

MULTIMODAL PAIN MANAGEMENT

SEPT 2020

General Approach

Since pain control is often nuanced, multifaceted and subjective, it is important to tailor treatment to the individual, taking into account patient-specific factors such as age, medical history, physical condition, levels of fear, anxiety, depression, motivation etc. Non-pharmacological therapies addressing the underlying causes of pain should always be considered. The use of opioid analgesics should be approached with caution, keeping dose and duration as low as possible.

Acute Pain Considerations

Consider pain pathways involved. Provide expectations of healing time and level of pain. Discuss multimodal treatment options available to the patient. Also consider the following:

- Behavior modification (physical activity expectations)
- External pain reducing strategies (elevation, ice)
- OTC medication options (acetaminophen, NSAIDS) and dosing schedule
- Reserve opioids for more severe injuries as clinically indicated and check PDMP prior to prescribing. Always use lowest dose and shortest duration of therapy possible.

Chronic Pain Considerations

Always perform a thorough initial assessment, even if patient has been on long-term therapy. In chronic non-cancer pain, therapy should begin with and always include non-pharmacologic therapy.

- Consider controlled substance agreement and set appropriate expectations
- Always consider opportunities to taper opioids to recommended MME thresholds
- Consider underlying conditions contributing to pain and incorporate appropriate non-pharmacological and multi-modal therapies.

Perioperative Pain Considerations

Similar to guidance for acute pain, consideration for perioperative pain control should encompass patient-specific factors such as age, physical condition, invasiveness of procedure, level of anxiety, prior opioid therapy etc.

- Consider pain pathways and target multimodal treatments accordingly
- Initiation of gabapentoids in patients chronically taking opioids may help with the discontinuation of opioids postoperatively.

Highlights

- *Remember nonpharmacological therapies to address underlying causes of pain, especially in chronic pain*
- *Limit opioid dose and duration as much as possible*
- *Approach multimodal pain control as a shared decision making process, taking into account patient-specific factors*
- *Consider pain pathways in your multimodal approach*

Resources

- CDC Pain Management Guidelines. 2016
[cdc.gov/opioids/providers/prescribing/guideline.html](https://www.cdc.gov/opioids/providers/prescribing/guideline.html)
- HHS Pain Management Best Practices. 2019
[hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf](https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf)
- Pain Treatment Guidelines - Oregon Pain Guidance/Columbia Pacific CCO 2017
oregonpainguidance.org/wp-content/uploads/2018/01/CPCCO-Opioid-Guidelines-03-22-2017.pdf
- Additional in-depth trainings available at [c-who.org/reason-3/ \[c-who.org\]](https://www.cdc.gov/reason-3/)