Barriers to Effective Pain Management

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Introduction

- Unrelieved pain is a major, yet avoidable, public health problem.
- Despite more than 30 years of work by educators, clinicians, and professional organizations and the publication of clinical practice guidelines, only modest improvements in pain management have been achieved.
Improvements in Pain Management

Major improvements are related to:
- development of palliative care
- greater understanding of use of analgesics
- demands from patients & families for better symptom control
- consensus that adequate symptom control & quality of life are important for patients with advanced disease.
Culture and Pain

Societal membership might determine how we perceive pain, how we feel pain, and how we behave when confronted by pain, either our own or that of another.
Propositions on the Pervasive Effects of Culture on Pain

- Not all social or cultural groups respond to pain in the same way.
- How people perceive and respond to pain, both in themselves and in others, can be influenced by their cultural background.
- How and whether people communicate their pain to health professionals and to others can be influenced by their culture.
Challenges for Health Professionals

- Cross-cultural conflicts may arise when belief systems are different with regard to etiology and treatment of pain.
- Language barriers may constitute additional sources of conflict.
- Cultural stereotypes are common when the family’s behavior does not conform to the health professionals cultural norms.
Challenges to Pain Management

- Culture, health care organization, patient, and family resistance to medications

- Setting of care – acute, long term care, home, hospice, or ambulatory care -- may lack policies, procedures, and protocols

- Lack of evidence-based practice for pain management

- Regulatory issues and opioid prescribing - regulations regarding analgesics may be lacking
Challenges to Pain Management

- Insurance and financial issues surrounding opioids which may promote or support acute pain management rather than chronic pain management for palliative care patients.
- Clinicians usually have little skill and training with pain medications, particularly opioids.
- It takes time to get comfortable writing opioid orders.
- The number of opioids available to prescribe will vary, based on clinical setting and role.
- Mentoring needed to promote individual competence and professional development in pain management.
Results of Studies in Lebanon & Abroad
Cancer Pain in Lebanon

- Majority of cancer patients experience pain.
- Prevalence of pain increases as disease progresses.
- Inadequate symptom management reported by majority of patients.
- Most prevalent symptoms were pain, feeling nervous, feeling sad, and lack of energy.
- Higher physical and psychological symptoms were correlated with lower health status, quality of life, and functioning.

Abu-Saad Huijer et al. Quality of Palliative Care; Perspectives of Lebanese Patients with cancer, *Lebanese Medical Journal*, 60 (2) : 2012.
Cancer Pain in Lebanon

- Pain prevalent in majority of children with cancer based on bereaved parents reports (Saad, Abu-Saad Huijer et al. 2011).
- Suboptimal levels of pain treatment related to prescription of analgesics, patient education, & communication between patients and health care providers.
Nurses’ Knowledge and Attitudes Regarding Pain Management

- Deficiencies in knowledge and attitudes towards pain assessment and management.
- Misconceptions about opioids causing respiratory depression; clinicians reluctant to give opioids despite high pain scores.
- Knowledge deficit in pharmacology: dosages, side effects and duration of action of analgesics.
Patients Experiences and Satisfaction with Pain Management

- Severe pain experienced by more than 75% of patients; majority not informed about importance of pain management.
- Pain Beliefs: pain medication should be saved until pain is severe; people get easily addicted to pain medications.
- Barriers: waiting for pain to be more severe, waiting for nurses to intervene, and avoiding taking too much pain medications.

Barriers to Pain Management

- Inadequate knowledge among physicians and nurses about opioids and pain management.
- Inadequate knowledge about pain management guidelines in practice.
- Misconceptions about opioids use among physicians, nurses and pharmacists (risk for addiction, concerns about side effects.....)
- Difficulty to calculate opioid dosages.

Conclusion

Education should be improved to make pharmacists more active in communication with patient care-givers and providers.
Caregivers Barriers to Pain Management

- Inadequate pain management due to the family caregivers’ lack of knowledge about the different types of pain and appropriate interventions.

- Nurses in palliative care should provide the family caregivers with accurate information about pain types and effective and safe interventions.

Conclusions

- Make family caregivers aware about the different strategies in pain management:
  - Nonpharmacological: distraction, massage, positioning, cold or heat compressors…
  - Pharmacological: different options of pain medications according to the types of pain.
Patient-Related Barriers to Pain Management

- Difficulty assessing pain in older people due to cognitive or sensory impairment.
- Patient’s denial of having pain as denial of their disease process, not to bother the nurse, or putting up with it as ageing pain.
- Older patients’ belief that their pain will not be resolved.
- Hesitancy to take pain medications because of their side effects or fear of addiction.

Conclusion

- Knowledge deficits in pain assessment and pain management.
- Not knowing whether to believe the older patient’s pain report or the family’s.
- Antipsychotics are considered before pain medications in agitated patients.
- Physicians’ reluctance to prescribe adequate pain relief for fear of overmedicating those with dementia or delirium.
Organization-Related Barriers to Pain management

- Lack of access to policies and clinical practice guidelines for pain management
- High staff turnover
- Inadequate education and staffing
- Poor communication practices between doctors and nurses cause delay in pain treatment
- Inadequate communication with palliative care team

Health Care Provider-Related Barriers

- Poor communication between nurses and physicians
- Negative attitudes toward cancer pain, they felt that its treatment is futile
- Fear of addiction

Barriers to Pain Management

- **Affective barriers**: The higher level of anxiety and depression, the more intense the pain
- **Cognitive barriers**: Concerns about physiological consequences and harmful effects of opioids, such as addiction and tolerance
- **Sensory barriers**: Patients stop the pain medication because of its side effects (dry mouth, sweating, loss of appetite)
- **Pain communication**: Communication depends on the patient’s cognitive, sensory and affective barriers.
- **Patient inadherence**

Barriers to Effective Pain Management

- Lack of standardization in pain assessment and documentation
- Clinician and patient knowledge deficit
- Need for dynamic organizational paradigms to adopt guidelines
General Quality Improvement Paradigms

- Greatest improvement in patient satisfaction related to nurses management of pain.
- Correlates for patient dissatisfaction; time to wait for medication, time to implement change in medication, extent of pain relief.
- Remaining barriers; reporting pain, reluctance with narcotics.
Hospitals should have a multidisciplinary policy and procedures for assessment of pain, prescribing or ordering analgesics, and pain management algorithms.

There should be an auditing system to measure effectiveness of pain management by nurses. This can be done through chart audit and a nursing knowledge test about pain management.
Concluding Remarks

- Despite the growing evidence on pain management and the availability of evidence-based clinical guidelines, pain is still inadequately treated. This can be attributed to lack of knowledge among health professionals, misconceptions among patients, & lack of guidelines.

- Education of patients and health care professionals and adherence to clinical guidelines are paramount for effective pain management.