

- * **Self-Management**
 - Culturally & linguistically appropriate
 - * **Education** (*in both print & electronic form*)
 - **Teach:**
 - Nature of pain
 - Self-help strategies to prevent, cope with & reduce pain
 - Benefits, risks & costs of pain management options
 - Journaling, diary, log
 - * **Spinal Cord Stimulation (SCS)**

- * **Sleep Hygiene**
- * **Social interaction**
- * **Telephone Support**
- * **TENS** (*Transcutaneous Electrical Nerve Stimulation*)
 - Portable, battery powered
 - Advanced applications:
 - Alpha Stim
 - Biowave
- **Therapeutic Use of Self**
 - *YOU can be a therapeutic approach!*

- * **Touch**
 - Therapeutic (TT)
 - Healing
 - M-technique (stroking in cycles of 3)
 - Rocking, holding, cuddle, hug, handshake
- * **Weight reduction**

PEARLS

Pain is always subjective!

Pain can exist even when no physical cause can be found!

Assume that older adults with CI or dementia have pain if they have conditions typically associated with pain!

**All people are unique individuals with their own needs, wants & desires!
Options & choices are paramount!**

A uniform pain threshold does not exist!

A pain assessment should address the physical, psychological, cultural & spiritual aspects of pain

NPAs are effective in pain management!

Know the person's story!

Be proactive, preventative, positive & hopeful!

Optimal pain management is the

RIGHT

of all patients

&

the ethical responsibility of all

care managers

Outcomes

- Endorphin release
- Fatigue/lethargy/energy level improved
- Decreased inflammation
- Improved circulation
 - Increased blood flow
- Muscle relaxation
- Decreases the strength & doses of medication required on a daily basis

- Improvement in quality of life (QOL)
- No pain or tolerable, manageable pain levels
- Maintain function (*physical, mental, emotional, spiritual, social*)
- Maintain cognition
- Hope
- Socialization
- Decreased morbidity & mortality
- Decreased use of health care & decreased costs

**“Knowing is not enough;
we must apply.
Willing is not enough;
we must do”**

Goethe

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Linda J. Keilman, DNP, GNP-BC
Michigan State University, College of Nursing
1355 Bogue Street, A 126 Life Science Building
East Lansing, MI 48824
517 355 3365
keilman@msu.edu