Joint Statement on Pain Management by the Missouri Board of Healing Arts, Board of Nursing and Board of Pharmacy

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Pain is one of the oldest medical problems and the most universal physical affliction. It also is one of the most common reasons for people to seek medical attention. Adequate pain management leads to enhanced functioning and increased quality of life. In contrast, inadequately controlled pain can have such profound consequences as disability, depression and despair. In addition, inadequately controlled pain can increase utilization of healthcare resources and expenditures.

The Missouri Boards of Healing Arts, Nursing and Pharmacy are in accord with the Joint Commission on Accreditation of Healthcare Organizations in recognizing that "Patients have the right to appropriate assessment and management of pain." Inappropriate treatment of pain includes non-treatment, undertreatment, overtreatment, and the continued use of ineffective treatments. It is, therefore, incumbent upon Missouri physicians, nurses, pharmacists and other health professionals to work cooperatively and effectively to address the multiple dimensions of pain and to provide maximum pain relief with minimal side effects.

In the interest of the public's health, the Missouri Boards of Healing Arts, Nursing and Pharmacy issue this joint statement. This statement is not intended to define complete or best practice, but rather to communicate guidelines for professional practice. These guidelines are not intended to interfere with a healthcare provider's professional duty to exercise that degree of learning and skill ordinarily possessed by competent members of the healthcare provider's profession.

To effectively assist patients in the management of pain, health care professionals should, within their scope of practice:

- Consistently and thoroughly assess all patients for pain. Identified pain should be evaluated with a complete history and physical, including laboratory and diagnostic testing, if indicated;
- Recognize the individual variables influencing pain and its management, including age, cognitive ability, culture, religion, socioeconomic status, and ethnicity;
- Assess common sequelae of untreated pain, including depression, anxiety, and social isolation;
- Document all aspects of pain assessment and care in a timely, clear, consistent, complete and accurate manner;
- Use a multi-disciplinary approach, when available, to develop and implement an individualized, outcome-based, written treatment plan that incorporates

appropriate pharmacologic and/or non-pharmacologic and psychological interventions;

- Regularly evaluate and document the effectiveness of the treatment plan, using a consistent, developmentally appropriate, standardized assessment tool;
- Adjust the treatment plan as necessary to optimize comfort, quality of life, and functionality as defined by the patient and the treatment team;
- Anticipate and effectively manage side effects of pain medications;
- Educate patients, family members, and caregivers with respect to their rights and responsibilities regarding pain and its management;
- Minimize risks of diversion and abuse of controlled substances through appropriate assessment, monitoring, and documentation;
- Recognize that individuals with the disease of addiction may also experience pain and may require the use of analgesics, including opioids. Specialized management and/or referral may be necessary;
- Consult and refer to other providers in cases where patients have pain that cannot be effectively managed;
- Utilize evidence-based policies and protocols for pain management when possible;
- Apply appropriate, up-to-date knowledge and treatment; and
- Comply with all state and federal laws and regulations regarding prescribing, dispensing, and administering prescription drugs, including controlled substances.

Pertinent terms relating to pain management are defined as follows:

Acute Pain
Acute pain is the normal, predicted physiological response to an adverse chemical, thermal or mechanical stimulus and is associated with surgery, trauma and acute illness. It is generally time-limited and is responsive to opioid therapy, among other therapies.

Addiction
Addiction is a neurobehavioral syndrome with genetic and environmental influences that results in psychological dependence on the use of substances for their psychic effects and is characterized by compulsive use despite harm. Addiction may also be referred to by terms such as "drug dependence" and "psychological dependence." Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and should not be considered addiction.

Analgesic Tolerance
Analgesic tolerance is the need to increase the dose of opioid to achieve the same level of analgesia. Analgesic tolerance may or may not be evident during opioid treatment and does not equate with addiction.

Chronic Pain
A pain state which is persistent and in which the cause of the pain cannot be removed or otherwise treated. Chronic pain may be associated with a long-term incurable or intractable medical condition or disease.

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

Physical Dependence
Physical dependence on a controlled substance is a physiologic state of neuroadaptation which is characterized by the emergence of a withdrawal syndrome if drug use is stopped or decreased abruptly, or if an antagonist is administered. Physical dependence is an expected result of opioid use. Physical dependence, by itself, does not equate with addiction.

Pseudoaddiction
Pattern of drug-seeking behavior of pain patients who are receiving inadequate pain management that can be mistaken for addiction.

Substance Abuse
Substance abuse is the use of any substance(s) for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.

Tolerance
Tolerance is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce the same effect, or a reduced effect is observed with a constant dose.