PAIN MANAGEMENT BEST PRACTICES
INTER-AGENCY TASK FORCE

The Task Force emphasizes the importance of **compassionate, patient-centered care in the diagnosis and treatment** of acute and chronic pain. The Task Force recognizes that pain care is not effectively delivered through a "one-size-fits-all" approach.

MILITARY ACTIVE DUTY, RESERVE SERVICE MEMBERS, AND VETERANS

- Pain management can be complex in military populations who experience **combat-related injuries** and related issues such as **post-traumatic stress disorder** and **traumatic brain injury**, which are more widespread in Veterans than in the civilian population.

- Veterans **die by suicide at higher rates compared to civilians**. Clinicians can discuss suicide risk with Veterans and recognize that public health approaches to suicide prevention include addressing pain.

- As a nation, we must do better in fulfilling our solemn obligation to care for all those who have served our country and to **improve the quality of life of our nation's Veterans.**

PREGNANT WOMEN

- Managing pain in pregnant women is challenging because decisions must **account for the pregnant mother and the developing fetus.**

- Neonatal abstinence syndrome (NAS) may occur when a pregnant woman takes opioid medications.

WOMEN

- Research suggests that **women experience more pain than men**, have greater sensitivities to pain compared with men, and report experiencing more intense pain.

CHILDREN/YOUTH

- Chronic pain is estimated to **affect 5% to 38% of children and adolescents**. These pain conditions can be from **congenital diseases** (e.g. sickle cell disease), where pain begins in the infant or toddler age period; **chronic noncongenital diseases** (e.g., juvenile idiopathic arthritis, fibromyalgia, inflammatory bowel disease); or **primary chronic pain conditions** (e.g., headaches, chronic abdominal pain, chronic musculoskeletal pain).

- Poor pain management in children can put them at **risk for persistent pain and more harm as they transition into adulthood**.

- Poor pain management may be linked to the development of new chronic pain conditions.

OLDER ADULTS

- **Chronic pain** is one of the most **common, costly, and incapacitating** conditions in older adults.

- Managing pain in older adults can be complex because of **age-related physiologic changes**, associated medical and mental health comorbidities, **use of multiple medications**, increases in pain thresholds, decreases in pain tolerance, and increases in risk of side effects from pain medication treatment.

PATIENTS WITH CHRONIC RELAPSING PAIN CONDITIONS

- **Periods of reduced pain and frequent reoccurrences of pain,** also known as chronic relapsing pain conditions, include various degenerative, inflammatory, immune-mediated, rheumatologic, and neurologic conditions such as multiple sclerosis, Parkinson's disease, complex regional pain syndrome, metabolic disorders, migraines, and cluster headaches. Acute pain flares on top of the chronic pain condition can be a common **experience that affect daily routines and overall functionality**, resulting in additional morbidity and the **need for comprehensive pain care.**

PATIENTS WITH SICKLE CELL DISEASE

- Sickle cell disease (SCD), another example of a Chronic Relapsing Pain Condition, is a group of inherited disorders characterized by complex acute and chronic symptoms, including pain. An estimated 90,000 people in the United States have SCD, which **disproportionately affects minority populations**, particularly African-Americans.

- Acute pain episodes, or "pain crises," associated with SCD are **abrupt in onset and unpredictable**, and they drive patients to seek emergency care, with estimated health care costs of almost $2 billion per year.

PATIENTS WITH CANCER-RELATED PAIN AND PATIENTS IN PALLIATIVE CARE

- Cancer pain affects millions of Americans. An estimated **40% of cancer survivors continue to experience persistent pain** as a result of treatments such as surgery, chemotherapy, and radiation therapy. Persistent pain is also common and significant in patients with a limited prognosis, as is often encountered in hospice and palliative care environments.

HEALTH DISPARITIES IN RACIAL AND ETHNIC POPULATIONS: AFRICAN-AMERICANS, HISPANICS/LATINOS, AMERICAN INDIANS, AND ALASKAN NATIVES

- Considerable evidence exists documenting **health disparities in racial and ethnic minority populations** — particularly substantial disparities in the **prevalence, treatment, progression, and outcomes** of pain-related conditions.

- **Health disparities contributing to suboptimal pain management** in these special populations may be related to such factors as barriers to accessing health care, lack of insurance, discrimination, lack of a primary care clinician, lack of child care, a lower likelihood to be screened or receive pain treatment, and environmental barriers that impede effective self-management.

CONCLUSION

Clinicians, as well as the larger health system, must consider the pain management needs of all people, including the unique needs of the special patient populations described in the Task Force's Report, such as children/youth, older adults, women, pregnant women, individuals with chronic relapsing pain conditions such as sickle cell disease, racial and ethnic populations, active duty military, reserve service members and Veterans, and patients with cancer-related pain and patients in palliative care.

LEARN MORE

For more information on the unique challenges these special populations face in the management of pain:

➜ Review **Section 2.7** and the **Federal Resources Center** of the Task Force's Report at https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf.

➜ Visit the **Pain Management Task Force** website for factsheets, talking points and infographics to learn more about the Report's findings at https://www.hhs.gov/ash/advisory-committees/pain/index.html.

➜ For more information check out the HHS Blog post at https://www.hhs.gov/blog/2019/05/10/patient-centered-care-is-key-to-best-practices-in-pain-management.html.