2021 Hospital Medicine Boot Camp

Pain Management of the Hospitalized Patient

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- Pathophysiology of Pain
 - Both acute and chronic pain have distinct mechanisms of the signaling that respond to distinct treatments
 - Acute pain is typically related to somatic or visceral nociception, inflammation, or acute injury to nerves
 - Chronic pain frequently involves reorganization of the central nervous system to include wind-up and facilitation of pain signaling. This produces the phenomena of allodynia and hyperalgesia that are characteristic of peripheral and central sensitization
- Mechanism-Based Approach to Pain Management
 - Pain can be divided into several different clinical mechanisms of pain:
 - Nociceptive (somatic or visceral)
 - Inflammatory
 - Neuropathic
 - Central
- Mechanisms of Pain and Analgesic Selection (note many off label uses)
 - Nociceptive pain
 - Acetaminophen, NSAIDs, Opioids, Ketamine*, Lidocaine*
 - Inflammatory pain
 - NSAID, Opioids, Lidocaine*
 - Neuropathic pain
 - Gabapentin, Pregabalin, Tricyclic Antidepressants, Selective Norepinephrine Reuptake Inhibitors, Sodium Channel Antagonists
 - Centralized pain
 - Gabapentin, Pregabalin, Tricyclic Antidepressants, Selective Norepinephrine Reuptake Inhibitors, alpha 2 agonists
- Multimodal Analgesia
 - Multimodal analgesia is the use of multiple classes of analgesics, specifically targeted to the mechanisms of pain at *low doses* for *synergistic effect*.
 - Multimodal analgesia is NOT polypharmacy, which is using many medications at high doses, often with significant side effects
- Opioid Management in Acute Pain
 - Goals are to control pain and create a plan for de-escalation with the presumption of pain resolution following recovery from the primary injury causing pain
 - o The most common cause of chronic pain is uncontrolled acute pain
 - Opioids are indicated for acute pain after non opioid analgesics have been started and are being continued following the initiation of opioids
- Opioid Management in Chronic Pain

- Patients with chronic pain are at high risk of suffering from untreated and uncontrolled pain, particularly when there is a source of acute pain in addition to chronic pain
- The goals of opioid management in patients with chronic pain already taking opioids are: (1) control opioid escalation, (2) create a plan for opioid tapering following hospital discharge, (3) engage experts if the first two goals are not being met.
- Having a Plan and Maximizing Resources
 - Pain management requires understanding the underlying medical condition, diagnosing the mechanisms of pain, selecting appropriate and targeted analgesics, and ensuring that the plan has outpatient follow up

^{*}Requires specialist consultation