

### **Scope and Target Population:**

The guideline will address the management of chronic pain for physiologically mature adolescents (between 16-18 years) and adults. It can be applied to pediatric populations where noted. It is not intended for the treatment of migraine headaches, cancer pain, advanced cancer pain, or in the context of palliative care or end-of-life management.

### **Definitions**

**Pain** is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage (International Association for the Study of Pain).

- **Acute pain** states can be brief, lasting moments or hours, or they can be persistent, lasting weeks or several months until the disease or injury heals. The condition has a predictable beginning, middle and end.
- **Chronic pain** is defined as persistent pain, which can be either continuous or recurrent and of sufficient duration and intensity to adversely affect a patient's well-being, level of function, and quality of life. If the patient has not been previously evaluated, attempt to differentiate between untreated acute pain and ongoing chronic pain. If a patient's pain has persisted for six weeks (or longer than the anticipated healing time), a thorough evaluation for the course of the chronic pain is warranted.
  - **Chronic Pain Syndrome** – is at the end of the spectrum of chronic pain. The work group defines this as a constellation of behaviors related to persistent pain that represents significant life role disruption.

### **Clinical Highlights and Recommendations:**

- Chronic pain assessment should include determining the mechanisms of pain through documentation of pain location, intensity, quality and onset/duration; functional ability and goals; and psychological/social factors such as depression or substance abuse.
- The goal of treatment is an emphasis on improving function through the development of long-term, self-management skills including fitness and a healthy lifestyle in the face of pain that may persist.
- A patient-centered, multifactorial, comprehensive care plan is necessary, one that includes addressing biopsychosocial factors. Addressing spiritual and cultural issues is also important. It is important to have a multidisciplinary team approach coordinated by the primary care physician to lead a team including specialty areas of psychology and physical rehabilitation.
- Level I treatment approaches should be implemented as first steps toward rehabilitation before Level II treatments are considered.
- Medications are not the sole focus of treatment in managing pain and should be used when needed to meet overall goals of therapy in conjunction with other treatment modalities.
- Careful patient selection and close monitoring of all non-malignant pain patients on chronic opioids is necessary to assess the effectiveness and watch for signs of misuse or aberrant behavior.

### **Priority Aims:**

1. Improve the function of adult patients with chronic pain.
2. Improve the assessment and reassessment of adult patients with chronic pain utilizing the biopsychosocial model.
3. Improve the appropriate use of Level I and Level II treatment approaches for adult patients with chronic pain.
4. Improve the effective use of non-opioid medications in the treatment of adult patients with chronic pain.
5. Improve the effective use of opioid medications in the treatment of adult patients with chronic pain.