

PATIENT EXPECTATIONS VS. REALITY IN PAIN MANAGEMENT

By John M. DiMuro, DO

Physicians are often challenged by unrealistic patient expectations regarding chronic pain.¹ While I've observed that most of my patients have reasonable expectations, some patients imagine unrealistic outcomes, believing that "no pain is the only type of pain." This can create a disconnect in the conversation between the patient and physician, introducing treatment challenges. Without the proper patient communication and education, some patients request escalating doses of prescription medications to manage pain, creating a risk of substance abuse disorder.

Despite comprising only 5% of the world population, the US consumes 80% of the global opioid supply. Patients that desire controlled substances must be educated about long-term effects, especially females of child-bearing age. I find that many patients are unaware of highly effective non-pharmacological pain management solutions such as regular exercise, healthy diet, massage therapy, acupuncture, weight loss, physical therapy and innovative interventional pain medicine treatments.

Many states are developing legislation to help physicians more appropriately determine pain management guidelines and therapies for their patients. The proposed guidelines could require healthcare providers to check the Prescription Drug Monitoring Program (PDMP) database, which is available in 49 states and Washington, D.C.,² to better understand a patient's prescription medication history. Additional provisions may include mandates regarding drug testing and drug prescription refills, guidelines pertaining to quantity and potency of medications, as well as behavioral health services. An excellent example of this is the recently-passed Nevada Assembly Bill 474



("AB474"), sponsored by Nevada Governor Brian Sandoval.

In my experience, the key to setting appropriate expectations for my patients is first developing an accurate, evidence-based diagnosis. This can only be done through the use of imaging studies and/or hematological workup combined with a proper clinical examination. Any report of a diagnosis without evidence is merely a clinical diagnosis. Clearly explain to the patient your preliminary diagnosis and that if your initial treatment options do not provide the appropriate outcome, you will need to pursue an evidence-based diagnosis. Present the evidence for effective treatment methods, and help your patients develop reasonable pain management expectations. For example, in a patient with metastatic cancer, there may be an expectation of only transient pain relief, and the patient should be apprised of the risks and rewards of interventional treatment. Other conditions can be treated simply and effectively with reliable pain relief.

Physicians must take the time to help patients understand the pathological process involved, potential therapies and realistic pain management outcomes. I find it's difficult to deliver effective patient counseling in a brief amount of time, so I schedule one hour-long consultations and a 30-minute follow-up visit regardless of the patient's insurance coverage.

I recommend the following steps to help a patient better understand their pain and how to best treat it:

-  Begin with a physical examination
-  Review the physical examination findings as well as the imaging studies in detail on a large monitor
-  Provide clinical studies and articles that explain their challenges
-  Take photographs of the relevant slices from the imaging study on the patient's smartphone to use as a point of reference when they leave my office
-  Provide appropriate handouts for recommended interventional pain procedures

By following this algorithmic approach to patient care, I find that my patients better understand the cause of their pain. This enables us to collaboratively and productively discuss options to help decrease their pain and increase their function.

IN CONCLUSION

Approximately 10 million Americans suffer with chronic, persistent or disabling pain.³ However, physicians are often posed with significant challenges when patients have unrealistic pain management expectations. Pain management education for patients is the key to communicating chronic pain guidelines and achieving greater patient treatment outcomes. Through an evidence-based diagnosis, doctors can better provide greater patient education regarding the source of the pain, effectively reduce or avoid addictive medications and mutually agree on pain management procedures that yield realistic, longterm outcomes.

John M. DiMuro, DO, has a consulting/speaking/financial relationship with Avanos Medical, Inc.

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1. Galer B, Schwartz L, Turner J. Do Patient and Physician Expectations Predict Response to Pain-Relieving Procedures? *Clinical Journal of Pain*. December 1997 - Volume 13 - Issue 4 - pp 348-351
 2. Prescription Drug Monitoring Program Training and Technical Assistance Center. Prescription Drug Monitoring Frequently Asked Questions. <http://www.pdmpassist.org/content/prescription-drug-monitoring-frequently-asked-questions-faq>
 3. American Society of Interventional Pain Physicians. Fact Sheet <https://www.asipp.org/documents/ASIPPFactSheet101111.pdf>