Comprehensive Assessment and Goal setting in Chronic Pain

Radhika Grandhe, MBBS; MD
Assistant professor, Department of Anesthesiology
• Financial disclosures: None
Goals and objectives

• Evaluation of patients with chronic pain
• Biopsychosocial model of Pain
• Managing patient expectations
• Discuss and incorporate goal setting in patient management
What is the color - # The Dress
Cortical Projections and Pain Model
• “The magnitude of the pain suffered by individuals and the associated costs constitute a crisis for America, both human and economic. Addressing the nation’s enormous burden of pain will require a cultural transformation in the way pain is understood, assessed, and treated [and] represents a moral and national imperative.” ~ Relieving Pain in America, Institute of Medicine, 2011
National trials

• MAPP : Multidisciplinary Approach to the study of chronic Pelvic Pain research network
• OPPERA: orofacial pain, prospective evaluation and risk assessment
• Complex persistent pain conditions: Unique and shared pathways of vulnerability
The currently accepted definition of pain was originally adopted in 1979 by the International Association for the Study of Pain (IASP).

**1979 Definition of Pain**
An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

In 2018, IASP constituted a 14-member multi-national task force with expertise in clinical and basic science related to pain, which sought input from multiple stakeholders to determine: “Does the progress in our knowledge of pain over the years warrant a re-evaluation of the definition?”

**2020 Revised Definition of Pain**
An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage.

**2020 Revised Definition of Pain Notes**
- Pain is always a personal experience that is influenced by varying degrees by biological, psychological, and social factors.
- Pain and nociception are different phenomena. Pain cannot be inferred solely from activity in sensory neurons.
- Through their life experiences, individuals learn the concept of pain.
- A person’s report of an experience as pain should be respected.
- Although pain usually serves an adaptive role, it may have adverse effects on function and social and psychological well-being.
- Verbal description is only one of several behaviors to express pain; inability to communicate does not negate the possibility that a human or a nonhuman animal experiences pain.

*The revised IASP definition of pain: concepts, challenges, and compromises*
Raja et al. (2020) | Pain
DOI: 10.1097/j.pain.0000000000001939
Global Assessment

• Detailed History
• Assessment for Anxiety/ Depression/ SUD/ Trauma
• Comprehensive physical exam
• Imaging/ relevant work up
• Specialist Referral
• Patient education
• Interdisciplinary modalities
• Reassessment and Support
Assessment of Pain
Brief Pain Inventory (Short Form)

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?

☐ Yes  ☐ No

2. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.

3. Please rate your pain by marking the box beside the number that best describes your pain at its worst in the last 24 hours.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

No Pain  Pain As Bad As You Can Imagine

4. Please rate your pain by marking the box beside the number that best describes your pain at its least in the last 24 hours.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

No Pain  Pain As Bad As You Can Imagine

5. Please rate your pain by marking the box beside the number that best describes your pain on the average.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

No Pain  Pain As Bad As You Can Imagine

6. Please rate your pain by marking the box beside the number that tells how much pain you have right now.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

No Pain  Pain As Bad As You Can Imagine
7. What treatments or medications are you receiving for your pain?

8. In the last 24 hours, how much relief have pain treatments or medications provided? Please mark the box below the percentage that most shows how much relief you have received.

<table>
<thead>
<tr>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Relief</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Complete Relief</td>
</tr>
</tbody>
</table>

9. Mark the box beside the number that describes how, during the past 24 hours, pain has interfered with your:

**A. General Activity**
- [ ] 0: Does Not Interfere
- [ ] 1: Interferes Slightly
- [ ] 2: Interferes Moderately
- [ ] 3: Interferes Somewhat
- [ ] 4: Interferes Quite a Bit
- [ ] 5: Interferes Very Much
- [ ] 6: Completely Interferes

**B. Mood**
- [ ] 0: Does Not Interfere
- [ ] 1: Interferes Slightly
- [ ] 2: Interferes Moderately
- [ ] 3: Interferes Somewhat
- [ ] 4: Interferes Quite a Bit
- [ ] 5: Interferes Very Much
- [ ] 6: Completely Interferes

**C. Walking ability**
- [ ] 0: Does Not Interfere
- [ ] 1: Interferes Slightly
- [ ] 2: Interferes Moderately
- [ ] 3: Interferes Somewhat
- [ ] 4: Interferes Quite a Bit
- [ ] 5: Interferes Very Much
- [ ] 6: Completely Interferes

**D. Normal Work (includes both work outside the home and housework)**
- [ ] 0: Does Not Interfere
- [ ] 1: Interferes Slightly
- [ ] 2: Interferes Moderately
- [ ] 3: Interferes Somewhat
- [ ] 4: Interferes Quite a Bit
- [ ] 5: Interferes Very Much
- [ ] 6: Completely Interferes

**E. Relations with other people**
- [ ] 0: Does Not Interfere
- [ ] 1: Interferes Slightly
- [ ] 2: Interferes Moderately
- [ ] 3: Interferes Somewhat
- [ ] 4: Interferes Quite a Bit
- [ ] 5: Interferes Very Much
- [ ] 6: Completely Interferes

**F. Sleep**
- [ ] 0: Does Not Interfere
- [ ] 1: Interferes Slightly
- [ ] 2: Interferes Moderately
- [ ] 3: Interferes Somewhat
- [ ] 4: Interferes Quite a Bit
- [ ] 5: Interferes Very Much
- [ ] 6: Completely Interferes

**G. Enjoyment of life**
- [ ] 0: Does Not Interfere
- [ ] 1: Interferes Slightly
- [ ] 2: Interferes Moderately
- [ ] 3: Interferes Somewhat
- [ ] 4: Interferes Quite a Bit
- [ ] 5: Interferes Very Much
- [ ] 6: Completely Interferes
# PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

**NAME:**

**DATE:**

---

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

(use "*" to indicate your answer)

<table>
<thead>
<tr>
<th>1. Little interest or pleasure in doing things</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Feeling down, depressed, or hopeless</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Trouble falling or staying asleep, or sleeping too much</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Feeling tired or having little energy</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Poor appetite or overeating</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Feeling bad about yourself... or that you are a failure or have let yourself or your family down</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Trouble concentrating on things, such as reading the newspaper or watching television</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Moving or speaking so slowly that other people could have noticed. Or the opposite... being so fidgety or restless that you have been moving around a lot more than usual</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Thoughts that you would be better off dead, or of hurting yourself</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

---

**add columns**

- +
- +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card)

**TOTAL:**

10. **If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?**

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult
Setting the Stage: A Balancing Act

• Manage Expectations
  - of being pain free
  - of “magic bullet” medications
  - of “miracle” injections
  - of not having to put in any self-effort
    physical therapy, home exercises,
    behavioral health interventions
  - Shift focus from pain control to improved function
SMART goals

- **Specific**
- **Measurable**
- **Action-oriented**
- **Realistic**
- **Timed**

Break each SMART goal into 3 smaller steps using 90% rule to reach a smaller goal within 2 weeks

Write down potential obstacles and steps to deal with those obstacles
## Functional Goals

Which, if any, activities are limited due to pain? (Check all that apply)

- [ ] walking
- [ ] sexual activity
- [ ] relationships (family, friends)
- [ ] exercise
- [ ] work
- [ ] self-care (bathing, dressing, eating)
- [ ] sleep
- [ ] housework
- [ ] Other:

Which activities are most important to you?


Provider: Work with patient to determine realistic goals and on an action plan to achieve these goals.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Goal</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reassess improvement/decline in function at regular intervals.

## Action Plan

- [ ] Medication and Dosage: 
- [ ] Follow up in: ___ (days, weeks, months)
- [ ] Increase dose to: 
- [ ] Change medication to: 
- [ ] Decrease dose to: 
- [ ] Other therapies recommended: 
- [ ] Referral to: 

Does the patient report improvement in pain management? [ ] Yes [ ] No

Does the patient report improvement in function (see functional goals)? [ ] Yes [ ] No

Is the patient experiencing side effects from the medication? [ ] Yes [ ] No

Comments: