PAIN MANAGEMENT DURING HOSPICE CARE

Ellen Fulp, PharmD, MSPC, BCGP
Director of Pharmacy Education, AvaCare, Inc.
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OBJECTIVES

- Review pain and pain assessment.
- Discuss hospice quality measures surrounding pain management at end of life.
- Differentiate nociceptive and neuropathic pain.
- Identify appropriate analgesic therapies based on clinician assessments.
- Review formulary opioid regimen initiation, rotation, titration, disposal, and monitoring.
PAIN

- What is pain?
  - “An unpleasant sensory or emotional experience associated with actual or potential tissue damage.”
  - “Whatever the patient says it is.”

- Multifactorial symptom impacting the whole person, family, and caregivers
  - Acute
    - Duration is brief (hours, days, weeks, short months).
  - Chronic
    - Duration is extended (months, years, lifetime).
TOTAL PAIN

Anxiety or Anger

Interpersonal Problems

Physical Problems

Not Accepting

Pain
PAIN: CONSIDER THE SOURCE(S)

- Somatic Pain
  - Body surface
  - Musculoskeletal tissue

- Visceral Pain
  - Internal organs (Example: constipation)

- Neuropathic Pain
  - Nerve malfunction
HOSPICE QUALITY MEASURES

- **NQF #1634 Pain Screening**
  - Measure Description: Percentage of patient stays during which the patient was screened for pain during the initial nursing assessment.

- **NQF #1637 Pain Assessment**
  - Measure Description: Percentage of patient stays during which the patient screened positive for pain and received a comprehensive assessment of pain within one day of the screening.
PAIN INTENSITY

- Pain Intensity Assessment Tools
  - Visual Analogue Scale
  - Numeric Rating Scale
  - Verbal Descriptor Scale
  - FACES Scale (Wong-Baker)
  - Faces Pain Scale - Revised
  - Pain Thermometer
PAIN ASSESSMENT

- Intensity
- Frequency
- Location
- Character
- Duration
- Quality of Life
- Aggravating Alleviating
PAIN INTERVENTIONS

- Nonpharmacologic Interventions
  - Psychotherapy
    - Mindfulness
    - Guided Imagery
  - TENS Unit
  - Therapeutic exercise
  - Nerve blocks
  - Acupuncture
  - Massage

- Disease severity
- Functionality
- Availability
- Cost considerations
PAIN INTERVENTIONS

Visceral
- Per Patient: Aches constantly
- Agent(s): Acetaminophen, Ibuprofen, Naproxen

Somatic
- Per Patient: Worse with movement
- Agent(s): Ibuprofen, Naproxen, Dexamethasone*

Neuropathic
- Per Patient: Stings, burns, shoots, numb
- Agent(s): Gabapentin, Duloxetine, TCAs, Steroid*
TREATMENT PLAN

- Patient Involvement
  - Shared decision-making

- Communication is key!
  - BUILD Model
  - Ask-Tell-Ask
  - SPIKES
NOCICEPTIVE PAIN

- Acetaminophen
  - Mild pain or fever
  - Cost-effective formulations: tablets, capsules, suppositories, oral liquids

- Anti-Inflammatory Agents
  - NSAIDs
    - First Line: Ibuprofen, Naproxen
    - Alternatives: Meloxicam, Celecoxib, Diclofenac, Sulindac, Oxaprozin, Piroxicam
  - Avoid: Ketorolac, Indomethacin
  - Corticosteroids
    - First Line: Dexamethasone, Prednisone
    - Formulations: oral tablets, oral concentrate, oral elixir
NEUROPATHIC PAIN

- Anticonvulsants
  - First Line: Gabapentin
  - Others: Pregabalin, Carbamazepine, Oxcarbazepine

- Antidepressants
  - Tricyclic antidepressants (TCA)
    - First Line: Amitriptyline
    - Others: Nortriptyline, Imipramine, Doxepin
  - Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)
    - Duloxetine
OPIOID NAÏVE VS. OPIOID TOLERANT

- Opioid naïve patients are:
  - Not currently receiving opioid therapy
  - Not receiving at least 60mg of morphine daily for at least one week

- When starting a patient on opioid therapy, be sure to discuss goals of therapy with patients and caregivers
  - Pain assessment and follow-up
  - Fears
  - Opioid-induced adverse effects
    - Example: constipation prophylaxis
OPIOIDS

- Mild to Moderate Pain
  - Acetaminophen/Opioid Combination
    - Acetaminophen/Hydrocodone
    - Acetaminophen/Oxycodone
  - Tramadol (Ultram®)
  - Tapentadol (Nucynta®)
  - Buprenorphine (Butrans®)
  - +/- Adjuvant Therapy
OPIOIDS

- Severe Pain
  - Morphine (MS IR, MS Contin®, Kadian®)
  - Hydromorphone (Dilaudid®, Exalgo®)
  - Oxycodone (Percodan®, Percocet®, OxyContin®)
  - Fentanyl (Duragesic®)
  - Tapentadol (Nucynta®)
  - Oxymorphone (Opana®)
  - Methadone
  - +/- Adjuvant Therapy
OPIOIDS: METHADONE

- Available as: tablet, oral solution, parenteral
- Lipophilic (accumulation in tissues)
- Onset after oral dosing: 15-45 minutes
- Peak after oral dosing: 2-4 hours
- Duration of action: 8-12 hours
- Oral bioavailability: 80%
- Elimination half-life: 20-40 hours (average)
- About five days to reach steady state
## FORMULARY ANALGESIC SELECTION

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<tr>
<th>Symptom</th>
<th>Medication</th>
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<tr>
<td>Pain, Mild</td>
<td>Acetaminophen</td>
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<td>Pain, Inflammatory</td>
<td>Ibuprofen</td>
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<td>Naproxen</td>
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<tr>
<td>Pain, Moderate to Severe</td>
<td>Hydrocodone/Acetaminophen</td>
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<td></td>
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<td>Morphine</td>
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<tr>
<td></td>
<td>Oxycodone IR Tablets</td>
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<td>Oxycodone/Acetaminophen</td>
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OPIOID TITRATION

- Insufficient efficacy
  - Acceptable tolerability
  - Dose Increase

- Efficacious
  - Unacceptable tolerability
  - Dose Reduction
OPIOID ROTATION

Calculate equivalent dose

Select new medication regimen

Reduce calculated dose by 25-50%

Reduction based on clinical judgment

Monitor patient; continue REMS

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OPIOID SAFETY CONCERNS

- Opioid Use Disorders
- Opioid overdoses
- Heroin addiction
- Economic burden
OPIOIDS: PRESCRIBING RECOMMENDATIONS

- Centers for Disease Control and Prevention: Opioid prescribing recommendations (2016)
- American Medical Association
- American Academy of Hospice and Palliative Medicine
OPIOIDS: PRESCRIBING RECOMMENDATIONS

- Risk evaluation and mitigation strategy (REMS)
  - Risk-assessment tools
  - Non-pharmacologic therapy
    - Relaxation, emotional support, mindfulness, distractions
  - Realistic goals of care
  - Safe storage, reliable caregivers, tablet inventories, pain diaries, individualized formulation selection
  - Frequent visits, smaller prescription quantities, ER formulations
  - Safe disposal
QUESTIONS?

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REFERENCES