inthe**know**
CAREGIVER TRAINING

A CLIENT CARE MODULE:

HELPING CLIENTS WHO HAVE CHRONIC PAIN

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A Client Care Module:

HELPING CLIENTS WHO HAVE CHRONIC PAIN

We hope you enjoy this inservice, prepared by registered nurses especially for caregivers like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!

After finishing this inservice, you will be able to:

Explain at least two differences between acute and chronic pain.

❖

Discuss the "pain gate" and what it has to do with chronic pain.

❖

Describe at least three ways to measure chronic pain when working with clients.

❖

Discuss at least five possible consequences of untreated (or undertreated) chronic pain.

❖

Demonstrate your understanding of chronic pain in your work with clients who suffer from it.

Inside This Inservice:

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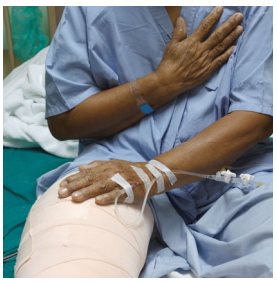
A Client Care Module:
Helping Clients Who Have Chronic Pain

WHO IS REALLY IN PAIN?



This is Sheila: Your new client, Sheila, had surgery recently to repair a broken bone. This morning when you check on her, she tells you that her leg hurts—and that her pain is an 8 on a scale of 1 through 10. It is obvious to you that she is really suffering. There are tears running down her cheeks and she is moaning. You rush to notify the nurse so that Sheila can get some relief for her pain.

Meet Greg: A lifelong smoker, Greg has just been diagnosed with COPD. You have been ordered to assist with his personal care until his respiratory status is stabilized. You see on Greg's care plan that he has occasional bouts of arthritis in his knee. Today, he tells you that his knee is stiff, swollen, and a little bit achy. You notice him limping so you have him sit for his personal care and you report the situation to the nurse.

And, then, there is Mildred: A longtime diabetic, Mildred lost her left leg below the knee two years ago. She needs your help with personal care, but she still prefers to do as much as she can for herself. Mildred's care plan says that she suffers from peripheral neuropathy (nerve pain) and phantom limb pain (feeling pain in her missing leg)—but she never complains about hurting and looks pretty good compared to other clients you see. You don't notice any signs that she is in pain.

So, which of these three people is *really* in pain? The answer is that ALL of them are experiencing pain. Sheila has acute pain, Greg has a chronic condition where the pain comes and goes and Mildred suffers from a more "invisible" chronic pain.

Keep reading to learn more about chronic pain...and how it differs from acute pain. You'll find out how you can help promote pain management for your clients who deal with the challenge of chronic pain.

WHAT IS CHRONIC PAIN?

Pain is one of the body's warning signals. It's an unpleasant feeling telling us that there is a problem that needs our attention. For example, chest pain can be a signal that the heart muscle has a problem. Abdominal pain can be a warning that the appendix is infected and needs to come out. In these situations, the pain is *acute* and is serving an important purpose. It's saying, "GET HELP NOW!"

Usually, acute pain lasts less than a week or two. It goes away when the underlying cause resolves itself or has been treated. But what about pain that hangs around for months, years or even a lifetime? This is known as *chronic* pain.

In general, pain is considered chronic when it continues for longer than three to six months. For some people, chronic pain begins with an illness or an injury. Yet, even when their injury heals or they recover from their illness, the pain fails to go away. For others, there is an ongoing long-term cause of their chronic pain, such as back trouble or cancer.

Chronic pain can be mild or unbearable; intermittent or nonstop; a nuisance in someone's life or totally incapacitating. And, because chronic pain is so persistent, it can interfere with every part of a person's life. For example, people in chronic pain may:

- Have trouble paying attention, concentrating and/or remembering information.
- Be exhausted—from the energy it takes to live with pain and because the pain keeps them from sleeping well.
- Lose interest in hobbies.
- Stop socializing and keep to themselves more.
- Have to figure out new ways of doing simple things, like getting dressed or fixing their hair.
- Deal with financial worries, such as not being able to work anymore or trying to afford expensive pain-relief medications or treatments.
- Suffer from relationship issues because friends and family members don't understand what they are going through.

How common is chronic pain? Experts estimate that it affects up to 100 million Americans—and is the number one cause of adult disability in the United States. Because of these startling statistics, there is a good chance that many of your clients—and some of your co-workers—are dealing with chronic pain.

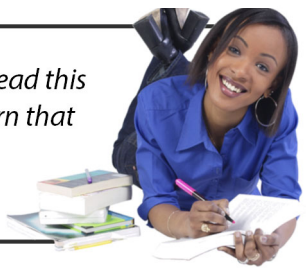
Who's In Pain?

LET'S TAKE ANOTHER LOOK AT THOSE THREE CLIENTS...

- **SHEILA**. Due to her recent surgery, Sheila is in *acute* pain. As her bone mends and her body recovers from the operation, her pain should go away.
- **GREG**. Greg has a chronic condition—arthritis—but it only gives him occasional pain. With proper treatment, his arthritis will "settle down" and the pain will go away...at least for now. Greg has *intermittent* chronic pain.
- **MILDRED**. Mildred suffers from *chronic* pain that is with her *every day*. Does the fact that she looks good and doesn't complain mean she is pain-free? No...it means she has learned to cope with having chronic pain on a daily basis.

WHAT'S NEW?

*Grab your favorite highlighter! As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!*



MORE ON CHRONIC PAIN

Think about it: most conditions are diagnosed by identifying the main symptom or problem. For example, if your client falls, and the x-ray shows a fracture, the diagnosis is a broken bone. If the doctor draws blood and finds that the client's blood sugar is off the charts, diabetes is diagnosed.

But chronic pain can't be diagnosed with an x-ray or a blood test. Instead, the diagnosis often comes from a process of elimination—by ruling out all the things that are *not* causing the pain. And, sometimes, a definitive cause is *never* found.

Why does the pain continue for weeks, months, or years? One theory involves what's known as the **"Pain Gate."** This is a mechanism in the spinal cord that opens, like a gate, to let pain signals through to the brain. Pain signals are blocked when the "gate" is closed. For people with chronic pain, the pain gate fails to close. Rather than being useful, the pain gate is now acting like a broken car alarm.

Think about it. Car alarms are meant to sound off when there is a sign of "danger" and stop when you push a button. But if the alarm is broken, it will keep blaring no matter what you do. You can unlock the door, run the engine, switch on the windshield wipers...nothing you do gets rid of that awful noise. It's the same with chronic pain. The pain "alarm" is stuck in the "on" position—even when there is no sign of danger to the body.

There are two main types of chronic pain:

NOCICEPTIVE PAIN

This type of pain stems from injury to muscles, tendons, ligaments, and/or internal organs. People usually describe this pain as "deep" and "throbbing." Conditions like low back pain, arthritis, fibromyalgia, headaches, and chronic pelvic pain all cause nociceptive pain.

NEUROPATHIC PAIN

Nerve pain, or neuropathic pain, comes from abnormal nerve function or direct damage to a nerve. Causes include shingles, diabetes, phantom limb pain, Parkinson's disease, and spinal cord injury. This type of pain can be constant or intermittent and is often described as "burning," "shooting," and "stabbing." Neuropathic pain tends to be worse at night.

Some chronic pain conditions involve *both* types of pain. For example, sciatica often causes *aching* low back pain that also *shoots* down the leg.

"I would give you all my money if you would just make it stop. I would give you everything I have. Please just make it stop!" ~a chronic pain sufferer

FACTS!

- Chronic pain affects more Americans than diabetes, heart disease, and cancer put together!
- Arthritis and back pain make up about 60% of chronic pain cases.
- More women than men have chronic pain. The risk increases with age—for both genders.
- In the U.S., there is only one pain management specialist for every 10,000 chronic pain sufferers.
- Many people with chronic pain switch doctors three or more times in their search for pain relief.
- Surveys have shown that one in four family members doubt whether their loved one's pain is real.
- Pain costs the U.S. about $600 BILLION every year in healthcare costs and lost wages. That equals $2000 for *every* person across the country.

DIFFERENT WAYS TO MEASURE PAIN

Because everyone has a right to be as free from pain as possible, it is now routine to question clients about their pain. In The problem is that pain can't be measured as easily as pulse, respirations, temperature, or blood pressure. There is no machine or thermometer that measures someone's pain level.*

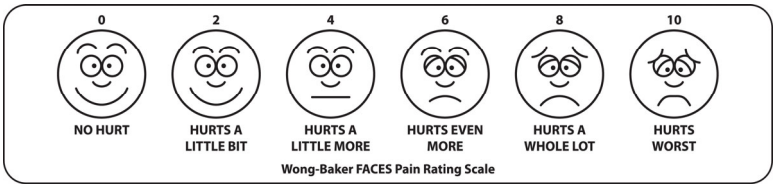
Instead, clinicians have come up with a number of different pain scales. Some of the tools commonly used include:

Numerical Rating Scale

This is the standard 0—10 pain scale, with 0 being no pain and 10 being the worst pain imaginable. (Note: Pain is a *very individual experience*. However, in general, an 8 on the pain scale has been compared to natural childbirth.)

Faces Scale

The person looks at a series of faces and picks the one that represents how he or she is feeling. This scale is often used with children and with adults who are cognitively impaired.



Verbal Description Scale

Given a series of words, ranging from "bearable" to "miserable" to "excruciating," the person picks the best word or words to describe the pain. (Some people respond better to descriptive words than they do to the number scale.)

Ideally, a comprehensive assessment of someone's pain should include:

- The location and intensity of the pain.
- What aggravates the pain...and what relieves it.
- When the pain occurs—during the day/night.
- The impact the pain has on the person's mood and ability to function.
- How well the person understands his/her pain and its cause.

**Recently, scientists have been successful in measuring pain by giving people a brain scan. While this may prove very helpful for research purposes, it is not practical as an "every day" method of measuring pain.*

OUCH! IT HURTS!

MY PAIN IS A "10"!

Studies show that the more people pick "10" as their pain level than any other number. *Could so many people be having the worst pain they've ever felt?*

The problem with measuring pain is that every person feels it differently. So, pain that one person might consider a "10" on the pain scale, is a "4" for somebody else.

There are people who say their pain is a "10" because they think it will get the immediate attention of the healthcare team.

Others report a "10," not because the pain is that bad, but because they are so sick and tired of hurting every day.

Of course, a few clients may well be having the worst pain ever—so a "10" should *never* be ignored.

UNDERSTANDING PAIN TOLERANCE

Why is pain such an individual experience? If two people both have arthritis in their fingers, shouldn't they feel a similar amount of pain? The answer has to do with a person's pain *threshold* and pain *tolerance*—both of which are shaped by biology, past experiences, and emotions.

Pain threshold is the point at which a person *begins* to feel pain.

Pain tolerance is the *maximum level* of pain that a person can bear.

Remember that "pain gate"? In general, chronic pain makes the gate too sensitive so that it flies open—and stays open—even when the body is not in "danger." Because of this, people with chronic pain tend to have a **LOW pain threshold**.

However, because they deal with pain on an every day basis, many people with chronic pain have a **HIGH pain tolerance**. They have developed ways to cope with the pain, often because they feel they have no choice.

But the experience of pain involves more than neurological signals. Our psychological and emotional responses to pain begin in childhood. Think about this: two toddlers fall and bump their knees. The first child's mother gives her son's knee a little kiss and says, *"Oh, you're all better now,"* and the child runs off to play some more. The other mother picks up her son and says in a terrified voice, *"Oh no! Are you bleeding? You poor baby, that must hurt so badly."* The second child begins to cry loudly and clings to his mother. It's not that one mother is right and the other wrong. It's that the boys received two very different messages about pain—and those messages might affect their pain tolerance and coping skills as they get older.

Researchers have found other factors that seem to influence how a person responds to pain. *These include:*

Gender. Women tend to be more *sensitive* to pain, but the ability to tolerate pain seems to be equal between men and women.

Genetics. For example, scientists have discovered that people with red hair have a lower pain threshold than other people.

Fitness. People who are fit, athletic, and at a healthy weight seem to tolerate pain better than people with poor fitness.

Emotions. When people are in pain, emotions like despair, fear, and anxiety can make them more sensitive and less tolerant to pain. And because depression and chronic pain often go hand-in-hand (see side bar), pain management physicians often treat both the physical and the emotional aspects of being in pain.

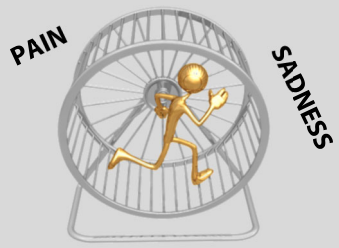
the terrible TRIAD

IT'S A VICIOUS CYCLE!

When people suffer from chronic pain, it can interfere significantly with their daily lives—keeping them from doing the things they need and love to do.

This can cause both depression and irritability which, in turn, can lead to insomnia and fatigue. The lack of sleep makes the pain worse, which deepens the depression, making sleep more difficult...etc.

This vicious cycle is known as the "terrible triad" of pain, sadness, and sleeplessness. It can be tough to break free from this cycle.



BEYOND THE PAIN SCALE...

Measuring a client's pain by asking for a number on a pain scale or a face on a chart can be helpful. And choosing descriptive words like "shooting" or "aching" may allow physicians to better treat the pain. However, people with chronic pain may have gotten used to living with a certain level of pain every day. A "2" for them might be a "6" for someone without chronic pain.

The American Chronic Pain Association developed a **Quality of Life Scale** to help measure the *function* of people in pain. It helps the healthcare team evaluate how much the pain is impacting a client's activities of daily living. The scale ranges from zero to ten with a different level of functioning at each number.

As you review the scale, you'll notice that it talks about "work." Your chronic pain clients may not work outside the home. For them, being able to "work" means they can meet their daily responsibilities—even if that is simply performing their own personal care.

Understanding how pain impacts a client's life can help shape the treatment plan for that person. For example, Dorothy has severe pain from multiple sclerosis. She measures a "2" on the Quality of Life Scale. She knows it is unrealistic for her to ever score a "10," but she would love to step up to level "4." She discusses this with her physician who, in addition to pain control, orders visits from a home health aide and a physical therapist to help her achieve her desired quality of life.

American Chronic Pain Association

Quality Of Life Scale

A Measure Of Function
For People With Pain

0 Non-functioning	Stay in bed all day Feel hopeless and helpless about life
1	Stay in bed at least half the day Have no contact with outside world
2	Get out of bed but don't get dressed Stay at home all day
3	Get dressed in the morning Minimal activities at home Contact with friends via phone, email
4	Do simple chores around the house Minimal activities outside of home two days a week
5	Struggle but fulfill daily home responsibilities No outside activity Not able to work/volunteer
6	Work/volunteer limited hours Take part in limited social activities on weekends
7	Work/volunteer for a few hours daily. Can be active at least five hours a day. Can make plans to do simple activities on weekends
8	Work/volunteer for at least six hours daily Have energy to make plans for one evening social activity during the week Active on weekends
9	Work/volunteer/be active eight hours daily Take part in family life Outside social activities limited
10 Normal Quality of Life	Go to work/volunteer each day Normal daily activities each day Have a social life outside of work Take an active part in family life

ASK THE QUESTION!

Think about one of your clients who has chronic pain. Do you know what the pain is stopping that person from doing...and what realistic goals he or she might have?

If not, it's time to ask! For example, maybe your client wants to:

- Wash her own hair.
- Sleep more comfortably.
- Walk with less pain.
- Be able to enjoy family visits.
- Cook breakfast for himself.

Whatever the goal might be, you won't know it unless you ask!

Once you find out what would improve your client's quality of life, discuss it with your supervisor. Together, the healthcare team can come up with a plan to meet all of your client's realistic goals.

AND THERE'S MORE!

BEYOND THE PHYSICAL...

The consequences of chronic pain go way beyond the physical. People can suffer serious psychological and social consequences, too.

Pain that goes on month after month, year after year, can:

- Steal a person's ability to enjoy life.
- Cause important relationships to break apart.
- Reduce the ability to focus and concentrate—even on simple tasks.
- Force the person to quit working.
- Cause financial problems.
- Increase the person's risk for depression, anxiety, and other mental illnesses.
- Cause the person to isolate himself from others, causing or worsening depression.
- Increase the person's risk of suicide.

THE CONSEQUENCES OF CHRONIC PAIN

Remember that "terrible triad" of pain, sleep loss, and depression? There is **another vicious cycle** that challenges many people with chronic pain. When a person is in pain, even gentle exercise may make the pain worse. So, he stops exercising. Without exercise, muscles weaken and joints and ligaments stiffen, leading to more pain. The increased pain makes it even harder to exercise. The result of this cycle is **loss of mobility**.

If mobility is lost for an extended time, people with chronic pain can develop a number of other problems, such as:

- Less stamina and endurance for every day activities.
- Increased pain due to tense, shortened nerve fibers.
- Osteoporosis.
- Poor posture.
- Weight gain.
- Poor balance leading to a greater risk of falling.
- Bad digestion and irritable bowel problems.
- Poor wound healing.

That's bad, right? But, there's more. *When chronic pain continues untreated (or under-treated), the person is at risk for:*

- Insomnia.
- Atrophy of the brain at twice the normal rate.
- Hormone imbalances.
- Sexual dysfunction.
- Incontinence.
- A weakened immune system, putting the person at risk for infection.
- And, of course, needless suffering.

You can see why it is so important for the healthcare team to find an effective way to control a client's chronic pain.

TREATING CHRONIC PAIN

Treating chronic pain can be very difficult, especially if the cause cannot be determined or if the pain persists after the body has healed. Many people with chronic pain spend years trying to find the right combination of treatments to ease their pain. *Those treatments might include:*

Medications

Over-the-counter pain relievers, including drugs like aspirin, acetaminophen (Tylenol), or ibuprofen (Motrin).

Antidepressants. These medications have been found to provide some relief from chronic pain—even if the person is not depressed. They may also help the person sleep better (breaking the cycle of the "terrible triad"). Some examples of antidepressants used for pain relief are Cymbalta and Effexor.

Anticonvulsants. Over the years, physicians have discovered that drugs first used to treat seizures can ease chronic pain, especially nerve pain. These drugs include Neurontin and Lyrica.

Narcotics/Opioids. Strong opioid pain relievers like codeine, morphine, and oxycodone are no longer recommended to treat long term, chronic pain. New guidelines suggest doctors should consider opioid therapy only if the expected benefits outweigh the risks to the patient.

Nondrug Treatments

Exercise. Low impact exercise, like walking, swimming, and stretching, often helps relieve chronic pain.

Physical or occupational therapy. Working with a therapist can help chronic pain sufferers learn ways of moving that help avoid chronic pain.

Nerve stimulation. Some people with chronic pain use tiny jolts of electricity to help block pain signals from reaching the brain. They might use a TENS unit or have an implanted device.

Alternative remedies, such as acupuncture, massage, hypnosis, meditation, or visits to a chiropractor.

Psychological therapies, such as support groups or behavioral therapy which teaches people to accept and work around their physical limitations.

Surgery. Sometimes, there are surgical options for relieving chronic pain. However, there may be a risk that surgery will bring on a *new* source of pain.

IMPORTANT

Unfortunately, despite all the medications and treatments available today, physicians are seldom able to get rid of someone's chronic pain completely—unless the cause is something that can be corrected easily. What most chronic pain sufferers can expect from treatment is that their pain will be *controlled* and that their quality of life will be improved.

CLOSING the gate

WHAT ELSE CAN HELP CLOSE THE PAIN GATE?

In addition to the treatments listed on this page, there are some emotional and mental ways your chronic pain clients can help close the "pain gate." They can:

- Remain hopeful, with an optimistic attitude toward life.
- Be social—spending time with family, friends, and caregivers.
- Distract themselves so their minds aren't focused on the pain. (Scientists believe that distraction releases natural opioids in the body.)
- Keep their sense of humor and try to spend time laughing every day. You can help them with this!

ADDICTION VS DEPENDENCE

There are many misconceptions about chronic pain. This inservice touches on several, such as "people who look good can't be in pain," and "if the cause can't be identified, then the pain must be in the person's head." (See the next page.)

Another widespread myth is that people who take narcotic medications regularly for pain become drug addicts.

THE FACTS

- Most pain sufferers who take narcotic (opiate) medications regularly are NOT addicted to the drugs.
- Someone who is *addicted* has a compulsive craving for a drug that must be satisfied **no matter what.** No amount of negative consequences stop the person from seeking out the drug.
- Instead, people with chronic pain who take opiates tend to be *physically dependent* on the medication. This means that their bodies have gotten used to the presence of the drug. If they stop taking the medication suddenly, their bodies may have a "withdrawal-type" reaction—but this is a *physical* reaction, not a psychological one. Dependence can happen with almost any kind of drug—not just opiates.
- Most people who are treated for chronic pain with opiates are on a stable dose. They don't seek more and more of the drug the way an addict might.
- Statistics show that most of the people who abuse narcotic pain relievers do NOT obtain them by prescription—but rather by illegal means.

THE BOTTOM LINE:

When clients with chronic pain take a narcotic medication, their ability to function is **improved** (because their pain is lessened).

When an addict takes a narcotic medication, it **does not boost** their level of functioning.

MORE ABOUT dependence

Consider this scenario. You start every day with a cup of coffee or two. It really helps get you going!

One day, you realize you are out of coffee and you have to wait until payday to buy more. Later that day, you have a terrible headache, are irritable, your muscles feel stiff, and you can't concentrate. Oh, what you wouldn't give for some caffeine!

Does this mean you are addicted to caffeine? No...but your body has *gotten used* to having a "dose" or two of caffeine every day—and is surprised when it doesn't get any.

You have a "physical dependence" on caffeine, just like a person in pain might have a physical dependence on medication.

DON'T SAY IT!

FIVE THINGS NOT TO SAY TO SOMEONE WITH CHRONIC PAIN:

1. "You don't look sick!"
Translation: *"You are up and about every day so you can't possibly hurt that much."*

2. "It would help if you got some exercise or took up a hobby."
Translation: *"You are just being lazy."*

3. "You'll just have to tough it out and learn to live with the pain."
Translation: *"Stop being a wimp! Everyone is tired of hearing you complain about your pain!"*

4. "Things could be worse. You should see how sick some of my clients are!"
Translation: *"It's only a little pain. Be glad you aren't dying!"*

5. "It's all in your head."
Translation: *"No one believes that you are really in pain."*

HELPFUL THINGS TO SAY TO SOMEONE WHO HAS CHRONIC PAIN

1. ***"I can only imagine how hard it must be to be in pain all the time."*** This statement validates that you *believe* the client is in pain and that you are trying to understand life from his or her point of view.

2. ***"You look good today...but how are you really doing?"*** Many people who suffer from chronic pain work hard to look "normal" on the outside. When you let them know that their pain is not invisible to (or ignored by) you, you give them the opportunity to be honest about how they are feeling.

3. ***"How are you holding up? Do you need to rest now?"*** Clients with chronic pain may not want to "disappoint" you by telling you they need to rest. Be sensitive to their need to pace themselves as you provide your care.

4. ***"I wish I had something to say to take the pain away. But I am here to listen."*** Sometimes, the best thing to say is nothing. Instead, just let the client know you are there to be supportive. Then listen to what the person has to say—without making any judgments.

5. ***"Would you like me to…"*** Finish this with something specific that the client enjoys or needs—like "take a short walk with you," "style your hair," or "fix you a snack." This is so much more helpful than saying, "Is there anything I can do for you?" Chances are the client may not respond to such an open question.

6. ***"You are such a strong person to deal so well with your pain."*** People suffering with daily pain often feel like they can't complain—or others will think they are *weak*. Let your clients know that you appreciate the strength they show every day. (But make sure they know it's okay to complain too!)

7. ***"I care about you and what you are going through."*** People who suffer from chronic pain need to know that you are concerned about them. A simple statement of support can mean so much to someone who is fighting a daily battle with pain.

HELPING CLIENTS IN CHRONIC PAIN

- Learn each client's **activity threshold**. This is the length of time an activity can go on before the pain increases significantly. For example, when getting dressed, Mr. Hobart has a threshold of 10 minutes. To work in this time frame, you know to get all his clothes laid out before beginning, and you need to help him with his slacks, socks, and shoes.
- Encourage clients to **pace** themselves. People in pain tend to overdo on a good day—which often leads to several bad days in a row. It's better to aim for a steady, but manageable, amount of activity every day.
- Help each client set and/or work toward a **realistic goal**. For example, Mrs. Simpson would like to be able to walk, without pain, to your facility's dining hall and activity room. Right now, she can only walk to the end of the hall without experiencing more pain. With the blessing of the physical therapist, you help Mrs. Simpson add ten steps to her walk every fifth day to build up her strength and stamina. Within a month, she can make it to the dining hall and is continuing to add steps.
- Help your clients **relax**, using whatever method works for them. Relaxation reduces muscle tension, promotes sleep, and has a general calming effect. Some ways to encourage relaxation include:
  - Gentle massage.
  - Deep, slow breathing, especially in a quiet, dimly lit room.
  - Distractions, such as listening to soothing music, watching television, or reading a book.
  - Laughter—whether it's at a funny movie or from sharing humorous stories or jokes.
- Watch for **side effects** of pain medications. Some of the more common ones include:
  - Nausea and/or vomiting.
  - Constipation.
  - Dry mouth.
  - Drowsiness.
  - Blurred vision.
  - Dizziness.
- Guard against **falls**. Remember that the risk for falls is high among chronic pain patients. When you add side effects like drowsiness, dizziness, and blurred vision, the risk is even higher. Follow any fall prevention policies for your workplace.

FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. Pain is considered chronic when it continues for longer than three to six months. It may begin with an illness or injury or there may be no known cause.
2. Chronic pain affects up to 100 million Americans and is the number one cause of adult disability in the U.S.
3. The "pain gate" is a mechanism in the spinal cord that lets pain signals through to the brain. For people with chronic pain, the gate fails to close.
4. Measuring a client's pain by asking for a number on a pain scale can be helpful but a better measure of chronic pain is how the pain has impacted the person's ability to function.
5. Physicians are seldom able to get rid of chronic pain completely. What most chronic pain sufferers can expect from treatment is that their pain will be controlled and their quality of life with be improved.

MORE TIPS FOR WORKING WITH CLIENTS WHO HAVE CHRONIC PAIN

- Remember that people in chronic pain have good days and bad days—and that their pain levels can vary throughout a single day. Often, there is no identifiable reason for the increase or decrease in pain. Be flexible with your plan of care. For example, just because your client could dress herself yesterday doesn't mean she can do it today.
- Each client's pain management plan needs to remain flexible, too. Medications that are effective today may not manage the pain a month from now. Watch carefully for any changes in your client's symptoms and/or ability to function—and report them to your supervisor.
- Don't assume that your client is pain-free just because he says he is fine. Many chronic pain sufferers have learned to hide their pain, especially if they sense that the people around them are tired of hearing about it.
- Remember that a good way to measure a client's level of chronic pain is by observing how well he or she functions on a daily basis. Is your client having trouble managing tasks that they used to do with ease? Is she lying down for more hours of the day? Her pain may be increasing.
- Encourage exercise as tolerated—whether that's a short daily walk or some gentle range of motion exercises. People who avoid activity because of their pain will experience *more* pain when they start moving again.

- Be patient with clients who may lash out because of their chronic pain. Dealing with pain that just won't go away is difficult. Because your clients see you frequently, they may take it out on you. If this happens, try saying one or more of the helpful statements on page 10. If clients feel they have your support, they may stop taking their frustrations out on you.
- Provide support to family members of your chronic pain clients. They may feel frustrated and confused, too, by their loved one's pain. They may also be angry that nothing seems to make the pain go away. If they have questions about their loved one's pain management plan, let your supervisor know.

WHAT I KNOW NOW!

Now that you've read this inservice on chronic pain, jot down a couple of things you learned that you didn't know before.

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EMPLOYEE NAME
(Please print):

_____

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

_____

SUPERVISOR SIGNATURE:

_____

Inservice Credit:	
☐ Self Study	1 hour
☐ Group Study	1 hour

File completed test in employee's personnel file.

inthe**know**
CAREGIVER TRAINING

A Client Care Module:

Helping Clients Who Have Chronic Pain

Are you "In the Know" about chronic pain? <u>Circle the best choice or fill in your answer.</u> <u>Then check your answers with your supervisor!</u>

1. **Chronic pain:**
   A. Warns the body of "danger."
   B. Continues for months or years.
   C. Is mostly in people's heads.
   D. Can always be traced to a cause.

2. **The "pain gate" is a mechanism in the spinal cord that:**
   A. Lets pain signals go to the brain.
   B. Prevents medication overdoses.
   C. Is underdeveloped in women.
   D. Stays open with acute pain.

3. **Your client tells you his pain level is a "6." You should make note of:**
   A. The location of the pain.
   B. The time of day he hurts the worst.
   C. If the pain is keeping him from functioning.
   D. All of the above.

4. **Your client claims to have chronic pain but he looks good on a day-to-day basis. You know that:**
   A. His pain is probably minimal.
   B. He is taking too many drugs.
   C. He has learned to cope with his pain.
   D. None of the above.

5. **True or False**
   Pain tolerance is the point at which a person begins to feel pain.

6. **True or False**
   A serious consequence of chronic pain is loss of mobility.

7. **True or False**
   Narcotics should not be used to treat chronic pain due to the risk of addiction.

8. **True or False**
   One of the best things you can say to a person suffering from chronic pain is, *"I care about you and what you are going through."*

9. **True or False**
   Because clients with chronic pain spend a lot of time lying in bed, their risk for falling down is low.

10. **True or False**
    Clients who deal with pain every day may lash out in frustration at their caregivers.