MINISTRY MEDICAL GROUP – Managing Pain, Improving Lives

This week’s pain tips focus on **GENERAL PRINCIPLES FOR TREATING CHRONIC NON-CANCER PAIN.** Here is our top 10 list of things to consider:

1. Appropriate treatment of acute pain reduces the risk of developing chronic pain. Persistent painful stimuli results in changes to both the peripheral and central nervous systems, leading to painful, debilitating chronic pain conditions.
2. Acute pain lasting beyond the expected duration of healing requires a more comprehensive evaluation including presence of physical and/or behavioural comorbidities. New sources of pain should be ruled out.
3. **Determine the pain generator** (type of pain) to guide ongoing treatment planning. Chronic pain is commonly classified as neuropathic, musculoskeletal, inflammatory, or visceral. Opioid-induced pain should also be considered ([ICSI, 2016, pp. 22-25](#)).
4. Work with the patient to **identify individualized, meaningful pain treatment goals** focused on function and QOL. A suggested approach is asking the patient, “What is one thing you would like to do that your pain prevents you from doing?”
   - **Patient education tip:** “Our goal is to provide you safe, quality care. Treatment is based on your specific goals, aimed at improving function and quality of life, and reducing pain while not necessarily being pain free.”
5. Help patients engage in activities to improve general wellness e.g., sleep hygiene, physical activity, balanced nutrition, and smoking cessation. **Patient education tip:** “Smoking decreases your body’s ability to heal. People who smoke are more likely to have chronic pain and are more likely to have more intense pain. “
6. **Multi-modal treatment** is a must. **Patient education tip:** “Using non-pharmacological treatments such as exercise and complementary therapies along with non-opioid medications will provide greater benefits than use of opioids alone.”
7. Opioids are not considered first line-treatment for chronic pain. Indications for opioids include moderate to severe pain that adversely impacts function and QOL, pain unresponsive to non-opioid, non-pharmacologic treatment, and the benefits of opioids outweigh the risks.
8. Always consider initiating opioid treatment as a trial; do not initiate a trial of opioids unless you are prepared to stop them. Provide a clearly documented indication/diagnosis to support the need for opioid treatment.
9. Institute [Universal Precautions](#) when prescribing opioids for chronic pain; **every patient, every time.**
10. It’s all about **SAFETY;** providing the best patient outcomes while minimizing harm and mitigating the risk of misuse and abuse.

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