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PLAINTIFFS TRIAL
EXHIBIT
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Medical Learning Solutions

specialists who are knowledgeable of and skilled in the use of Schedule II opioids to treat cancer pain.

FENTORA and ACTIQ contain fentanyl, a substance with an abuse liability similar to other opioid analgesics. FENTORA and ACTIQ can be abused in a manner similar to other opioid agonists, legal or illicit. This should be considered when prescribing or dispensing FENTORA or ACTIQ in situations where the physician or pharmacist is concerned about an increased risk of misuse, abuse or diversion. Schedule II opioid substances which include morphine, oxycodone, hydromorphone, oxymorphone, and methadone have the highest potential for abuse and risk of fatal overdose due to respiratory depression.

10/25/2007

Physical AssessmentAS 10/19/07
SC 10/20/07

Chronic pain can make it difficult for you to enjoy your life, affecting you both physically and emotionally. [Marcus/p1/¶1] The good news is, there's hope because treatments are available that may effectively treat your pain.

[Marcus/p5/¶2] Potential pain relief begins with a complete physical assessment by your health care professional. The physical assessment your health care provider will perform is vital for helping him or her to understand the nature and extent of your pain, and will enable him or her to discuss treatment options with you in order to prescribe the best treatment for you to help relieve your pain.

[Marcus/p4/¶2] [AMA/p6/c1/¶2]

There are three steps to a physical assessment

Health care professionals recognize that chronic pain is a complex disorder that can affect you physically, emotionally, and socially. [Marcus/p1/¶1]

[Disorbio/p2/c2/¶3] To fully understand your pain and how it is affecting you, your health care professional must use a variety of assessment tools. There are three steps to a physical assessment for chronic pain: [AMA/p6/c1/Box+c1/¶3]

1. Detailed medical history
2. Physical examination
3. Pain and other assessments

Your medical history—a glimpse into your past and present

Your health care professional will ask you a number of questions about your health and medical history. While some of these questions may not seem directly related to the pain you are having, your answers may provide important insights into the type of pain you have and its cause. For example, he or she may ask you whether you have a history of certain diseases such as diabetes, whether you have ever been exposed to toxic substances, or whether you have a history of alcoholism. All of these can contribute to chronic pain conditions. [AMA/p6/c1/¶4]

Your health care professional may also ask you about any over-the-counter (OTC) and prescription medications you currently take and have taken in the past. [Marcus/p4/¶1] [AMA/p6/c2/¶1] These include nutritional supplements, herbal remedies, and vitamins, even though you may not think of them as medications. It also includes your use of caffeine, alcohol, and illicit drugs.

When it comes to medications you have taken or are currently taking for pain, your health care professional will want to know what has worked and not worked in the past to relieve your pain. [AMA/p6/c2/¶1] Because the prescribing of some pain medications, such as opioids, is carefully controlled by law, your health care professional may also ask you about the pharmacies and any other health care professionals you may use, and whether you have ever had a problem obtaining, paying for, or taking your medications.

To make sure you get the best possible treatment for your pain, it is important that you answer your health care professional's questions completely and honestly. Regardless of a person's background and previous history, everyone with chronic

pain has a right to receive effective pain treatment. [APF/c1/Bullets 1+2] Your health care professional will work with you to provide the right care for your set of circumstances.

Your physical examination—a complete review

The physical examination your health care professional performs will include a complete review of your physical and mental health so he or she knows exactly how you are doing today. [AMA/p6/c2/¶1] Components of the physical exam may include:

- **Psychological assessment**—how you are feeling mentally and emotionally
- **Neurological assessment**—how your nervous system is working
- **Physical assessment**—how you hold yourself when standing and walking, your range of function and motion, and your physical strength
- **Vital signs assessment**—including your location and level of pain, body temperature, blood pressure, heart rate, and breathing rate

How your pain makes you feel is as important as the pain itself, and is therefore just as important to treat. Your health care professional may assess you for psychological complications that often accompany chronic pain and can make it even harder for you to function. [AMA/p5/c2/¶4] Anxiety, depression, and other psychological disorders can make your pain worse and make it harder to treat.

[Marcus/p1/¶1] [AMA/p5/c2/¶4] If psychological complications are bothering you, your health care professional can prescribe appropriate care, which may include consultation with another type of health care professional. You may be treated with non-drug therapies, medication therapy or a combination of both.

[AMA/p5/c2/¶4-p6/c1/¶1]

Your pain assessment—a key step in your treatment

Pain is subjective, which means that nobody but you knows exactly how it feels.

[AMA/p6/c1/¶2] This makes you the most qualified person to report on the pain you are feeling. Your assessment is a key step in your treatment, and your health care professional wants to hear everything you have to say. In assessing your pain, your health care professional may ask you to explain: [Marcus/p4/¶1]

[AMA/p6/c2/Figure]

- Where on your body you feel your pain
- How and when your pain started
- What your pain feels like, how frequently it affects you and for how long
- Whether and how your pain has changed over time
- Your level of activity and ability to function before you had pain, and how your pain interferes with your ability to function now
- What relieves your pain, and what makes your pain worse

When your health care professional assesses how your pain is affecting your ability to function, he or she may want to know about your ability to perform household chores, work, enjoy sports or hobbies, and sleep. [Marcus/p4/¶3] It is important that he or she understands how you were able to function before you started having pain, and how and when your pain makes it more difficult for you to function now.

When assessing your pain, your health care professional will also want to know about these specific pain characteristics: [AMA/p7/c2/Table]

- **Location**—do you feel your pain in one specific place or in many places? Is it focused or does it seem to spread? Do you feel it at the surface of your body or deep inside your body?
- **Temporal**—does your pain come on sharp and suddenly or gradually? Is it present all the time or does it come and go? Does it remain steady all day or occur at certain times of day or when you are doing a specific activity?
- **Intensity**—how strong is your pain? How is it when it is at its best and at its worst? How is your pain right now?
- **Quality**—how would you describe your pain? Is it aching, throbbing, stabbing, or burning?
- **Factors**—does your pain get better or worse when you do certain things, such as lie down, stand up, cough, or sneeze? Is it better or worse when

you first wake up in the morning and how is it throughout the rest of the day? How do you feel when you are ready to go to sleep? Can you sleep?

To measure the severity of your pain, your health care professional may use one of several scales. You may be asked to rate your pain on a numeric scale from 0 to 10, with 0 being no pain and 10 being the worst pain you can imagine.

[AMA/p8/c2/¶3]

[INSERT GRAPHIC OF NUMERIC RATING SCALE]

Or, you may be asked to point to where your pain is on a line called a visual analog scale or VAS. This scale has “No pain” at one end and “Worst possible pain” at the other end. [AMA/p8/c2/¶4]

[INSERT GRAPHIC OF VISUAL ANALOG SCALE]

Another scale used often by health care professionals with children, elderly people, and people with language barriers, is the “Faces” pain scale.

[AMA/p8/c1/¶3;p9/c1/¶2] Instead of using words or numbers, this scale uses pictures of faces showing a range of emotions from very happy to very sad. The person using this scale points to the expression that reflects how he or she feels because of their pain.

[INSERT GRAPHIC OF FACES PAIN SCALE]

Other scales your health care professional may use to assess your pain are designed to help him or her measure how your pain is affecting your quality of life

and your ability to function. [AMA/p9/c1/¶3] These measures take longer than the simple pain intensity scales, but they give your health care professional greater insight into how your pain makes you feel and how it is affecting your life.

No one assessment tool is better or worse than the other. Your health care professional will select the best assessment tool for use related to your history and current medical problem.

Get the most from your next office visit

Preparing in advance is a great way to get the most from each visit with your health care professional. You can get the most from your next office visit by answering the following questions about the pain you are having. Bring this with you to your next visit and share the information with your health care professional. This way, your health care professional will have the information he or she needs to prescribe the best treatment for you.

My Pain Assessment

Today's date is: _____

Date my pain started: _____

What caused my pain: _____

How bad my pain feels at its best (rate your pain from 0 to 10, with 0 being no pain at all and 10 being the worst pain you can imagine): _____

How bad my pain feels at its worst (rate your pain from 0 to 10, with 0 being no pain at all and 10 being the worst pain you can imagine): _____

How bad my pain feels on average (rate your pain from 0 to 10, with 0 being no pain at all and 10 being the worst pain you can imagine): _____

What my pain feels like: (for example, aching, throbbing, stabbing, burning)

How long does my pain last? _____

Where I feel my pain: (mark focal points with a thick dot, draw a circle around areas where pain spreads)

[INSERT GRAPHIC OF HUMAN BODY OUTLINE]

How my pain has changed over time: _____

Activities I did before my pain started:

Activities I can no longer do because of my pain:

Things that make my pain better:

Things that make my pain worse:

Pain treatments I have tried in the past:

Ask your health care professional about other modules in this series. For additional information about assessing pain, visit these resources:

- American Pain Foundation
<http://www.painfoundation.org>
- American Society of Anesthesiologists
<http://www.asahq.org/patientEducation/managepain.htm>
- National Cancer Institute
<http://www.cancer.gov/cancertopics/pdq/supportivecare/pain/Patient/page3>

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http://www.ama-cmeonline.com/pain_mgmt/module01/index.htm

American Pain Foundation. *Pain care bill of rights*. Accessed September 14, 2007 at: <http://www.painfoundation.org/Publications/BORenglish.pdf>

Disorbio JM, Bruns D, Barolat G. Assessment and treatment of chronic pain. A physician's guide to a biopsychosocial approach. *Practical Pain Management*. 2006;6:11-27. Accessed September 24, 2007 at: <http://www.pearsonassessments.com/resources/bruns3-06-reprint.pdf>

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Module 6 Video
 AS 10/19/07
 SL 10/20/07

Video	Audio
<p><i>Medium shot of health care professional looking directly at the camera, centered in the screen.</i> Logo: Emerging Solutions in Pain</p> <p><i>On-screen text:</i> Physical Assessment with [Health care professional's name/credentials]</p>	<p>Hello. My name is [name]. Welcome to Emerging Solutions in Pain Patient Education Video Series. If you are watching this video, it is because you or someone you love has seen a health care professional because of pain. Before your health care professional can treat your chronic pain effectively, he or she must first perform a physical assessment. This video will help you understand what a physical assessment entails so you can play an active role in your care and help your health care professional prescribe the best treatment for you.</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen images.</i> <i>Montage of images appears as health care professional speaks:</i> [GRAPHIC OF MIDDLE-AGED WOMAN AT WORK] [GRAPHIC OF ELDERLY MAN AND WOMAN WALKING] [GRAPHIC OF MIDDLE-AGED MAN PLAYING WITH CHILD]</p>	<p>Chronic pain can make it difficult for you to enjoy your life, affecting you both physically and emotionally. [Marcus/p1/¶1] The good news is, there's hope because treatments are available that may effectively treat your pain. [Marcus/p5/¶2] Potential pain relief begins with a complete physical assessment by your health care professional. The physical assessment your health care provider will perform is vital for helping him or her to understand the nature and extent of your pain, and will enable him or her to discuss treatment options with you in order to prescribe the best treatment for you to help relieve your pain. [Marcus/p4/¶2] [AMA/p6/c1/¶2]</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i> <i>On-Screen text:</i> The three steps to a physical assessment <i>(numbered items appear when mentioned)</i></p> <ol style="list-style-type: none"> 1. Detailed medical history 2. Physical examination 	<p>Health care professionals recognize that chronic pain is a complex disorder that can affect you physically, emotionally, and socially. [Marcus/p1/¶1] [Disorbio/p2/c2/¶3] To fully understand your pain and how it is affecting you, your health care professional must use variety of assessment tools. There are three steps to a physical assessment for chronic pain: [AMA/p6/c1/Box+c1/¶3]</p>

<p>3. Pain and other assessments</p>	<p>1. Detailed medical history 2. Physical examination 3. Pain assessment</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i> <i>On-Screen text:</i> Your medical history—a glimpse into your past and present <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • History of disease • Exposure to toxic substances • History of alcoholism • OTC medications • Prescription medications • Caffeine use • Alcohol use • Illicit drug use 	<p>Your health care professional will ask you a number of questions about your health and medical history. While some of these questions may not seem directly related to the pain you are having, your answers may provide important insights into the type of pain you have and its cause. For example, he or she may ask you whether you have a history of certain diseases such as diabetes, whether you have ever been exposed to toxic substances, or whether you have a history of alcoholism. All of these can contribute to chronic pain conditions. [AMA/p6/c1/¶4]</p> <p>Your health care professional may also ask you about any over-the-counter (OTC) and prescription medications you currently take and have taken in the past. [Marcus/p4/¶1] [AMA/p6/c2/¶1] These include nutritional supplements, herbal remedies, and vitamins, even though you may not think of them as medications. It also includes your use of caffeine, alcohol, and illicit drugs.</p>
<p><i>Cut to close-up shot of health care professional.</i></p>	<p>When it comes to medications you have taken or are currently taking for pain, your health care professional will want to know what has worked and not worked in the past to relieve your pain. [AMA/p6/c2/¶1] Because the prescribing of some pain medications, such as opioids, is carefully controlled by law, your health care professional may also ask you about the pharmacies and any other health care professionals you may use, and whether you have ever had a problem obtaining, paying for, or taking your medications.</p>

	<p>To make sure you get the best possible treatment for your pain, it is important that you answer your health care professional's questions completely and honestly. Regardless of a person's background and previous history, everyone with chronic pain has a right to receive effective pain treatment. [APF/c1/Bullets 1+2] Your health care professional will work with you to provide the right care for your set of circumstances.</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text.</i> <i>On-Screen text:</i> Your physical examination—a complete review <i>(bullets appear as mentioned separately; bold first, then light face text. Light face text disappears after mention)</i></p> <ul style="list-style-type: none"> • Psychological assessment—how you are feeling mentally and emotionally • Neurological assessment—how your nervous system is working • Physical assessment—how you hold yourself when standing and walking, your range of function and motion, and your physical strength • Vital signs assessment—including your location and level of pain, body temperature, blood pressure, heart rate, and breathing rate 	<p>The physical examination your health care professional performs will include a complete review of your physical and mental health so he or she knows exactly how you are doing today. [AMA/p6/c2/¶1] Components of the physical exam may include:</p> <ul style="list-style-type: none"> • Psychological assessment—how you are feeling mentally and emotionally • Neurological assessment—how your nervous system is working • Physical assessment—how you hold yourself when standing and walking, your range of function and motion, and your physical strength • Vital signs assessment—including your location and level of pain, body temperature, blood pressure, heart rate, and breathing rate
<p><i>Cut to close-up shot of health care professional.</i></p>	<p>How your pain makes you feel is as important as the pain itself, and is therefore just as important to treat. Your health care professional may assess you for psychological complications that often accompany</p>

	<p>chronic pain and can make it even harder for you to function. [AMA/p5/c2/¶4] Anxiety, depression, and other psychological disorders can make your pain worse and make it harder to treat. [Marcus/p1/¶1] [AMA/p5/c2/¶4] If psychological complications are bothering you, your health care professional can prescribe appropriate care, which may include consultation with another type of health care professional. You may be treated with non-drug therapies, medication therapy or a combination of both. [AMA/p5/c2/¶4-p6/c1/¶1]</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text and image.</i></p> <p><i>On-Screen text:</i></p> <p>Your pain assessment—a key step in your treatment</p> <p><i>(each bullet appears with associated graphic when mentioned, then disappears when the next bullet with graphic appears)</i></p> <ul style="list-style-type: none"> • Where on your body you feel your pain <p>[GRAPHIC OF PERSON HOLDING A PART OF HIS OR HER BODY]</p> <ul style="list-style-type: none"> • How and when your pain started <p>[GRAPHIC OF PERSON AFTER A CAR ACCIDENT]</p> <ul style="list-style-type: none"> • What your pain feels like, how frequently it affects you, and for how long <p>[GRAPHIC OF PERSON WITH PAINED EXPRESSION]</p> <ul style="list-style-type: none"> • Whether and how your pain has changed over time <p>[GRAPHIC OF PERSON HAVING TROUBLE WALKING]</p> <ul style="list-style-type: none"> • Your level of activity and 	<p>Pain is subjective, which means that nobody but you knows exactly how it feels. [AMA/p6/c1/¶2] This makes you the most qualified person to report on the pain you are feeling. Your assessment is a key step in your treatment, and your health care professional wants to hear everything you have to say. In assessing your pain, your health care professional may ask you to explain: [Marcus/p4/¶1] [AMA/p6/c2/Figure]</p> <ul style="list-style-type: none"> • Where on your body you feel your pain • How and when your pain started • What your pain feels like, how frequently it affects you and for how long • Whether and how your pain has changed over time • Your level of activity and ability to function before you had pain, and how your pain interferes with your ability to function now • What relieves your pain, and what makes your pain worse

<p>ability to function before you had pain, and how your pain interferes with your ability to function now</p> <p>[GRAPHIC OF HAPPY PERSON PERFORMING AN ACTIVITY; DISSOLVE TO PERSON WITH SAD EXPRESSION LOOKING OUT A WINDOW]</p> <ul style="list-style-type: none"> • What relieves your pain, and what makes your pain worse <p>[GRAPHIC OF PERSON LYING DOWN; DISSOLVE TO PERSON COUGHING AND WINCING]</p>	
<p><i>Cut to close-up shot of health care professional.</i></p>	<p>When your health care professional assesses how your pain is affecting your ability to function, he or she may want to know about your ability to perform household chores, work, enjoy sports or hobbies, and sleep.</p> <p>[Marcus/p4/¶3] It is important that he or she understands how you were able to function before you started having pain, and how and when your pain makes it more difficult for you to function now.</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text and image.</i></p> <p><i>On-Screen text:</i></p> <p>Pain characteristics</p> <p><i>(each bullet appears with associated graphic when mentioned, then disappears when the next bullet with graphic appears)</i></p> <ul style="list-style-type: none"> • Location <p>[GRAPHIC OF PERSON IN PAIN WITH BULLSEYE CIRCLE AROUND HIS OR HER HIP, NECK, OR SHOULDER]</p> <ul style="list-style-type: none"> • Temporal <p>[GRAPHIC OF PERSON IN PAIN WITH IMAGE OF CLOCK]</p>	<p>When assessing your pain, your health care professional will also want to know about these specific pain characteristics: [AMA/p7/c2/Table]</p> <ul style="list-style-type: none"> • Location—do you feel your pain in one specific place or in many places? Is it focused or does it seem to spread? Do you feel it at the surface of your body or deep inside your body? • Temporal—does your pain come on sharp and suddenly or gradually? Is it present all the time or does it come and go? Does it remain steady all day or occur at certain times of day or when you are doing a specific activity? • Intensity—how strong is your pain?

<ul style="list-style-type: none"> • Intensity [GRAPHIC OF PERSON IN PAIN WITH "PAIN METER" IN BACKGROUND; "NO PAIN" AT LEFT SIDE OF METER AND "WORST PAIN POSSIBLE" AT RIGHT SIDE, WITH NEEDLE CLOSER TO RIGHT THAN LEFT] • Quality [GRAPHIC OF PERSON IN PAIN WITH RIPPLE LINES AT A BODY PART SUGGESTING THROBBING, A KNIFE JABBING AT A BODY PART SUGGESTING STABBING, OR A FLAME SUGGESTING BURNING] • Factors [GRAPHIC OF PERSON WITH TWO "THOUGHT BUBBLES;" A COMFY BED IN ONE AND A HARD WOODEN CHAIR WITH RED CIRCLE AROUND IT WITH LINE THROUGH IT IN THE OTHER] 	<p>How is it when it is at its best and at its worst? How is your pain right now?</p> <ul style="list-style-type: none"> • Quality—how would you describe your pain? Is it aching, throbbing, stabbing, or burning? • Factors—does your pain get better or worse when you do certain things, such as lie down, stand up, cough, or sneeze? Is it better or worse when you first wake up in the morning and how is it throughout the rest of the day? How do you feel when you are ready to go to sleep? Can you sleep?
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen images.</i> <i>(graphics appear when mentioned and disappear as next graphic appears)</i></p> <p>[GRAPHIC OF NUMERIC RATING SCALE] [GRAPHIC OF VISUAL ANALOG SCALE] [GRAPHIC OF FACES PAIN SCALE]</p>	<p>To measure the severity of your pain, your health care professional may use one of several scales. You may be asked to rate your pain on a numeric scale from 0 to 10, with 0 being no pain and 10 being the worst pain you can imagine. [AMA/p8/c2/¶3]</p> <p>Or, you may be asked to point to where your pain is on a line, called a visual analog scale or VAS. This scale has "No pain" at one end and "Worst possible pain" at the other end. [AMA/p8/c2/¶4]</p> <p>Another scale used often by health care professionals with children, elderly people, and people with language barriers, is the Faces pain scale. [AMA/p8/c1/¶3;p9/c1/¶2]</p> <p>Instead of using words or numbers, this scale uses pictures of faces showing a range of emotions from very happy to very sad. The person using</p>

	<p>this scale points to the expression that reflects how he or she feels because of their pain.</p>
<p><i>Cut to close-up shot of health care professional.</i></p>	<p>Other scales your health care professional may use to assess your pain are designed to help him or her measure how your pain is affecting your quality of life and your ability to function. [AMA/p9/c1/¶3] These measures take longer than the simple pain intensity scales, but they give your health care professional greater insight into how your pain makes you feel and how it is affecting your life.</p> <p>No one assessment tool is better or worse than the other. Your health care professional will select the best assessment tool for use related to your history and current medical problem.</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text and image.</i></p> <p><i>On-screen text:</i></p> <p>Get the most from your next office visit</p> <p><i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Today's date • Date pain started • Cause of pain • Best pain • Worst pain • Average pain • How pain feels • How long pain lasts • Where pain is felt • How pain has changed • Activities before pain • Limitations since pain • Makes pain better • Makes pain worse 	<p>Preparing in advance is a great way to get the most from each visit with your health care professional. You can get the most from your next office visit by answering the following questions about the pain you are having.</p> <p>Start by writing today's date at the top of the paper.</p> <p>Then write down the date your pain started, and what was happening when your pain occurred.</p> <p>Then rate on a 0 to 10 scale, with 0 being no pain at all and 10 being the worst pain you can imagine, how bad your pain feels at its best, at its worst, and how it feels on average.</p> <p>Next, describe how your pain feels, such as aching, throbbing, stabbing, or burning, how long it lasts, and where it is felt.</p> <p>Then list the activities you used to enjoy before your pain started, and the things you can no longer do because of your pain.</p> <p>Write down the things that make your</p>

<ul style="list-style-type: none"> • Past treatments 	<p>pain feel better, and the things that make your pain feel worse.</p> <p>Finally, list all the past pain treatments you have tried in the past.</p>
<p><i>Cut to close-up shot of health care professional.</i></p>	<p>Bring this with you to your next visit and share the information with your health care professional. This way, your health care professional will have the information he or she needs to prescribe the best treatment for you.</p>
<p><i>Camera slowly pulls back to wide shot of health care professional behind desk.</i></p> <p><i>Logo:</i></p> <p>Emerging Solutions in Pain</p> <p><i>On-screen text:</i></p> <p>Ask your health care professional about other modules in this series.</p> <p>For additional information about assessing pain, visit these resources:</p> <ul style="list-style-type: none"> • American Pain Foundation http://www.painfoundation.org • American Society of Anesthesiologists http://www.asahq.org/patientEducation/managepain.htm • National Cancer Institute http://www.cancer.gov/cancertopics/pdq/supportivecare/pain/Patient/page3 	

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American Pain Foundation. *Pain care bill of rights*. Accessed September 14, 2007 at: <http://www.painfoundation.org/Publications/BORenglish.pdf>

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SL 10/20/07

Patient Pain Diary

Chronic pain can be difficult to live with. [Marcus/p1/¶1] Fortunately, there are treatments that can help you manage your pain and either reduce it, or in some cases possibly even eliminate it. [Marcus/p5/¶2] Communicating with your health care professional about your chronic pain is the key to developing an effective pain management program. [AMA/p10/c1/¶4] [APF Notebook/p5/c1/¶4] The need for open, honest and respectful communication between you and your health care professional starts with your first office visit, and will continue for the life of your relationship.

Diagnosis is your first step toward pain relief

Before your pain can be treated, it must be diagnosed. Your health care professional will perform a thorough physical assessment to help determine exactly what is causing your pain, and to understand the characteristics that make your pain unique. Every person experiences pain differently, [APF Pain Diary/p1/¶1] just as every person responds differently to different pain treatments. [AHCPR/p32/#13] Knowing about your personal pain experience will enable your health care professional to work with you to design a treatment plan that best fits your needs.

During the physical assessment, your health care professional will take a detailed medical history. [AMA/p6/Box+c1/¶3] He or she will also perform a physical examination, and assess your pain according to several criteria. These criteria include finding out when your pain occurs, how bad it is, how long it lasts, where

you feel it, what it feels like, and what makes it feel better and worse.

[AMA/p7/c2/Table] When you have chronic pain, it can be difficult to remember the day-to-day details of what you are feeling. But that is exactly the information your health care professional needs to know. For this reason, to get a better understanding of your daily pain experience, he or she may ask you to keep a patient pain diary. [AMA/p10/c1/¶4] [APF Pain Diary/p1/¶1]

The pain patient diary helps you remember

The pain patient diary is a valuable tool for telling your health care professional how you are feeling throughout the day and night. It lets you describe what is happening while it is actually happening instead of trying to remember it later. [APF Pain Diary/p1/¶1] The pain patient diary helps you create a picture of your pain, so your health care professional can actually see how your pain was on average, as well as when it felt better or worse. [APF Notebook/p5/c2/¶1] This will be helpful when he or she is choosing your therapies. The pain tracking information will help your health care professional determine what nondrug therapies to recommend and which pain medication to prescribe and when and how often you should take it. Your pain patient diary will help your health care professional decide what treatment is best for you and will discuss his or her recommendation with you. You might make entries hourly or just at certain times of the day. [APF Notebook/p5/c2/¶1] As shown in this sample diary below, the hours of the day go from left to right. The level of pain you are having goes from bottom to top, with “0” or “no pain” at the bottom and “10” or “worst pain

imaginable” at the top. A simple way to fill out the diary is to make a mark such as an “X” where the line showing the current time meets the line showing the level of pain you are having at that time. In this example, the person was having level 5 pain at 6:00 in the morning.

[GRAPHIC OF BLANK PAIN DIARY WITH AN “X” ONLY AT THE JUNCTION OF LEVEL 5 PAIN AND 6AM]

As each day progresses, you can see how keeping track of your pain when it is happening creates a picture of how you are feeling. In the sample diary below, you can see that the person’s pain mostly goes up and down only slightly, creating an average of about 5. However, you can also see that the person did something at 3:00 in the afternoon that made the pain feel much better. The person also had a number of pain “spikes” throughout the day. These spikes are called breakthrough pain because they break through the medication being taken to relieve the persistent pain and cause a drastic increase in pain for a short time.

[APF Notebook/p3/c2/¶4]

[GRAPHIC OF PAIN DIARY COMPLETED WITH “X”s FLUCTUATING VARIABLY AT ALL POINTS BETWEEN AND INCLUDING 3.5 TO 6.5, WITH ONE “X” AT 1.5 AT 3:00 PM AND “X”s RANGING FROM 8 TO 9.5 AT 8:00 AM, 12:30 PM, 6:00 PM, AND 11:00 PM]

Breakthrough pain can happen spur-of-the-moment or it can be related to a certain activity, and it can become severe in as little as 3 to 5 minutes.

[Portenoy/p132/c1/¶2] Each episode of breakthrough pain may last an average of

30 minutes, [Simmonds/p1103/c1/¶2] and people can experience an average of 6 episodes of breakthrough pain a day. [Portenoy/p132/c1/¶2]

Sometimes at the beginning of pain treatment or sometimes after being in treatment for a long time, spikes of pain will occur right before the pain relief from the medication you are taking begins to wear off. This is called end-of-dose failure pain. It is different from breakthrough pain. End-of-dose failure pain occurs at approximately the same time everyday and it is a good indication that you may need a stronger, a longer-acting, or a more frequent dose of analgesic medication. It usually indicates that your pain medication is no longer doing its job. [http://www.medscape.com/viewarticle/495071_7] Portenoy/p132/c1/¶2] [Simmonds/p1104/c1/¶1]

If this was your pain patient diary, your health care professional would look at the current dose of around-the-clock pain medication you are taking to see whether it may be wearing off at the times the breakthrough pain is occurring and is not lasting long enough to keep the pain under control . [Portenoy/p132/c1/¶2]. He or she might also ask you whether there is something you were doing at those times that may have caused your pain to get worse. [Portenoy/p132/c1/¶2] This is called incident breakthrough pain. [Portenoy/p129/c1/¶2-c2/¶1] [Simmonds/p1103/c3/¶2] Your health care professional may also ask about what you think made your pain get better, as was shown in this example.

Depending upon the characteristics of your chronic pain, your health care professional may ask you to keep a patient pain diary using more than just an

“X.” He or she may ask you to use different color pens or different marks to represent different kinds of pain or different locations where the pain occurs. In this case, you might have more than one mark at each time when you record in your diary.

[GRAPHIC OF MORE COMPLICATED DIARY USING DIFFERENT COLORS TO SIGNIFY DIFFERENT BODY PARTS/TYPES OF PAINS (SEE EXAMPLE IN BENNETT SLIDES)]

As you can see, the patient pain diary is an excellent way to keep track of your pain. To help make the information in your diary more valuable, your health care professional may also ask you to keep a daily pain log.

The daily pain log makes your pain diary more helpful

The daily pain log is an extension of your patient pain diary. It helps to answer some of the questions your health care professional may have as he or she reads your pain diary. [APF Notebook/p5/c2/¶2] The daily pain log is the place where you can record the medications you are taking and when you took them during the day. You can also write down events that may have caused your pain to get worse, such as moving a certain way, coughing, or going to the bathroom. [Portenoy/p132/c2/Table2] You can also make a note of times when you felt pain relief. [APF Notebook/p5/c2/¶2] Below is an example of how a completed pain patient diary with daily pain log for one day might look.

[GRAPHIC OF PAIN DIARY COMPLETED (NOT COLOR VERSION) WITH CORRESPONDING PAIN LOG SHOWING “AROUND-THE-CLOCK MEDICATION BEING TAKEN AT 6AM AND 6PM AND “BREAKTHROUGH PAIN MEDICATION” BEING TAKEN WHEN PAIN SPIKES OCCURRED]

Start your diary right now!

Anytime is a good time to start your patient pain diary. Use the blank diary at the end of this document to start your diary right now. Ask your health care professional about the best way for you to record information in your diary. There is no right or wrong way to do it. [APF Pain Diary/p1/¶2] Even if you cannot use the diary every day, use it when you can. Even a little information will go a long way toward helping your health care professional help you to relieve your pain so you can feel better and have more ability to function.

Ask your health care professional about other modules in this series. For additional information about assessing pain, visit these resources:

- American Pain Foundation

<http://www.painfoundation.org/Publications/Notebook.pdf>

- American Pain Foundation

http://www.painfoundation.org/page.asp?file=documents/doc_038.htm

[pfd OF BLANK PATIENT PAIN DIARY WITH PAIN LOG]

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KS
10/19/07

Video	Audio SC 10/20/07
<p><i>Medium shot of health care professional looking directly at the camera, centered in the screen.</i></p> <p>Logo: Emerging Solutions in Pain</p> <p><i>On-screen text:</i> Patient Pain Diary <i>with</i> [Health care professional's name/credentials]</p>	<p>Hello. My name is [name]. Welcome to Emerging Solutions in Pain Patient Education Video Series. If you are watching this video, it is because you or someone you love has seen a health care professional because of pain. An accurate diagnosis of your pain is crucial for developing the right treatment plan, but it can often be difficult to remember all the details of how you're feeling when speaking with your health care professional. This video will help you start and keep a patient pain diary, so you have all the information you need to work with your health care professional in developing a successful pain management program.</p>
<p><i>Cut to close-up of health care professional.</i></p>	<p>Chronic pain can be difficult to live with. [Marcus/p1/¶1] Fortunately, there are treatments that can help you manage your pain and either reduce it, or in some cases possibly even eliminate it. [Marcus/p5/¶2] Communicating with your health care professional about your chronic pain is the key to developing an effective pain management program. [AMA/p10/c1/¶4] [APF Notebook/p5/c1/¶4] The need for open, honest and respectful communication between you and your health care professional starts with your first office visit, and will continue for the life of your relationship.</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-Screen text:</i> Diagnosis is your first step toward pain relief <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Physical assessment 	<p>Before your pain can be treated, it must be diagnosed. Your health care professional will perform a thorough physical assessment to help determine exactly what is causing your pain, and to understand the characteristics that make your pain unique. Every person experiences pain differently, [APF Pain Diary/p1/¶1] just</p>

<ul style="list-style-type: none"> ○ Detailed medical history ○ Physical examination ○ Pain assessment 	<p>as every person responds differently to different pain treatments. [AHCPR/p32/#13] Knowing about your personal pain experience will enable your health care professional to work with you to design a treatment plan that best fits your needs.</p> <p>During the physical assessment, your health care professional will take a detailed medical history. [AMA/p6/Box+c1/¶3] He or she will also perform a physical examination, and assess your pain according to several criteria. These criteria include finding out when your pain occurs, how bad it is, how long it lasts, where you feel it, what it feels like, and what makes it feel better and worse. [AMA/p7/c2/Table]</p>
<p><i>Cut to close-up of health care professional.</i></p>	<p>When you have chronic pain, it can be difficult to remember the day-to-day details of what you are feeling. But that is exactly the information your health care professional needs to know. For this reason, to get a better understanding of your daily pain experience, he or she may ask you to keep a patient pain diary. [AMA/p10/c1/¶4] [APF Pain Diary/p1/¶1]</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-Screen text:</i></p> <p>The pain patient diary helps you remember <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • How you are feeling • What is happening, when it's happening • A picture of your pain 	<p>The pain patient diary is a valuable tool for telling your health care professional how you are feeling throughout the day and night. It lets you describe what is happening while it is actually happening instead of trying to remember it later. [APF Pain Diary/p1/¶1] The pain patient diary helps you create a picture of your pain so your health care professional can actually see how your pain was on average, as well as when it felt better or worse. [APF Notebook/p5/c2/¶1] This will be helpful when he or she is choosing your therapies. The pain</p>

	tracking information will help your health care professional determine what nondrug therapies to recommend and which pain medication to prescribe and when and how often you should take it.
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text and image.</i></p> <p><i>On-Screen text:</i></p> <p>Patient Pain Diary [GRAPHIC OF BLANK PAIN DIARY. HIGHLIGHT 'X' AXIS (HOURS) WHEN MENTIONED AND HIGHLIGHT 'Y' AXIS (PAIN LEVEL) WHEN MENTIONED. HIGHLIGHT "O=NO PAIN" WHEN MENTIONED, AND HIGHLIGHT "10=WORST PAIN IMAGINABLE" WHEN MENTIONED. "X" APPEARS AT THE JUNCTION OF LEVEL 5 PAIN AND 6 AM WHEN MENTIONED]</p>	<p>Your pain patient diary will help your health care professional decide what treatment is best for you and will discuss his or her recommendation with you. You might make entries hourly or just at certain times of the day. [APF Notebook/p5/c2/¶1] As shown in this sample diary below, the hours of the day go from left to right. The level of pain you are having goes from bottom to top, with "0" or "no pain" at the bottom and "10" or "worst pain imaginable" at the top. A simple way to fill out the diary is to make a mark such as an "X" where the line showing the current time meets the line showing the level of pain you are having at that time. In this example, the person was having level 5 pain at 6:00 in the morning.</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text and image.</i></p> <p><i>On-Screen text:</i></p> <p>Patient Pain Diary [GRAPHIC OF PAIN DIARY FROM PREVIOUS SCREEN, AND SLOWLY WIPE AS HEALTH CARE PROFESSIONAL SPEAKS FROM LEFT TO RIGHT TO REVEAL A COMPLETED DIARY AS FOLLOWS: "X"s FLUCTUATING VARIABLY AT ALL POINTS BETWEEN AND INCLUDING 3.5 TO 6.5, WITH ONE "X" AT 1.5 AT 3:00 PM AND "X"s RANGING FROM 8 TO 9.5 AT 8:00 AM, 12:30 PM, 6:00 PM, AND 11:00 PM. CIRCLE OR HIGHLIGHT SPIKES WHEN MENTIONED]</p>	<p>As each day progresses, you can see how keeping track of your pain when it is happening creates a picture of how you are feeling. In the sample diary below, you can see that the person's pain mostly goes up and down only slightly, creating an average of about 5. However, you can also see that the person did something at 3:00 in the afternoon that made the pain feel much better. The person also had a number of pain "spikes" throughout the day. These spikes are called breakthrough pain because they break through the medication being taken to relieve the persistent pain and cause a drastic increase in pain for a short time. [APF Notebook/p3/c2/¶4]</p>

<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-Screen text:</i></p> <p>Breakthrough Pain (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Spur-of-the-moment • Activity-related • Severe in 3-5 minutes • Last an average of 30 minutes • Average 6 episodes a day 	<p>Breakthrough pain can happen spur-of-the-moment or it can be related to a certain activity, and it can become severe in as little as 3 to 5 minutes. [Portenoy/p132/c1/¶2] Each episode of breakthrough pain can last an average of 30 minutes, [Simmonds/p1103/c1/¶2] and people can experience an average of 6 episodes of breakthrough pain a day. [Portenoy/p132/c1/¶2]</p> <p>Sometimes at the beginning of pain treatment or sometimes after being in treatment for a long time, spikes of pain will occur right before the pain relief from the medication you are taking begins to wear off. This is called end-of-dose failure pain. It is different from breakthrough pain. End-of-dose failure pain occurs at approximately the same time everyday and it is a good indication that you may need a stronger, a longer-acting, or a more frequent dose of analgesic medication. It usually indicates that your pain medication is no longer doing its job. [http://www.medscape.com/viewarticle/495071_7] Portenoy/p132/c1/¶2] [Simmonds/p1104/c1/¶1]</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-Screen text:</i></p> <p>Causes of Breakthrough Pain (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • ATC medication wearing off (“end-of-dose pain”) • Certain activities (“incident pain”) 	<p>If this was your pain patient diary, your health care professional would look at the current dose of around-the-clock pain medication you are taking to see whether it may be wearing off at the times the breakthrough pain is occurring and is not lasting long enough to keep the pain under control. [Portenoy/p132/c1/¶2] He or she might also ask you whether there is something you were doing at those times that may have caused your pain to get worse. [Portenoy/p132/c1/¶2] This is called incident breakthrough pain. [Portenoy/p129/c1/¶2-c2/¶1] [Simmonds/p1103/c3/¶2] Your health care professional may also ask about</p>

	what you think made your pain get better, as was shown in this example.
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen image.</i></p> <p>[GRAPHIC OF MORE COMPLICATED DIARY USING DIFFERENT COLORS TO SIGNIFY DIFFERENT BODY PARTS/TYPES OF PAINS (SEE EXAMPLE IN BENNETT SLIDES)]</p>	Depending upon the characteristics of your chronic pain, your health care professional may ask you to keep a patient pain diary using more than just an "X." He or she may ask you to use different color pens or different marks to represent different kinds of pain or different locations where the pain occurs. In this case, you might have more than one mark at each time when you record in your diary.
<p><i>Cut to close-up shot of health care professional.</i></p>	As you can see, the patient pain diary is an excellent way to keep track of your pain. To help make the information in your diary more valuable, your health care professional may also ask you to keep a daily pain log.
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text and image.</i></p> <p><i>On-Screen text:</i></p> <p>The daily pain log makes your pain diary more helpful</p> <p><i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Medications you are taking • What time they were taken • Events that made pain worse • When you felt pain relief <p><i>(replace bullets with image when mentioned)</i></p> <p>[GRAPHIC OF PAIN DIARY COMPLETED (NOT COLOR VERSION) WITH CORRESPONDING PAIN LOG SHOWING "AROUND-THE-CLOCK MEDICATION BEING TAKEN AT 6 AM AND 6 PM AND "BREAKTHROUGH PAIN MEDICATION" BEING TAKEN WHEN PAIN SPIKES OCCURRED]</p>	<p>The daily pain log is an extension of your patient pain diary. It helps to answer some of the questions your health care professional may have as he or she reads your pain diary. [APF Notebook/p5/c2/¶2] The daily pain log is the place where you can record the medications you are taking and when you took them during the day. You can also write down events that may have caused your pain to get worse, such as moving a certain way, coughing, or going to the bathroom. [Portenoy/p132/c2/Table2] You can also make a note of times when you felt pain relief. [APF Notebook/p5/c2/¶2] Below is an example of how a completed pain patient diary with daily pain log for one day might look.</p>
<p><i>Cut to close-up shot of health care</i></p>	Anytime is a good time to start your

<p><i>professional.</i></p> <p>Start your diary right now!</p>	<p>patient pain diary. Ask your health care professional to give you some blank diaries to get started, and ask him or her about the best way for you to record information in your diary. There is no right or wrong way to do it. [APF Pain Diary/p1/¶2] Even if you cannot use the diary every day, use it when you can. Even a little information will go a long way toward helping your health care professional help you to relieve your pain so you can feel better and have more ability to function.</p>
<p><i>Camera slowly pulls back to wide shot of health care professional behind desk.</i></p> <p><i>Logo:</i></p> <p>Emerging Solutions in Pain</p> <p><i>On-screen text:</i></p> <p>Ask your health care professional about other modules in this series.</p> <p>For additional information about assessing pain, visit these resources:</p> <ul style="list-style-type: none"> • American Pain Foundation http://www.painfoundation.org/Publications/Notebook.pdf • American Pain Foundation http://www.painfoundation.org/page.asp?file=documents/doc_038.htm 	

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Simmonds MA. Management of breakthrough pain due to cancer. *Oncology.* 1999;13:1103-1114.

All About Opioids

Among the many treatments that are available to help relieve moderate-to-severe chronic pain, opioid analgesics are the most widely prescribed type of medication. [AHCPR/p37/¶2] This is because opioid analgesics are usually effective and because there are so many different types, they offer flexible ways to take them. [AHCPR/p37/¶2]

Different formulations for different people

Opioid analgesics come in short- and long-acting formulations, some are more potent than others, and some start working faster than others. [ACPA/p14/¶2+3] These differences make individual opioid analgesics suitable for treating certain types of pain. Some are better for use around-the-clock to treat persistent pain (pain that is always present), and others are better for treating different types of breakthrough pain. [ACPA/p14/¶3]

Opioid analgesics are also available in a wide variety of delivery systems including tablet, lozenge, capsule, liquid, suppository, skin patch, nasal spray, injection, implantable pump, and patient-controlled analgesia (PCA) pump. [AHCPR/p40/¶1-p43/¶3] These various methods of delivery exist to help ensure that everyone who needs opioid analgesia can get the treatment he or she needs.

Safety and side effects

Opioid analgesics may cause some side effects including constipation, nausea, confusion, tiredness, rash and difficulty breathing. [AHCPR/p37/¶3] Some of these side effects may occur more often in people over 70 years of age, in men compared to women, and in blacks compared to whites. [Swegle/p1347/c1/¶2+3-c2/¶1] Fortunately, these side effects can usually be managed, and in many cases, your health care professional can help you avoid them.

↓ suggest
adding
dizziness
vomiting
sleepiness

2 = fatigue?

[Swegle/p1347/c2/¶4;p1348/c1/¶4-c2/¶1;p1350/c1/¶2+c2/¶2-4;p1353/c1/¶1]

Opioid addiction is rare in people with chronic pain

People are sometimes nervous about taking opioid analgesics because they are afraid they will become addicted. [ACPA/p18/¶2] Addiction rarely occurs in people who take opioid analgesics as prescribed for chronic pain.

[AHCPR/p38/¶1-3]

Addiction is when a person: [ACPA/p18/¶2]

- Has an irresistible craving for a certain type of drug
- Loses the ability to control the use of a drug and takes it without following the prescribed orders (usually seeking and taking the drug in greater quantity and more frequently)
- Uses a drug even in the face of harmful consequences, such as losing friends and family or one's job

Some symptoms look like addiction, but they are not

Even though addiction is rare in people who take opioid analgesics for chronic pain, it can occur. Addiction can happen with opioids because they affect certain chemicals in the brain that can make a person feel like they “need” the drug, much like the way a person needs food. However, some symptoms may look like addiction even though they are not. These symptoms include tolerance, physical dependence, and pseudo (or false) addiction.

- **Tolerance**

After taking opioid analgesics for awhile, some people find that they need more medication to get pain relief. [AHCPR/p38/¶1-3+5] This is not a sign of addiction. It is called tolerance. Tolerance is when you need increasing amounts of an opioid analgesic to control your pain. Sometimes the need for more pain medication may indicate that the disease causing your pain is getting worse. [AHCPR/p38/¶5] For this reason, you should tell your health care professional if you feel that you need more pain medication to maintain your pain relief so he or she can review your overall health status.

- **Physical dependence**

In some cases, opioid pain medication needs to be stopped or the dose decreased rapidly because of another medical treatment. [AHCPR/p38/¶4] Sudden stoppage of the drug may also happen when your opioid analgesic interacts with another drug you may be taking. [ACPA/p18/¶4] When you suddenly stop taking the drug, you may feel anxious or upset. You may also have hot flashes or chills, feel pain in your joints where you did not

feel pain before, or experience other symptoms such as tearing eyes, stuffy nose, nausea, vomiting, stomach cramps, or diarrhea. [AHCPR/p38/¶3] These are not signs that you have become addicted to your opioid medication. It means that your body has become physically dependent on it. [AHCPR/p38/¶1-3] Physical dependence (also sometimes called withdrawal) is when your body shows signs of illness or discomfort when the drug is no longer available. [ACPA/p18/¶3] Physical dependence is normal in any person who takes certain types of drugs for a long time. [ACPA/p18/¶4] If your dose of opioid analgesic needs to be stopped or reduced, your health care professional may prescribe a specific schedule of tapering (gradually reducing the amount and frequency) of the drug dose to help avoid or minimize the symptoms of withdrawal. Sometimes drug withdrawal requires admission to a facility that specializes in this process and offers around-the-clock comprehensive medical support.

- **Pseudoadiction**

When pain management is not as effective as it could be, it can cause some people with chronic pain to act out in ways that they normally would not if their pain was under control. [ACPA/p19/¶4] These behaviors may include taking pain medication more often than prescribed by a health care professional, or taking higher doses than prescribed in an effort to get better pain relief. [ACPA/p19/¶4] These may seem like the actions of an addict, but they are not. They are the actions of a person who is still in pain despite their treatment. If you find that your pain treatment is no longer as

effective as it used to be, do not start taking more medication or medication more often on your own. Do not self-medicate with other pain relievers or illicit (illegal) drugs and alcohol. Talk to your health care professional first so he or she can reassess your condition and prescribe a dose adjustment to help you get better pain relief.

Honesty is the best care

In order to provide the best possible care, your health care professional needs to know what is going on. He or she needs to have an open, honest and respectful dialogue with you at all times about your pain and whether it is being controlled. This is particularly important when you are taking opioid analgesics because they are controlled substances. [FSMB/p3/¶2] That means that they are regulated by federal and state laws that carefully restrict their use. [USDEA/p8/¶6]

Health care professionals, including those who prescribe opioid analgesics and the pharmacists who dispense them, are responsible for making sure the opioid medication you are taking is being taken as prescribed. [USDEA/p8/¶6] The bond that you develop with your health care professional is vital for ensuring that you receive the best possible treatment for your chronic pain.

Everyone has a right to effective pain relief

When being open and honest with your health care professional, be sure to tell him or her if you have ever used illicit drugs or if you use illicit drugs now. This does not mean that your health care professional will not provide an opioid

analgesic for your chronic pain if that is what is appropriate. It is particularly important to know because drugs can interact with one another and cause possible serious side effects. [ACPA/p5/¶3]

Everyone has a right to be treated appropriately for their pain, [APF/p1/c1/¶1+Bullets 1+2] and your health care professional is committed to doing everything he or she can to help. [FSMB/p2/¶7] To help ensure that your pain management needs are being met, and that the laws concerning the use of opioid analgesics are also being met, your health care professional will need to thoroughly document everything related to your care. [FSMB/p3/¶4] He or she will do this regardless of whether or not you have a history of illicit drug use to help ensure that every person is treated fairly and with respect.

[Gourlay/p111/c2/¶2] Doing so will also help ensure that every person receives the best possible care so they can lead happier and more productive lives.

Ask your health care professional about other modules in this series. For additional information about opioid analgesics, visit these resources:

- American Pain Foundation

<http://www.painfoundation.org/Library/OpioidTherapyforChronicPain.pdf>

- American Pain Society

<http://www.ampainsoc.org/advocacy/opioids.htm>

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<http://www.usdoj.gov/dea/pubs/abuse/1-csa.htm>

MS 10/19/07

SL 10/20/07

Video	Audio
<p><i>Medium shot of health care professional looking directly at the camera, centered in the screen.</i> Logo: Emerging Solutions in Pain</p> <p><i>On-screen text:</i> All About Opioids with [Health care professional's name/credentials]</p>	<p>Hello. My name is [name]. Welcome to Emerging Solutions in Pain Patient Education Video Series. If you are watching this video, it is because you or someone you love has seen a health care professional because of pain. If you have moderate or severe chronic pain, there is a good chance your health care professional may prescribe an opioid analgesic. [AHCPR/p37/¶2] This video will tell you what you need to know about opioid analgesics, so you can be a partner with your health care professional and play an active role in deciding which pain treatments are right for you.</p>
<p><i>Cut to close-up of health care professional.</i></p>	<p>Among the many treatments that are available to help relieve moderate-to-severe chronic pain, opioid analgesics are the most widely prescribed type of medication. [AHCPR/p37/¶2]</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text.</i> <i>On-Screen text:</i> Opioid analgesics <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Effective • Flexible 	<p>This is because opioid analgesics are usually effective and because there are so many different types, they offer flexible ways to take them. [AHCPR/p37/¶2]</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i> <i>On-Screen text:</i> Different formulations for different people <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Short-acting • Long-acting • Persistent pain • Breakthrough pain 	<p>Opioid analgesics come in short- and long-acting formulations, some are more potent than others, and some start working faster than others. [ACPA/p14/¶2+3] These differences make individual opioid analgesics suitable for treating certain types of pain. Some are better for use around-the-clock to treat persistent pain (pain that is always present), and others are better for treating different types of breakthrough pain. [ACPA/p14/¶3]</p>
<p><i>Remain on medium shot of health care</i></p>	<p>Opioid analgesics are also available in</p>

<p><i>professional to the side of the screen to permit on-screen text.</i> On-Screen text: Variety of delivery systems <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Tablet • Lozenge • Capsule • Liquid • Suppository • Skin patch • Nasal spray • Injection • Implantable pump • Patient-controlled analgesia (PCA) pump 	<p>a wide variety of delivery systems including tablet, lozenge, capsule, liquid, suppository, skin patch, nasal spray, injection, implantable pump, and patient-controlled analgesia (PCA) pump. [AHCPR/p40/¶1-p43/¶3] These various methods of delivery exist to help ensure that everyone who needs opioid analgesia can get the treatment he or she needs.</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i> On-Screen text: Safety and side effects <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Constipation • Nausea • Confusion • Tiredness - <i>could be synon = fatigue</i> • Rash • Difficulty breathing 	<p>Opioid analgesics may cause some side effects including constipation, nausea, confusion, tiredness, rash and difficulty breathing. [AHCPR/p37/¶3]</p>
<p><i>Cut to close-up of health care professional.</i></p>	<p>Some of these side effects may occur more often in people over 70 years of age, in men compared to women, and in blacks compared to whites. [Swegle/p1347/c1/¶2+3-c2/¶1] Fortunately, these side effects can usually be managed, and in many cases, your health care professional can help you avoid them. [Swegle/p1347/c2/¶4;p1348/c1/¶4-c2/¶1;p1350/c1/¶2+c2/¶2-4;p1353/c1/¶1]</p>

*Suggest add some other common AEs
 dizziness
 vomiting
 sleepiness*

<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-Screen text:</i></p> <p>Opioid addiction is rare in people with chronic pain</p> <p><i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Irresistible craving • Loss of control • Use despite harm 	<p>People are sometimes nervous about taking opioid analgesics because they are afraid they will become addicted. [ACPA/p18/¶2] Addiction rarely occurs in people who take opioid analgesics as prescribed for chronic pain. [AHCPR/p38/¶1-3]</p> <p>Addiction is when a person: [ACPA/p18/¶2]</p> <ul style="list-style-type: none"> • Has an irresistible craving for a certain type of drug • Loses the ability to control the use of a drug and takes it without following the prescribed orders (usually seeking and taking the drug in greater quantity and more frequently) • Uses a drug even in the face of harmful consequences, such as losing friends and family or one's job
<p><i>Cut to close-up shot of health care professional.</i></p> <p>Some symptoms look like addiction, but they are not</p>	<p>Even though addiction is rare in people who take opioid analgesics for chronic pain, it can occur. Addiction can happen with opioids because they affect certain chemicals in the brain that can make a person feel like they "need" the drug, much like the way a person needs food. However, some symptoms may look like addiction even though they are not. These symptoms include tolerance, physical dependence, and pseudo (or false) addiction.</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-Screen text:</i></p> <p>Tolerance</p> <p><i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Need for increased amounts of opioid analgesic to control pain 	<p>After taking opioid analgesics for awhile, some people find that they need more medication to get pain relief. [AHCPR/p38/¶1-3+5] This is not a sign of addiction. It is called tolerance. Tolerance is when you need increasing amounts of an opioid analgesic to control your pain. Sometimes the need for more pain medication may indicate that the disease causing your pain is getting</p>

	worse. [AHCPR/p38/¶5] For this reason, you should tell your health care professional if you feel that you need more pain medication to maintain your pain relief so he or she can review your overall health status.
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-Screen text:</i></p> <p>Physical dependence (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Symptoms when opioid analgesic is stopped or dose is rapidly decreased • Anxious and upset • Hot flashes or chills • Joint pain • Tearing eyes • Stuffy nose • Nausea • Vomiting • Stomach cramps • Diarrhea 	<p>In some cases, opioid pain medication needs to be stopped or the dose decreased rapidly because of another medical treatment. [AHCPR/p38/¶4] Sudden stoppage of the drug may also happen when your opioid analgesic interacts with another drug you may be taking. [ACPA/p18/¶4] When you suddenly stop taking the drug, you may feel anxious or upset. You may also have hot flashes or chills, feel pain in your joints where you did not feel pain before, or experience other symptoms such as tearing eyes, stuffy nose, nausea, vomiting, stomach cramps, or diarrhea. [AHCPR/p38/¶3] These are not signs that you have become addicted to your opioid medication. It means that your body has become physically dependent on it. [AHCPR/p38/¶1-3] Physical dependence (also sometimes called withdrawal) is when your body shows signs of illness or discomfort when the drug is no longer available. [ACPA/p18/¶3]</p>
<p><i>Cut to close-up shot of health care professional.</i></p>	<p>Physical dependence is normal in any person who takes certain types of drugs for a long time. [ACPA/p18/¶4] If your dose of opioid analgesic needs to be stopped or reduced, your health care professional may prescribe a specific schedule of tapering (gradually reducing the amount and frequency) of the drug dose to help avoid or minimize the symptoms of withdrawal. Sometimes drug withdrawal requires admission to a facility that specializes in this process and offers around-the-</p>

<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-Screen text:</i></p> <p>Pseudoaddiction <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Pain management is not effective • Taking pain medication more often than prescribed • Taking higher pain medication doses than prescribed 	<p>clock comprehensive medical support.</p> <p>When pain management is not as effective as it could be, it can cause some people with chronic pain to act out in ways that they normally would not if their pain was under control. [ACPA/p19/¶4] These behaviors may include taking pain medication more often than prescribed by a health care professional, or taking higher doses than prescribed in an effort to get better pain relief. [ACPA/p19/¶4] These may seem like the actions of an addict, but they are not. They are the actions of a person who is still in pain despite their treatment. If you find that your pain treatment is no longer as effective as it used to be, do not start taking more medication, or medication more often on your own. Do not self-medicate with other pain relievers or illicit (illegal) drugs and alcohol. Talk to your health care professional first so he or she can reassess your condition and prescribe a dose adjustment to help you get better pain relief.</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-Screen text:</i></p> <p>Honesty is the best care <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Maintain an open, honest and respectful dialogue between you and your health care professional 	<p>In order to provide the best possible care, your health care professional needs to know what is going on. He or she needs to have an open, honest and respectful dialogue with you at all times about your pain and whether it is being controlled. This is particularly important when you are taking opioid analgesics because they are controlled substances. [FSMB/p3/¶2] That means that they are regulated by federal and state laws that carefully restrict their use. [USDEA/p8/¶6]</p>
<p><i>Cut to close-up shot of health care professional.</i></p>	<p>Health care professionals, including those who prescribe opioid analgesics and the pharmacists who dispense them, are responsible for making sure the opioid medication you are taking is being taken as prescribed.</p>

	[USDEA/p8/¶6] The bond that you develop with your health care professional is vital for ensuring that you receive the best possible treatment for your chronic pain.
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen image.</i></p> <p><i>On-Screen text:</i></p> <p>Everyone has a right to effective pain relief</p> <p>[GRAPHIC OF PAIN BILL OF RIGHTS]</p>	<p>When being open and honest with your health care professional, be sure to tell him or her if you have ever used illicit drugs or if you use illicit drugs now. This does not mean that your health care professional will not provide an opioid analgesic for your chronic pain if that is what is appropriate. It is particularly important to know because drugs can interact with one another and cause possible serious side effects. [ACPA/p5/¶3] Everyone has a right to be treated appropriately for their pain, [APF/p1/c1/¶1+Bullets 1+2] and your health care professional is committed to doing everything he or she can to help. [FSMB/p2/¶7]</p>
<p><i>Cut to close-up shot of health care professional.</i></p>	<p>To help ensure that your pain management needs are being met, and that the laws concerning the use of opioid analgesics are also being met, your health care professional will need to thoroughly document everything related to your care. [FSMB/p3/¶4] He or she will do this regardless of whether or not you have a history of illicit drug use to help ensure that every person is treated fairly and with respect. [Gourlay/p111/c2/¶2] Doing so will also help ensure that every person receives the best possible care so they can lead happier and more productive lives.</p>
<p><i>Camera slowly pulls back to wide shot of health care professional behind desk.</i></p> <p><i>Logo:</i></p> <p>Emerging Solutions in Pain</p> <p><i>On-screen text:</i></p> <p>Ask your health care professional</p>	

about other modules in this series.

For additional information about opioid analgesics, visit these resources:

- American Pain Foundation
<http://www.painfoundation.org/Library/OpioidTherapyforChronicPain.pdf>
- American Pain Society
<http://www.ampainsoc.org/advocacy/opioids.htm>

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AS 10/19/07
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Opioid Agreements

Opioid analgesics are the most frequently prescribed treatment for people with moderate-to-severe chronic pain. [AHCPR/p27/¶2] This is because opioid analgesics are generally effective for many types of chronic pain and are available in many different flexible dosing options. [AHCPR/p27/¶2]

Like other prescription medications, opioid analgesics should only be taken as directed, and only by the person for whom they have been prescribed. This is especially important because opioid analgesics are controlled substances, which means that their prescription is regulated by federal and state laws. Opioids are classified as controlled substances because they have the potential to be misused or abused. [FSMB/p3/¶2] [USDOJ/p1/¶1];p2/¶6]

Before a health care professional prescribes an opioid analgesic for your chronic pain, he or she will discuss with you the potential pluses (benefits) and minuses (risks) of taking the medication. He or she may also educate you by showing you a video, offering you a booklet such as this one, or directing you to an educational website. [FSMB/p4/¶2] This will enable you to make an informed and educated choice about whether opioid analgesics are right for you. This is called “informed consent,” which is explained in detail in Module 4 of the Emerging Solutions in Pain Patient Tool Kit.

After your health care professional has explained the potential benefits and risks of opioid therapy to you, he or she may ask that you both sign an agreement to show that you give your informed consent to receiving opioid therapy.

[Heit/p1/¶1] This agreement is often called an “opioid treatment agreement,” but it may also be called a “treatment agreement” or sometimes a “contract,” [Heit/p1/¶1] [Gourlay/p110/c1/¶4] [Stoppain/p1/¶1] [Hriharan/p485/c2/¶3] even though it is not legally binding. [stoppain.org/p1/¶1] However, an opioid agreement does a lot more than just verify that you have given your informed consent to opioid treatment. It also forms the foundation of how you and your health care provider will work together to make sure that the opioid treatment he or she has prescribed will meet your pain relief needs. [Heit/p1/¶3]

Opioid agreements establish expectations

When you are being treated for chronic pain with opioid analgesics, the partnership you develop with your health care professional will be the key to your treatment success. [Heit/p1/¶3] With this partnership come certain expectations.

- You should expect that your health care professional will take seriously how you say your pain feels, and that you will be treated with dignity and respect. [APF/p1/c1/¶1+Bullets 1+2]
- Your health care professional should expect that you will take your medication as prescribed, and that you will be open and honest about your pain and its treatment at all times. [Heit/p1/¶3]

Opioid agreements outline responsibilities

The opioid agreement identifies both your responsibility to your health care professional and your health care professional's responsibility to you.

[Heit/p1/¶3;p3/¶4] Your responsibilities include using only one physician and only one pharmacy for opioid prescribing and dispensing, [Heit/p3/¶7] scheduling and attending office visits to review your treatment plan and to obtain prescriptions for medication refills, [Heit/p3/¶12], and giving your health care professional permission to speak with appropriate sources on your behalf [Heit/p4/¶3] It is also your responsibility to bring your medications in their original bottles to each office visit. [Heit/p3/¶12] Your health care professional's responsibilities include prescribing opioid medication refills only during regular office hours, and assessing, reassessing, and monitoring your treatment progress. [Heit/p3/¶13] Your health care professional is also responsible for referring you for care to another medical specialist for consultation or treatment, if the medical need arises. This medical specialist may include, but is not limited to, a physical therapist, a psychologist, or psychiatrist. Sometimes a pain practice includes a full complement of medical specialists, other medical practices do not. A single clinician practice will typically refer you to medical specialists in your geographic location. If you reside in an extremely rural location, your health care professional may only have access to other medical consultation by using the Internet. It is also the responsibility of your health care professional to coordinate and communicate with the other members of your health care team and discuss the results of the communications with you.

Health care professionals also need to know when treatment is not working and when to refer you to other treatment options. The opioid treatment agreement should also address the circumstances under which your relationship with your

health care professional will end. The primary reason for ending the relationship is generally criminal activity associated with inappropriate use of your prescribed opioid, but there may be other reasons, such as ineffective response (the drugs are not reducing the pain) to several trials of opioid analgesics. It is important to know that your health care professional cannot just stop taking care of you. He or she must offer you an alternative to their own care and provide you with adequate medication until the new care plan begins.

Opioid agreements define key words

To make sure that there is no misunderstanding, your opioid treatment agreement may define key words that are often referred to when talking about opioid prescribing:

- **Addiction**—a chronic disease characterized by compulsive opioid use despite harm. [AHCPR/p38/¶1-3] [Heit/p3/¶9]
- **Tolerance**—a state of adaptation to opioid use over time, resulting in the need for more medication to achieve the same level of pain relief. [AHCPR/p38/¶1-3+5] [Heit/p3/¶9]
- **Physical dependence**—a state of adaptation to the drug in which withdrawal symptoms occur when the opioid analgesic is stopped suddenly or the opioid dose is rapidly decreased. [AHCPR/p38/¶1-4] [Heit/p3/¶9]

The important thing to know is that tolerance and physical dependence are not the same as addiction. [AHCPR/p38/¶1-3+5] They occur because of chemical

changes in the brain that happen when opioid analgesics are taken for long periods of time. Health care professionals know how to tell the difference between tolerance, physical dependence, and addiction. Addiction rarely occurs in people taking opioid analgesics as prescribed for moderate-to-severe chronic pain. [AHCPR/p38/¶1-3]

Opioid agreements set boundaries

Opioid analgesics are controlled substances. Therefore, their use by anyone other than the person for whom they are prescribed is off limits. [Heit/p3/¶14] Because this is such an important point, boundaries outlining the appropriate and inappropriate use of opioid analgesics, along with the consequences of inappropriate use, may be written into every opioid treatment agreement for every person receiving opioid treatment. This way, everyone knows about the boundaries regardless of whether they would ever come close to crossing them. For this same reason, your opioid treatment agreement may also include a section about having random urine tests and/or pill counts. [Heit/p4/¶2] Your health care professional is not punishing you by using this document. Instead, he or she is actually respecting you. By documenting your treatment, your health care professional can continually monitor the effectiveness of the treatment. He or she will make sure you receive the best possible care for your chronic pain in terms of medical pain relief and safety, as well as adherence to the laws and regulations surrounding the use of opioid medications. [FSMB/p3/¶4] [Gourlay/p111/c2/¶2]

Opioid agreements are for everyone

Just as every person has a right to effective pain management,

[APF/p1/c1/¶1+Bullets 1+2] everyone who is treated with an opioid analgesic should expect to be asked to sign an opioid treatment agreement.

[Hariharan/p485/c2/¶3] It does not mean that your health care professional thinks you may abuse or misuse your medication. Actually the opposite is true. Your health care professional knows that the likelihood of you abusing your opioid analgesic is very small, [AHCP/38/¶1-3] and that even people who abuse drugs have a right to receive effective pain management. [AFP/p1/c1/¶1+Bullets 1+2] The opioid treatment agreement between you and your health care professional is a promise of partnership in which everyone agrees to be open, honest, and respectful while ensuring that your treatment program stays on track for helping you reach your pain management goals. Patients who willingly sign an opioid treatment agreement are less likely to abuse or misuse their medication and are more apt to comply (follow the rules) with the treatment agreement in order to feel better. [Hariharan J, et al. *J Gen Intern Med.* 2007;22(4):485-490.]

Ask your health care professional about other modules in this series. For additional information about opioid analgesics, visit this resource:

- The American Pain Foundation

<http://www.painfoundation.org/Publications/BORenglish.pdf>

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As 10/19/07
 SZ 10/20/07

Video	Audio
<p><i>Medium shot of health care professional looking directly at the camera, centered in the screen.</i> Logo: Emerging Solutions in Pain</p> <p><i>On-screen text:</i> Opioid Agreements with [Health care professional's name/credentials]</p>	<p>Hello. My name is [name]. Welcome to Emerging Solutions in Pain Patient Education Video Series. If you are watching this video, it is because you or someone you love has seen a health care professional because of pain. Successful pain management is a partnership between you and your health care professional. This video will help you understand the importance of the opioid agreement, which is an important tool in forging and maintaining that relationship, to ensure that you receive the best possible care.</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text.</i> On-screen text: Opioid analgesics <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Effective • Easy to take • Excellent risk-to-benefit ratio 	<p>Opioid analgesics are the most frequently prescribed treatment for people with moderate-to-severe chronic pain. [AHCPR/p27/¶2] This is because opioid analgesics are generally effective for many types of chronic pain and are available in many different flexible dosing options. [AHCPR/p27/¶2]</p>
<p><i>Cut to close-up shot of health care professional.</i></p>	<p>Like other prescription medications, opioid analgesics should only be taken as directed, and only by the person for whom they have been prescribed. This is especially important because opioid analgesics are controlled substances, which means that their prescription is regulated by federal and state laws. Opioids are classified as controlled substances because they have the potential to be misused or abused. [FSMB/p3/¶2] [USDOJ/p1/¶1];p2/¶6]</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text.</i> On-screen text appears when mentioned: Informed Consent</p>	<p>Before a health care professional prescribes an opioid analgesic for your chronic pain, he or she will discuss with you the potential pluses (benefits) and minuses (risks) of taking the medication. He or she may also educate you by showing you a video,</p>

	<p>offering you a booklet such as this one, or directing you to an educational website. [FSMB/p4/¶2] This will enable you to make an informed and educated choice about whether opioid analgesics are right for you. This is called “informed consent,” which is explained in detail in Module 4 of the Emerging Solutions in Pain Patient Tool Kit.</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i> <i>On-screen text appears when mentioned:</i> Opioid Treatment Agreement Treatment Agreement Contract</p>	<p>After your health care professional has explained the potential benefits and risks of opioid therapy to you, he or she may ask that you both sign an agreement to show that you give your informed consent to receiving opioid therapy. [Heit/p1/¶1] This agreement is often called an “opioid treatment agreement,” but it may also be called a “treatment agreement” or sometimes a “contract,” [Heit/p1/¶1] [Gourlay/p110/c1/¶4] [Stoppain/p1/¶1] [Hriharan/p485/c2/¶3] even though it is not legally binding. [stoppain.org/p1/¶1]</p>
<p><i>Cut to close-up shot of health care professional.</i></p>	<p>However, an opioid agreement does a lot more than just verify that you have given your informed consent to opioid treatment. It also forms the foundation of how you and your health care provider will work together to make sure that the opioid treatment he or she has prescribed will meet your pain relief needs. [Heit/p1/¶3]</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Opioid treatment agreements establish expectations <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Your expectations: <ul style="list-style-type: none"> ○ Pain taken seriously ○ Treated with dignity 	<p>When you are being treated for chronic pain with opioid analgesics, the partnership you develop with your health care professional will be the key to your treatment success. [Heit/p1/¶3] With this partnership come certain expectations.</p> <ul style="list-style-type: none"> • You should expect that your health care professional will take seriously how you say your pain

<p style="text-align: center;">and respect</p> <ul style="list-style-type: none"> • Your health care professional's expectations: <ul style="list-style-type: none"> ○ Take your medication as prescribed ○ Open and honest 	<p>feels, and that you will be treated with dignity and respect. [APF/p1/c1/¶1+Bullets 1+2]</p> <ul style="list-style-type: none"> • Your health care professional should expect that you will take your medication as prescribed, and that you will be open and honest about your pain and its treatment at all times. [Heit/p1/¶3]
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Opioid treatment agreements outline responsibilities</p> <p><i>(bullets appear when mentioned; sub-bullets disappear when next bullet appears)</i></p> <ul style="list-style-type: none"> • Your responsibilities: <ul style="list-style-type: none"> ○ One physician, one pharmacy ○ Scheduled office visits ○ Permission to speak with others ○ Bring medications in original bottles • Your health care professional's responsibilities: <ul style="list-style-type: none"> ○ Prescribe refills only during regular office hours ○ Assessing, reassessing and monitoring treatment progress ○ Referrals ○ Health care team communications ○ Ending the treatment relationship 	<p>The opioid agreement identifies both your responsibility to your health care professional and your health care professional's responsibility to you. [Heit/p1/¶3;p3/¶4] Your responsibilities include using only one physician and only one pharmacy for opioid prescribing and dispensing, [Heit/p3/¶7] scheduling and attending office visits to review your treatment plan and to obtain prescriptions for medication refills, [Heit/p3/¶12], and giving your health care professional permission to speak with appropriate sources on your behalf [Heit/p4/¶3] It is also your responsibility to bring your medications in their original bottles to each office visit. [Heit/p3/¶12] Your health care professional's responsibilities include prescribing opioid medication refills only during regular office hours, and assessing, reassessing, and monitoring your treatment progress. [Heit/p3/¶13] Your health care professional is also responsible for referring you for care to another medical specialist for consultation or treatment, if the medical need arises. This medical specialist may include, but is not limited to, a physical therapist, a psychologist, or psychiatrist. Sometimes a pain practice includes a full complement of medical specialists,</p>

<ul style="list-style-type: none"> ○ Providing transitional or alternate care 	<p>other medical practices do not. A single clinician practice will typically refer you to medical specialists in your geographic location. If you reside in an extremely rural location, your health care professional may only have access to other medical consultation by using the Internet. It is also the responsibility of your health care professional to coordinate and communicate with the other members of your health care team and discuss the results of the communications with you.</p> <p>Health care professionals also need to know when treatment is not working and when to refer you to other treatment options. The opioid treatment agreement should also address the circumstances under which your relationship with your health care professional will end. The primary reason for ending the relationship is generally criminal activity associated with inappropriate use of your prescribed opioid, but there may be other reasons, such as ineffective response (the drugs are not reducing the pain) to several trials of opioid analgesics. It is important to know that your health care professional cannot just stop taking care of you. He or she must offer you an alternative to their own care and provide you with adequate medication until the new care plan begins.</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Opioid agreements define key words <i>(bullets appear when mentioned; sub-bullets disappear when next bullet appears)</i></p>	<p>To make sure that there is no misunderstanding, your opioid treatment agreement may define key words that are often referred to when talking about opioid prescribing:</p> <ul style="list-style-type: none"> ● Addiction—a chronic disease characterized by compulsive opioid use despite harm.

<ul style="list-style-type: none"> • Addiction <ul style="list-style-type: none"> ○ Chronic disease ○ Compulsive opioid use despite harm • Tolerance <ul style="list-style-type: none"> ○ Adaptation ○ Need for more medication to achieve the same level of pain relief • Physical dependence <ul style="list-style-type: none"> ○ Adaptation ○ Withdrawal symptoms when opioid is stopped or dose rapidly decreased 	<p>[AHCPR/p38/¶1-3] [Heit/p3/¶9]</p> <ul style="list-style-type: none"> • Tolerance—a state of adaptation to opioid use over time, resulting in the need for more medication to achieve the same level of pain relief. [AHCPR/p38/¶1-3+5] [Heit/p3/¶9] • Physical dependence—a state of adaptation to the drug in which withdrawal symptoms occur when the opioid analgesic is stopped suddenly or the opioid dose is rapidly decreased. [AHCPR/p38/¶1-4] [Heit/p3/¶9]
<p><i>Cut to close-up shot of health care professional.</i></p>	<p>The important thing to know is that tolerance and physical dependence are not the same as addiction. [AHCPR/p38/¶1-3+5] They occur because of chemical changes in the brain that happen when opioid analgesics are taken for long periods of time. Health care professionals know how to tell the difference between tolerance, physical dependence, and addiction. Addiction rarely occurs in people taking opioid analgesics as prescribed for moderate-to-severe chronic pain. [AHCPR/p38/¶1-3]</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-Screen text:</i></p> <p>Opioid agreements set boundaries <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Appropriate and inappropriate use • Consequences of inappropriate use • May include random urine 	<p>Opioid analgesics are controlled substances. Therefore, their use by anyone other than the person for whom they are prescribed is off limits. [Heit/p3/¶14] Because this is such an important point, boundaries outlining the appropriate and inappropriate use of opioid analgesics, along with the consequences of inappropriate use, may be written into every opioid treatment agreement for every person receiving opioid treatment. This way, everyone knows about the boundaries</p>

<p>tests and/or pill counts</p>	<p>regardless of whether they would ever come close to crossing them. For this same reason, your opioid treatment agreement may also include a section about having random urine tests and/or pill counts. [Heit/p4/¶2] Your health care professional is not punishing you by using this document. Instead, he or she is actually respecting you. By documenting your treatment, your health care professional can continually monitor the effectiveness of the treatment. He or she will make sure you receive the best possible care for your chronic pain in terms of medical pain relief and safety, as well as adherence to the laws and regulations surrounding the use of opioid medications. [FSMB/p3/¶4] [Gourlay/p111/c2/¶2]</p>
<p><i>Cut to close-up shot of health care professional.</i></p>	<p>Just as every person has a right to effective pain management, [APF/p1/c1/¶1+Bullets 1+2] everyone who is treated with an opioid analgesic should expect to be asked to sign an opioid treatment agreement. [Hariharan/p485/c2/¶3] It does not mean that your health care professional thinks you may abuse or misuse your medication. Actually the opposite is true. Your health care professional knows that the likelihood of you abusing your opioid analgesic is very small, [AHCPR/p38/¶1-3] and that even people who abuse drugs have a right to receive effective pain management. [AFP/p1/c1/¶1+Bullets 1+2] The opioid treatment agreement between you and your health care professional is a promise of partnership in which everyone agrees to be open, honest, and respectful while ensuring that your treatment program stays on track for helping you reach your pain management goals. Patients who</p>

	willingly sign an opioid treatment agreement are less likely to abuse or misuse their medication and are more apt to comply (follow the rules) with the treatment agreement in order to feel better. [Hariharan J, et al. <i>J Gen Intern Med.</i> 2007;22(4):485-490.]
<p><i>Camera slowly pulls back to wide shot of health care professional behind desk.</i></p> <p><i>Logo:</i></p> <p>Emerging Solutions in Pain</p> <p><i>On-screen text:</i></p> <p>Ask your health care professional about other modules in this series. For additional information about opioid analgesics, visit this resource:</p> <ul style="list-style-type: none"> • The American Pain Foundation http://www.painfoundation.org/Publications/BORenglish.pdf 	

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McGuinness, Sue

From: McGuinness, Sue
Sent: Wednesday, October 17, 2007 3:22 AM
To: Cecelia DeMarie; mdyer@roimg.com; Sheri Gavinski
Subject: Patient Tool Kit Modules 1-5 SAR

Dear Sheri, Cece and Marissa,

Thank you for your recent unsolicited written request for scientific accuracy review (SAR) dated October 2, 2007. Cephalon is committed to high quality continuing education and we thank you for your effort in what appears to be a great resource for patients suffering from pain.

We would like to remind you of Cephalon's guidelines regarding requests for scientific accuracy review: *"All final decisions regarding whether to modify the material based on any comments provided by Cephalon shall be at the sole discretion of the IEP (Independent Education program) provider. Cephalon's financial support may not be conditioned on Cephalon conducting such a review. Non-medical/scientific Cephalon personnel must not have any involvement, directly or indirectly, in the content or substance of a program."*

Below, please find our scientific accuracy review on the patient tool kit modules 1-5.

Thank you for the opportunity to review,
 Sue McGuinness on behalf of the Pain Medical Education Review Team

PATIENT TOOL KIT MODULES 1-5

General overall comments. Please note that, as always, the comments below are suggestions that may enhance the clarity of the pieces; implementing them are entirely up to the discretion of the medical education provider.

- The patient may find it useful if each module refers to the others where applicable and if each module includes the actual list the other modules as a reference.
- For the patient that reads and/or views more than one module, it may be helpful if the modules use language that is consistent between the individual modules and between the module and the video.
- The patient may find it beneficial if certain phrases are defined, such as *heavy drinking* in relation to how it influences how acetaminophen affects the body, *long periods of time or large amounts* in relation to the dosing regimen of NSAIDS.
- It may be important to stress how the dosing regimen (dose and frequency of dosing), and not only the dose, of pain medications affects the body.

Comments per module. Again, please note that, as always, the comments below are suggestions that may enhance the clarity of the pieces; implementing them are entirely up to the discretion of the medical education provider.

Module 1 Understanding Pain

- Page 2: it may be more accurate to also include *moderate* pain when describing breakthrough pain.
- Video, page 2, on-screen text, **3 Types of Pain**: it is stated that *chronic pain does not serve any beneficial purpose*. Perhaps the patient would benefit from some clarification of this point. That is, chronic pain as a symptom should have a purpose and be trying to tell the patient and the physician that there is something wrong.

Module 2 Types of Pain Medications

- Page 3: it may be useful to the patient if a reason(s) is(are) offered for why caffeine is included in OTC pain medications.

10/26/2007

- Page 4: it may be useful to the patient if more information is provided on Reye's Syndrome.
- Module 2, page 13: it may be useful to the patient if there is a line for tobacco usage in addition to the daily ingestion of caffeinated and alcoholic beverages, as all three are mentioned on page 10.
- In general, patients may find it useful if breakthrough pain is defined in this module, especially those who did not view or read module 1.
- Video, page 8, on-screen text for **Opioid Analgesics**: it may be useful to clarify what is meant by *favorable side effect profile*. Some patients may get the impression that opioid analgesics are as tolerable as OTC pain medications. Also, you may wish to add *lozenge* for completeness and to be consistent with the information presented in the print piece.
- Video, page 13, on-screen text for **Pain Medication Checklist**: you may wish to add *tobacco usage* for completeness and to be consistent with the information presented in the print piece.

Module 3 Managing Side Effects

- Page 8, bullet 3: you may wish to include daily usage of tobacco to be consistent with module 2.

Module 4 Informed Consent

- Comment on page 3: the patient may benefit from including a copy of the opioid treatment agreement in this module.

Module 5 Setting Goals

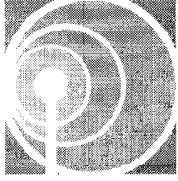
- General comment: this module speaks about working with a *healthcare team*; whereas *healthcare professional* is used in modules 1-4,

Again, thank you for the invitation to complete this scientific accuracy review.

Best,
Sue

Sue L. McGuinness, Ph.D.
Manager, Medical Education
Scientific Communications
Cephalon, Inc.
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Telephone: (610) 738-6512
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FAX: (610) 883-5578

10/26/2007



M·L·S
Medical Learning Solutions

Good afternoon, Sue!

I hope all is well with you? It was great seeing you in Boston! I have included a CD Rom containing Modules 1-5 of the Patient Tool Kit and the references that go with them. If you would be so kind as to review them and provide feedback to Cecelia by October 16, 2007, we would greatly appreciate it. Thank you so much in advance and have a great day!

Sincerely,
Marissa Dyer

*Thank Sue!
Cecelia*

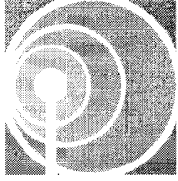
Use consistent language throughout the modules

Hi Sue -

10/2

FYI - the references are all included in hardcopy + electronic format, except for the Martini reference (module 1), which we only have in hardcopy format b/c it is a textbook. Thanks!
Cecelia

- Make reference to other modules throughout ~~the~~ the ~~modules~~ modules.*
- Registered sign should be in upper case.*



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*Thanks Sue!
Cecelia*

Use consistent language throughout the modules

- Make reference to other modules throughout ~~the~~ the ~~modules~~ modules.*
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SEM
10/11/07 ✓

Understanding Pain

Pain is an important part of your body's defense system. [ACPA/p8/¶6] It tells your brain that you have been injured or are in danger of being injured so you can take corrective action. This type of pain is good. For example, it keeps you from getting burned when you touch a hot stove, or causes you to seek help if the pain is coming from inside your body and requires the professional opinion of a health care professional. However, not all pain is good pain.

[GRAPHIC OF PERSON TOUCHING A HOT STOVE]

[GRAPHIC OF A PERSON WITH ABDOMINAL PAIN]

Pain is not good if it continues or keeps coming back even though the injury or illness that originally caused it is long over, or no cause for the pain can be found. [ACPA/p8/¶2] In fact, it can have a quite a negative impact on your physical and emotional health and well being. It is usually the suffering, and not the pain itself, that causes people to see a health care professional and seek pain relief. [Loeser/p1/¶1] People with this kind of pain need to know there is hope that their pain can be controlled so they can go back to enjoying life and doing the things they need and want to do.

There are three types of pain

The first step in understanding pain is knowing about the different types of pain.

There are three types of pain:

- **Acute pain**—pain that comes on suddenly, usually has a specific cause (such as in response to injury, surgery, a medical procedure, a brief illness, or childbirth), and goes away within minutes, hours, or days as the injury heals [APS/p1/¶4] [ACPA/p8/¶1]
- **Chronic pain**—pain that continues after it should not, and serves no beneficial purpose—lasting beyond the course of an illness or injury, or for more than 3 to 6 months [ACPA/p8/¶2]
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Physicalists have its own meaning

moderate to

Pain can affect you in many ways

The second step in understanding pain is realizing that pain is more than just physical. [Loeser/p1/¶1] Pain can also affect you psychologically and emotionally. It is natural for people with chronic uncontrolled pain to be depressed or anxious. [Marcus/p1/¶2] When you are in constant pain, it can be difficult to feel like yourself. It can also make it hard for you to do the things you need to do, like work, study, and perform activities of daily living like shopping and household chores. Constant pain can also take the pleasure out of doing things you usually enjoy doing, such as going out and being with friends and family. It is important to realize that all these symptoms are interwoven, so you

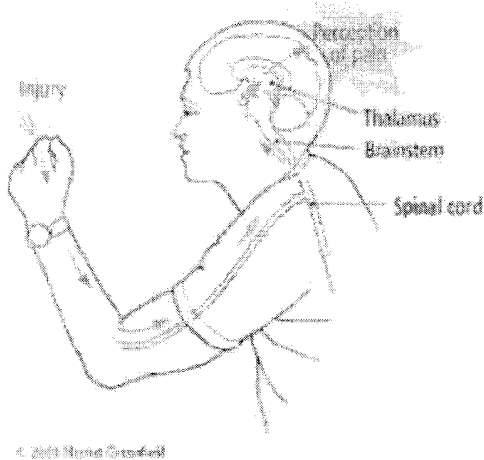
can focus on restoring your physical, social, and psychological well being.

[Marcus/p1/¶2;p2/¶1]

Pain is a series of electrical signals

The next step in understanding pain is learning how it occurs. Imagine sticking your finger with a pin.

[GRAPHIC BASED ON EXAMPLE SHOWING PIN PRICK TO FINGER AND THE NEURAL PATHWAY TO THE BRAIN]



As the pin enters your skin, it stimulates the nerve endings under your skin. [AMA 2005/p4/c2/¶2-4] That stimulation triggers an electrical signal that is sent along the nerve ending to your spinal cord, which carries the signal into your brain. Inside your brain, the signal is routed by the thalamus, which is a specialized area of your brain located in the center of your brain. [Martini/p400/c1/¶3] The thalamus acts like a telephone switchboard, sending the signal to other parts of your brain where it is interpreted as pain. Then, your brain sends a

corresponding signal back to the muscles in your arm, hand, and finger, instructing them to pull away from the source of the pain—the pin—and protecting you from further harm. [Marcus/p2/¶2]

In people with chronic pain, the way pain is processed works differently, causing them to have a reduced tolerance for pain and therefore feel pain more strongly. [Whitten/p10/Figure 1 + Box] Nerve inflammation causes nerves to become hypersensitive. Damaged nerves send constant, non-stop pain signals which, in time, make the feeling of pain more intense. After awhile, even harmless stimulation of the affected nerves becomes painful. This causes the brain to overload with pain signals, and the suffering increases the sense of pain even more.

The good news is, there's hope

With the proper treatment, the severity of pain, the frequency with which it occurs, and the duration of pain can be reduced so you can return to daily activities [Marcus/p5/¶2] and improve your quality of life. In fact, because pain has a psychological component, just getting back to a more normal routine can actually help to reduce your pain level.

[GRAPHIC OF A PERSON PERFORMING A SIMPLE TASK AND SMILING]

Chronic pain can be effectively managed by using an approach that addresses all the physical, emotional, and psychological aspects of what you are experiencing. [Marcus/p5/Figure 2;p6/¶1] This may include the use of education,

medication, and a combination of physical, occupational, and behavioral therapies to help you cope with, and overcome your pain. Your treatment team will play an important role in helping you overcome your pain. This team may include your health care professional, a pain specialist, a psychologist or psychiatrist, a pharmacist, a nurse, and therapists.

The process of healing begins by setting realistic goals for yourself, and making sure your family and friends know about them too. [Marcus/p6/¶1] For example, you may want to be able to run a marathon, but if it is currently too painful to walk, being able to walk around the block may be a more realistic goal. Once goals are reached, you can always set new ones. When setting goals, be careful not to put too many restrictions or demands on yourself or allow others to do so.

To be successful, you will want to, and need to, take an active role in your treatment plan. You can do this by giving clear and honest feedback to your treatment team about what you are feeling and how you are responding to the various treatments you are using. To help you get started, answer the questions below and share this information with your treatment team during your next visit.

What does your pain feel like? (example: sharp, stabbing, burning, throbbing, tearing)

How often does your pain occur? (example: constantly, X-times per day)

Perhaps
show how can
create a ~~pain~~
daily pain diary.

Are we
assuming
that the
pain is
severe?

When it occurs, how long does your pain last? (example: X minutes, an hour, X hours) _____

What activities (if any) seem to trigger your pain? (example: coughing, sneezing, rising from a chair, rolling over in bed)

What activities does your pain prevent or limit you from doing? (example, work, hobbies, sports, chores, social activities, activities of daily living)

How does having pain make you feel? (example: angry, frustrated, sad, alone)

Although it may not be possible for your pain to resolve completely, with commitment and persistence, you can overcome your pain and lead a happy, productive, and fulfilling life.

Ask your health care professional about other modules in this series. For additional information about understanding pain, visit these resources:

- The American Chronic Pain Association

<http://www.theacpa.org>

- The American Pain Foundation

<http://www.painfoundation.org>

Include a list of the other modules.

- KidsHealth®
<http://www.kidshealth.org/kid/talk/qa/pain.html>
- The National Cancer Institute
<http://www.cancer.gov/cancertopics/understanding-cancer-pain>
- The National Pain Foundation
<http://www.nationalpainfoundation.org>

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AS 10/04/07
SL 10/5/07

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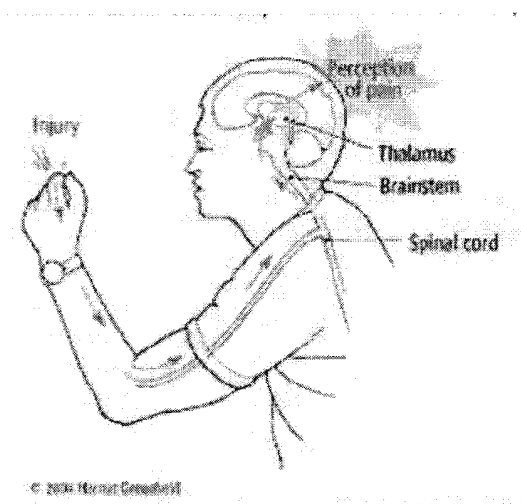
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In people with chronic pain, the way pain is processed works differently, causing them to have a reduced tolerance for pain and therefore feel pain more strongly. [Whitten/p10/Figure 1 + Box] Nerve inflammation causes nerves to become hypersensitive. Damaged nerves send constant, non-stop pain signals which, in time, make the feeling of pain more intense. After awhile, even harmless stimulation of the affected nerves becomes painful. This causes the brain to overload with pain signals, and the suffering increases the sense of pain even more.

The good news is, there's hope

With the proper treatment, the severity of pain, the frequency with which it occurs, and the duration of pain can be reduced so you can return to daily activities [Marcus/p5/¶2] and improve your quality of life. In fact, because pain has a psychological component, just getting back to a more normal routine can actually help to reduce your pain level.

[GRAPHIC OF A PERSON PERFORMING A SIMPLE TASK AND SMILING]

Chronic pain can be effectively managed by using an approach that addresses all the physical, emotional, and psychological aspects of what you are experiencing. [Marcus/p5/Figure 2;p6/¶1] This may include the use of education,

medication, and a combination of physical, occupational, and behavioral therapies to help you cope with, and overcome your pain. Your treatment team will play an important role in helping you overcome your pain. This team may include your health care professional, a pain specialist, a psychologist or psychiatrist, a pharmacist, a nurse, and therapists.

The process of healing begins by setting realistic goals for yourself, and making sure your family and friends know about them too. [Marcus/p6/¶1] For example, you may want to be able to run a marathon, but if it is currently too painful to walk, being able to walk around the block may be a more realistic goal. Once goals are reached, you can always set new ones. When setting goals, be careful not to put too many restrictions or demands on yourself or allow others to do so.

To be successful, you will want to, and need to, take an active role in your treatment plan. You can do this by giving clear and honest feedback to your treatment team about what you are feeling and how you are responding to the various treatments you are using. To help you get started, answer the questions below and share this information with your treatment team during your next visit.

What does your pain feel like? (example: sharp, stabbing, burning, throbbing, tearing)

How often does your pain occur? (example: constantly, X-times per day)

When it occurs, how long does your pain last? (example: X minutes, an hour, X hours) _____

What activities (if any) seem to trigger your pain? (example: coughing, sneezing, rising from a chair, rolling over in bed)

What activities does your pain prevent or limit you from doing? (example, work, hobbies, sports, chores, social activities, activities of daily living)

How does having pain make you feel? (example: angry, frustrated, sad, alone)

Although it may not be possible for your pain to resolve completely, with commitment and persistence, you can overcome your pain and lead a happy, productive, and fulfilling life.

Ask your health care professional about other modules in this series. For additional information about understanding pain, visit these resources:

- The American Chronic Pain Association

<http://www.theacpa.org>

- The American Pain Foundation

<http://www.painfoundation.org>

- KidsHealth®

<http://www.kidshealth.org/kid/talk/qa/pain.html>

← Any concern for pediatric link

- The National Cancer Institute

<http://www.cancer.gov/cancertopics/understanding-cancer-pain>

- The National Pain Foundation

<http://www.nationalpainfoundation.org>

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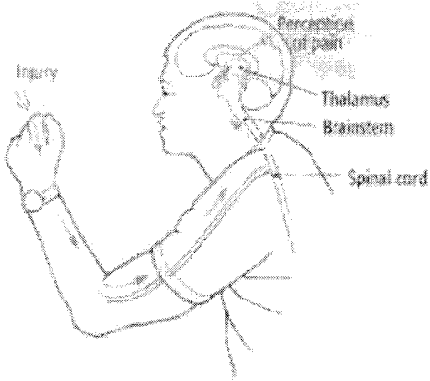
SUM ✓

Video	Audio
<p><i>Medium shot of health care professional looking directly at the camera, centered in the screen.</i></p> <p>Logo: Emerging Solutions in Pain</p> <p><i>On-screen text:</i> Understanding Pain with [Clinician's name/credentials]</p>	<p>Hello. My name is [name]. Welcome to Emerging Solutions in Pain. If you are watching this video, it is because you or someone you love has seen a health care professional because of pain. Pain, especially when it's severe and debilitating, can be frightening. The goal of this video is to reduce that fear by helping you understand what pain is, how it occurs, and to let you know that there is hope.</p>
<p><i>Cut to close-up head shot of clinician.</i></p>	<p>Pain is an important part of your body's defense system. [ACPA/p8/¶6] It tells your brain that you have been injured or are in danger of being injured so you can take corrective action. This type of pain is good.</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen images.</i></p> <p>[GRAPHIC OF PERSON TOUCHING A HOT STOVE]</p> <p>[GRAPHIC OF A PERSON WITH ABDOMINAL PAIN]</p>	<p>For example, it keeps you from getting burned when you touch a hot stove, or causes you to seek help if the pain is coming from inside your body and requires the opinion of a health care professional. However, not all pain is good pain.</p>
<p><i>Cut to close-up of health care professional</i></p>	<p>Pain is not good if it continues or keeps coming back even though the injury or illness that originally caused it is long over, or no cause for the pain can be found. [ACPA/p8/¶2] In fact, it can have a quite a negative impact on your physical and emotional health and well being.</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen images.</i></p> <p>[GRAPHIC OF PERSON SPEAKING WITH A HEALTH CARE PROFESSIONAL]</p> <p>[GRAPHIC MONTAGE OF PEOPLE WORKING, ENJOYING THE OUTDOORS, FRIENDS, HOBBIES]</p>	<p>It is usually the suffering, and not the pain itself, that causes people to see a health care professional and seek pain relief. [Loeser/p1/¶1] People with this kind of pain need to know there is hope that their pain can be controlled so they can go back to enjoying life and doing the things they need and want to do.</p>
<p><i>Remain on medium shot of health care</i></p>	<p>The first step in understanding pain is</p>

<p><i>professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> 3 Types of Pain (bullet and sub-bullets appear in red when words are spoken)</p> <ul style="list-style-type: none"> • Acute <ul style="list-style-type: none"> ○ Sudden ○ Specific cause ○ Goes away <p><i>Or cut to split image of suggested graphic(s) on one side and text on the other side:</i> [GRAPHIC OF HAMMER HITTING A FINGER, PERSON UNDERGOING SURGERY, PERSON WITH SORE THROAT, BABY JUST BORN]</p>	<p>knowing about the different types of pain. There are 3 types of pain. The first is acute pain. Acute pain is pain that comes on suddenly, usually has a specific cause (such as in response to injury, surgery, a medical procedure, a brief illness, or childbirth), and goes away within minutes, hours, or days as the injury heals. [APS/p1/¶4] [ACPA/p8/¶1]</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> 3 Types of Pain (new bullet and sub-bullets appear in red when words are spoken, previous sub-bullets disappear and previous main bullet becomes black)</p> <ul style="list-style-type: none"> • Acute • Chronic <ul style="list-style-type: none"> ○ Continues after it shouldn't ○ No beneficial purpose ○ Lasts beyond the illness or injury, or longer than 3-6 months <p><i>Or cut to split image of suggested graphic(s) on one side and text on the other side:</i> [GRAPHIC PEOPLE IN PAIN PERFORMING NORMAL ACTIVITIES SUCH AS WORKING, WALKING, GARDENING, SITTING ALONE]</p>	<p>The second type of pain is chronic pain. Chronic pain is pain that continues after it shouldn't, and serves no beneficial purpose—lasting beyond the course of an illness or injury, or for more than 3 to 6 months. [ACPA/p8/¶2]</p> <p><i>Doesn't chronic pain serve to let you know that something more serious is going on at a deeper level?</i></p>

<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>3 Types of Pain</p> <p><i>(new bullet and sub-bullets appear in red when words are spoken, previous sub-bullets disappear and previous main bullet becomes black)</i></p> <ul style="list-style-type: none"> • Acute • Chronic • Breakthrough <ul style="list-style-type: none"> ○ Flare-up or spike of severe pain ○ Breaks through around-the-clock pain medicine ○ May be due to: <ul style="list-style-type: none"> ▪ Worsening illness ▪ Certain activities ▪ End-of-dose <p><i>Or cut to split image of suggested graphic(s) on one side and text on the other side:</i></p> <p>[GRAPHIC OF PERSON GETTING A CAT SCAN, PERSON RISING FROM A CHAIR, PERSON COUGHING, PERSON LOOKING AT CLOCK OR WATCH]</p>	<p>The third type of pain is breakthrough pain. Breakthrough pain is a flare-up or spike of severe pain that break through the medicine being taken around-the-clock to control chronic pain, and may occur because of a worsening illness, in response to certain activities such as rising from a chair or coughing, or as the effect of the scheduled pain medicine dose wears off. [ACPA/p8¶3]</p>
<p><i>Cut to or remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Pain can affect you...</p> <p><i>(each bullet appears in red when word is spoken)</i></p> <ul style="list-style-type: none"> • Physically • Psychologically • Emotionally 	<p>The second step in understanding pain is realizing that pain is more than just physical. [Loeser/p1/¶1] Pain can also affect you psychologically and emotionally. It is natural for people with chronic uncontrolled pain to be depressed or anxious. [Marcus/p1/¶2]</p> <p><i>develop script issues which compound psychiatric symptoms.</i></p>
<p><i>Cut to close-up of health care professional.</i></p>	<p>When you are in constant pain, it can be difficult to feel like yourself. It can</p>

	<p>also make it hard for you to do the things you need to do like work, study, and perform activities of daily living like shopping and household chores. Constant pain can also take the pleasure out of doing things you usually enjoy doing, such as going out and being with friends and family. It is important to realize that all these symptoms are interwoven, so you can focus on restoring your physical, social, and psychological well being.</p> <p>[Marcus/p1/¶2;p2/¶1]</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text and image/animation.</i></p> <p><i>On-screen text:</i></p> <p>Pain is a series of electrical signals</p> <p>[GRAPHIC OF PERSON PRICKING A FINGER WITH A PIN]</p>	<p>The next step in understanding pain is learning how it occurs. Imagine sticking your finger with a pin.</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text and image/animation.</i></p> <p><i>On-screen text:</i></p> <p>Pain is a series of electrical signals</p> <p>[PULL BACK FROM CLOSE-UP OF FINGER TO MEDIUM SIDE VIEW OF PERSON, AND ANIMATE BASED ON IMAGE BELOW TO DEMONSTRATE NEURAL PAIN PATHWAY]</p>	<p>As the pin enters your skin, it stimulates the nerve endings under your skin. [AMA 2005/p4/c2/¶2-4] That stimulation triggers an electrical signal that is sent along the nerve ending to your spinal cord, which carries the signal into your brain. Inside your brain, the signal is routed by the thalamus, which is a specialized area of your brain located in the center of your brain. [Martini/p400/c1/¶3] The thalamus acts like a telephone switchboard, sending the signal to other parts of your brain where it is interpreted as pain. Then, your brain sends a corresponding signal back to the muscles in your arm, hand, and finger, instructing them to pull away from the source of the pain—the pin—and protecting you from further harm.</p> <p>[Marcus/p2/¶2]</p>

	
<p>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</p> <p>On-screen text:</p> <p>Chronic pain works differently</p> <ul style="list-style-type: none"> • Reduced tolerance for pain • Feel pain more strongly • Nerves become hypersensitive • Pain becomes more intense • Overload of pain signals • Suffering increases the sense of pain 	<p>In people with chronic pain, the way pain is processed works differently, causing them to have a reduced tolerance for pain and therefore feel pain more strongly.</p> <p>[Whitten/p10/Figure 1 + Box] Nerve inflammation causes nerves to become hypersensitive. Damaged nerves send constant, non-stop pain signals which, in time, make the feeling of pain more intense. After awhile, even harmless stimulation of the affected nerves becomes painful. This causes the brain to overload with pain signals, and the suffering increases the sense of pain even more.</p>
<p>Cut to close-up shot of health care professional.</p>	<p>The good news is, there's hope. With the proper treatment, the severity of pain, the frequency with which it occurs, and the duration of pain can be reduced so you can return to daily activities [Marcus/p5/¶2] and improve your quality of life. In fact, because pain has a psychological component, just getting back to a more normal routine can actually help to reduce your pain level.</p>
<p>Cut to medium shot of health care professional to the side of the screen to permit on-screen text.</p> <p>On-screen text:</p> <p>Multidisciplinary Treatment</p>	<p>Chronic pain can be effectively managed by using an approach that addresses all the physical, emotional, and psychological aspects of what you are experiencing. [Marcus/p5/Figure</p>

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<p>Approach (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Education • Medication • Physical therapy • Occupational therapy • Behavioral therapy 	<p>2;p6/¶1] This may include the use of education, medication, and a combination of physical, occupational, and behavioral therapies to help you cope with, and overcome your pain.</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Your Treatment Team May Include: (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Health care professional • Pain Specialist • Psychologist or psychiatrist • Pharmacist • Nurse • Therapists 	<p>Your treatment team will play an important role in helping you overcome your pain. This team may include your health care professional, a pain specialist, a psychologist or psychiatrist, a pharmacist, a nurse, and therapists.</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text and images.</i> <i>On-screen text:</i> Set Realistic Goals [GRAPHICS OF PEOPLE PERFORMING LIMITED ACTIVITIES SUCH AS GARDENING, WALKING ON A SIDEWALK, ENJOYING FAMILY]</p>	<p>The process of healing begins by setting realistic goals for yourself, and making sure your family and friends know about them too. [Marcus/p6/¶1] For example, you may want to be able to run a marathon, but if it is currently too painful to walk, being able to walk around the block may be a more realistic goal. Once goals are reached, you can always set new ones. When setting goals, be careful not to put too many restrictions or demands on yourself or allow others to do so.</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text and image.</i> <i>On-screen text:</i> Play an Active Role in Your Treatment [GRAPHICS OF PERSON SPEAKING WITH A HEALTH CARE PROFESSIONAL AND INTERACTING</p>	<p>To be successful, you will want to, and need to, take an active role in your treatment plan.</p>

WITH A PHYSICAL THERAPIST]	
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Provide Clear and Accurate Feedback (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • What does your pain feel like? 	<p>You can do this by giving clear and honest feedback to your treatment team about what you are feeling and how you are responding to the various treatments you are using. The types of questions you should be asking yourself before each appointment with a member of your treatment team include: What does your pain feel like?</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Provide Clear and Accurate Feedback (previous bullet disappears when new bullet appears)</p> <ul style="list-style-type: none"> • How often does your pain occur? 	<p>How often does your pain occur?</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Provide Clear and Accurate Feedback (previous bullet disappears when new bullet appears)</p> <ul style="list-style-type: none"> • When it occurs, how long does your pain last? 	<p>When it occurs, how long does your pain last?</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Provide Clear and Accurate Feedback (previous bullet disappears when new bullet appears)</p> <ul style="list-style-type: none"> • What activities (if any) seem to trigger your pain? 	<p>What activities (if any) seem to trigger your pain?</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to</i></p>	<p>What activities does your pain prevent or limit you from doing?</p>

<p><i>permit on-screen text.</i> <i>On-screen text:</i> Provide Clear and Accurate Feedback (previous bullet disappears when new bullet appears)</p> <ul style="list-style-type: none"> • What activities does your pain prevent or limit you from doing? 	
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Provide Clear and Accurate Feedback (previous bullet disappears when new bullet appears)</p> <ul style="list-style-type: none"> • How does having pain make you feel? 	<p>And finally, how does having pain make you feel?</p> <p><i>Assess sleep, anxiety, depression</i></p>
<p><i>Cut to close-up of health care professional.</i></p>	<p>Although it may not be possible for your pain to resolve completely, with commitment and persistence, you can overcome your pain and lead a happy, productive, and fulfilling life. Thank you for your time, and good luck.</p>
<p><i>Camera slowly pulls back to wide shot of health care professional behind desk.</i> <i>Logo:</i> Emerging Solutions in Pain <i>On-screen text:</i> Ask your health care professional about other modules in this series. For additional information about understanding pain, visit these resources:</p> <ul style="list-style-type: none"> • The American Chronic Pain Association http://www.theacpa.org • The American Pain Foundation http://www.painfoundation.org 	

<ul style="list-style-type: none">• KidsHealth® http://www.kidshealth.org/kid/talk/qa/pain.html• The National Cancer Institute http://www.cancer.gov/cancertopics/understanding-cancer-pain• The National Pain Foundation http://www.nationalpainfoundation.org	
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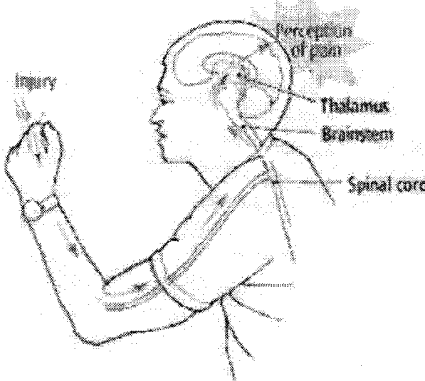
AS 10/05/07
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Video	Audio
<p><i>Medium shot of health care professional looking directly at the camera, centered in the screen.</i> Logo: Emerging Solutions in Pain</p> <p><i>On-screen text:</i> Understanding Pain with [Clinician's name/credentials]</p>	<p>Hello. My name is [name]. Welcome to Emerging Solutions in Pain. If you are watching this video, it is because you or someone you love has seen a health care professional because of pain. Pain, especially when it's severe and debilitating, can be frightening. The goal of this video is to reduce that fear by helping you understand what pain is, how it occurs, and to let you know that there is hope.</p>
<p><i>Cut to close-up head shot of clinician.</i></p>	<p>Pain is an important part of your body's defense system. [ACPA/p8/¶6] It tells your brain that you have been injured or are in danger of being injured so you can take corrective action. This type of pain is good.</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen images.</i> [GRAPHIC OF PERSON TOUCHING A HOT STOVE] [GRAPHIC OF A PERSON WITH ABDOMINAL PAIN]</p>	<p>For example, it keeps you from getting burned when you touch a hot stove, or causes you to seek help if the pain is coming from inside your body and requires the opinion of a health care professional. However, not all pain is good pain.</p>
<p><i>Cut to close-up of health care professional</i></p>	<p>Pain is not good if it continues or keeps coming back even though the injury or illness that originally caused it is long over, or no cause for the pain can be found. [ACPA/p8/¶2] In fact, it can have a quite a negative impact on your physical and emotional health and well being.</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen images.</i> [GRAPHIC OF PERSON SPEAKING WITH A HEALTH CARE PROFESSIONAL] [GRAPHIC MONTAGE OF PEOPLE WORKING, ENJOYING THE OUTDOORS, FRIENDS, HOBBIES]</p>	<p>It is usually the suffering, and not the pain itself, that causes people to see a health care professional and seek pain relief. [Loeser/p1/¶1] People with this kind of pain need to know there is hope that their pain can be controlled so they can go back to enjoying life and doing the things they need and want to do.</p>
<p><i>Remain on medium shot of health care</i></p>	<p>The first step in understanding pain is</p>

<p><i>professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>3 Types of Pain (bullet and sub-bullets appear in red when words are spoken)</p> <ul style="list-style-type: none"> • Acute <ul style="list-style-type: none"> ○ Sudden ○ Specific cause ○ Goes away <p><i>Or cut to split image of suggested graphic(s) on one side and text on the other side:</i></p> <p>[GRAPHIC OF HAMMER HITTING A FINGER, PERSON UNDERGOING SURGERY, PERSON WITH SORE THROAT, BABY JUST BORN]</p>	<p>knowing about the different types of pain. There are 3 types of pain. The first is acute pain. Acute pain is pain that comes on suddenly, usually has a specific cause (such as in response to injury, surgery, a medical procedure, a brief illness, or childbirth), and goes away within minutes, hours, or days as the injury heals. [APS/p1/¶4] [ACPA/p8/¶1]</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>3 Types of Pain (new bullet and sub-bullets appear in red when words are spoken, previous sub-bullets disappear and previous main bullet becomes black)</p> <ul style="list-style-type: none"> • Acute • Chronic <ul style="list-style-type: none"> ○ Continues after it shouldn't ○ No beneficial purpose ○ Lasts beyond the illness or injury, or longer than 3-6 months <p><i>Or cut to split image of suggested graphic(s) on one side and text on the other side:</i></p> <p>[GRAPHIC PEOPLE IN PAIN PERFORMING NORMAL ACTIVITIES SUCH AS WORKING, WALKING, GARDENING, SITTING ALONE]</p>	<p>The second type of pain is chronic pain. Chronic pain is pain that continues after it shouldn't, and serves no beneficial purpose—lasting beyond the course of an illness or injury, or for more than 3 to 6 months. [ACPA/p8/¶2]</p>

<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>3 Types of Pain</p> <p><i>(new bullet and sub-bullets appear in red when words are spoken, previous sub-bullets disappear and previous main bullet becomes black)</i></p> <ul style="list-style-type: none"> • Acute • Chronic • Breakthrough <ul style="list-style-type: none"> ○ Flare-up or spike of severe pain ○ Breaks through around-the-clock pain medicine ○ May be due to: <ul style="list-style-type: none"> ▪ Worsening illness ▪ Certain activities ▪ End-of-dose <p><i>Or cut to split image of suggested graphic(s) on one side and text on the other side:</i></p> <p>[GRAPHIC OF PERSON GETTING A CAT SCAN, PERSON RISING FROM A CHAIR, PERSON COUGHING, PERSON LOOKING AT CLOCK OR WATCH]</p>	<p>The third type of pain is breakthrough pain. Breakthrough pain is a flare-up or spike of severe pain that break through the medicine being taken around-the-clock to control chronic pain, and may occur because of a worsening illness, in response to certain activities such as rising from a chair or coughing, or as the effect of the scheduled pain medicine dose wears off. [ACPA/p8¶3]</p>
<p><i>Cut to or remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Pain can affect you...</p> <p><i>(each bullet appears in red when word is spoken)</i></p> <ul style="list-style-type: none"> • Physically • Psychologically • Emotionally 	<p>The second step in understanding pain is realizing that pain is more than just physical. [Loeser/p1/¶1] Pain can also affect you psychologically and emotionally. It is natural for people with chronic uncontrolled pain to be depressed or anxious. [Marcus/p1/¶2]</p>
<p><i>Cut to close-up of health care professional.</i></p>	<p>When you are in constant pain, it can be difficult to feel like yourself. It can</p>

	<p>also make it hard for you to do the things you need to do like work, study, and perform activities of daily living like shopping and household chores. Constant pain can also take the pleasure out of doing things you usually enjoy doing, such as going out and being with friends and family. It is important to realize that all these symptoms are interwoven, so you can focus on restoring your physical, social, and psychological well being.</p> <p>[Marcus/p1/¶2;p2/¶1]</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text and image/animation.</i></p> <p><i>On-screen text:</i></p> <p>Pain is a series of electrical signals</p> <p>[GRAPHIC OF PERSON PRICKING A FINGER WITH A PIN]</p>	<p>The next step in understanding pain is learning how it occurs. Imagine sticking your finger with a pin.</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text and image/animation.</i></p> <p><i>On-screen text:</i></p> <p>Pain is a series of electrical signals</p> <p>[PULL BACK FROM CLOSE-UP OF FINGER TO MEDIUM SIDE VIEW OF PERSON, AND ANIMATE BASED ON IMAGE BELOW TO DEMONSTRATE NEURAL PAIN PATHWAY]</p>	<p>As the pin enters your skin, it stimulates the nerve endings under your skin. [AMA 2005/p4/c2/¶2-4] That stimulation triggers an electrical signal that is sent along the nerve ending to your spinal cord, which carries the signal into your brain. Inside your brain, the signal is routed by the thalamus, which is a specialized area of your brain located in the center of your brain. [Martini/p400/c1/¶3] The thalamus acts like a telephone switchboard, sending the signal to other parts of your brain where it is interpreted as pain. Then, your brain sends a corresponding signal back to the muscles in your arm, hand, and finger, instructing them to pull away from the source of the pain—the pin—and protecting you from further harm.</p> <p>[Marcus/p2/¶2]</p>

 <p>The diagram illustrates the neural pathway of pain. It shows a profile of a human head and neck. An injury on the hand is shown with an arrow pointing to the spinal cord. The signal travels up the spinal cord to the brainstem, then to the thalamus, and finally to the perception of pain in the brain. Labels include: Injury, Perception of pain, Thalamus, Brainstem, and Spinal cord.</p>	
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Chronic pain works differently</p> <ul style="list-style-type: none"> • Reduced tolerance for pain • Feel pain more strongly • Nerves become hypersensitive • Pain becomes more intense • Overload of pain signals • Suffering increases the sense of pain 	<p>In people with chronic pain, the way pain is processed works differently, causing them to have a reduced tolerance for pain and therefore feel pain more strongly. [Whitten/p10/Figure 1 + Box] Nerve inflammation causes nerves to become hypersensitive. Damaged nerves send constant, non-stop pain signals which, in time, make the feeling of pain more intense. After awhile, even harmless stimulation of the affected nerves becomes painful. This causes the brain to overload with pain signals, and the suffering increases the sense of pain even more.</p>
<p><i>Cut to close-up shot of health care professional.</i></p>	<p>The good news is, there's hope. With the proper treatment, the severity of pain, the frequency with which it occurs, and the duration of pain can be reduced so you can return to daily activities [Marcus/p5/¶2] and improve your quality of life. In fact, because pain has a psychological component, just getting back to a more normal routine can actually help to reduce your pain level.</p>
<p><i>Cut to medium shot of health care professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Multidisciplinary Treatment</p>	<p>Chronic pain can be effectively managed by using an approach that addresses all the physical, emotional, and psychological aspects of what you are experiencing. [Marcus/p5/Figure</p>

<p>Approach (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Education • Medication • Physical therapy • Occupational therapy • Behavioral therapy 	<p>2;p6/¶1] This may include the use of education, medication, and a combination of physical, occupational, and behavioral therapies to help you cope with, and overcome your pain.</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Your Treatment Team May Include: (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Health care professional • Pain Specialist • Psychologist or psychiatrist • Pharmacist • Nurse • Therapists 	<p>Your treatment team will play an important role in helping you overcome your pain. This team may include your health care professional, a pain specialist, a psychologist or psychiatrist, a pharmacist, a nurse, and therapists.</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text and images.</i> <i>On-screen text:</i> Set Realistic Goals [GRAPHICS OF PEOPLE PERFORMING LIMITED ACTIVITIES SUCH AS GARDENING, WALKING ON A SIDEWALK, ENJOYING FAMILY]</p>	<p>The process of healing begins by setting realistic goals for yourself, and making sure your family and friends know about them too. [Marcus/p6/¶1] For example, you may want to be able to run a marathon, but if it is currently too painful to walk, being able to walk around the block may be a more realistic goal. Once goals are reached, you can always set new ones. When setting goals, be careful not to put too many restrictions or demands on yourself or allow others to do so.</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text and image.</i> <i>On-screen text:</i> Play an Active Role in Your Treatment [GRAPHICS OF PERSON SPEAKING WITH A HEALTH CARE PROFESSIONAL AND INTERACTING</p>	<p>To be successful, you will want to, and need to, take an active role in your treatment plan.</p>

WITH A PHYSICAL THERAPIST]	
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Provide Clear and Accurate Feedback (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • What does your pain feel like? 	<p>You can do this by giving clear and honest feedback to your treatment team about what you are feeling and how you are responding to the various treatments you are using. The types of questions you should be asking yourself before each appointment with a member of your treatment team include: What does your pain feel like?</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Provide Clear and Accurate Feedback (previous bullet disappears when new bullet appears)</p> <ul style="list-style-type: none"> • How often does your pain occur? 	<p>How often does your pain occur?</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Provide Clear and Accurate Feedback (previous bullet disappears when new bullet appears)</p> <ul style="list-style-type: none"> • When it occurs, how long does your pain last? 	<p>When it occurs, how long does your pain last?</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Provide Clear and Accurate Feedback (previous bullet disappears when new bullet appears)</p> <ul style="list-style-type: none"> • What activities (if any) seem to trigger your pain? 	<p>What activities (if any) seem to trigger your pain?</p>
<p><i>Remain on medium shot of health care professional to the side of the screen to</i></p>	<p>What activities does your pain prevent or limit you from doing?</p>

<p><i>permit on-screen text.</i> <i>On-screen text:</i> Provide Clear and Accurate Feedback (previous bullet disappears when new bullet appears)</p> <ul style="list-style-type: none"> • What activities does your pain prevent or limit you from doing? 	
<p><i>Remain on medium shot of health care professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Provide Clear and Accurate Feedback (previous bullet disappears when new bullet appears)</p> <ul style="list-style-type: none"> • How does having pain make you feel? 	<p>And finally, how does having pain make you feel?</p>
<p><i>Cut to close-up of health care professional.</i></p>	<p>Although it may not be possible for your pain to resolve completely, with commitment and persistence, you can overcome your pain and lead a happy, productive, and fulfilling life. Thank you for your time, and good luck.</p>
<p><i>Camera slowly pulls back to wide shot of health care professional behind desk.</i> <i>Logo:</i> Emerging Solutions in Pain <i>On-screen text:</i> Ask your health care professional about other modules in this series. For additional information about understanding pain, visit these resources:</p> <ul style="list-style-type: none"> • The American Chronic Pain Association http://www.theacpa.org • The American Pain Foundation http://www.painfoundation.org 	

<ul style="list-style-type: none"> • KidsHealth[®] http://www.kidshealth.org/kid/talk/qa/pain.html • The National Cancer Institute http://www.cancer.gov/cancer topics/understanding-cancer-pain • The National Pain Foundation http://www.nationalpainfoundation.org 	<p>← pediatric link?</p>
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SUM
10/11/07

Types of Pain Medications

You may have heard the familiar phrase “no two people are exactly alike.” The same can be said for the way people respond to pain treatments. No two people respond exactly the same way to the same treatment. [ACPA/p4/¶7] Fortunately, there are many different ways to treat chronic pain. [ACPA/p3/¶10]

Treatment for chronic pain includes therapies such as physical, behavioral, occupational, and psychological therapy. [ACPA/p3/¶10] Pain can also be treated with medications, devices, interventions, and surgery. Non-traditional treatments may also be used to support traditional medicine, for example: meditation, acupuncture, and massage. Most people who are treated for chronic pain require a combination of different approaches to relieve their pain. Some type of therapy is often included in this combination. In many cases, therapy may actually help reduce the need for more invasive techniques.

The World Health Organization (WHO), a leading authority in the treatment of pain, recognizes that everyone is different and recommends an individualized pain management approach based on each person’s unique needs.

[AHCPR/p32/#13] The WHO recommends that the simplest and least invasive pain management techniques be used first (Invasive tests or procedures are those that penetrate the body or puncture the skin.). [AHCPR/p32/#14]

Medication is the most commonly used method for treating chronic pain.

[ACPA/p4/¶5]

Refer to
Module 3

Pain medications fall into 2 main categories

There are 2 main categories of pain medications:

- **Over-the-counter (OTC) medications**

OTC pain medications can be purchased at most drug and grocery stores, and do not require a prescription from your healthcare professional.

[ACPA/p9/¶1] [familydoctor/p1/¶2] They may be available in a variety of forms including tablets, lozenges, suppositories, patches, sprays, creams, and ointments. [ACPA/p9/¶1]

- **Prescription medications**

Prescription pain medications are only available with a prescription from your healthcare professional, and must be dispensed by a licensed pharmacist. [ACPA/p10/¶5]

There are 2 types of OTC pain medications

The 2 types of OTC pain medications that are available without a prescription include acetaminophen (Tylenol® for example*) and nonsteroidal anti-inflammatory drugs (NSAIDs) (Bayer Aspirin®, Aleve, or Motrin®, for example*). [familydoctor/p1/¶2] The less recognizable generic (non-brand names) of NSAIDs include: aspirin, ibuprofen, and naproxen, among others). There are also some OTC pain medications available that combine both acetaminophen and aspirin. [ACPA/p9/¶2] [familydoctor/p1/¶3] OTC medications that are labeled as “extra

Should mention what severity of pain & how all good for

strength” usually have a higher dose of active ingredient than the regular strength product and some of these products may contain caffeine. Refer to the package label for a listing of all active ingredients. [ACPA/p9/¶5]

Why?

*The brand names that appear in this book are listed for information only. No endorsement is implied.

[GRAPHIC OF A PHARMACY SCENE]

Acetaminophen helps to relieve pain by elevating the pain threshold, that is, by requiring a greater amount of pain to develop before a person feels it. [<http://www.medicinenet.com/acetaminophen/article.htm>][4] NSAIDs help to relieve pain that also involves swelling (inflammation). [ACPA/p10/¶8] NSAIDs do this by reducing the production of certain chemicals in your body that irritate nerve endings. [familydoctor/p1/¶5]

While OTC pain medications rarely cause life-threatening effects, they are associated with health problems, some of which can be dangerous.

[ACPA/p9/¶8] [familydoctor/p2/¶5]

Acetaminophen can cause liver and/or kidney damage if you take very high doses or already have liver and/or kidney problems. [familydoctor/p2/¶6] If you drink heavily, acetaminophen can damage your liver even at fairly low doses.

[ACPA/p9/¶9]

Define

Aspirin can irritate the lining of the stomach and intestine and cause nausea or discomfort ; it may also cause bleeding from one or both of these areas, especially if taken while drinking alcohol. Aspirin also affects how fast blood will congeal or clot. Aspirin, when given for flu symptoms, may cause Reye's Syndrome, a rare disease, in children or adolescents. Before you take aspirin in any form, ask your doctor or nurse if there is any reason for you not to take it.

Never exceed the recommended dose, unless instructed to do so by your healthcare professional.

NSAIDs taken for long periods of time or in large amounts may cause gastrointestinal problems including upset stomach, ulcers, and bleeding.

[familydoctor/p2/¶7] The risk of GI problems with NSAIDs increases the longer you take them and the higher the dose is you take. [ACPA/p10/¶1]

[familydoctor/p2/¶7] Drinking alcohol may further increase this risk.

[familydoctor/p2/¶7] NSAIDs can also cause kidney and/or liver damage, and other conditions such as high blood pressure. [ACPA/p10/¶1] [familydoctor/p2/¶8]

Taking NSAIDs if you are also taking a diuretic (also called a water pill) can also be dangerous. [ACPA/p10/¶1] When in doubt, ask your healthcare professional if there is any reason you should not take NSAIDs. Never exceed the recommended dose unless instructed to do so by your healthcare professional.

Quick Facts about OTC Pain Relievers

- Aspirin and ibuprofen reduce inflammation; acetaminophen does not.
- Aspirin and ibuprofen are often used to reduce the pain of swollen joints and other inflamed areas; acetaminophen is not.

Will this cause for much harm than food?

Define

- Aspirin and ibuprofen can irritate the stomach. Sometimes they even cause stomach bleeding. Acetaminophen does not have this effect.
- Aspirin and ibuprofen can affect blood clotting and may cause bleeding. Acetaminophen has no effect on blood clotting.
- When aspirin is used to treat children with viral diseases such as the flu or chickenpox, it may cause Reye's syndrome, a rare brain and liver disease. Acetaminophen and ibuprofen do not cause Reye's syndrome.
- Acetaminophen can cause liver and/or kidney damage if you take very high doses or already have liver and/or kidney problems.
- If you are a heavy drinker, acetaminophen can damage your liver even at fairly low doses
- NSAIDs taken for long periods of time or in large amounts can cause gastrointestinal problems including upset stomach, ulcers, and bleeding.
- Ibuprofen can make existing kidney problems worse.
- In normal doses, aspirin and acetaminophen usually do not injure the kidneys.

At proper dosing?

[http://rex.nci.nih.gov/NCI_Pub_Interface/Pain_Control/nonprescript.html]

There are 3 types of prescription pain medications

Prescription medications for chronic pain include non-opioid analgesics, opioid analgesics, and adjuvant (medications that enhance or improve pain relieving effects when used in combination with other analgesics) analgesics.

[GRAPHIC OF HEALTHCARE PROFESSIONAL WRITING A PRESCRIPTION OR OF A PHARMACIST FILLING A PRESCRIPTION]

Non-opioid analgesics are NSAIDs that are available only by prescription, and include cyclooxygenase (COX)-2 inhibitors. [ACPA/p10/¶10] Other strengths of NSAIDs can also be by obtained by prescription only. These medications are the same as those found OTC, but have a much higher amount of active ingredient (example: 800mg active ingredient compared to 200 mg active ingredient found in OTC NSAIDs)

Doses as well as scheduling.

Like other NSAIDs, COX-2 inhibitors reduce the production of certain chemicals in your body that irritate nerve endings. [glucosamine-arthritis/p/¶2] The COX-2 inhibitors cause fewer gastrointestinal side effects than other NSAIDs when used for short periods of time and when taken as prescribed, although serious ulcers can still occur without warning. COX-2 inhibitors may also cause kidney and cardiovascular problems, especially if taken for long periods of time or taken in excessive amounts, not as prescribed. [ACPA/p10/¶10;p11/¶1]

Not mentioned previously.

Opioid analgesics are available by prescription only. [ACPA/p14/¶2] The word “opioid” comes from opium, a chemical that is taken from the poppy plant.

[ACPA/p14/¶1] Opioids have been used for centuries to relieve pain, and are now available in both natural and man-made forms. Opioids trigger receptors in the brain to provide pain relief. [ACPA/p14/¶4]

Opioid analgesics come in short- and long-acting formulations, meaning that the duration of pain relief may be shorter or longer depending on which medication you take. [ACPA/p14/¶2+3] Some opioids are more potent than others and some start working very soon after you take them whereas others take longer to become effective. These differences make individual opioid analgesics particularly well-suited for treating certain kinds of pain. The pain relieving characteristics of the analgesic often complement the characteristics of your pain. For example, if you experience pain around-the-clock, a long-acting pain reliever may offer the most effective pain relief. Pain that comes on quickly and doesn't last long may be best treated by a short-acting analgesic. Pain

should

medication, however, is always prescribed on an individual basis, based on your response to the drug and your healthcare professional's expert guidance.

[ACPA/p14/¶3]

Opioid analgesics are the most widely prescribed treatment for moderate to severe pain because they are effective, easy to take, and provide excellent pain relief relative to their potential to cause side effects. [AHCPR/p37/¶2] They are available in a wide range of formulations, helping to ensure that all people who need them for pain relief can take them. These formulations include:

[AHCPR:p40/¶1-p43/¶3]

- Tablet
- Lozenge
- Suppository
- Skin patch
- Nasal spray
- Injection
- Implantable pump
- Patient-controlled analgesia (PCA) pump

Common side effects of opioid therapy include constipation, nausea, confusion, tiredness, and difficulty breathing. [AHCPR/p37/¶3] People are sometimes

nervous about taking opioid analgesics because they are afraid they will become addicted. [ACPA/p18/¶2] Addiction is a chronic, relapsing disease of the brain characterized by compulsive drug use which continues despite attempts to stop taking drugs, participation in drug treatment programs, and recognition of the harmful consequences of drug use. [National Institutes of Health. Drugs, Brains, and Behavior: The Science of Addiction. NIH Pub No: 07-5605. 2007; Accessed on July 10, 2007, available on line at:

<http://www.drugabuse.gov/scienceofaddiction/>] Addiction rarely occurs in people who take opioid analgesics as prescribed for chronic pain. [AH CPR/p38/¶1-3] It is not a sign of addiction if you find you need increasing amounts of an opioid analgesic to control your pain (called developing tolerance), or if you experience unpleasant symptoms when your opioid analgesic is suddenly stopped (called physical dependence). [AH CPR/p38/¶1-3+5] If pain is not effectively controlled speak to your healthcare professional before changing how you take your medication.

So what is addiction?

Adjuvant analgesics are used in conjunction with opioid analgesics to increase their effectiveness, treat symptoms that can make pain worse, and to treat specific types of pain. [AH CPR/p46/¶4] Adjuvant analgesics that your healthcare professional may prescribe include:

These medications must be taken according to prescription.

- **Corticosteroids**—used to help improve mood, reduce swelling and nausea, and improve appetite [AH CPR/p47/¶1]

This should be stated at the front of this article.

- **Anticonvulsants**—used to treat pain caused by nerve damage
[AHCPR/p47/¶2]
- **Antidepressants**—used to treat pain due to cancer, improve mood, and increase the effectiveness of opioid analgesics [AHCPR/p47/¶3]
- **Tranquilizers**—used to increase the effectiveness of opioid analgesics, or as an alternative to opioids in people who cannot tolerate them, and to reduce nausea and anxiety [AHCPR/p48/¶3]
- **Antianxiolytics**—used to treat anxiety and reduce nausea
[AHCPR/p48/¶5]
- **Bisphosphonates and Calcitonin**—used to treat severe bone pain in people with bone cancer [AHCPR/p48/¶6;/p49/¶1+2]

Be open and honest with your healthcare professional

Deciding which medications are right for you is a team approach, with you working closely with your healthcare professional to characterize the pain you are feeling and the cause of that pain. The best place to start is by bringing all of the medications you currently take with you to your next visit with your healthcare professional.

It is very important that your healthcare professional knows exactly what medications you take and at what dosages. [ACPA/p5/¶2] This includes any medications you take for pain, as well as for any other medical conditions you

may have. Remember to bring both OTC and prescription medications with you, including all herbal remedies, nutritional supplements, and vitamins.

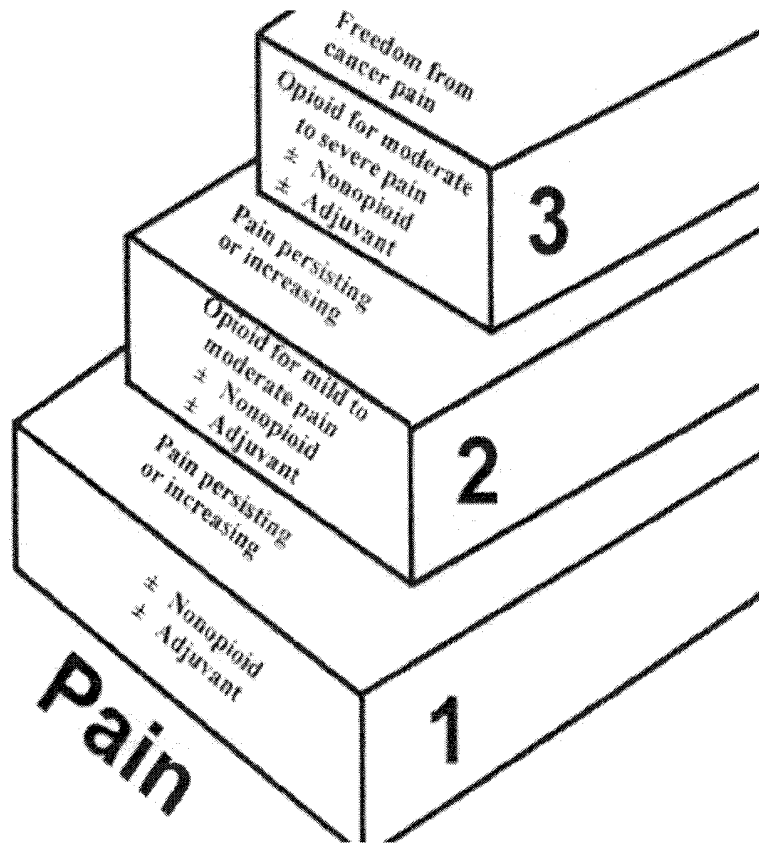
[ACPA/p5/¶1] Even if you do not think of them as medicines, herbal remedies, vitamins, nutritional supplements, and even herbs you grow in your garden can interact with other medications including those your healthcare professional may prescribe for pain, and cause side effects. [ACPA/p5/¶1]

It is also important that you tell your healthcare professional honestly about your intake of caffeine, alcohol and tobacco, and about any illicit drugs you may be using including marijuana, [ACPA/p5/¶3] even if you only use them occasionally.

Guidelines help identify the best treatment approach

In deciding which pain medications will be best for you, your healthcare professional will rely on his or her knowledge of your medical condition, the other medications and substances you are taking, his or her clinical experience and judgment, and your input. Your healthcare professional may also look to the WHO Pain Relief Ladder for guidance. [WHO/p1/¶1] The lowest rung of the ladder represents the least amount of pain. At this level, the simplest dosing schedule and least invasive medications are recommended. As pain persists or increases in severity with each higher rung of the ladder, the number and strength of the various pain medications recommended increases accordingly.

[GRAPHIC OF WHO LADDER : DELETE “FREEDOM FROM CANCER PAIN” AT TOP OF TOP STEP and Replace with “Suggested Treatment for Chronic Persistent Pain”]



Use this handy checklist

The checklist below will help you prepare for your next office visit with your healthcare professional. Complete the checklist and bring it with you to your next appointment, along with all your OTC and prescription medications and any herbal remedies, nutritional supplements, and vitamins you may be taking. This will enable you to play an active role in determining which medications you can and should take for your chronic pain. At the end of this document, you will also find a brief list of common OTC and prescription pain medications your

healthcare professional may recommend or prescribe to treat your pain and help improve your ability to function and enjoy life.

Ask your healthcare professional about other modules in this series. For additional information about pain medications, visit these resources:

- The American Society of Anesthesiologists
<http://www.asahq.org/patientEducation/managepain.htm>
- Familydoctor.org
<http://familydoctor.org/online/famdocen/home/common/pain/treatment/122.html>
- The National Cancer Institute
<http://www.cancer.gov/cancertopics/paincontrol>
- The National Institute on Drug Abuse
<http://www.nida.nih.gov/Infofacts/Painmed.html>
- The National Library of Medicine/The National Institutes of Health
<http://www.nlm.nih.gov/medlineplus/painrelievers.html>
- The National Pain Foundation
http://www.nationalpainfoundation.org/MyTreatment/News_RealReasonWhyPainMedicationUseonRise.asp

Pain Medication Checklist (bring to your next office visit)

- Put all OTC medications I take in a bag.
- Put all prescription medications I take in a bag.
- Put all herbal remedies I take in a bag.
- Put all nutritional supplements I take in a bag.
- Put all vitamins I take in a bag.
- I grow/eat the following garden herbs:

- I am not currently taking, but have taken in the past, the following medication(s) for pain:

- I drink ___ caffeinated beverages per day.
- I drink ___ alcoholic beverages per day.
- I use/have used the following illicit drugs:

cigarette usage?

I have the following questions/concerns about my pain treatment:

Common Pain Medications [ACPA/p12/Table;p13/¶1+Bullets;p15/Table

Type	Medications
Over-the-Counter (OTC) Medications	
Acetaminophen	
Nonsteroidal Antiinflammatory Drugs (NSAIDs)	Aspirin Ibuprofen Ketoprofen Naproxen
Prescription Medications	
Non-opioid Analgesics (NSAIDs)	Celecoxib Diclofenac Diflunisal Etodolac Fenoprofen Flurbiprofen Indomethacin Ketorolac Mefenamic acid Nabumetone Oxaprozin Piroxicam Sulindac Tolmetin
Opioid Analgesics	Buprenorphine Butorphanol Codeine Fentanyl Hydrocodone Hydromorphone Levorphanol Meperidine Methadone Morphine Oxycodone Oxymorphone Pentazocine

dose?

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<http://www.theacpa.org/documents/ACPA%20Meds%202007%20Final.pdf>.

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www.ncbi.nlm.nih.gov/library.ccf.org/books/bv.fcgi?rid=hstat6.chapter.18803.

Accessed May 10, 2007.

Nonprescription Pain Relievers

http://rex.nci.nih.gov/NCI_Pub_Interface/Pain_Control/nonprescript.html

Pain relievers: Understanding your OTC options. Available at:

<http://familydoctor.org/online/famdocen/home/otc-center/otc-medicines/862.printerview.html>. Accessed July 30, 2007.

What is COX-2 (COX2)? Available at: <http://www.glucosamine-arthritis.org/arthritis/COX-2.html>. Accessed September 11, 2007.

WHO's pain ladder. Available at:

<http://www.who.int/cancer/palliative/painladder/en/>. Accessed July 30, 2007.

Types of Pain MedicationsAS 10/05/07
SL 10/5/07

You may have heard the familiar phrase “no two people are exactly alike.” The same can be said for the way people respond to pain treatments. No two people respond exactly the same way to the same treatment. [ACPA/p4/¶7] Fortunately, there are many different ways to treat chronic pain. [ACPA/p3/¶10]

Treatment for chronic pain includes therapies such as physical, behavioral, occupational, and psychological therapy. [ACPA/p3/¶10] Pain can also be treated with medications, devices, interventions, and surgery. Non-traditional treatments may also be used to support traditional medicine, for example: meditation, acupuncture, and massage. Most people who are treated for chronic pain require a combination of different approaches to relieve their pain. Some type of therapy is often included in this combination. In many cases, therapy may actually help reduce the need for more invasive techniques.

The World Health Organization (WHO), a leading authority in the treatment of pain, recognizes that everyone is different and recommends an individualized pain management approach based on each person’s unique needs.

[AHCPR/p32/#13] The WHO recommends that the simplest and least invasive pain management techniques be used first (Invasive tests or procedures are those that penetrate the body or puncture the skin.). [AHCPR/p32/#14]

Medication is the most commonly used method for treating chronic pain.

[ACPA/p4/¶5]

Pain medications fall into 2 main categories

There are 2 main categories of pain medications:

- **Over-the-counter (OTC) medications**

OTC pain medications can be purchased at most drug and grocery stores, and do not require a prescription from your healthcare professional.

[ACPA/p9/¶1] [familydoctor/p1/¶2] They may be available in a variety of forms including tablets, lozenges, suppositories, patches, sprays, creams, and ointments. [ACPA/p9/¶1]

- **Prescription medications**

Prescription pain medications are only available with a prescription from your healthcare professional, and must be dispensed by a licensed pharmacist. [ACPA/p10/¶5]

There are 2 types of OTC pain medications

The 2 types of OTC pain medications that are available without a prescription include acetaminophen (Tylenol®, for example*) and nonsteroidal anti-inflammatory drugs (NSAIDs) (Bayer Aspirin®, Aleve, or Motrin®, for example*). [familydoctor/p1/¶2] The less recognizable generic (non-brand names) of NSAIDs include: aspirin, ibuprofen, and naproxen, among others). There are also some OTC pain medications available that combine both acetaminophen and aspirin. [ACPA/p9/¶2] [familydoctor/p1/¶3] OTC medications that are labeled as “extra

strength” usually have a higher dose of active ingredient than the regular strength product and some of these products may contain caffeine. Refer to the package label for a listing of all active ingredients.[ACPA/p9/¶5]

*The brand names that appear in this book are listed for information only. No endorsement is implied.

[GRAPHIC OF A PHARMACY SCENE]

Acetaminophen helps to relieve pain by elevating the pain threshold, that is, by requiring a greater amount of pain to develop before a person feels it. [

<http://www.medicinenet.com/acetaminophen/article.htm>][4] NSAIDs help to relieve pain that also involves swelling (inflammation). [ACPA/p10/¶8] NSAIDs do this by reducing the production of certain chemicals in your body that irritate nerve endings. [familydoctor/p1/¶5]

While OTC pain medications rarely cause life-threatening effects, they are associated with health problems, some of which can be dangerous.

[ACPA/p9/¶8] [familydoctor/p2/¶5]

Acetaminophen can cause liver and/or kidney damage if you take very high doses or already have liver and/or kidney problems. [familydoctor/p2/¶6] If you drink heavily, acetaminophen can damage your liver even at fairly low doses.

[ACPA/p9/¶9]

Aspirin can irritate the lining of the stomach and intestine and cause nausea or discomfort ; it may also cause bleeding from one or both of these areas, especially if taken while drinking alcohol. Aspirin also affects how fast blood will congeal or clot. Aspirin, when given for flu symptoms, may cause Reye's Syndrome, a rare disease, in children or adolescents. Before you take aspirin in any form, ask your doctor or nurse if there is any reason for you not to take it. Never exceed the recommended dose, unless instructed to do so by your healthcare professional.

NSAIDs taken for long periods of time or in large amounts may cause gastrointestinal problems including upset stomach, ulcers, and bleeding. [familydoctor/p2/¶7] The risk of GI problems with NSAIDs increases the longer you take them and the higher the dose is you take. [ACPA/p10/¶1] [familydoctor/p2/¶7] Drinking alcohol may further increase this risk. [familydoctor/p2/¶7] NSAIDs can also cause kidney and/or liver damage, and other conditions such as high blood pressure. [ACPA/p10/¶1] [familydoctor/p2/¶8] Taking NSAIDs if you are also taking a diuretic (also called a water pill) can also be dangerous. [ACPA/p10/¶1] When in doubt, ask your healthcare professional if there is any reason you should not take NSAIDs. Never exceed the recommended dose unless instructed to do so by your healthcare professional.

Quick Facts about OTC Pain Relievers

- Aspirin and ibuprofen reduce inflammation; acetaminophen does not.
- Aspirin and ibuprofen are often used to reduce the pain of swollen joints and other inflamed areas; acetaminophen is not.

- Aspirin and ibuprofen can irritate the stomach. Sometimes they even cause stomach bleeding. Acetaminophen does not have this effect.
- Aspirin and ibuprofen can affect blood clotting and may cause bleeding. Acetaminophen has no effect on blood clotting.
- When aspirin is used to treat children with viral diseases such as the flu or chickenpox, it may cause Reye's syndrome, a rare brain and liver disease. Acetaminophen and ibuprofen do not cause Reye's syndrome.
- Acetaminophen can cause liver and/or kidney damage if you take very high doses or already have liver and/or kidney problems.
- If you are a heavy drinker, acetaminophen can damage your liver even at fairly low doses
- NSAIDs taken for long periods of time or in large amounts can cause gastrointestinal problems including upset stomach, ulcers, and bleeding.
- Ibuprofen can make existing kidney problems worse.
- In normal doses, aspirin and acetaminophen usually do not injure the kidneys.

[http://rex.nci.nih.gov/NCI_Pub_Interface/Pain_Control/nonprescript.html]

There are 3 types of prescription pain medications

Prescription medications for chronic pain include non-opioid analgesics, opioid analgesics, and adjuvant (medications that enhance or improve pain relieving effects when used in combination with other analgesics) analgesics.

[GRAPHIC OF HEALTHCARE PROFESSIONAL WRITING A PRESCRIPTION OR OF A PHARMACIST FILLING A PRESCRIPTION]

Non-opioid analgesics are NSAIDs that are available only by prescription, and include cyclooxygenase (COX)-2 inhibitors. [ACPA/p10/¶10] Other strengths of NSAIDs can also be by obtained by prescription only. These medications are the same as those found OTC, but have a much higher amount of active ingredient (example: 800mg active ingredient compared to 200 mg active ingredient found in OTC NSAIDs)

Like other NSAIDs, COX-2 inhibitors reduce the production of certain chemicals in your body that irritate nerve endings. [glucosamine-arthritis/p/¶2] The COX-2 inhibitors cause fewer gastrointestinal side effects than other NSAIDs when used for short periods of time and when taken as prescribed, although serious ulcers can still occur without warning. COX-2 inhibitors may also cause kidney and cardiovascular problems, especially if taken for long periods of time or taken in excessive amounts, not as prescribed. [ACPA/p10/¶10;p11/¶1]

Opioid analgesics are available by prescription only. [ACPA/p14/¶2] The word “opioid” comes from opium, a chemical that is taken from the poppy plant. [ACPA/p14/¶1] Opioids have been used for centuries to relieve pain, and are now available in both natural and man-made forms. Opioids trigger receptors in the brain to provide pain relief. [ACPA/p14/¶4]

Opioid analgesics come in short- and long-acting formulations, meaning that the duration of pain relief may be shorter or longer depending on which medication you take. [ACPA/p14/¶2+3] Some opioids are more potent than others and some start working very soon after you take them whereas others take longer to become effective. These differences make individual opioid analgesics particularly well-suited for treating certain kinds of pain. The pain relieving characteristics of the analgesic often complement the characteristics of your pain. For example, if you experience pain around-the-clock, a long-acting pain reliever may offer the most effective pain relief. Pain that comes on quickly and doesn't last long may be best treated by a short-acting analgesic. Pain

medication, however, is always prescribed on an individual basis, based on your response to the drug and your healthcare professional's expert guidance.

[ACPA/p14/¶3]

Opioid analgesics are the most widely prescribed treatment for moderate to severe pain because they are effective, easy to take, and provide excellent pain relief relative to their potential to cause side effects. [AHCPR/p37/¶2] They are available in a wide range of formulations, helping to ensure that all people who need them for pain relief can take them. These formulations include:

[AHCPR:p40/¶1-p43/¶3]

- Tablet
- Lozenge
- Suppository
- Skin patch
- Nasal spray
- Injection
- Implantable pump
- Patient-controlled analgesia (PCA) pump

Common side effects of opioid therapy include constipation, nausea, confusion, tiredness, and difficulty breathing. [AHCPR/p37/¶3] People are sometimes

nervous about taking opioid analgesics because they are afraid they will become addicted. [ACPA/p18/¶2] Addiction is a chronic, relapsing disease of the brain characterized by compulsive drug use which continues despite attempts to stop taking drugs, participation in drug treatment programs, and recognition of the harmful consequences of drug use. [National Institutes of Health. Drugs, Brains, and Behavior: The Science of Addiction. NIH Pub No: 07-5605. 2007; Accessed on July 10, 2007, available on line at:

<http://www.drugabuse.gov/scienceofaddiction/>] Addiction rarely occurs in people who take opioid analgesics as prescribed for chronic pain. [AHCPR/p38/¶1-3] It is not a sign of addiction if you find you need increasing amounts of an opioid analgesic to control your pain (called developing tolerance), or if you experience unpleasant symptoms when your opioid analgesic is suddenly stopped (called physical dependence). [AHCPR/p38/¶1-3+5] If pain is not effectively controlled speak to your healthcare professional before changing how you take your medication.

Adjuvant analgesics are used in conjunction with opioid analgesics to increase their effectiveness, treat symptoms that can make pain worse, and to treat specific types of pain. [AHCPR/p46/¶4] Adjuvant analgesics that your healthcare professional may prescribe include:

These medications must be taken according to prescription.

- **Corticosteroids**—used to help improve mood, reduce swelling and nausea, and improve appetite [AHCPR/p47/¶1]

- **Anticonvulsants**—used to treat pain caused by nerve damage
[AHCPR/p47/¶2]
- **Antidepressants**—used to treat pain due to cancer, improve mood, and increase the effectiveness of opioid analgesics [AHCPR/p47/¶3]
- **Tranquilizers**—used to increase the effectiveness of opioid analgesics, or as an alternative to opioids in people who cannot tolerate them, and to reduce nausea and anxiety [AHCPR/p48/¶3]
- **Antianxiolytics**—used to treat anxiety and reduce nausea
[AHCPR/p48/¶5]
- **Bisphosphonates and Calcitonin**—used to treat severe bone pain in people with bone cancer [AHCPR/p48/¶6;/p49/¶1+2]

Be open and honest with your healthcare professional

Deciding which medications are right for you is a team approach, with you working closely with your healthcare professional to characterize the pain you are feeling and the cause of that pain. The best place to start is by bringing all of the medications you currently take with you to your next visit with your healthcare professional.

It is very important that your healthcare professional knows exactly what medications you take and at what dosages. [ACPA/p5/¶2] This includes any medications you take for pain, as well as for any other medical conditions you

may have. Remember to bring both OTC and prescription medications with you, including all herbal remedies, nutritional supplements, and vitamins.

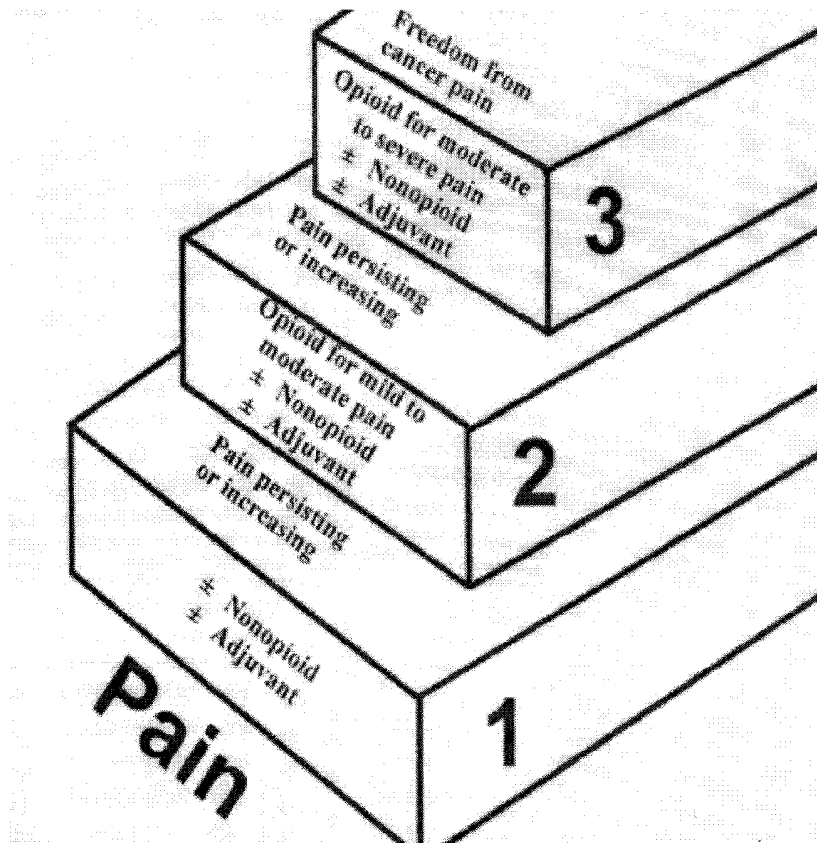
[ACPA/p5/¶1] Even if you do not think of them as medicines, herbal remedies, vitamins, nutritional supplements, and even herbs you grow in your garden can interact with other medications including those your healthcare professional may prescribe for pain, and cause side effects. [ACPA/p5/¶1]

It is also important that you tell your healthcare professional honestly about your intake of caffeine, alcohol and tobacco, and about any illicit drugs you may be using including marijuana, [ACPA/p5/¶3] even if you only use them occasionally.

Guidelines help identify the best treatment approach

In deciding which pain medications will be best for you, your healthcare professional will rely on his or her knowledge of your medical condition, the other medications and substances you are taking, his or her clinical experience and judgment, and your input. Your healthcare professional may also look to the WHO Pain Relief Ladder for guidance. [WHO/p1/¶1] The lowest rung of the ladder represents the least amount of pain. At this level, the simplest dosing schedule and least invasive medications are recommended. As pain persists or increases in severity with each higher rung of the ladder, the number and strength of the various pain medications recommended increases accordingly.

[GRAPHIC OF WHO LADDER : DELETE “FREEDOM FROM CANCER PAIN” AT TOP OF TOP STEP and Replace with “Suggested Treatment for Chronic Persistent Pain”]



Use this handy checklist

The checklist below will help you prepare for your next office visit with your healthcare professional. Complete the checklist and bring it with you to your next appointment, along with all your OTC and prescription medications and any herbal remedies, nutritional supplements, and vitamins you may be taking. This will enable you to play an active role in determining which medications you can and should take for your chronic pain. At the end of this document, you will also find a brief list of common OTC and prescription pain medications your

healthcare professional may recommend or prescribe to treat your pain and help improve your ability to function and enjoy life.

Ask your healthcare professional about other modules in this series. For additional information about pain medications, visit these resources:

- The American Society of Anesthesiologists
<http://www.asahq.org/patientEducation/managepain.htm>
- Familydoctor.org
<http://familydoctor.org/online/famdocen/home/common/pain/treatment/122.html>
- The National Cancer Institute
<http://www.cancer.gov/cancertopics/paincontrol>
- The National Institute on Drug Abuse
<http://www.nida.nih.gov/Infofacts/Painmed.html>
- The National Library of Medicine/The National Institutes of Health
<http://www.nlm.nih.gov/medlineplus/painrelievers.html>
- The National Pain Foundation
http://www.nationalpainfoundation.org/MyTreatment/News_RealReasonWhyPainMedicationUseonRise.asp

Pain Medication Checklist (bring to your next office visit)

- Put all OTC medications I take in a bag.

- Put all prescription medications I take in a bag.

- Put all herbal remedies I take in a bag.

- Put all nutritional supplements I take in a bag.

- Put all vitamins I take in a bag.

- I grow/eat the following garden herbs:

- I am not currently taking, but have taken in the past, the following medication(s) for pain:

- I drink ___ caffeinated beverages per day.

- I drink ___ alcoholic beverages per day.

- I use/have used the following illicit drugs:

I have the following questions/concerns about my pain treatment:

Common Pain Medications [ACPA/p12/Table;p13/¶1+Bullets;p15/Table

Type	Medications
Over-the-Counter (OTC) Medications	
Acetaminophen	
Nonsteroidal Antiinflammatory Drugs (NSAIDs)	Aspirin Ibuprofen Ketoprofen Naproxen
Prescription Medications	
Non-opioid Analgesics (NSAIDs)	Celecoxib Diclofenac Diflunisal Etodolac Fenoprofen Flurbiprofen Indomethacin Ketorolac Mefenamic acid Nabumetone Oxaprozin Piroxicam Sulindac Tolmetin
Opioid Analgesics	Buprenorphine Butorphanol Codeine Fentanyl Hydrocodone Hydromorphone Levorphanol Meperidine Methadone Morphine Oxycodone Oxymorphone Pentazocine

References

ACPA Medication & Chronic Pain. Supplement 2007. Rocklin, CA: American

Chronic Pain Association. Available at:

<http://www.theacpa.org/documents/ACPA%20Meds%202007%20Final.pdf>.

Accessed May 25, 2007.

The Agency for Health Care Policy and Research. *Management of Cancer Pain.*

Clinical Guidelines Number 9. AHCPR Publication No. 94-0592. March 1994.

Available at: <http://0->

[www.ncbi.nlm.nih.gov.library.ccf.org/books/bv.fcgi?rid=hstat6.chapter.18803](http://www.ncbi.nlm.nih.gov/library.ccf.org/books/bv.fcgi?rid=hstat6.chapter.18803).

Accessed May 10, 2007.

Nonprescription Pain Relievers

http://rex.nci.nih.gov/NCI_Pub_Interface/Pain_Control/nonprescript.html

Pain relievers: Understanding your OTC options. Available at:

<http://familydoctor.org/online/famdocen/home/otc-center/otc-medicines/862.printerview.html>. Accessed July 30, 2007.

← link to
family doctor.org
??

What is COX-2 (COX2)? Available at: <http://www.glucosamine->

[arthritis.org/arthritis/COX-2.html](http://www.glucosamine-arthritis.org/arthritis/COX-2.html). Accessed September 11, 2007.

WHO's pain ladder. Available at:

<http://www.who.int/cancer/palliative/painladder/en/>. Accessed July 30, 2007.

SUM

Video	Audio
<p><i>Medium shot of healthcare professional looking directly at the camera, centered in the screen.</i></p> <p>Logo: Emerging Solutions in Pain</p> <p><i>On-screen text:</i> Types of Pain Medications with [Healthcare professional's name/credentials]</p>	<p>Hello. My name is [name]. Welcome to the Emerging Solutions in Pain Patient Education video series. If you are watching this video, it is because you or someone you love has seen a healthcare professional because of pain. There are many medications available for the treatment of chronic pain. This video will help you understand the different types of pain medications, so you can be an active participant with your healthcare professional in determining the best pain medications for you.</p>
<p><i>Cut to close-up head shot of healthcare professional.</i></p>	<p>You may have heard the familiar phrase "no two people are exactly alike." The same can be said for the way people respond to pain treatments. No two people respond exactly the same way to the same treatment. [ACPA/p4/¶7] Fortunately, there are many different ways to treat chronic pain. [ACPA/p3/¶10]</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen images and text when mentioned.</i></p> <p>[GRAPHIC OF PERSON UNDERGOING PHYSICAL, THERAPY]</p> <p><i>On-Screen text:</i> Physical therapy</p> <p>[GRAPHIC OF PERSON UNDERGOING BEHAVIORAL THERAPY]</p> <p><i>On-Screen text:</i> Behavioral therapy</p> <p>[GRAPHIC OF PERSON UNDERGOING OCCUPATIONAL THERAPY]</p> <p><i>On-Screen text:</i> Occupational therapy</p>	<p>Treatment for chronic pain includes therapies such as physical, behavioral, occupational, and psychological therapy. [ACPA/p3/¶10]</p>

<p>[GRAPHIC OF PERSON UNDERGOING PSYCHOLOGICAL THERAPY] <i>On-Screen text:</i> Psychological therapy</p>	
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen images and text when mentioned.</i> [GRAPHIC CLOSE-UP OF PHARMACIST COUNTING PILLS] <i>On-Screen text:</i> Medications [GRAPHIC OF PERSON WEARING A BACK BRACE] <i>On-Screen text:</i> Devices [GRAPHIC OF SURGICAL PROCEDURE] <i>On-Screen text:</i> Surgery</p>	<p>Pain can also be treated with medications, devices, interventions and surgery. [ACPA/p3/¶10]. Non-traditional treatments may also be used to support traditional medicine, for example: meditation, acupuncture, and massage.</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-Screen text:</i> Most people with chronic pain require a combination of treatment approaches.</p>	<p>Most people who are treated for chronic pain require a combination of different approaches to relieve their pain. Some type of therapy is often included in this combination. In many cases, therapy may actually help reduce the need for more invasive techniques. [ACPA/p3/¶10]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> World Health Organization (WHO) recommends: <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Individualized pain management approach • Simplest and least invasive pain management techniques to start 	<p>The World Health Organization (WHO), a leading authority in the treatment of pain, recognizes that everyone is different and recommends an individualized pain management approach based on each person's unique needs. [AHCPR/p32/#13] The WHO recommends that the simplest and least invasive pain management techniques be used first. (Invasive tests or procedures are those that penetrate the body or puncture the skin.). [AHCPR/p32/#14]</p>
<p><i>Cut to close-up shot of healthcare</i></p>	<p>Medication is the most commonly used</p>

<p><i>professional.</i></p>	<p>method for treating chronic pain. [ACPA/p4/¶5] There are 2 main categories of pain medications. The first is Over-the-counter, or OTC, medications.</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen images and text.</i> <i>On-screen text:</i> Over-the-Counter (OTC) pain medications <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Drug and grocery stores • No prescription required • Many formulations: <ul style="list-style-type: none"> ○ Tablets ○ Suppositories ○ Patches ○ Sprays ○ Creams ○ Ointments <p>[BACKGROUND GRAPHIC OF GROCERY STORE HEALTH AND BEAUTY AIDS AISLE]</p>	<p>OTC pain medications can be purchased at most drug and grocery stores, and do not require a prescription from your healthcare professional. [ACPA/p9/¶1] [familydoctor/p1/¶2] They may be available in a variety of forms including tablets, lozenges, suppositories, patches, sprays, creams, and ointments. [ACPA/p9/¶1]</p> <p style="margin-left: 20px;"><i>Add Lozenge</i></p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Prescription pain medications <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Only by prescription • Only from a pharmacy 	<p>The second category of pain medications includes prescription pain medications. Prescription pain medications are only available with a prescription from your healthcare professional, and must be dispensed by a licensed pharmacist. [ACPA/p10/¶5]</p>
<p><i>Cut to close-up of healthcare professional.</i></p>	<p>First let's take a closer look at the OTC pain medications.</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text and image.</i> <i>On-screen text:</i> There are 2 types of OTC pain medications</p>	<p>There are 2 types of pain medications available without a prescription. They are acetaminophen (Tylenol®, for example) and some nonsteroidal anti-inflammatory drugs (also called NSAIDs (Bayer Aspirin®, Aleve, or Motrin®, for example)).</p>

<p><i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Acetaminophen • Nonsteroidal anti-inflammatory drugs (NSAIDs) <ul style="list-style-type: none"> ○ Aspirin ○ Acetaminophen ○ Ibuprofen ○ Ketoprofen ○ Naproxen <p>[BACKGROUND GRAPHIC OF PHARMACY SCENE]</p>	<p>[familydoctor/p1/¶2 [familydoctor/p1/¶2+Bullets] There are also some OTC pain medications available that combine both acetaminophen and aspirin, and some that contain caffeine. [ACPA/p9/¶2] [familydoctor/p1/¶3]</p> <p><i>What are these?</i></p>
<p><i>Cut to close-up shot of healthcare professional.</i></p>	<p>OTC medications that are labeled as “extra strength” usually have a higher dose of active ingredient than the regular strength product. [ACPA/p9/¶5]</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen image/animation.</i> <i>On-screen text:</i> Acetaminophen [GRAPHIC/ANIMATION OF PERSON’S HEAD WITH RED PULSING BULLSEYE SUGGESTING A PAIN SIGNAL BEING RECEIVED BY THE BRAIN, THEN SLOWLY SUBSIDING]</p>	<p>Acetaminophen helps to relieve pain by elevating the pain threshold, that is, by requiring a greater amount of pain to develop before a person feels it. http://www.medicinenet.com/acetaminophen/article.htm[4]</p> <p><i>Should of be said about how acetaminophen</i></p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen image/animation.</i> <i>On-screen text:</i> NSAIDs [GRAPHIC/ANIMATION OF TISSUE INFLAMMATION AND RED PULSING BULLSEYE SUGGESTING PAIN, THEN SLOWLY SUBSIDING]</p>	<p>NSAIDs help to relieve pain that also involves swelling (inflammation). [ACPA/p10/¶8] They do this by reducing the production of certain chemicals in your body that irritate nerve endings. [familydoctor/p1/¶5]</p>
<p><i>Cut to close-up shot of healthcare professional.</i></p>	<p>While OTC pain medications rarely cause life-threatening side effects, they can cause health problems, some of which can be dangerous. [ACPA/p9/¶8] [familydoctor/p2/¶5]</p>
<p><i>Cut to medium shot of healthcare</i></p>	<p>Acetaminophen can cause liver and/or</p>

<p><i>professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Acetaminophen (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Liver damage • Kidney damage 	<p>kidney damage if you take very high doses or already have liver or kidney problems. [familydoctor/p2/¶6] If you drink heavily, acetaminophen can damage your liver even at fairly low doses. [ACPA/p9/¶9]</p> <p>Before you take acetaminophen ask your doctor or nurse if there is any reason for you not to take it. Never exceed the recommended dose, unless instructed to do so by your healthcare professional.</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Aspirin (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Upset stomach/discomfort • GI bleeding • Blood clotting time • Reye's Syndrome <p><i>Definitely bleeding</i></p>	<p>Aspirin can irritate the lining of the stomach and intestine and cause discomfort ; it may also cause bleeding from one or both of these areas, especially if taken while drinking alcohol. Aspirin also affects how fast blood will congeal or clot. Aspirin, when given for flu symptoms, may cause Reye's Syndrome, a rare disease, in children or adolescents. Before you take aspirin in any form, ask your doctor or nurse if there is any reason for you not to take it. Never exceed the recommended dose, unless instructed to do so by your healthcare professional.</p>

<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>NSAIDs</p> <p><i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Upset stomach • Ulcers • GI bleeding • Kidney damage • Liver damage • High blood pressure 	<p>NSAIDs taken for long periods of time or in large amounts may cause gastrointestinal problems including upset stomach, ulcers, and bleeding. [familydoctor/p2/¶7] The risk of GI problems with NSAIDs increases the longer you take them and at higher doses. [ACPA/p10/¶1] [familydoctor/p2/¶7] Drinking alcohol may further increase this risk. [familydoctor/p2/¶7] NSAIDs can also cause kidney and liver damage, and other conditions such as high blood pressure. [ACPA/p10/¶1] [familydoctor/p2/¶8] Taking NSAIDs if you are also taking a diuretic (also called a water pill) can also be dangerous. [ACPA/p10/¶1]</p> <p>Before you take NSAIDs in any form, ask your doctor or nurse if there is any reason for you not to take it. Never exceed the recommended dose, unless instructed to do so by your healthcare professional.</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text and images.</i></p> <p><i>On-screen text:</i></p> <p>3 types of prescription pain medications</p> <ul style="list-style-type: none"> • Non-opioid analgesics • Opioid analgesics • Adjuvant analgesics <p>[BACKGROUND GRAPHIC OF DOCTOR WRITING A PRESCRIPTION OR PHARMACIST FILLING PRESCRIPTION]</p>	<p>There are 3 types of prescription medications for chronic pain. They include non-opioid analgesics, opioid analgesics, and adjuvant(medications that enhance or improve pain relieving effects when used in combination with other analgesics) analgesics. We'll discuss each of these individually.</p>

<p>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text and image.</p> <p>On-screen text:</p> <p>Non-opioid analgesics:</p> <p>Cyclooxygenase (COX)-2 inhibitors (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Fewer GI side effects • Kidney problems • Cardiovascular problems 	<p>Non-opioid analgesics are NSAIDs that are available only by prescription, and include cyclooxygenase or COX-2 inhibitors. [ACPA/p10/¶10]</p> <p>Like other NSAIDs, COX-2 inhibitors reduce the production of certain chemicals in your body that irritate nerve endings. [glucosamine-arthritis/p1/¶2]</p> <p>The COX-2 inhibitors may cause fewer gastrointestinal side effects than other NSAIDs when used for short periods of time, although serious ulcers can still occur without warning. COX-2 inhibitors may also cause kidney and cardiovascular problems, especially if taken for long periods of time or if more medication is taken than is prescribed. [ACPA/p10/¶10;p11/¶1]</p>
<p>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</p> <p>On-screen text:</p> <p>Opioid analgesics (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Used for centuries • Natural and man-made forms • Short- and long-acting • Varying potency • Fast-acting/slower-acting • Around-the-clock medication • Breakthrough pain medication 	<p>Opioid analgesics are available by prescription only. [ACPA/p14/¶2] The word “opioid” comes from opium, a chemical that is taken from the poppy plant. [ACPA/p14/¶1] Opioids have been used for centuries to relieve pain, and are now available in both natural and man-made forms.</p> <p>Opioids trigger receptors in the brain to provide pain relief. [ACPA/p14/¶4]</p> <p>Opioid analgesics come in short- and long-acting formulations, meaning that the duration of pain relief may be shorter or longer depending on which medication you take. [ACPA/p14/¶2+3] Some opioids are more potent than others, and some start working very soon after you take them whereas others take longer to become effective. These differences make individual opioid analgesics particularly well-suited for treating certain kinds of pain. The pain relieving characteristics of the analgesic often complement the characteristics of your pain. For example, if you experience pain</p>

because of high cost of ingredients

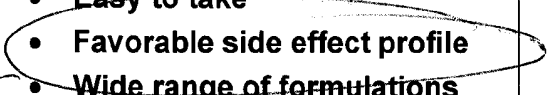
May be good to define for those who see not module 1

	<p>around-the-clock, a long-acting pain reliever may offer the most effective pain relief. Pain that comes on quickly and doesn't last long may be best treated by a short-acting analgesic. Pain medication is always prescribed on an individual basis, based on your response to the drug and your healthcare professional's expert guidance. [ACPA/p14/¶3]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Opioid analgesics <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Most widely prescribed for moderate to severe pain • Effective • Easy to take • Favorable side effect profile • Wide range of formulations <ul style="list-style-type: none"> ○ Tablet ○ Suppository ○ Skin patch ○ Nasal spray ○ Injection ○ Implantable pump ○ Patient-controlled analgesia (PCA) pump 	<p>Opioid analgesics are the most widely prescribed treatment for moderate to severe pain because they are effective, easy to take, and provide excellent pain relief relative to their potential to cause side effects. [AHCPR/p37/¶2] They are available in a wide range of formulations, helping to ensure that all people who need them for pain relief can take them. These formulations include: [AHCPR:p40/¶1-p43/¶3]</p> <ul style="list-style-type: none"> • Tablet • Lozenge • Suppository • Skin patch • Nasal spray • Injection • Implantable pump • Patient-controlled analgesia (PCA) pump
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Opioid analgesics <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Constipation • Nausea • Difficulty urinating • Confusion 	<p>Common side effects of opioid therapy include constipation, nausea, difficulty urinating, confusion, tiredness, and difficulty breathing. [AHCPR/p37/¶3]</p>

Given what was said about the

are med. perhaps this should be revised.

add Lozenge



<ul style="list-style-type: none"> • Tiredness • Difficulty breathing 	
<p><i>Cut to close-up shot of healthcare professional.</i></p> <p><i>Add slide sign showing signs of addiction.</i></p>	<p>People are sometimes nervous about taking opioid analgesics because they are afraid they will become addicted. [ACPA/p18/¶2] Addiction is a chronic, relapsing disease of the brain characterized by compulsive drug use which continues despite attempts to stop taking drugs, participation in drug treatment programs, and recognition of the harmful consequences of drug use.[National Institutes of Health. Drugs, Brains, and Behavior: The Science of Addiction. NIH Pub No: 07-5605. 2007; Accessed on July 10, 2007, available on line at: http://www.drugabuse.gov/scienceofaddiction/ ¶1-3] It is not a sign of addiction if you find you need increasing amounts of an opioid analgesic to control your pain (called developing tolerance), or if you experience symptoms when your opioid analgesic is suddenly stopped (called physical dependence). [AHCPR/p38/¶1-3+5] If pain is not effectively controlled speak to your healthcare professional before changing how you take your medication.</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Adjuvant analgesics (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Used with opioids to increase effectiveness • Treat symptoms that make pain worse • Treat specific types of pain 	<p>Adjuvant analgesics are used in conjunction with opioid analgesics to increase their effectiveness, treat symptoms that can make pain worse, and to treat specific types of pain. [AHCPR/p46/¶4]</p>

<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Adjuvant analgesics (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Corticosteroids • Antidepressants • Tranquilizers • Antianxiolytics • Bisphosphonates and Calcitonin 	<p>Adjuvant analgesics that your healthcare professional may prescribe include:</p> <p>Corticosteroids, may be prescribed to help improve mood, reduce swelling and nausea, and improve appetite; [AHCPR/p47/¶1]</p> <p>Anticonvulsants, may be prescribed to treat pain caused by nerve damage; [AHCPR/p47/¶2]</p> <p>Antidepressants, may be prescribed to treat pain due to cancer, improve mood, and increase the effectiveness of opioid analgesics; [AHCPR/p47/¶3]</p> <p>Tranquilizers, may be prescribed to increase the effectiveness of opioid analgesics, or as an alternative to opioids in people who cannot tolerate them, and to reduce nausea and anxiety; [AHCPR/p48/¶3]</p> <p>Antianxiolytics, which may be prescribed to treat anxiety and reduce nausea; [AHCPR/p48/¶5]</p> <p>and Bisphosphonates and Calcitonin, which may be used to treat severe bone pain in people with bone cancer. [AHCPR/p48/¶6;/p49/¶1+2]</p>
<p><i>Cut to close-up of healthcare professional.</i></p>	<p>Deciding which medications are right for you is a team approach, with you working closely with your healthcare professional to characterize the pain you are feeling and the cause of that pain. The best place to start is by bringing all the medications you currently take with you to your next visit with your healthcare professional.</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p>	<p>It is very important that your healthcare professional knows exactly what medications you take and at what dosages. [ACPA/p5/¶2] This includes any medications you take for pain, as</p>

<p>Be open and honest with your healthcare professional (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Medications for pain and other medical conditions <ul style="list-style-type: none"> ○ OTC and prescription • Herbal remedies • Nutritional supplements • Vitamins 	<p>well as for any other medical conditions you may have. Remember to bring both OTC and prescription medications with you, including all herbal remedies, nutritional supplements, and vitamins. [ACPA/p5/¶1] Even if you do not think of them as medicines, herbal remedies, vitamins, nutritional supplements, and even herbs you grow in your garden can interact with other medications including those your healthcare professional may prescribe for pain, and cause side effects. [ACPA/p5/¶1]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i></p> <p>Be open and honest with your healthcare professional (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Caffeine • Alcohol • Tobacco • Illicit drugs 	<p>It is also important that you tell your healthcare professional honestly about your intake of caffeine, alcohol and tobacco, and about any illicit drugs you may be using including marijuana, [ACPA/p5/¶3] even if you only use them occasionally.</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text and image.</i> <i>Perhaps animate image to grow step-by-step as mentioned. (NOTE: delete “Freedom from cancer pain” from top step and Replace with “Suggested Treatment for Chronic Persistent Pain”]</i> <i>)</i> <i>On-screen text:</i></p> <p>The WHO Pain Relief Ladder</p>	<p>In deciding which pain medications will be best for you, your healthcare professional will rely on his or her knowledge of your medical condition, the other medications and substances you are taking, his or her clinical experience and judgment, and your input. Your healthcare professional may also look to the WHO Pain Relief Ladder for guidance. [WHO/p1/¶1] The lowest rung of the ladder represents the least amount of pain. At this level, the simplest dosing schedule and least invasive medications are recommended. As pain persists or increases in severity with each higher rung of the ladder, the number and strength of the various pain medications recommended increases accordingly.</p>

<p>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text. On-screen text: Pain Medication Checklist (main bullet appears with all sub-bullets when mentioned)</p> <ul style="list-style-type: none"> • Put in a bag: <ul style="list-style-type: none"> ○ All OTC and prescription medications ○ All herbal remedies ○ All nutritional supplements ○ All Vitamins 	<p>Before your next appointment with your healthcare professional, create a medication Checklist for your self. Put all your OTC and prescription medications in a bag, along with any herbal remedies, nutritional supplements, and vitamins you may be taking.</p>
<p>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text. On-screen text: Pain Medication Checklist (main bullet appears with all sub-bullets when mentioned)</p> <ul style="list-style-type: none"> • List: <ul style="list-style-type: none"> ○ Garden herbs you grow and eat ○ Pain medications you have taken in the past 	<p>Make a list of any garden herbs you may grow and eat. Also make a list of any pain medications that you've taken in the past, even if you're not currently taking them. Write down how many caffeinated beverages and alcoholic beverages you drink per day, and any illicit drugs you use or have used in the past. Finally, write down any questions or concerns you may have about your pain treatment so you play an active role in your care.</p>

<ul style="list-style-type: none"> ○ How many caffeinated and alcoholic beverages you drink per day ○ Illicit drugs you use or have used ○ Questions/concerns for your healthcare professional 	<p><i># of cigarettes/day</i></p>
<p><i>Cut to close-up of healthcare professional.</i></p>	<p>Making a checklist will help you prepare for your next office visit with your healthcare professional. It will also enable you to play an active role in determining which medications you can and should take for your chronic pain to improve your ability to function and enjoy life. After viewing this video, ask your healthcare professional for the list of common pain medications that accompanies this module. Thank you for your time, and good luck.</p>
<p><i>Camera slowly pulls back to wide shot of healthcare professional behind desk.</i></p> <p><i>Logo:</i></p> <p>Emerging Solutions in Pain</p> <p><i>On-screen text:</i></p> <p>Ask your healthcare professional about other modules in this series.</p> <p>For additional information about the types of pain medications, visit these resources:</p> <ul style="list-style-type: none"> ● The American Society of Anesthesiologists http://www.asahq.org/patientEducation/managepain.htm ● Familydoctor.org http://familydoctor.org/online/famdocen/home/common/pain/treatment/122.html ● The National Cancer Institute http://www.cancer.gov/cancer topics/paincontrol ● The National Institute on Drug 	

<p>Abuse http://www.nida.nih.gov/Infofacts/Painmed.html</p> <ul style="list-style-type: none"> • The National Library of Medicine/The National Institutes of Health http://www.nlm.nih.gov/medlineplus/painrelievers.html • The National Pain Foundation http://www.nationalpainfoundation.org/MyTreatment/News_RealReasonWhyPainMedicationUseonRise.asp 	
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<http://www.theacpa.org/documents/ACPA%20Meds%202007%20Final.pdf>.
 Accessed May 25, 2007.

The Agency for Health Care Policy and Research. *Management of Cancer Pain. Clinical Guidelines Number 9.* AHCPR Publication No. 94-0592. March 1994. Available at: <http://0-www.ncbi.nlm.nih.gov.library.ccf.org/books/bv.fcgi?rid=hstat6.chapter.18803>. Accessed May 10, 2007.

Nonprescription Pain Relievers

http://rex.nci.nih.gov/NCI_Pub_Interface/Pain_Control/nonprescript.html

Pain relievers: Understanding your OTC options. Available at:
<http://familydoctor.org/online/famdocen/home/otc-center/otc-medicines/862.printerview.html>. Accessed July 30, 2007.

What is COX-2 (COX2)? Available at: <http://www.glucosamine-arthritis.org/arthritis/COX-2.html>. Accessed September 11, 2007.

WHO's pain ladder. Available at:

<http://www.who.int/cancer/palliative/painladder/en/>. Accessed July 30, 2007.

AS 10/05/07

SL 10/5/07

Video	Audio
<p><i>Medium shot of healthcare professional looking directly at the camera, centered in the screen.</i></p> <p>Logo: Emerging Solutions in Pain</p> <p><i>On-screen text:</i> Types of Pain Medications with [Healthcare professional's name/credentials]</p>	<p>Hello. My name is [name]. Welcome to the Emerging Solutions in Pain Patient Education video series. If you are watching this video, it is because you or someone you love has seen a healthcare professional because of pain. There are many medications available for the treatment of chronic pain. This video will help you understand the different types of pain medications, so you can be an active participant with your healthcare professional in determining the best pain medications for you.</p>
<p><i>Cut to close-up head shot of healthcare professional.</i></p>	<p>You may have heard the familiar phrase "no two people are exactly alike." The same can be said for the way people respond to pain treatments. No two people respond exactly the same way to the same treatment. [ACPA/p4/¶7] Fortunately, there are many different ways to treat chronic pain. [ACPA/p3/¶10]</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen images and text when mentioned.</i></p> <p>[GRAPHIC OF PERSON UNDERGOING PHYSICAL THERAPY]</p> <p><i>On-Screen text:</i> Physical therapy</p> <p>[GRAPHIC OF PERSON UNDERGOING BEHAVIORAL THERAPY]</p> <p><i>On-Screen text:</i> Behavioral therapy</p> <p>[GRAPHIC OF PERSON UNDERGOING OCCUPATIONAL THERAPY]</p> <p><i>On-Screen text:</i> Occupational therapy</p>	<p>Treatment for chronic pain includes therapies such as physical, behavioral, occupational, and psychological therapy. [ACPA/p3/¶10]</p>

<p>[GRAPHIC OF PERSON UNDERGOING PSYCHOLOGICAL THERAPY] <i>On-Screen text:</i> Psychological therapy</p>	
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen images and text when mentioned.</i> [GRAPHIC CLOSE-UP OF PHARMACIST COUNTING PILLS] <i>On-Screen text:</i> Medications [GRAPHIC OF PERSON WEARING A BACK BRACE] <i>On-Screen text:</i> Devices [GRAPHIC OF SURGICAL PROCEDURE] <i>On-Screen text:</i> Surgery</p>	<p>Pain can also be treated with medications, devices, interventions and surgery. [ACPA/p3/¶10]. Non-traditional treatments may also be used to support traditional medicine, for example: meditation, acupuncture, and massage.</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-Screen text:</i> Most people with chronic pain require a combination of treatment approaches.</p>	<p>Most people who are treated for chronic pain require a combination of different approaches to relieve their pain. Some type of therapy is often included in this combination. In many cases, therapy may actually help reduce the need for more invasive techniques. [ACPA/p3/¶10]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> World Health Organization (WHO) recommends: <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Individualized pain management approach • Simplest and least invasive pain management techniques to start 	<p>The World Health Organization (WHO), a leading authority in the treatment of pain, recognizes that everyone is different and recommends an individualized pain management approach based on each person's unique needs. [AHCP/PR/p32/#13] The WHO recommends that the simplest and least invasive pain management techniques be used first. (Invasive tests or procedures are those that penetrate the body or puncture the skin.). [AHCP/PR/p32/#14]</p>
<p><i>Cut to close-up shot of healthcare</i></p>	<p>Medication is the most commonly used</p>

<i>professional.</i>	method for treating chronic pain. [ACPA/p4/¶5] There are 2 main categories of pain medications. The first is Over-the-counter, or OTC, medications.
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen images and text.</i></p> <p><i>On-screen text:</i></p> <p>Over-the-Counter (OTC) pain medications</p> <p><i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Drug and grocery stores • No prescription required • Many formulations: <ul style="list-style-type: none"> ○ Tablets ○ Suppositories ○ Patches ○ Sprays ○ Creams ○ Ointments <p>[BACKGROUND GRAPHIC OF GROCERY STORE HEALTH AND BEAUTY AIDS AISLE]</p>	<p>OTC pain medications can be purchased at most drug and grocery stores, and do not require a prescription from your healthcare professional. [ACPA/p9/¶1] [familydoctor/p1/¶2] They may be available in a variety of forms including tablets, lozenges, suppositories, patches, sprays, creams, and ointments. [ACPA/p9/¶1]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Prescription pain medications</p> <p><i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Only by prescription • Only from a pharmacy 	<p>The second category of pain medications includes prescription pain medications. Prescription pain medications are only available with a prescription from your healthcare professional, and must be dispensed by a licensed pharmacist. [ACPA/p10/¶5]</p>
<p><i>Cut to close-up of healthcare professional.</i></p>	<p>First let's take a closer look at the OTC pain medications.</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text and image.</i></p> <p><i>On-screen text:</i></p> <p>There are 2 types of OTC pain medications</p>	<p>There are 2 types of pain medications available without a prescription. They are acetaminophen (Tylenol®, for example) and some nonsteroidal anti-inflammatory drugs (also called NSAIDs (Bayer Aspirin®, Aleve, or Motrin®, for example).).</p>

← Add
Lozenge to
list of
formulations
in bullets

<p><i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Acetaminophen • Nonsteroidal anti-inflammatory drugs (NSAIDs) <ul style="list-style-type: none"> ○ Aspirin ○ Acetaminophen ○ Ibuprofen ○ Ketoprofen ○ Naproxen <p>[BACKGROUND GRAPHIC OF PHARMACY SCENE]</p>	<p>[familydoctor/p1/¶2 [familydoctor/p1/¶2+Bullets] There are also some OTC pain medications available that combine both acetaminophen and aspirin, and some that contain caffeine. [ACPA/p9/¶2] [familydoctor/p1/¶3]</p>
<p><i>Cut to close-up shot of healthcare professional.</i></p>	<p>OTC medications that are labeled as “extra strength” usually have a higher dose of active ingredient than the regular strength product. [ACPA/p9/¶5]</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen image/animation.</i></p> <p><i>On-screen text:</i></p> <p>Acetaminophen [GRAPHIC/ANIMATION OF PERSON'S HEAD WITH RED PULSING BULLSEYE SUGGESTING A PAIN SIGNAL BEING RECEIVED BY THE BRAIN, THEN SLOWLY SUBSIDING]</p>	<p>Acetaminophen helps to relieve pain by elevating the pain threshold, that is, by requiring a greater amount of pain to develop before a person feels it. http://www.medicinenet.com/acetaminophen/article.htm[4]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen image/animation.</i></p> <p><i>On-screen text:</i></p> <p>NSAIDs [GRAPHIC/ANIMATION OF TISSUE INFLAMMATION AND RED PULSING BULLSEYE SUGGESTING PAIN, THEN SLOWLY SUBSIDING]</p>	<p>NSAIDs help to relieve pain that also involves swelling (inflammation). [ACPA/p10/¶8] They do this by reducing the production of certain chemicals in your body that irritate nerve endings. [familydoctor/p1/¶5]</p>
<p><i>Cut to close-up shot of healthcare professional.</i></p>	<p>While OTC pain medications rarely cause life-threatening side effects, they can cause health problems, some of which can be dangerous. [ACPA/p9/¶8] [familydoctor/p2/¶5]</p>
<p><i>Cut to medium shot of healthcare</i></p>	<p>Acetaminophen can cause liver and/or</p>

<p><i>professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Acetaminophen <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Liver damage • Kidney damage 	<p>kidney damage if you take very high doses or already have liver or kidney problems. [familydoctor/p2/¶6] If you drink heavily, acetaminophen can damage your liver even at fairly low doses. [ACPA/p9/¶9]</p> <p>Before you take acetaminophen ask your doctor or nurse if there is any reason for you not to take it. Never exceed the recommended dose, unless instructed to do so by your healthcare professional.</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Aspirin <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Upset stomach/discomfort • GI bleeding • Blood clotting time • Reye's Syndrome 	<p>Aspirin can irritate the lining of the stomach and intestine and cause discomfort ; it may also cause bleeding from one or both of these areas, especially if taken while drinking alcohol. Aspirin also affects how fast blood will congeal or clot. Aspirin, when given for flu symptoms, may cause Reye's Syndrome, a rare disease, in children or adolescents. Before you take aspirin in any form, ask your doctor or nurse if there is any reason for you not to take it. Never exceed the recommended dose, unless instructed to do so by your healthcare professional.</p>

<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>NSAIDs</p> <p><i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Upset stomach • Ulcers • GI bleeding • Kidney damage • Liver damage • High blood pressure 	<p>NSAIDs taken for long periods of time or in large amounts may cause gastrointestinal problems including upset stomach, ulcers, and bleeding. [familydoctor/p2/¶7] The risk of GI problems with NSAIDs increases the longer you take them and at higher doses. [ACPA/p10/¶1] [familydoctor/p2/¶7] Drinking alcohol may further increase this risk. [familydoctor/p2/¶7] NSAIDs can also cause kidney and liver damage, and other conditions such as high blood pressure. [ACPA/p10/¶1] [familydoctor/p2/¶8] Taking NSAIDs if you are also taking a diuretic (also called a water pill) can also be dangerous. [ACPA/p10/¶1]</p> <p>Before you take NSAIDs in any form, ask your doctor or nurse if there is any reason for you not to take it. Never exceed the recommended dose, unless instructed to do so by your healthcare professional.</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text and images.</i></p> <p><i>On-screen text:</i></p> <p>3 types of prescription pain medications</p> <ul style="list-style-type: none"> • Non-opioid analgesics • Opioid analgesics • Adjuvant analgesics <p>[BACKGROUND GRAPHIC OF DOCTOR WRITING A PRESCRIPTION OR PHARMACIST FILLING PRESCRIPTION]</p>	<p>There are 3 types of prescription medications for chronic pain. They include non-opioid analgesics, opioid analgesics, and adjuvant(medications that enhance or improve pain relieving effects when used in combination with other analgesics) analgesics. We'll discuss each of these individually.</p>

Formatted: Bullets and Numbering

... [1]

<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text and image.</i></p> <p><i>On-screen text:</i></p> <p>Non-opioid analgesics:</p> <p>Cyclooxygenase (COX)-2 inhibitors (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Fewer GI side effects • Kidney problems • Cardiovascular problems 	<p>Non-opioid analgesics are NSAIDs that are available only by prescription, and include cyclooxygenase or COX-2 inhibitors. [ACPA/p10/¶10]</p> <p>Like other NSAIDs, COX-2 inhibitors reduce the production of certain chemicals in your body that irritate nerve endings. [glucosamine-arthritis/p1/¶2]</p> <p>The COX-2 inhibitors may cause fewer gastrointestinal side effects than other NSAIDs when used for short periods of time, although serious ulcers can still occur without warning. COX-2 inhibitors may also cause kidney and cardiovascular problems, especially if taken for long periods of time or if more medication is taken than is prescribed. [ACPA/p10/¶10;p11/¶1]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Opioid analgesics (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Used for centuries • Natural and man-made forms • Short- and long-acting • Varying potency • Fast-acting/slower-acting • Around-the-clock medication • Breakthrough pain medication 	<p>Opioid analgesics are available by prescription only. [ACPA/p14/¶2] The word "opioid" comes from opium, a chemical that is taken from the poppy plant. [ACPA/p14/¶1] Opioids have been used for centuries to relieve pain, and are now available in both natural and man-made forms.</p> <p>Opioids trigger receptors in the brain to provide pain relief. [ACPA/p14/¶4]</p> <p>Opioid analgesics come in short- and long-acting formulations, meaning that the duration of pain relief may be shorter or longer depending on which medication you take. [ACPA/p14/¶2+3]</p> <p>Some opioids are more potent than others, and some start working very soon after you take them whereas others take longer to become effective. These differences make individual opioid analgesics particularly well-suited for treating certain kinds of pain. The pain relieving characteristics of the analgesic often complement the characteristics of your pain. For example, if you experience pain</p>

	<p>around-the-clock, a long-acting pain reliever may offer the most effective pain relief. Pain that comes on quickly and doesn't last long may be best treated by a short-acting analgesic. Pain medication is always prescribed on an individual basis, based on your response to the drug and your healthcare professional's expert guidance. [ACPA/p14/¶3]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Opioid analgesics <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Most widely prescribed for moderate to severe pain • Effective • Easy to take • Favorable side effect profile • Wide range of formulations <ul style="list-style-type: none"> ○ Tablet ○ Suppository ○ Skin patch ○ Nasal spray ○ Injection ○ Implantable pump ○ Patient-controlled analgesia (PCA) pump 	<p>Opioid analgesics are the most widely prescribed treatment for moderate to severe pain because they are effective, easy to take, and provide excellent pain relief relative to their potential to cause side effects. [AHCPR/p37/¶2] They are available in a wide range of formulations, helping to ensure that all people who need them for pain relief can take them. These formulations include: [AHCPR:p40/¶1-p43/¶3]</p> <ul style="list-style-type: none"> • Tablet • Lozenge • Suppository • Skin patch • Nasal spray • Injection • Implantable pump • Patient-controlled analgesia (PCA) pump
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Opioid analgesics <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Constipation • Nausea • Difficulty urinating • Confusion 	<p>Common side effects of opioid therapy include constipation, nausea, difficulty urinating, confusion, tiredness, and difficulty breathing. [AHCPR/p37/¶3]</p>

← Add lozenge to 1st column

<ul style="list-style-type: none"> • Tiredness • Difficulty breathing 	
<p><i>Cut to close-up shot of healthcare professional.</i></p>	<p>People are sometimes nervous about taking opioid analgesics because they are afraid they will become addicted. [ACPA/p18/¶2] Addiction is a chronic, relapsing disease of the brain characterized by compulsive drug use which continues despite attempts to stop taking drugs, participation in drug treatment programs, and recognition of the harmful consequences of drug use. [National Institutes of Health. Drugs, Brains, and Behavior: The Science of Addiction. NIH Pub No: 07-5605. 2007; Accessed on July 10, 2007, available on line at: http://www.drugabuse.gov/scienceofaddiction/ ¶1-3] It is not a sign of addiction if you find you need increasing amounts of an opioid analgesic to control your pain (called developing tolerance), or if you experience symptoms when your opioid analgesic is suddenly stopped (called physical dependence). [AHCPR/p38/¶1-3+5]</p> <p>If pain is not effectively controlled speak to your healthcare professional before changing how you take your medication.</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Adjuvant analgesics (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Used with opioids to increase effectiveness • Treat symptoms that make pain worse • Treat specific types of pain 	<p>Adjuvant analgesics are used in conjunction with opioid analgesics to increase their effectiveness, treat symptoms that can make pain worse, and to treat specific types of pain. [AHCPR/p46/¶4]</p>

<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Adjuvant analgesics (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Corticosteroids • Antidepressants • Tranquilizers • Antianxiolytics • Bisphosphonates and Calcitonin 	<p>Adjuvant analgesics that your healthcare professional may prescribe include:</p> <p>Corticosteroids, may be prescribed to help improve mood, reduce swelling and nausea, and improve appetite; [AHCPR/p47/¶1]</p> <p>Anticonvulsants, may be prescribed to treat pain caused by nerve damage; [AHCPR/p47/¶2]</p> <p>Antidepressants, may be prescribed to treat pain due to cancer, improve mood, and increase the effectiveness of opioid analgesics; [AHCPR/p47/¶3]</p> <p>Tranquilizers, may be prescribed to increase the effectiveness of opioid analgesics, or as an alternative to opioids in people who cannot tolerate them, and to reduce nausea and anxiety; [AHCPR/p48/¶3]</p> <p>Antianxiolytics, which may be prescribed to treat anxiety and reduce nausea; [AHCPR/p48/¶5]</p> <p>and Bisphosphonates and Calcitonin, which may be used to treat severe bone pain in people with bone cancer. [AHCPR/p48/¶6;/p49/¶1+2]</p>
<p><i>Cut to close-up of healthcare professional.</i></p>	<p>Deciding which medications are right for you is a team approach, with you working closely with your healthcare professional to characterize the pain you are feeling and the cause of that pain. The best place to start is by bringing all the medications you currently take with you to your next visit with your healthcare professional.</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p>	<p>It is very important that your healthcare professional knows exactly what medications you take and at what dosages. [ACPA/p5/¶2] This includes any medications you take for pain, as</p>

<p>Be open and honest with your healthcare professional (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Medications for pain and other medical conditions <ul style="list-style-type: none"> ○ OTC and prescription • Herbal remedies • Nutritional supplements • Vitamins 	<p>well as for any other medical conditions you may have. Remember to bring both OTC and prescription medications with you, including all herbal remedies, nutritional supplements, and vitamins. [ACPA/p5/¶1] Even if you do not think of them as medicines, herbal remedies, vitamins, nutritional supplements, and even herbs you grow in your garden can interact with other medications including those your healthcare professional may prescribe for pain, and cause side effects. [ACPA/p5/¶1]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Be open and honest with your healthcare professional (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Caffeine • Alcohol • Tobacco • Illicit drugs 	<p>It is also important that you tell your healthcare professional honestly about your intake of caffeine, alcohol and tobacco, and about any illicit drugs you may be using including marijuana, [ACPA/p5/¶3] even if you only use them occasionally.</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text and image.</i> <i>Perhaps animate image to grow step-by-step as mentioned. (NOTE: delete "Freedom from cancer pain" from top step and Replace with "Suggested Treatment for Chronic Persistent Pain"]</i>) <i>On-screen text:</i> The WHO Pain Relief Ladder</p>	<p>In deciding which pain medications will be best for you, your healthcare professional will rely on his or her knowledge of your medical condition, the other medications and substances you are taking, his or her clinical experience and judgment, and your input. Your healthcare professional may also look to the WHO Pain Relief Ladder for guidance. [WHO/p1/¶1] The lowest rung of the ladder represents the least amount of pain. At this level, the simplest dosing schedule and least invasive medications are recommended. As pain persists or increases in severity with each higher rung of the ladder, the number and strength of the various pain medications recommended increases accordingly.</p>

<p>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</p> <p>On-screen text:</p> <p>Pain Medication Checklist (main bullet appears with all sub-bullets when mentioned)</p> <ul style="list-style-type: none"> • Put in a bag: <ul style="list-style-type: none"> ○ All OTC and prescription medications ○ All herbal remedies ○ All nutritional supplements ○ All Vitamins 	<p>Before your next appointment with your healthcare professional, create a medication Checklist for your self. Put all your OTC and prescription medications in a bag, along with any herbal remedies, nutritional supplements, and vitamins you may be taking.</p>
<p>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</p> <p>On-screen text:</p> <p>Pain Medication Checklist (main bullet appears with all sub-bullets when mentioned)</p> <ul style="list-style-type: none"> • List: <ul style="list-style-type: none"> ○ Garden herbs you grow and eat ○ Pain medications you have taken in the past 	<p>Make a list of any garden herbs you may grow and eat. Also make a list of any pain medications that you've taken in the past, even if you're not currently taking them. Write down how many caffeinated beverages and alcoholic beverages you drink per day, and any illicit drugs you use or have used in the past. Finally, write down any questions or concerns you may have about your pain treatment so you play an active role in your care.</p>

<ul style="list-style-type: none"> ○ How many caffeinated and alcoholic beverages you drink per day ○ Illicit drugs you use or have used ○ Questions/concerns for your healthcare professional 	
<p><i>Cut to close-up of healthcare professional.</i></p>	<p>Making a checklist will help you prepare for your next office visit with your healthcare professional. It will also enable you to play an active role in determining which medications you can and should take for your chronic pain to improve your ability to function and enjoy life. After viewing this video, ask your healthcare professional for the list of common pain medications that accompanies this module. Thank you for your time, and good luck.</p>
<p><i>Camera slowly pulls back to wide shot of healthcare professional behind desk.</i></p> <p><i>Logo:</i></p> <p>Emerging Solutions in Pain</p> <p><i>On-screen text:</i></p> <p>Ask your healthcare professional about other modules in this series.</p> <p>For additional information about the types of pain medications, visit these resources:</p> <ul style="list-style-type: none"> • The American Society of Anesthesiologists http://www.asahq.org/patientEducation/managepain.htm • Familydoctor.org http://familydoctor.org/online/famdocen/home/common/pain/treatment/122.html • The National Cancer Institute http://www.cancer.gov/cancer topics/paincontrol • The National Institute on Drug 	<p>← link to family doctor.org?</p>

<p>Abuse http://www.nida.nih.gov/Infofacts/Painmed.html</p> <ul style="list-style-type: none"> • The National Library of Medicine/The National Institutes of Health http://www.nlm.nih.gov/medlineplus/painrelievers.html • The National Pain Foundation http://www.nationalpainfoundation.org/MyTreatment/News_RealReasonWhyPainMedicationUseonRise.asp 	
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The Agency for Health Care Policy and Research. *Management of Cancer Pain. Clinical Guidelines Number 9.* AHCPR Publication No. 94-0592. March 1994. Available at: <http://0-www.ncbi.nlm.nih.gov.library.ccf.org/books/bv.fcgi?rid=hstat6.chapter.18803>. Accessed May 10, 2007.

Nonprescription Pain Relievers

http://rex.nci.nih.gov/NCI_Pub_Interface/Pain_Control/nonprescript.html

Pain relievers: Understanding your OTC options. Available at: <http://familydoctor.org/online/famdocen/home/otc-center/otc-medicines/862.printerview.html>. Accessed July 30, 2007.

What is COX-2 (COX2)? Available at: <http://www.glucosamine-arthritis.org/arthritis/COX-2.html>. Accessed September 11, 2007.

WHO's pain ladder. Available at: <http://www.who.int/cancer/palliative/painladder/en/>. Accessed July 30, 2007.

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SCM
10/11/07

Managing Side Effects

Chronic pain can affect you in many ways, [Loeser/p1/¶1] making it difficult to enjoy life and do the things you need and love to do. Fortunately, today there are many different medications available that effectively treat pain.

[ACPA/p12/Table;p13/¶1+Bullets;p15/Table] Although it may not be possible to completely eliminate your pain, an individualized treatment plan created specifically for you by you and your healthcare professional may significantly reduce your pain and enable you to return, sometimes in a modified way, to many activities of daily living. [Marcus/p5/¶2] [ACPA/p32/#13]

Overcome
pain
pg. 6
Module 1.

Pain medications will likely be the centerpiece of the treatment plan, which may also include other methods for relieving pain, for example, exercise, massage, and acupuncture. [ACPA/p3/¶10;p4/¶5] [Marcus/p6/¶1] Medications can help relieve symptoms to make you more comfortable and improve your ability to function. [ACPA/p4/¶10+11] Being able to do things again, even in a limited fashion, will also help improve your physical, emotional, and psychological well being. [Marcus/p1/¶1-p2/¶1] Unfortunately, in addition to all the potential benefits pain medications have to offer, they also have the potential to cause side effects. [ACPA/p4/¶11]

The side effects that can be caused by pain medications may be mild and simply unpleasant, or they can be serious and potentially life-threatening.

[ACPA/p4/¶11] For this reason, you should tell your healthcare professional immediately if you are feeling or experiencing something unusual. The good

Caution the use of websites as citations, as the material accessed ~~was~~ to create the article may not be available when the piece is printed & distributed!

news is, that many potential side effects caused by pain medications are often avoidable, and can often be managed with help from your healthcare professional. [ACPA/p4/¶11]

Start by talking to your healthcare professional

The best way to avoid and/or manage medication side effects is to talk to your healthcare professional. To provide the best guidance, your healthcare professional needs to know about all the medications you are taking.

*Reference
Module 2*

[ACPA/p5/¶2] This includes over-the-counter (OTC) and prescription pain medications, herbal remedies, nutritional supplements, and vitamins.

[ACPA/p5/¶1] You can start the conversation by putting all the medications you take—including the ones you may not think of as medications, like herbal remedies, nutritional supplements, and vitamins—in a bag and bring them with you to your next office visit. [ACPA/p5/¶3] This is very important because medications can interact with one another and cause side effects. [ACPA/p5/¶1]

Side effects with OTC pain medications

OTC pain medications, such as acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin and ibuprofen, rarely cause life-threatening side effects. [ACPA/p9/¶8] But serious side effects can occur.

Acetaminophen can cause liver and/or kidney damage, and this problem is more likely to occur if you drink a lot of alcohol or if you already have liver or kidney problems. [ACPA/p9/¶9]

define

NSAIDs such as aspirin and ibuprofen cause your stomach to produce more acid while also reducing the protective lining of your stomach. [ACPA/p10/¶1] People who take NSAIDs for long periods of time, or who take high doses of NSAIDs, are at increased risk for gastrointestinal problems including upset stomach, ulcers, and bleeding. [familydoctor/p2/¶7] Drinking alcohol can also increase this risk. [familydoctor/p2/¶7] NSAIDs can also cause kidney and liver damage, and other health conditions such as high blood pressure. [ACPA/p10/¶1] Taking NSAIDs if you are also taking a diuretic (also called a water pill) can also be dangerous. [ACPA/p10/¶1] All medications should be taken as prescribed or by following the recommended dosage on the product's label.

If you are taking an OTC medication for your pain, tell your healthcare professional right away. He or she will know whether it is safe for you, and if so, what dose is right for you and how long you should take it. To help protect your gastrointestinal tract from harm, your healthcare professional may suggest a protective medication such as a proton pump inhibitor (PPI), like Prilosec OTC®* or an H₂-receptor antagonist, like Zantac®*, to help prevent certain NSAID-related gastrointestinal side effects. [ACPA/p11/¶5] These medications are available OTC, but consulting with a healthcare professional prior to their use, is strongly suggested.

**The brand names that appear in these modules are listed for information only.

No endorsement is implied.

Side effects with prescription NSAIDs

Another type of NSAID, called a cyclooxygenase (COX)-2 inhibitor (Celebrex[®] for example), is a non-opioid analgesic that is available only by prescription.

[ACPA/p10/¶10] Serious stomach problems may occur with their use. The COX-2 inhibitors may also cause kidney and cardiovascular problems, especially if taken for long periods of time or in doses not prescribed or recommended.

[ACPA/p11/¶1] Together, you and your healthcare professional can decide whether a COX-2 inhibitor is right for your particular pain.

Side effects with opioid analgesics

Opioid analgesics are the most widely prescribed medications for people with moderate to severe pain. [AH CPR/p37/¶2] They are often effective, offer flexible dosing and varied types of administration, and provide excellent benefits compared to their risk for side effects (called the risk-to-benefit ratio). Many of the side effects caused by opioid analgesics are usually predictable.

[Swegle/p1347/c1/¶2+3] This means that your healthcare professional may be able to anticipate certain side effects that may be more likely to occur because of your age, gender, or race, and offer steps to help you avoid them.

For example, people over 70 years of age are more likely to get side effects from taking opioid analgesics. [Swegle/p1347/c1/¶3-c2/¶1] If you are over 70 years old and your healthcare professional prescribes an opioid for your pain, he or she may prescribe a lower dose or give you a longer break between doses. Men are more likely than women to become sick to their stomach, from taking opioids, as are blacks more likely than whites. [Swegle/p1347/c1/¶3-c2/¶1]

(nausea)

The most common side effects of opioid analgesics, and how your healthcare professional may prevent and/or treat them, are:

- **Constipation**

Constipation is the most common side effect from long-term opioid use.

[Swegle/p1349/c2/¶2] To help prevent or reduce constipation, your healthcare professional may recommend that you drink more water and increase the amount of fiber in your diet. [Swegle/p1350/c1/¶2] He or she may also recommend you get more physical activity and try to go to the bathroom regularly. Your healthcare professional may prescribe a stool softener or a laxative to treat your constipation. If constipation remains a problem for you, your healthcare professional may suggest a pain medication patch, which may cause less constipation than oral opioid analgesics. [Swegle/p1350/c1/¶3]

- **Nausea**

Many people who experience nausea (~~feeling sick to your stomach~~) from taking opioid analgesics find that this unpleasant feeling goes away in time. [Swegle/p1348/c1/¶3] If you become very sick to your stomach and begin vomiting, your healthcare professional may prescribe a medication to help calm your stomach. [Swegle/p1348/c1/¶4-c2/¶1] Medications that are used for treating nausea caused by opioid analgesics include antihistamines, antipsychotics, prokinetic agents, and serotonin antagonists. [Swegle/p1349/Table 1]

Will pts. know these names? Or should ~~common~~ brand names be included?

- **Sedation and decreased cognition**

separate

Opioid analgesics relieve pain by affecting your central nervous system—particularly your brain. [ACPA/p14/¶4] As a result, they can cause some unwanted side effects in your brain including sedation (tiredness) and decreased cognition (difficulty thinking clearly). [Swegle/p1350/c2/¶2] These side effects tend to occur when you first start taking an opioid analgesic, and when your healthcare professional increases your opioid dose. [Swegle/p1350/c2/¶4] To help prevent or treat these side effects, your healthcare professional may consider stopping any other medications you may be taking that have the potential to cause the same problem, if they are not as necessary as your pain medication. [Swegle/p1350/c2/¶2] He or she may also decide to prescribe a stimulant medication or antipsychotic to treat the problem. [Swegle/p1350/c2/¶3+4] When you first start taking an opioid analgesic for pain, it may be a good idea to avoid driving, and to take extra care to avoid falling, until you get used to having the medication in your system. [ACPA/p16/¶1]

- **Rash**

You may think of a rash as an allergic reaction, but if you get a rash while taking opioid analgesics, it is probably an adverse reaction.

[Swegle/p1352/c2/¶4] Rash occurs most often in people receiving opioid treatment via an injection. If an opioid-related rash occurs, your healthcare professional may treat it with an antihistamine. [Swegle/p1353/c1/¶1] If the problem persists, he or she may exchange the opioid you are taking for a

different one (called opioid rotation), reduce your opioid dose, or recommend the use of cold compresses or skin moisturizers.

[Swegle/p1347/c2/¶3;p1353/c1/¶1]

In rare cases, opioid analgesics can also cause more serious, life-threatening effects, such as difficulty breathing. [ACPA/p16/¶2] [AHCPR/p45/¶3] This usually occurs in people who have been taking an opioid for chronic pain for a long period of time and have developed a tolerance to it or it may occur in someone who has never taken an opioid before, in response to a first dose.

[AHCPR/p45/¶3] If you experience difficulty breathing while you are taking an opioid analgesic, call 911 immediately, and then call your healthcare professional.

• ~~Another side effect of opioid analgesics is called~~ subacute overdose.

[AHCPR/p45/¶4] It is most likely to occur when your healthcare professional is increasing the dose of certain types of opioids such as methadone or levorphenol. Subacute overdose is like a small overdose. Signs include increasing tiredness, difficulty breathing (slow shallow breathing), fast or slow heartbeat, heart palpitations (irregular heartbeat), or feel extremely dizzy or confused. If your healthcare professional believes you may be experiencing a subacute overdose, he or she may withhold a dose or two to correct the problem, and then resume increasing your dose more gradually. If, at any time, you experience difficulty breathing or any other life-threatening event, call 911

immediately. It is important to have family members and friends be aware of these side-effects, and understand what to do if they occur.

Follow these helpful tips

Regardless of which types of pain medications you are taking, the following tips will help make your treatment as side effect-free as possible, so you can enjoy the benefits of pain reduction—a better quality of life.

1. Bring all the medications you are currently taking to your healthcare professional, so he or she can see exactly what you are taking, and know how they may be interacting with each other and with any new medications he or she may prescribe. (Remember, this includes all OTC and prescription medications, herbal remedies, nutritional supplements, and vitamins.)
2. Be honest and open with your healthcare professional about any illicit drugs you may be using, including marijuana, even if you only use them occasionally.
3. Tell your healthcare professional how many caffeinated and alcoholic beverages you drink each day. *Feba @cc*
4. Do not start taking any new medications, including OTC medications, herbal remedies, nutritional supplements, or vitamins, without first asking your healthcare professional whether it is safe.

5. Take all your medications as directed by your healthcare professional.
6. Call your healthcare professional right away if you have any signs or symptoms of an opioid-related side effect or any other unusual response..
7. Call 911 if you experience difficulty breathing.

Ask your healthcare professional about other modules in this series. For additional information about managing pain medication side effects, visit these resources:

Use these

- The American Society of Anesthesiologists
<http://www.asahq.org/patientEducation/managepain.htm>
- Familydoctor.org
<http://familydoctor.org/online/famdocen/home/common/pain/treatment/122.html>
- The National Cancer Institute
<http://www.cancer.gov/cancertopics/paincontrol>
- The National Library of Medicine/The National Institutes of Health
<http://www.nlm.nih.gov/medlineplus/painrelievers.html>

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[www.ncbi.nlm.nih.gov.library.ccf.org/books/bv.fcgi?rid=hstat6.chapter.18803](http://0-www.ncbi.nlm.nih.gov.library.ccf.org/books/bv.fcgi?rid=hstat6.chapter.18803).

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[http://familydoctor.org/online/famdocen/home/otc-center/otc-](http://familydoctor.org/online/famdocen/home/otc-center/otc-medicines/862.printerview.html)

[medicines/862.printerview.html](http://familydoctor.org/online/famdocen/home/otc-center/otc-medicines/862.printerview.html). Accessed July 30, 2007.

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What is COX-2 (COX2)? Available at: [http://www.glucosamine-](http://www.glucosamine-arthritis.org/arthritis/COX-2.html)

[arthritis.org/arthritis/COX-2.html](http://www.glucosamine-arthritis.org/arthritis/COX-2.html). Accessed September 11, 2007.

Managing Side EffectsAS 10/05/07
SL 10/5/07

Chronic pain can affect you in many ways, [Loeser/p1/¶1] making it difficult to enjoy life and do the things you need and love to do. Fortunately, today there are many different medications available that effectively treat pain.

[ACPA/p12/Table;p13/¶1+Bullets;p15/Table] Although it may not be possible to completely eliminate your pain, an individualized treatment plan created specifically for you by you and your healthcare professional may significantly reduce your pain and enable you to return, sometimes in a modified way, to many activities of daily living. [Marcus/p5/¶2] [ACPA/p32/#13]

Pain medications will likely be the centerpiece of the treatment plan, which may also include other methods for relieving pain, for example, exercise, massage, and acupuncture. [ACPA/p3/¶10;p4/¶5] [Marcus/p6/¶1] Medications can help relieve symptoms to make you more comfortable and improve your ability to function. [ACPA/p4/¶10+11] Being able to do things again, even in a limited fashion, will also help improve your physical, emotional, and psychological well being. [Marcus/p1/¶1-p2/¶1] Unfortunately, in addition to all the potential benefits pain medications have to offer, they also have the potential to cause side effects. [ACPA/p4/¶11]

The side effects that can be caused by pain medications may be mild and simply unpleasant, or they can be serious and potentially life-threatening.

[ACPA/p4/¶11] For this reason, you should tell your healthcare professional immediately if you are feeling or experiencing something unusual. The good

news is, that many potential side effects caused by pain medications are often avoidable, and can often be managed with help from your healthcare professional. [ACPA/p4/¶11]

Start by talking to your healthcare professional

The best way to avoid and/or manage medication side effects is to talk to your healthcare professional. To provide the best guidance, your healthcare professional needs to know about all the medications you are taking.

[ACPA/p5/¶2] This includes over-the-counter (OTC) and prescription pain medications, herbal remedies, nutritional supplements, and vitamins.

[ACPA/p5/¶1] You can start the conversation by putting all the medications you take—including the ones you may not think of as medications, like herbal remedies, nutritional supplements, and vitamins—in a bag and bring them with you to your next office visit. [ACPA/p5/¶3] This is very important because medications can interact with one another and cause side effects. [ACPA/p5/¶1]

Side effects with OTC pain medications

OTC pain medications, such as acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin and ibuprofen, rarely cause life-threatening side effects. [ACPA/p9/¶8] But serious side effects can occur.

Acetaminophen can cause liver and/or kidney damage, and this problem is more likely to occur if you drink a lot of alcohol or if you already have liver or kidney problems. [ACPA/p9/¶9]

NSAIDs such as aspirin and ibuprofen cause your stomach to produce more acid while also reducing the protective lining of your stomach. [ACPA/p10/¶1] People who take NSAIDs for long periods of time, or who take high doses of NSAIDs, are at increased risk for gastrointestinal problems including upset stomach, ulcers, and bleeding. [familydoctor/p2/¶7] Drinking alcohol can also increase this risk. [familydoctor/p2/¶7] NSAIDs can also cause kidney and liver damage, and other health conditions such as high blood pressure. [ACPA/p10/¶1] Taking NSAIDs if you are also taking a diuretic (also called a water pill) can also be dangerous. [ACPA/p10/¶1] All medications should be taken as prescribed or by following the recommended dosage on the product's label.

If you are taking an OTC medication for your pain, tell your healthcare professional right away. He or she will know whether it is safe for you, and if so, what dose is right for you and how long you should take it. To help protect your gastrointestinal tract from harm, your healthcare professional may suggest a protective medication such as a proton pump inhibitor (PPI), like Prilosec OTC[®], or an H₂-receptor antagonist, like Zantac[®], to help prevent certain NSAID-related gastrointestinal side effects. [ACPA/p11/¶5] These medications are available OTC, but consulting with a healthcare professional prior to their use, is strongly suggested.

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Side effects with prescription NSAIDs

Another type of NSAID, called a cyclooxygenase (COX)-2 inhibitor (Celebrex® for example), is a non-opioid analgesic that is available only by prescription.

[ACPA/p10/¶10] Serious stomach problems may occur with their use. The COX-2 inhibitors may also cause kidney and cardiovascular problems, especially if taken for long periods of time or in doses not prescribed or recommended.

[ACPA/p11/¶1] Together, you and your healthcare professional can decide whether a COX-2 inhibitor is right for your particular pain.

Side effects with opioid analgesics

Opioid analgesics are the most widely prescribed medications for people with moderate to severe pain. [AHCPR/p37/¶2] They are often effective, offer flexible dosing and varied types of administration, and provide excellent benefits compared to their risk for side effects (called the risk-to-benefit ratio). Many of the side effects caused by opioid analgesics are usually predictable.

[Swegle/p1347/c1/¶2+3] This means that your healthcare professional may be able to anticipate certain side effects that may be more likely to occur because of your age, gender, or race, and offer steps to help you avoid them.

For example, people over 70 years of age are more likely to get side effects from taking opioid analgesics. [Swegle/p1347/c1/¶3-c2/¶1] If you are over 70 years old and your healthcare professional prescribes an opioid for your pain, he or she may prescribe a lower dose or give you a longer break between doses. Men are more likely than women to become sick to their stomach from taking opioids, as are blacks more likely than whites. [Swegle/p1347/c1/¶3-c2/¶1]

The most common side effects of opioid analgesics, and how your healthcare professional may prevent and/or treat them, are:

- **Constipation**

Constipation is the most common side effect from long-term opioid use. [Swegle/p1349/c2/¶2] To help prevent or reduce constipation, your healthcare professional may recommend that you drink more water and increase the amount of fiber in your diet. [Swegle/p1350/c1/¶2] He or she may also recommend you get more physical activity and try to go to the bathroom regularly. Your healthcare professional may prescribe a stool softener or a laxative to treat your constipation. If constipation remains a problem for you, your healthcare professional may suggest a pain medication patch, which may cause less constipation than oral opioid analgesics. [Swegle/p1350/c1/¶3]

- **Nausea**

Many people who experience nausea (feeling sick to your stomach) from taking opioid analgesics find that this unpleasant feeling goes away in time. [Swegle/p1348/c1/¶3] If you become very sick to your stomach and begin vomiting, your healthcare professional may prescribe a medication to help calm your stomach. [Swegle/p1348/c1/¶4-c2/¶1] Medications that are used for treating nausea caused by opioid analgesics include antihistamines, antipsychotics, prokinetic agents, and serotonin antagonists. [Swegle/p1349/Table 1]

- **Sedation and decreased cognition**

Opioid analgesics relieve pain by affecting your central nervous system—particularly your brain. [ACPA/p14/¶4] As a result, they can cause some unwanted side effects in your brain including sedation (tiredness) and decreased cognition (difficulty thinking clearly). [Swegle/p1350/c2/¶2] These side effects tend to occur when you first start taking an opioid analgesic, and when your healthcare professional increases your opioid dose. [Swegle/p1350/c2/¶4] To help prevent or treat these side effects, your healthcare professional may consider stopping any other medications you may be taking that have the potential to cause the same problem, if they are not as necessary as your pain medication. [Swegle/p1350/c2/¶2] He or she may also decide to prescribe a stimulant medication or antipsychotic to treat the problem. [Swegle/p1350/c2/¶3+4] When you first start taking an opioid analgesic for pain, it may be a good idea to avoid driving, and to take extra care to avoid falling, until you get used to having the medication in your system. [ACPA/p16/¶1]

- **Rash**

You may think of a rash as an allergic reaction, but if you get a rash while taking opioid analgesics, it is probably an adverse reaction. [Swegle/p1352/c2/¶4] Rash occurs most often in people receiving opioid treatment via an injection. If an opioid-related rash occurs, your healthcare professional may treat it with an antihistamine. [Swegle/p1353/c1/¶1] If the problem persists, he or she may exchange the opioid you are taking for a

different one (called opioid rotation), reduce your opioid dose, or recommend the use of cold compresses or skin moisturizers.

[Swegle/p1347/c2/¶3;p1353/c1/¶1]

In rare cases, opioid analgesics can also cause more serious, life-threatening effects, such as difficulty breathing. [ACPA/p16/¶2] [AHCPR/p45/¶3] This usually occurs in people who have been taking an opioid for chronic pain for a long period of time and have developed a tolerance to it or it may occur in someone who has never taken an opioid before, in response to a first dose.

[AHCPR/p45/¶3] If you experience difficulty breathing while you are taking an opioid analgesic, call 911 immediately, and then call your healthcare professional.

Another side effect of opioid analgesics is called subacute overdose.

[AHCPR/p45/¶4] It is most likely to occur when your healthcare professional is increasing the dose of certain types of opioids such as methadone or levorphenol. Subacute overdose is like a small overdose. Signs include increasing tiredness, difficulty breathing (slow shallow breathing), fast or slow heartbeat, heart palpitations (irregular heartbeat), or feel extremely dizzy or confused. If your healthcare professional believes you may be experiencing a subacute overdose, he or she may withhold a dose or two to correct the problem, and then resume increasing your dose more gradually. If, at any time, you experience difficulty breathing or any other life-threatening event, call 911

immediately. It is important to have family members and friends be aware of these side-effects, and understand what to do if they occur.

Follow these helpful tips

Regardless of which types of pain medications you are taking, the following tips will help make your treatment as side effect-free as possible, so you can enjoy the benefits of pain reduction—a better quality of life.

1. Bring all the medications you are currently taking to your healthcare professional, so he or she can see exactly what you are taking, and know how they may be interacting with each other and with any new medications he or she may prescribe. (Remember, this includes all OTC and prescription medications, herbal remedies, nutritional supplements, and vitamins.)
2. Be honest and open with your healthcare professional about any illicit drugs you may be using, including marijuana, even if you only use them occasionally.
3. Tell your healthcare professional how many caffeinated and alcoholic beverages you drink each day.
4. Do not start taking any new medications, including OTC medications, herbal remedies, nutritional supplements, or vitamins, without first asking your healthcare professional whether it is safe.

5. Take all your medications as directed by your healthcare professional.
6. Call your healthcare professional right away if you have any signs or symptoms of an opioid-related side effect or any other unusual response..
7. Call 911 if you experience difficulty breathing.

Ask your healthcare professional about other modules in this series. For additional information about managing pain medication side effects, visit these resources:

- The American Society of Anesthesiologists
<http://www.asahq.org/patientEducation/managepain.htm>
- Familydoctor.org
<http://familydoctor.org/online/famdocen/home/common/pain/treatment/122.html>
- The National Cancer Institute
<http://www.cancer.gov/cancertopics/paincontrol>
- The National Library of Medicine/The National Institutes of Health
<http://www.nlm.nih.gov/medlineplus/painrelievers.html>

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Available at: <http://0-www.ncbi.nlm.nih.gov.library.ccf.org/books/bv.fcgi?rid=hstat6.chapter.18803>.
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<http://familydoctor.org/online/famdocen/home/otc-center/otc-medicines/862.printerview.html>. Accessed July 30, 2007.

link to family doctor.org ??

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What is COX-2 (COX2)? Available at: <http://www.glucosamine-arthritis.org/arthritis/COX-2.html>. Accessed September 11, 2007.

SUM
10/12/07

Video	Audio
<p><i>Medium shot of healthcare professional looking directly at the camera, centered in the screen.</i></p> <p>Logo: Emerging Solutions in Pain</p> <p><i>On-screen text:</i> Managing Side Effects with [Healthcare professional's name/credentials]</p>	<p>Hello. My name is [name]. Welcome to The Emerging Solutions in Pain Patient Education Video Series. If you are watching this video, it is because you or someone you love has seen a healthcare professional because of pain. Medications are a vital component of the treatment for chronic pain. They have the power to relieve pain and, as a result, the power to help improve the quality of your life. But pain medications can also cause unwanted side effects. This video will help you learn about managing side effects, to help you get the maximum benefit from your pain treatment.</p>
<p><i>Cut to close-up head shot of healthcare professional.</i></p>	<p>Chronic pain can affect you in many ways, [Loeser/p1/¶1] making it difficult to enjoy life and do the things you need and love to do. Fortunately, today there are many different medications available that effectively treat pain. [ACPA/p12/Table;p13/¶1+Bullets;p15/T able] Although it may not be possible to completely eliminate your pain, an individualized treatment plan created specifically for you by you and your healthcare professional may significantly reduce your pain and enable you to return, sometimes in a modified way, to many activities of daily living. [Marcus/p5/¶2] [ACPA/p32/#13]</p>
<p><i>Continue close-up head shot of healthcare professional.</i></p>	<p>Pain medications will likely be the centerpiece of this plan, which may also include other methods for relieving pain, such as exercise, massage, acupuncture. [ACPA/p3/¶10;p4/¶5] [Marcus/p6/¶1] Medications can help relieve symptoms to make you more comfortable and improve your ability to function. [ACPA/p4/¶10+11] Being able to do things again, even in a limited fashion, will also help improve your</p>

	physical, emotional, and psychological well being. [Marcus/p1/¶1-p2/¶1]
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text and image.</i></p> <p><i>On-Screen text:</i></p> <p>Pain medication side effects [GRAPHIC OF SCALE] <i>(text appears on left side of scale when mentioned)</i></p> <p>Mild and unpleasant <i>(text appears on right side of scale when mentioned)</i></p> <p>Serious and potentially life-threatening</p>	<p>Unfortunately, in addition to all the potential benefits pain medications have to offer, they also have the potential to cause side effects. [ACPA/p4/¶11] The side effects that can be caused by pain medications may be mild and simply unpleasant, or they can be serious and potentially life-threatening. [ACPA/p4/¶11] For this reason, you should tell your healthcare professional immediately if you are feeling or experiencing something unusual. The good news is, that many potential side effects caused by pain medications are often avoidable, and can often be managed with help from your healthcare professional. [ACPA/p4/¶11]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-Screen text:</i></p> <p>Tell your healthcare professional about: <i>(bullets and following text appear when mentioned)</i></p> <ul style="list-style-type: none"> • OTC medications • Prescription medications • Herbal remedies • Nutritional supplements • Vitamins <p>Bring them all with you to your next office visit!</p>	<p>The best way to avoid and/or manage medication side effects is to talk to your healthcare professional. To provide the best guidance, your healthcare professional needs to know about all the medications you are taking. [ACPA/p5/¶2] This includes over-the-counter (OTC) and prescription pain medications, herbal remedies, nutritional supplements, and vitamins. [ACPA/p5/¶1] You can start the conversation by putting all the medications you take—including the ones you may not think of as medications, like herbal remedies, nutritional supplements, and vitamins—in a bag and bring them with you to your next office visit. [ACPA/p5/¶3] This is very important because medications can interact with one another and cause side effects. [ACPA/p5/¶1]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to</i></p>	<p>OTC pain medications, such as acetaminophen and nonsteroidal anti-</p>

<p><i>permit on-screen text.</i> <i>On-screen text:</i> Side effects with OTC pain medications:</p> <ul style="list-style-type: none"> • Serious side effects are rare 	<p>inflammatory drugs (NSAIDs) such as aspirin and ibuprofen, rarely cause life threatening side effects. [ACPA/p9/¶8] But serious side effects can occur.</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Side effects with acetaminophen <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Liver damage • Increased risk if: <ul style="list-style-type: none"> ○ You drink a lot of alcohol ○ You already have liver damage 	<p>Acetaminophen can cause liver and/or kidney damage, and this problem is more likely to occur if you drink a lot of alcohol or if you already have liver or kidney problems. [ACPA/p9/¶9]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Side effects with some NSAIDs <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Gastrointestinal problems: <ul style="list-style-type: none"> ○ Upset stomach ○ Ulcers ○ Bleeding • Kidney damage • Liver damage • High blood pressure • Interact with diuretics 	<p>NSAIDs such as aspirin and ibuprofen cause your stomach to produce more acid while also reducing the protective lining of your stomach. [ACPA/p10/¶1] People who take NSAIDs for long periods of time, or those who take high doses of NSAIDs, are at increased risk for gastrointestinal problems including upset stomach, ulcers, and bleeding. [familydoctor/p2/¶7] Drinking alcohol can also increase this risk. [familydoctor/p2/¶7] NSAIDs can also cause kidney and liver damage, and other health conditions such as high blood pressure. [ACPA/p10/¶1] Taking NSAIDs if you are also taking a diuretic (also called a water pill) can also be dangerous. [ACPA/p10/¶1] All medications should be taken as prescribed or by following the recommended dosage on the product's label.</p>
<p><i>Cut to close-up of healthcare professional.</i></p>	<p>If you are taking an OTC medication for your pain, tell your healthcare professional right away. He or she will know whether it is safe for you, and if</p>

	so, what dose is right for you and how long you should take it.
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>To treat or prevent GI problems (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Proton pump inhibitor (PPI) • H₂-receptor antagonist 	<p>To help protect your gastrointestinal tract from harm, your healthcare professional may suggest a protective medication such as a proton pump inhibitor (PPI), like Prilosec OTC®* or an H₂-receptor antagonist, like Zantac®* to help prevent certain NSAID-related gastrointestinal side effects. [ACPA/p11/¶5] These medications are available OTC, but consulting with a healthcare professional prior to their use, is strongly suggested.</p> <p>** The brand names that appear in this series are listed for information only. No endorsement is implied.</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>Side effects with prescription NSAIDs:</p> <p>Cyclooxygenase (COX)-2 inhibitors (bullets appear when mentioned)</p>	<p>Another type of NSAID, called a cyclooxygenase (COX)-2 inhibitor (Celebrex®, for example), is a non-opioid analgesic that is available only by prescription. [ACPA/p10/¶10] [ACPA/p10/¶10] Serious stomach problems may still occur. The COX-2 inhibitors may also cause kidney and cardiovascular problems, especially</p>

<ul style="list-style-type: none"> • Fewer GI side effects than other NSAIDs • Serious stomach problems can still occur • Kidney problems • Cardiovascular problems 	<p>if taken for long periods of time or in doses not prescribed or recommended. [ACPA/p11/¶1] Together, you and your healthcare professional can decide whether a COX-2 inhibitor is right for your particular pain.</p>
<p><i>Cut to close-up shot of healthcare professional.</i></p>	<p>Opioid analgesics are the most widely prescribed medications for people with moderate to severe pain. [AHCPR/p37/¶2] They are often effective, offer flexible dosing and varied types of administration, and provide excellent benefits (pluses) compared to their risks (minuses) for side effects (called the risk-to-benefit ratio).</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Side effects with opioid analgesics <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Predictable • Vary depending on: <ul style="list-style-type: none"> ○ Age ○ Gender ○ Race 	<p>Many of the side effects caused by opioid analgesics are usually predictable. [Swegle/p1347/c1/¶2+3] This means that your healthcare professional may be able to anticipate certain side effects that may be more likely to occur because of your age, gender, or race, and offer steps to help you avoid them.</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen images.</i> <i>On-screen text:</i> Side effects with opioid analgesics <i>(build montage of images as mentioned)</i> [70 YEAR OLD MAN IN PARK] [40 YEAR OLD MAN AT WORK] [50 YEAR OLD BLACK WOMAN WITH FRIENDS]</p>	<p>For example, people over 70 years of age are more likely to get side effects from taking opioid analgesics. [Swegle/p1347/c1/¶3-c2/¶1] If you are over 70 years old and your healthcare professional prescribes an opioid for your pain, he or she may prescribe a lower dose or give you a longer break between doses. Men are more likely than women to become sick to their stomach from taking opioids, as are blacks more likely than whites. [Swegle/p1347/c1/¶3-c2/¶1]</p>
<p><i>Cut to close-up shot of healthcare professional.</i></p>	<p>Usually, the most common side effects of opioid analgesics include</p>

decreased cognition 6

	<p>constipation, nausea, tiredness, <u>confusion</u> and rash. We'll discuss each of these individually, and explain the steps your healthcare professional may take to prevent and/or treat them.</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text appears when mentioned:</i> To prevent or reduce constipation, your healthcare professional may recommend: <i>(bullets appear as mentioned)</i></p> <ul style="list-style-type: none"> • Drink more water • Increase fiber intake • Increase physical activity • Set a regular toilet schedule • Use a stool softener or laxative 	<p>Constipation is the most common side effect from long-term opioid use. [Swegle/p1349/c2/¶2] To help prevent or reduce constipation, your healthcare professional may recommend that you drink more water and increase the amount of fiber in your diet. [Swegle/p1350/c1/¶2] He or she may also recommend you get more physical activity and try to go to the bathroom regularly. Your healthcare professional may prescribe a stool softener or a laxative to treat your constipation. If constipation remains a problem for you, your healthcare professional may suggest a pain medication patch, which may cause less constipation than oral opioid analgesics. [Swegle/p1350/c1/¶3]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text appears when mentioned:</i> To treat opioid-induced nausea and vomiting, your healthcare professional may: <i>(bullets appear as mentioned)</i></p> <ul style="list-style-type: none"> • Antihistamines • Antipsychotics • Prokinetic agents • Serotonin antagonists 	<p>Many people who experience nausea (feeling sick to your stomach) from taking opioid analgesics find that this unpleasant feeling goes away in time. [Swegle/p1348/c1/¶3] If you become very sick to your stomach and begin vomiting, your healthcare professional may prescribe a medication to help calm your stomach. [Swegle/p1348/c1/¶4-c2/¶1] Medications that are used for treating nausea caused by opioid analgesics include antihistamines, antipsychotics, prokinetic agents, and serotonin antagonists. [Swegle/p1349/Table 1] These medications must be taken as prescribed.</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p>	<p>Opioid analgesics relieve pain by affecting your central nervous system or CNS—particularly your brain.</p>

<p><i>On-screen text appears when mentioned:</i></p> <p>To prevent or treat CNS side effects, your healthcare professional may: (bullets appear as mentioned)</p> <ul style="list-style-type: none"> • Consider stopping other medications that may cause the same problem • Prescribe a stimulant medication or antipsychotic 	<p>[ACPA/p14/¶4] As a result, they can cause some unwanted side effects in your brain including sedation (tiredness) and decreased cognition (difficulty thinking clearly). [Swegle/p1350/c2/¶2] These side effects tend to occur when you first start taking an opioid analgesic, and when your healthcare professional increases your opioid dose. [Swegle/p1350/c2/¶4] To help prevent or treat these side effects, your healthcare professional may consider stopping any other medications you may be taking that have the potential to cause the same problem, if they are not as necessary as your pain medication. [Swegle/p1350/c2/¶2] He or she may also decide to prescribe a stimulant medication or antipsychotic to treat the problem. [Swegle/p1350/c2/¶3+4] When you first start taking an opioid analgesic for pain, it may be a good idea to avoid driving, and to take extra care to avoid falling, until you get used to having the medication in your system. [ACPA/p16/¶1]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>To treat opioid-induced rash, your healthcare professional may: (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Prescribe an antihistamine • Consider switching your opioid analgesic • Reduce your current opioid dose • Recommend cold compresses or skin moisturizers 	<p>You may think of a rash as an allergic reaction, but if you get a rash while taking opioid analgesics, it is probably an an adverse reaction. [Swegle/p1352/c2/¶4] Rash occurs most often in people receiving opioid treatment via an injection. If an opioid-related rash occurs, your healthcare professional may treat it with an antihistamine. [Swegle/p1353/c1/¶1] If the problem persists, he or she may exchange the opioid you are taking for a different one (called opioid rotation), reduce your opioid dose, or recommend the use of cold compresses or skin moisturizers. [Swegle/p1347/c2/¶3;p1353/c1/¶1]</p>
<p><i>Cut to close-up of healthcare</i></p>	<p>In rare cases, opioid analgesics can</p>

<p><i>professional.</i></p>	<p>also cause more serious life-threatening effects, such as difficulty breathing. [ACPA/p16/¶2] [AHCPR/p45/¶3] This usually occurs in people who have been taking an opioid for chronic pain for a long period of time and have developed a tolerance to it or it may occur in someone who has never taken an opioid before, in response to a first dose. [AHCPR/p45/¶3] If you experience difficulty breathing while you are taking an opioid analgesic, call 911 immediately, and then call your healthcare professional.</p> <p>Another side effect of opioid analgesics is called subacute overdose. [AHCPR/p45/¶4] It is most likely to occur when your healthcare professional is increasing the dose of certain types of opioids such as methadone or levorphenol. Subacute overdose is like a small overdose. Signs include increasing tiredness, difficulty breathing (slow shallow breathing), fast or slow heartbeat, heart palpitations (irregular heartbeat), or feel extremely dizzy or confused. If your healthcare professional believes you may be experiencing a subacute overdose, he or she may withhold a dose or two to correct the problem, and then resume increasing your dose more gradually. If, at any time, you experience difficulty breathing or any other life-threatening event, call 911 immediately. It is important to have family members and friends be aware of these side-effects, and understand what to do if they occur.</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text and image.</i></p> <p><i>On-screen text:</i></p> <p>Tips for managing pain medication</p>	<p>Regardless of which types of pain medications you are taking, the following tips will help make your treatment as side effect-free as possible:</p>

<p>side effects (bullets appear when mentioned)</p> <ol style="list-style-type: none"> 1. Bring all your medications to your healthcare professional 2. Tell your healthcare professional about illicit drug use 3. Tell your healthcare professional about caffeine and alcohol use 4. Talk to your healthcare professional before starting any new medications 5. Take all your medications as directed by your healthcare professional. 6. Call your healthcare professional immediately if you think you are having a side effect 	<ol style="list-style-type: none"> 1. Bring all the medications you are currently taking to your healthcare professional, so he or she can see exactly what you are taking, and know how they may be interacting with each other and with any new medications he or she may prescribe. (Remember, this includes all OTC and prescription medications, herbal remedies, nutritional supplements, and vitamins.) 2. Be honest and open with your healthcare professional about any illicit drugs you may be using, including marijuana, even if you only use them occasionally. 3. Tell your healthcare professional how many caffeinated and alcoholic beverages you drink each day. 4. Do not start taking any new medications, including OTC medications, herbal remedies, nutritional supplements, or vitamins, without first asking your healthcare professional whether it is safe. 5. Take all your medications as directed by your healthcare professional. 6. Call your healthcare professional right away if you have any signs or symptoms of an opioid-related side effect or any other unusual response. 7. Call 911 if you experience difficulty breathing.
<p><i>Cut to close-up shot of healthcare professional.</i></p>	<p>By following these tips and your healthcare professional's recommendations, you will give your</p>

	<p>pain medications the best chance to work so you can enjoy the benefits of pain reduction—a better quality of life. Thank you for your time, and good luck.</p>
<p><i>Camera slowly pulls back to wide shot of healthcare professional behind desk.</i> <i>Logo:</i> Emerging Solutions in Pain <i>On-screen text:</i> Ask your healthcare professional about other modules in this series. For additional information about managing side effects, visit these resources:</p> <ul style="list-style-type: none"> • The American Society of Anesthesiologists http://www.asahq.org/patientEducation/managepain.htm • Familydoctor.org http://familydoctor.org/online/famdocen/home/common/pain/treatment/122.html • The National Cancer Institute http://www.cancer.gov/cancer_topics/paincontrol • The National Library of Medicine/The National Institutes of Health http://www.nlm.nih.gov/medlineplus/painrelievers.html 	

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As 10/05/07

SL 10/5/07

Video	Audio
<p><i>Medium shot of healthcare professional looking directly at the camera, centered in the screen.</i></p> <p>Logo: Emerging Solutions in Pain</p> <p>On-screen text: Managing Side Effects with [Healthcare professional's name/credentials]</p>	<p>Hello. My name is [name]. Welcome to The Emerging Solutions in Pain Patient Education Video Series. If you are watching this video, it is because you or someone you love has seen a healthcare professional because of pain. Medications are a vital component of the treatment for chronic pain. They have the power to relieve pain and, as a result, the power to help improve the quality of your life. But pain medications can also cause unwanted side effects. This video will help you learn about managing side effects, to help you get the maximum benefit from your pain treatment.</p>
<p><i>Cut to close-up head shot of healthcare professional.</i></p>	<p>Chronic pain can affect you in many ways, [Loeser/p1/¶1] making it difficult to enjoy life and do the things you need and love to do. Fortunately, today there are many different medications available that effectively treat pain. [ACPA/p12/Table;p13/¶1+Bullets;p15/T able] Although it may not be possible to completely eliminate your pain, an individualized treatment plan created specifically for you by you and your healthcare professional may significantly reduce your pain and enable you to return, sometimes in a modified way, to many activities of daily living. [Marcus/p5/¶2] [ACPA/p32/#13]</p>
<p><i>Continue close-up head shot of healthcare professional.</i></p>	<p>Pain medications will likely be the centerpiece of this plan, which may also include other methods for relieving pain, such as exercise, massage, acupuncture. [ACPA/p3/¶10;p4/¶5] [Marcus/p6/¶1] Medications can help relieve symptoms to make you more comfortable and improve your ability to function. [ACPA/p4/¶10+11] Being able to do things again, even in a limited fashion, will also help improve your</p>

	physical, emotional, and psychological well being. [Marcus/p1/¶1-p2/¶1]
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text and image.</i></p> <p><i>On-Screen text:</i></p> <p>Pain medication side effects [GRAPHIC OF SCALE] <i>(text appears on left side of scale when mentioned)</i></p> <p>Mild and unpleasant <i>(text appears on right side of scale when mentioned)</i></p> <p>Serious and potentially life-threatening</p>	<p>Unfortunately, in addition to all the potential benefits pain medications have to offer, they also have the potential to cause side effects. [ACPA/p4/¶11] The side effects that can be caused by pain medications may be mild and simply unpleasant, or they can be serious and potentially life-threatening. [ACPA/p4/¶11] For this reason, you should tell your healthcare professional immediately if you are feeling or experiencing something unusual. The good news is, that many potential side effects caused by pain medications are often avoidable, and can often be managed with help from your healthcare professional. [ACPA/p4/¶11]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-Screen text:</i></p> <p>Tell your healthcare professional about: <i>(bullets and following text appear when mentioned)</i></p> <ul style="list-style-type: none"> • OTC medications • Prescription medications • Herbal remedies • Nutritional supplements • Vitamins <p>Bring them all with you to your next office visit!</p>	<p>The best way to avoid and/or manage medication side effects is to talk to your healthcare professional. To provide the best guidance, your healthcare professional needs to know about all the medications you are taking. [ACPA/p5/¶2] This includes over-the-counter (OTC) and prescription pain medications, herbal remedies, nutritional supplements, and vitamins. [ACPA/p5/¶1] You can start the conversation by putting all the medications you take—including the ones you may not think of as medications, like herbal remedies, nutritional supplements, and vitamins—in a bag and bring them with you to your next office visit. [ACPA/p5/¶3] This is very important because medications can interact with one another and cause side effects. [ACPA/p5/¶1]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to</i></p>	<p>OTC pain medications, such as acetaminophen and nonsteroidal anti-</p>

<p><i>permit on-screen text.</i> <i>On-screen text:</i> Side effects with OTC pain medications:</p> <ul style="list-style-type: none"> • Serious side effects are rare 	<p>inflammatory drugs (NSAIDs) such as aspirin and ibuprofen, rarely cause life threatening side effects. [ACPA/p9/¶8] But serious side effects can occur.</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Side effects with acetaminophen <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Liver damage • Increased risk if: <ul style="list-style-type: none"> ○ You drink a lot of alcohol ○ You already have liver damage 	<p>Acetaminophen can cause liver and/or kidney damage, and this problem is more likely to occur if you drink a lot of alcohol or if you already have liver or kidney problems. [ACPA/p9/¶9]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Side effects with some NSAIDs <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Gastrointestinal problems: <ul style="list-style-type: none"> ○ Upset stomach ○ Ulcers ○ Bleeding • Kidney damage • Liver damage • High blood pressure • Interact with diuretics 	<p>NSAIDs such as aspirin and ibuprofen cause your stomach to produce more acid while also reducing the protective lining of your stomach. [ACPA/p10/¶1] People who take NSAIDs for long periods of time, or those who take high doses of NSAIDs, are at increased risk for gastrointestinal problems including upset stomach, ulcers, and bleeding. [familydoctor/p2/¶7] Drinking alcohol can also increase this risk. [familydoctor/p2/¶7] NSAIDs can also cause kidney and liver damage, and other health conditions such as high blood pressure. [ACPA/p10/¶1] Taking NSAIDs if you are also taking a diuretic (also called a water pill) can also be dangerous. [ACPA/p10/¶1] All medications should be taken as prescribed or by following the recommended dosage on the product's label.</p>
<p><i>Cut to close-up of healthcare professional.</i></p>	<p>If you are taking an OTC medication for your pain, tell your healthcare professional right away. He or she will know whether it is safe for you, and if</p>

<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> To treat or prevent GI problems <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Proton pump inhibitor (PPI) • H₂-receptor antagonist 	<p>so, what dose is right for you and how long you should take it.</p> <p>To help protect your gastrointestinal tract from harm, your healthcare professional may suggest a protective medication such as a proton pump inhibitor (PPI), like Prilosec OTC® or an H₂-receptor antagonist, like Zantac® to help prevent certain NSAID-related gastrointestinal side effects. [ACPA/p11/¶5] These medications are available OTC, but consulting with a healthcare professional prior to their use, is strongly suggested.</p> <p>** The brand names that appear in this series are listed for information only. No endorsement is implied.</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-screen text:</i> Side effects with prescription NSAIDs: Cyclooxygenase (COX)-2 inhibitors <i>(bullets appear when mentioned)</i></p>	<p>Another type of NSAID, called a cyclooxygenase (COX)-2 inhibitor (Celebrex®, for example), is a non-opioid analgesic that is available only by prescription. [ACPA/p10/¶10] [ACPA/p10/¶10] Serious stomach problems may still occur. The COX-2 inhibitors may also cause kidney and cardiovascular problems, especially</p>

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<ul style="list-style-type: none"> • Fewer GI side effects than other NSAIDs • Serious stomach problems can still occur • Kidney problems • Cardiovascular problems 	<p>if taken for long periods of time or in doses not prescribed or recommended. [ACPA/p11/¶1] Together, you and your healthcare professional can decide whether a COX-2 inhibitor is right for your particular pain.</p>
<p><i>Cut to close-up shot of healthcare professional.</i></p>	<p>Opioid analgesics are the most widely prescribed medications for people with moderate to severe pain. [AHCPR/p37/¶2] They are often effective, offer flexible dosing and varied types of administration, and provide excellent benefits (pluses) compared to their risks (minuses) for side effects (called the risk-to-benefit ratio).</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> On-screen text: Side effects with opioid analgesics <i>(bullets appear when mentioned)</i></p> <ul style="list-style-type: none"> • Predictable • Vary depending on: <ul style="list-style-type: none"> ○ Age ○ Gender ○ Race 	<p>Many of the side effects caused by opioid analgesics are usually predictable. [Swegle/p1347/c1/¶2+3] This means that your healthcare professional may be able to anticipate certain side effects that may be more likely to occur because of your age, gender, or race, and offer steps to help you avoid them.</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen images.</i> On-screen text: Side effects with opioid analgesics <i>(build montage of images as mentioned)</i> [70 YEAR OLD MAN IN PARK] [40 YEAR OLD MAN AT WORK] [50 YEAR OLD BLACK WOMAN WITH FRIENDS]</p>	<p>For example, people over 70 years of age are more likely to get side effects from taking opioid analgesics. [Swegle/p1347/c1/¶3-c2/¶1] If you are over 70 years old and your healthcare professional prescribes an opioid for your pain, he or she may prescribe a lower dose or give you a longer break between doses. Men are more likely than women to become sick to their stomach from taking opioids, as are blacks more likely than whites. [Swegle/p1347/c1/¶3-c2/¶1]</p>
<p><i>Cut to close-up shot of healthcare professional.</i></p>	<p>Usually, the most common side effects of opioid analgesics include</p>

	constipation, nausea, tiredness, confusion, and rash. We'll discuss each of these individually, and explain the steps your healthcare professional may take to prevent and/or treat them.
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text appears when mentioned:</i></p> <p>To prevent or reduce constipation, your healthcare professional may recommend:</p> <p><i>(bullets appear as mentioned)</i></p> <ul style="list-style-type: none"> • Drink more water • Increase fiber intake • Increase physical activity • Set a regular toilet schedule • Use a stool softener or laxative 	<p>Constipation is the most common side effect from long-term opioid use. [Swegle/p1349/c2/¶2] To help prevent or reduce constipation, your healthcare professional may recommend that you drink more water and increase the amount of fiber in your diet. [Swegle/p1350/c1/¶2] He or she may also recommend you get more physical activity and try to go to the bathroom regularly. Your healthcare professional may prescribe a stool softener or a laxative to treat your constipation. If constipation remains a problem for you, your healthcare professional may suggest a pain medication patch, which may cause less constipation than oral opioid analgesics. [Swegle/p1350/c1/¶3]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text appears when mentioned:</i></p> <p>To treat opioid-induced nausea and vomiting, your healthcare professional may:</p> <p><i>(bullets appear as mentioned)</i></p> <ul style="list-style-type: none"> • Antihistamines • Antipsychotics • Prokinetic agents • Serotonin antagonists 	<p>Many people who experience nausea (feeling sick to your stomach) from taking opioid analgesics find that this unpleasant feeling goes away in time. [Swegle/p1348/c1/¶3] If you become very sick to your stomach and begin vomiting, your healthcare professional may prescribe a medication to help calm your stomach. [Swegle/p1348/c1/¶4-c2/¶1]</p> <p>Medications that are used for treating nausea caused by opioid analgesics include antihistamines, antipsychotics, prokinetic agents, and serotonin antagonists. [Swegle/p1349/Table 1]</p> <p>These medications must be taken as prescribed.</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p>	<p>Opioid analgesics relieve pain by affecting your central nervous system or CNS—particularly your brain.</p>

<p><i>On-screen text appears when mentioned:</i></p> <p>To prevent or treat CNS side effects, your healthcare professional may: (bullets appear as mentioned)</p> <ul style="list-style-type: none"> • Consider stopping other medications that may cause the same problem • Prescribe a stimulant medication or antipsychotic 	<p>[ACPA/p14/¶4] As a result, they can cause some unwanted side effects in your brain including sedation (tiredness) and decreased cognition (difficulty thinking clearly). [Swegle/p1350/c2/¶2] These side effects tend to occur when you first start taking an opioid analgesic, and when your healthcare professional increases your opioid dose. [Swegle/p1350/c2/¶4] To help prevent or treat these side effects, your healthcare professional may consider stopping any other medications you may be taking that have the potential to cause the same problem, if they are not as necessary as your pain medication. [Swegle/p1350/c2/¶2] He or she may also decide to prescribe a stimulant medication or antipsychotic to treat the problem. [Swegle/p1350/c2/¶3+4] When you first start taking an opioid analgesic for pain, it may be a good idea to avoid driving, and to take extra care to avoid falling, until you get used to having the medication in your system. [ACPA/p16/¶1]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-screen text:</i></p> <p>To treat opioid-induced rash, your healthcare professional may: (bullets appear when mentioned)</p> <ul style="list-style-type: none"> • Prescribe an antihistamine • Consider switching your opioid analgesic • Reduce your current opioid dose • Recommend cold compresses or skin moisturizers 	<p>You may think of a rash as an allergic reaction, but if you get a rash while taking opioid analgesics, it is probably an an adverse reaction. [Swegle/p1352/c2/¶4] Rash occurs most often in people receiving opioid treatment via an injection. If an opioid-related rash occurs, your healthcare professional may treat it with an antihistamine. [Swegle/p1353/c1/¶1] If the problem persists, he or she may exchange the opioid you are taking for a different one (called opioid rotation), reduce your opioid dose, or recommend the use of cold compresses or skin moisturizers. [Swegle/p1347/c2/¶3;p1353/c1/¶1]</p>
<p><i>Cut to close-up of healthcare</i></p>	<p>In rare cases, opioid analgesics can</p>

<p><i>professional.</i></p>	<p>also cause more serious life-threatening effects, such as difficulty breathing. [ACPA/p16/¶2] [AHCPR/p45/¶3] This usually occurs in people who have been taking an opioid for chronic pain for a long period of time and have developed a tolerance to it or it may occur in someone who has never taken an opioid before, in response to a first dose. [AHCPR/p45/¶3] If you experience difficulty breathing while you are taking an opioid analgesic, call 911 immediately, and then call your healthcare professional.</p> <p>Another side effect of opioid analgesics is called subacute overdose. [AHCPR/p45/¶4] It is most likely to occur when your healthcare professional is increasing the dose of certain types of opioids such as methadone or levorphenol. Subacute overdose is like a small overdose. Signs include increasing tiredness, difficulty breathing (slow shallow breathing), fast or slow heartbeat, heart palpitations (irregular heartbeat), or feel extremely dizzy or confused. If your healthcare professional believes you may be experiencing a subacute overdose, he or she may withhold a dose or two to correct the problem, and then resume increasing your dose more gradually. If, at any time, you experience difficulty breathing or any other life-threatening event, call 911 immediately. It is important to have family members and friends be aware of these side-effects, and understand what to do if they occur.</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text and image.</i></p> <p><i>On-screen text:</i></p> <p>Tips for managing pain medication</p>	<p>Regardless of which types of pain medications you are taking, the following tips will help make your treatment as side effect-free as possible:</p>

<p>side effects (bullets appear when mentioned)</p> <ol style="list-style-type: none"> 1. Bring all your medications to your healthcare professional 2. Tell your healthcare professional about illicit drug use 3. Tell your healthcare professional about caffeine and alcohol use 4. Talk to your healthcare professional before starting any new medications 5. Take all your medications as directed by your healthcare professional. 6. Call your healthcare professional immediately if you think you are having a side effect 	<ol style="list-style-type: none"> 1. Bring all the medications you are currently taking to your healthcare professional, so he or she can see exactly what you are taking, and know how they may be interacting with each other and with any new medications he or she may prescribe. (Remember, this includes all OTC and prescription medications, herbal remedies, nutritional supplements, and vitamins.) 2. Be honest and open with your healthcare professional about any illicit drugs you may be using, including marijuana, even if you only use them occasionally. 3. Tell your healthcare professional how many caffeinated and alcoholic beverages you drink each day. 4. Do not start taking any new medications, including OTC medications, herbal remedies, nutritional supplements, or vitamins, without first asking your healthcare professional whether it is safe. 5. Take all your medications as directed by your healthcare professional. 6. Call your healthcare professional right away if you have any signs or symptoms of an opioid-related side effect or any other unusual response. 7. Call 911 if you experience difficulty breathing.
<p><i>Cut to close-up shot of healthcare professional.</i></p>	<p>By following these tips and your healthcare professional's recommendations, you will give your</p>

	<p>pain medications the best chance to work so you can enjoy the benefits of pain reduction—a better quality of life. Thank you for your time, and good luck.</p>
<p><i>Camera slowly pulls back to wide shot of healthcare professional behind desk.</i> <i>Logo:</i> Emerging Solutions in Pain <i>On-screen text:</i> Ask your healthcare professional about other modules in this series. For additional information about managing side effects, visit these resources:</p> <ul style="list-style-type: none"> • The American Society of Anesthesiologists http://www.asahq.org/patientEducation/managepain.htm • Familydoctor.org http://familydoctor.org/online/famdocen/home/common/pain/treatment/122.html • The National Cancer Institute http://www.cancer.gov/cancer_topics/paincontrol • The National Library of Medicine/The National Institutes of Health http://www.nlm.nih.gov/medlineplus/painrelievers.html 	

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SUM
10/17/07

Informed Consent

Opioid analgesics are the most widely prescribed treatments for many people with moderate to severe chronic pain. [AHCP/37/2] For many people, opioid medications are effective (they work) in relieving pain so that you can have better functioning and a better quality of life. Flexible dosing options help opioids analgesics fit into your schedule to maximize compliance, which means that when you take the drug exactly as prescribed to you by your health care professional, you will be more likely to experience pain relief. [AHCP/37/2] As with all medications, there are pluses (benefits) and minuses (risks) associated with opioid analgesics, and it is important for you to understand these before beginning treatment. This is known as informed consent.

effective (they work)

Not depend on other modules

compliance

Adherence

more positive and empowering word

Side effects (risks or minuses) of opioid analgesics typically include those that may be unpleasant and bothersome, such as constipation, nausea (sick stomach), tiredness, ~~confusion~~ and difficulty thinking clearly, and rash.

[Swegle/p1348/c1/3-p1352/c2/4] Some of these side effects may go away over time, some can be prevented, and most can be managed by your healthcare professional if they occur. Other side effects of opioid analgesics, such as difficulty breathing, occur rarely but can be serious and even life-threatening.

Refer to Module 3.

[ACPA/p16/2] [AHCP/45/3] If you experience any of these potentially serious side effects, call 911 immediately and follow up with your healthcare professional.

You have a right to effective pain relief

The goal or benefits (pluses) of your treatment is to reduce, and if possible, eliminate the chronic pain you are feeling, so you can recover or return to some or all activities of daily living and have a better quality of life. [Marcus/p5/¶2-p6/¶1] Everyone has a right to be treated appropriately for their pain, [APF/p1/c1/¶1+Bullets 1+2] and your healthcare professional is committed to doing everything he or she can to help. [FSMB/p2/¶7]

Overcome
per
module 1

Informed consent: information you need before treatment

If you and your healthcare professional believe that treatment with opioid analgesics is right for you, one of the first things he or she will do is discuss all of the pluses and minuses of the treatment with you. [FSMB/p4/¶2] By providing this information and education to you, you will be better able to understand how the proposed treatment will work for you and make an ***informed*** decision. If you agree with the treatment your healthcare professional has recommended, you can then ***consent*** (agree to have) that care. That is what informed consent is all about—being provided with all of the information (pluses and minuses) *before* you are treated for your pain.

Ask questions for clarity

While you and your healthcare professional are discussing the pluses and minuses of opioid treatment, do not be afraid to ask him or her to repeat something that has been said. It is also okay to ask for something to be repeated using different words, so you can better understand what you are being told about your treatment. It may help to bring a friend or family member to just listen

and take notes, or to ask for a piece of paper yourself so you can take notes. Anytime you think of a question you may have for your healthcare provider, jot the question down. Bring the questions with you to your next scheduled appointment.

Teamwork is the key

The more you know about the treatment your healthcare professional is recommending and how it will affect you, the easier it will be for you to play an active role in your care. This teamwork between you and your healthcare professional will help ensure that your pain is appropriately treated. It is like an open line of communication. It works both ways—when you talk to your healthcare professional, and when he or she talks to you.

Open and honest conversation and mutual respect will help you and your healthcare professional avoid misunderstanding. [AHCPR/p38/¶1] This is especially important when you are being treated with opioid analgesics because they are controlled substances. [FSMB/p3/¶2] This means that they are regulated by legal authorities, whose job it is to make sure opioid analgesics are not used for people or purposes for which they are not intended. [USDEA/p8/¶6]

To make sure that everyone—both you and your healthcare professional—are in complete understanding about the responsibilities and expectations of your treatment with opioid analgesics, you will both likely sign a special document called an opioid treatment agreement. [AAPM/p1/¶1-3] This agreement spells out all of the details of your care, so your healthcare professional can be confident

Include a copy of the opioid treatment agreement

about providing the care you need, and you can be confident about getting the care you deserve.

Use these questions to get started

Below are some questions you can ask your healthcare professional to make sure you get the information you need to make an informed consent about your treatment with opioid analgesics:

- What are the potential benefits or pluses I may get from opioid therapy?
- What side effects or minuses might I experience with opioid therapy?
- Will opioid therapy interact (not mix well) with other medications I am taking? (Be sure to tell your healthcare professional about all over-the-counter and prescription medications, herbal remedies, nutritional supplements, and vitamins that you are currently taking, even if you do not think of them as “medicines.”)
- Are there any non-opioid medications or other treatments to relieve my pain that may be a better choice?
- What else should I know about taking opioid analgesics?

The more you know, the better prepared you will be to make medication choices that will be right for you. The best medication choices are the ones you make as a team with your healthcare professional, based on clear information and full knowledge of the risks (minuses) and benefits (pluses). These are the choices

that will help you reduce or eliminate your pain and help get you back to doing things that makes your life fulfilling.

Ask your healthcare professional about other modules in this series. For additional information about informed consent, visit this resource:

- The American Pain Foundation

<http://www.painfoundation.org/Publications/BORenglish.pdf>

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AS 10/05/07
SL 10/5/07

Informed Consent

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Ask questions for clarity

While you and your healthcare professional are discussing the pluses and minuses of opioid treatment, do not be afraid to ask him or her to repeat something that has been said. It is also okay to ask for something to be repeated using different words, so you can better understand what you are being told about your treatment. It may help to bring a friend or family member to just listen

and take notes, or to ask for a piece of paper yourself so you can take notes.

Anytime you think of a question you may have for your healthcare provider, jot the question down. Bring the questions with you to your next scheduled appointment.

Teamwork is the key

The more you know about the treatment your healthcare professional is recommending and how it will affect you, the easier it will be for you to play an active role in your care. This teamwork between you and your healthcare professional will help ensure that your pain is appropriately treated. It is like an open line of communication. It works both ways—when you talk to your healthcare professional, and when he or she talks to you.

Open and honest conversation and mutual respect will help you and your healthcare professional avoid misunderstanding. [AHCPR/p38/¶1] This is especially important when you are being treated with opioid analgesics because they are controlled substances. [FSMB/p3/¶2] This means that they are regulated by legal authorities, whose job it is to make sure opioid analgesics are not used for people or purposes for which they are not intended. [USDEA/p8/¶6]

To make sure that everyone—both you and your healthcare professional—are in complete understanding about the responsibilities and expectations of your treatment with opioid analgesics, you will both likely sign a special document called an opioid treatment agreement. [AAPM/p1/¶1-3] This agreement spells out all of the details of your care, so your healthcare professional can be confident

about providing the care you need, and you can be confident about getting the care you deserve.

Use these questions to get started

Below are some questions you can ask your healthcare professional to make sure you get the information you need to make an informed consent about your treatment with opioid analgesics:

- What are the potential benefits or pluses I may get from opioid therapy?
- What side effects or minuses might I experience with opioid therapy?
- Will opioid therapy interact (not mix well) with other medications I am taking? (Be sure to tell your healthcare professional about all over-the-counter and prescription medications, herbal remedies, nutritional supplements, and vitamins that you are currently taking, even if you do not think of them as “medicines.”)
- Are there any non-opioid medications or other treatments to relieve my pain that may be a better choice?
- What else should I know about taking opioid analgesics?

The more you know, the better prepared you will be to make medication choices that will be right for you. The best medication choices are the ones you make as a team with your healthcare professional, based on clear information and full knowledge of the risks (minuses) and benefits (pluses). These are the choices

that will help you reduce or eliminate your pain and help get you back to doing things that makes your life fulfilling.

Ask your healthcare professional about other modules in this series. For additional information about informed consent, visit this resource:

- The American Pain Foundation
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Video	Audio
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<p><i>Graphic of a feeler-taster?</i></p>	<p>be more likely to experience pain relief.</p> <p>As with all medications, there are pluses (benefits) and minuses (risks) associated with opioid analgesics, and it is important for you to understand these before beginning treatment. This is known as informed consent.</p> <p>The side effects (risks /minuses) of opioid analgesics include side effects that may be unpleasant and bothersome, such as constipation, nausea (sick stomach), tiredness and difficulty thinking clearly, and rash.</p> <p>[Swegle/p1348/c1/¶3-p1352/c2/¶4] If they occur, some of these side effects may go away over time, some can be prevented, and most can be managed by your healthcare professional.</p> <p>[ACPA/p16/¶1] Other side effects of opioid analgesics, such as difficulty breathing, occur rarely but can be serious and even life-threatening.</p>
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<p><i>Camera slowly pulls back to wide shot of healthcare professional behind desk.</i></p> <p><i>Logo:</i></p> <p>Emerging Solutions in Pain</p> <p><i>On-screen text:</i></p> <p>Ask your healthcare professional about other modules in this series.</p> <p>For additional information about informed consent, visit this resource:</p> <ul style="list-style-type: none"> • The American Pain Foundation http://www.painfoundation.org/Publications/BORenglish.pdf 	

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 SL 10/8/07

Video	Audio
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Setting Goals

Pain management is different for every person. [ACPA/p4/¶7] When planning how your chronic pain will be managed, you and your healthcare professional have a lot of things to consider. Your treatment plan will be tailored specifically for you, based on such things as how your pain began, whether your pain is being caused by an underlying disease, and the combination of treatments including non-drug therapies and pain medications that may be right for you. [ACPA/p3/¶10;p4/¶8]

One important consideration is the level of function you had before your pain began, and the level of function you hope to regain as a result of your pain treatment. Just as every person has a unique pain management program, every person has their own goals of what they expect from their treatment. Setting well-defined goals that are realistic, challenging and attainable is a key to treatment success. [Locke/p125/abst]

5 steps to achieving your personal goals

There are 5 steps you can follow to achieve your personal pain management treatment goals. They are: [Glasgow/p83/c2/¶2+Figure 3]

The 5As.

1. **Assess**—take an honest look at your current beliefs and behaviors regarding your treatment, and your commitment and confidence in making a change for the better.

2. **Advise**—get information from your healthcare team about the potential risks and benefits of treatment, and the goals they believe are appropriate for you.

3. **Agree**—set goals that reflect your own personal motivation and commitment as well as what your team believes is possible for you to achieve.

4. **Assist**—with the help of your healthcare team, identify the barriers that may make it difficult for you to achieve your goals, and learn problem-solving techniques that can help you overcome those barriers.

5. **Arrange**—set a specific plan for following up with your healthcare team on a regular basis.

By following these 5 steps, you will create a personal pain treatment plan that lists your treatment goals, the barriers to reaching those goals and how you will overcome them, and how and when you will follow up with your team to share your plan and progress. [Glasgow/p83/Figure 3] Having a personal treatment plan in place will give you the confidence you need to help manage your pain. [Bodenheimer/p2472/c1/¶2] This confidence will give you the motivation you need to succeed in putting your plan into action. And succeeding in putting your plan into action can help improve the outcome of your treatment.

[Bodenheimer/p2472/c3/¶1]

Be SMART about setting your goals

Pluses + minus in Module 4.
OR ~~the~~ healthcare professional?

SMART goals are the most effective goals, and are most likely to help make your treatment plan a success. They are smart because they are written in a way that helps you take action and make your goals a reality. SMART goals are:

[Eade/p3/¶9+Bullets]

- **Specific**—each goal must describe a specific action or step, like “walk around the block” instead of “take a walk.”
- **Measurable**—each goal must have a specific way to evaluate it, so you know when it has been reached.
- **Attainable**—each goal must have your full and complete commitment behind it.
- **Realistic**—each goal must be possible for you to achieve, given any restrictions or limitations you may have.
- **Tangible**—each goal must have a reasonable target date for when you want or hope to achieve it.

It can also help to prioritize your goals. [Eade/p4/¶2] Put the most important goals at the top of your list, and those that are important but less urgent, or that depend on attaining another goal first, toward the bottom of your list. Remember, just as your life is constantly changing, so should your goals. [Eade/p4/¶4+5]

Review your list of goals every month. [Eade/p5/¶2] Check off the goals you've achieved, modify or keep working on old goals, and add new goals.

Goals come in many varieties

Think about how many different interests, desires, wants, and needs you have. You could probably write an entire list...a wish list, but first, you need to decide what is most important to you and not be overly ambitious. Perhaps just being able to get a full night's sleep may be a realistic starting goal, eventually progressing to having enough energy to walk around the block. Once therapy is well underway, you could consider adding a round of golf, baking a batch of cookies or swimming a lap or two in the pool. Progress may be slow and original goals may have to be adjusted from time to time to ones that are more realistic and attainable. That is to be expected and is perfectly okay. The main point is that you want to challenge yourself to improve and grow. Perhaps improving for you is simply tying your own shoes or on a day that you are feeling really good, maybe it is walking in those shoes for a couple of blocks or so. Goals of treatment are as different as responses to treatment. Goal setting is a personal and dynamic (changing) activity.

Below are some goal categories you can think about while making your own list of goals.

- **Physical goals**—getting back to things you love to do like walking, jogging, bicycling, or going to the gym

- **Recreational goals**—participating in your favorite pastimes such as gardening, going to the movies, or playing sports
- **Recovery goals**—if you have a history of alcohol or drug abuse, staying sober and/or straight may be one of your goals
- **Lifestyle goals**—improving your health and outlook by quitting a habit, like smoking, or by losing weight
- **Creative goals**—getting your mind off your pain by painting, writing, playing a musical instrument, or taking up a hobby

Examples of good goal setting

Writing goals for your personal pain treatment plan sounds easy, but it can be difficult to write goals that are really SMART. [Eade/p3/¶9+Bullets] Following are examples of a few well-written goals. Perhaps they are your goals too. Use the spaces below the examples to write your own goals, and share them with your, healthcare team as you develop your personal treatment plan.

EXAMPLE 1: *“I want to be able to walk my granddaughter to school each morning, a total of 12 blocks round trip, in one month”*

EXAMPLE 2: *“I want to be able to play 9 holes of golf once a month with my friends.”*

My personal goals for pain treatment

Goal #1

My goal is: _____

How I will do it: _____

How I will measure it: _____

How I will achieve it: _____

Goal #2

My goal is: _____

How I will do it: _____

How I will measure it: _____

How I will achieve it: _____

Goal #3

My goal is: _____

How I will do it: _____

How I will measure it: _____

How I will achieve it: _____

Goal #4

My goal is: _____

How I will do it: _____

How I will measure it: _____

How I will achieve it: _____

Goal #5

My goal is: _____

How I will do it: _____

How I will measure it: _____

How I will achieve it: _____

The people on my healthcare team who I will ask for support:

To keep myself motivated and on track in reaching my goals, every day I will tell myself: _____

I know I can be successful in reaching my pain treatment goals because:

Share the information you've written above with your healthcare team. Be sure to ask for their advice in identifying barriers that may make it difficult for you to reach your goals, and ask for their suggestions on what you can do to overcome those barriers. If you misstep, remember that nobody is perfect, and see it as an opportunity to problem-solve. Review your goals regularly, and update them as necessary. These goals will help you achieve your pain management treatment objectives.

Ask your healthcare professional about other modules in this series. For additional information about setting pain management goals, visit this resource:

- The Mayo Clinic
<http://www.mayoclinic.com/health/chronic-pain/PN00048>

References

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Setting Goals

AS 10/05/07
SL 10/5/07

Pain management is different for every person. [ACPA/p4/¶7] When planning how your chronic pain will be managed, you and your healthcare professional have a lot of things to consider. Your treatment plan will be tailored specifically for you, based on such things as how your pain began, whether your pain is being caused by an underlying disease, and the combination of treatments including non-drug therapies and pain medications that may be right for you. [ACPA/p3/¶10;p4/¶8]

One important consideration is the level of function you had before your pain began, and the level of function you hope to regain as a result of your pain treatment. Just as every person has a unique pain management program, every person has their own goals of what they expect from their treatment. Setting well-defined goals that are realistic, challenging and attainable is a key to treatment success. [Locke/p125/abst]

5 steps to achieving your personal goals

There are 5 steps you can follow to achieve your personal pain management treatment goals. They are: [Glasgow/p83/c2/¶2+Figure 3]

1. **Assess**—take an honest look at your current beliefs and behaviors regarding your treatment, and your commitment and confidence in making a change for the better.

2. **Advise**—get information from your healthcare team about the potential risks and benefits of treatment, and the goals they believe are appropriate for you.
3. **Agree**—set goals that reflect your own personal motivation and commitment as well as what your team believes is possible for you to achieve.
4. **Assist**—with the help of your healthcare team, identify the barriers that may make it difficult for you to achieve your goals, and learn problem-solving techniques that can help you overcome those barriers.
5. **Arrange**—set a specific plan for following up with your healthcare team on a regular basis.

By following these 5 steps, you will create a personal pain treatment plan that lists your treatment goals, the barriers to reaching those goals and how you will overcome them, and how and when you will follow up with your team to share your plan and progress. [Glasgow/p83/Figure 3] Having a personal treatment plan in place will give you the confidence you need to help manage your pain. [Bodenheimer/p2472/c1/¶2] This confidence will give you the motivation you need to succeed in putting your plan into action. And succeeding in putting your plan into action can help improve the outcome of your treatment. [Bodenheimer/p2472/c3/¶1]

Be SMART about setting your goals

SMART goals are the most effective goals, and are most likely to help make your treatment plan a success. They are smart because they are written in a way that helps you take action and make your goals a reality. SMART goals are:

[Eade/p3/¶9+Bullets]

- **Specific**—each goal must describe a specific action or step, like “walk around the block” instead of “take a walk.”
- **Measurable**—each goal must have a specific way to evaluate it, so you know when it has been reached.
- **Attainable**—each goal must have your full and complete commitment behind it.
- **Realistic**—each goal must be possible for you to achieve, given any restrictions or limitations you may have.
- **Tangible**—each goal must have a reasonable target date for when you want or hope to achieve it.

It can also help to prioritize your goals. [Eade/p4/¶2] Put the most important goals at the top of your list, and those that are important but less urgent, or that depend on attaining another goal first, toward the bottom of your list. Remember, just as your life is constantly changing, so should your goals. [Eade/p4/¶4+5]

Review your list of goals every month. [Eade/p5/12] Check off the goals you've achieved, modify or keep working on old goals, and add new goals.

Goals come in many varieties

Think about how many different interests, desires, wants, and needs you have. You could probably write an entire list...a wish list, but first, you need to decide what is most important to you and not be overly ambitious. Perhaps just being able to get a full night's sleep may be a realistic starting goal, eventually progressing to having enough energy to walk around the block. Once therapy is well underway, you could consider adding a round of golf, baking a batch of cookies or swimming a lap or two in the pool. Progress may be slow and original goals may have to be adjusted from time to time to ones that are more realistic and attainable. That is to be expected and is perfectly okay. The main point is that you want to challenge yourself to improve and grow. Perhaps improving for you is simply tying your own shoes or on a day that you are feeling really good, maybe it is walking in those shoes for a couple of blocks or so. Goals of treatment are as different as responses to treatment. Goal setting is a personal and dynamic (changing) activity.

Below are some goal categories you can think about while making your own list of goals.

- **Physical goals**—getting back to things you love to do like walking, jogging, bicycling, or going to the gym

- **Recreational goals**—participating in your favorite pastimes such as gardening, going to the movies, or playing sports
- **Recovery goals**—if you have a history of alcohol or drug abuse, staying sober and/or straight may be one of your goals
- **Lifestyle goals**—improving your health and outlook by quitting a habit, like smoking, or by losing weight
- **Creative goals**—getting your mind off your pain by painting, writing, playing a musical instrument, or taking up a hobby

Examples of good goal setting

Writing goals for your personal pain treatment plan sounds easy, but it can be difficult to write goals that are really SMART. [Eade/p3/¶9+Bullets] Following are examples of a few well-written goals. Perhaps they are your goals too. Use the spaces below the examples to write your own goals, and share them with your, healthcare team as you develop your personal treatment plan.

EXAMPLE 1: *“I want to be able to walk my granddaughter to school each morning, a total of 12 blocks round trip, in one month”*

EXAMPLE 2: *“I want to be able to play 9 holes of golf once a month with my friends.”*

My personal goals for pain treatment

Goal #1

My goal is: _____

How I will do it: _____

How I will measure it: _____

How I will achieve it: _____

Goal #2

My goal is: _____

How I will do it: _____

How I will measure it: _____

How I will achieve it: _____

Goal #3

My goal is: _____

How I will do it: _____

How I will measure it: _____

How I will achieve it: _____

Goal #4

My goal is: _____

How I will do it: _____

How I will measure it: _____

How I will achieve it: _____

Goal #5

My goal is: _____

How I will do it: _____

How I will measure it: _____

How I will achieve it: _____

The people on my healthcare team who I will ask for support:

To keep myself motivated and on track in reaching my goals, every day I will tell myself: _____

I know I can be successful in reaching my pain treatment goals because:

Share the information you've written above with your healthcare team. Be sure to ask for their advice in identifying barriers that may make it difficult for you to reach your goals, and ask for their suggestions on what you can do to overcome those barriers. If you misstep, remember that nobody is perfect, and see it as an opportunity to problem-solve. Review your goals regularly, and update them as necessary. These goals will help you achieve your pain management treatment objectives.

Ask your healthcare professional about other modules in this series. For additional information about setting pain management goals, visit this resource:

- The Mayo Clinic
<http://www.mayoclinic.com/health/chronic-pain/PN00048>

References

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1969-1980. *Psych Bull.* 1981;90(1):125-152.

Video	Audio
<p><i>Medium shot of healthcare professional looking directly at the camera, centered in the screen.</i></p> <p>Logo: Emerging Solutions in Pain</p> <p><i>On-screen text:</i> Setting Goals with [Healthcare professional's name/credentials]</p>	<p>Hello. My name is [name]. Welcome to the Emerging Solutions in Pain Patient Education Video Series. If you are watching this video, it is because you or someone you love has seen a healthcare professional because of pain. Like anything in life, you need to know where you're going in order to get there. Setting goals for your treatment for chronic pain works the same way. This video will talk about setting pain management goals that are realistic, challenging and attainable. Goals that will help you improve and grow, increasing function and restoring the quality of your life.</p>
<p><i>Cut to close-up head shot of healthcare professional.</i></p>	<p>Pain management is different for every person. [ACPA/p4/¶7] When planning how your chronic pain will be managed, you and your healthcare professional have a lot of things to consider. Your treatment plan will be tailored specifically for you, based on such things as how your pain began, whether your pain is being caused by an underlying disease, and the combination of treatments including non-drug therapies and pain medications that may be right for you. [ACPA/p3/¶10;p4/¶8]</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen images.</i></p> <p><i>Montage of images appears as healthcare professional speaks:</i> [GRAPHIC OF YOUNGER WOMAN JOGGING] [GRAPHIC OF ELDERLY MEN PLAYING CHESS OR SHUFFLEBOARD] GRAPHIC OF MIDDLE-AGED WOMAN GARDENING]</p>	<p>Another important consideration is the level of function you had before your pain began, and the level of function you hope to regain as a result of your pain treatment. Just as every person has a unique pain management program, every person has their own goals of what they expect from their treatment. Setting well-defined goals that are both realistic, challenging and attainable is a key to treatment success. [Locke/p125/abst]</p>

<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-Screen text:</i></p> <p>5 steps to achieving your personal goals</p> <p><i>(each bold item appears when mentioned, lightface text appears briefly and then disappears)</i></p> <ol style="list-style-type: none"> 1. Assess your beliefs, behavior, commitment, and confidence 2. Advise concerning risks and benefits of treatment, and appropriate goals 3. Agree to set goals that you want and that your healthcare team believes are possible 4. Assist in identifying barriers and how to overcome them 5. Arrange for follow-up 	<p>There are 5 steps you can follow to achieve your personal pain management treatment goals. They are: [Glasgow/p83/c2/¶2+Figure 3]</p> <ol style="list-style-type: none"> 1. Assess—take an honest look at your current beliefs and behaviors regarding your treatment, and your commitment and confidence in making a change for the better. 2. Advise—get information from your healthcare team about the potential risks and benefits of treatment, and the goals they believe are appropriate for you. 3. Agree—set goals that reflect your own personal motivation and commitment as well as what your team believes is possible for you to achieve. 4. Assist—with the help of your healthcare team, identify the barriers that may make it difficult for you to achieve your goals, and learn problem-solving techniques that can help you overcome those barriers. 5. Arrange—set a specific plan for following up with your healthcare team on a regular basis.
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-Screen text:</i></p> <p><i>(each line appears separately, and the previous line disappears when the next line appears, when mentioned)</i></p> <p>Plan = Confidence</p> <p>Confidence = Motivation</p> <p>Motivation = Success</p> <p>Success = Improve Outcome</p>	<p>By following these 5 steps, you will create a personal pain treatment plan that lists your treatment goals, the barriers to reaching those goals and how you will overcome them, and how and when you will follow up with your team to share your plan and progress. [Glasgow/p83/Figure 3] Having a personal treatment plan in place will give you the confidence you need to help manage your pain. [Bodenheimer/p2472/c1/¶2] This confidence will give you the</p>

	<p>motivation you need to succeed in putting your plan into action. And succeeding in putting your plan into action can help improve the outcome of your treatment.</p> <p>[Bodenheimer/p2472/c3/¶1]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-Screen text:</i></p> <p>Be SMART about setting your goals <i>(across words appear individually when mentioned for each letter in “SMART” and disappear when the next across word appears)</i></p> <p>Specific Measurable Attainable Realistic Tangible</p>	<p>What kind of goals should you set? The answer is, SMART goals. SMART goals are the most effective goals, and are most likely to help make your treatment plan a success. They are smart because they are written in a way that helps you take action and make your goals a reality. SMART goals are: [Eade/p3/¶9+Bullets]</p> <ul style="list-style-type: none"> • Specific—each goal must describe a specific action or step, like “walk around the block” instead of “take a walk.” • Measurable—each goal must have a specific way to evaluate it, so you know when it has been reached. • Attainable—each goal must have your full and complete commitment behind it. • Realistic—each goal must be possible for you to achieve, given any restrictions or limitations you may have. • Tangible—each goal must have a reasonable target date for when you want or hope to achieve it.
<p><i>Cut to close-up shot of healthcare professional.</i></p>	<p>It can also help to prioritize your goals. [Eade/p4/¶2] Put the most important goals at the top of your list, and those that are important but less urgent, or that depend on attaining another goal first, toward the bottom of your list. Remember, just as your life is constantly changing, so should your goals. [Eade/p4/¶4+5] Review your list</p>

	<p>of goals every month. [Eade/p5/¶2] Check off the goals you've achieved, modify or keep working on old goals, and add new goals.</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> On-Screen text: Goals come in many varieties <i>(each line appears separately, and the previous line disappears when the next line appears, when mentioned)</i></p> <ul style="list-style-type: none"> • Physical • Recreational • Recovery • Lifestyle • Creative <p><i>(The following images can also appear if desired in conjunction with related bullets)</i> [GRAPHIC OF PERSON RIDING A BICYCLE] GRAPHIC OF PERSON GARDENING] [GRAPHIC OF PERSON TALKING WITH FRIENDS] [GRAPHIC OF PERSON ON A TREADMILL] [GRAPHIC OF PERSON PAINTING A PICTURE]</p>	<p>How do you decide what kinds of goals to set? Goals come in many varieties.</p> <p>Think about how many different interests, desires, wants, and needs you have. You could probably write a whole list of goals for each one of them, but first, you need to decide what is most important to you and not be overly ambitious. Perhaps just being able to get a full night's sleep may be a realistic starting goal, eventually progressing to having enough energy to walk around the block. Once therapy is well underway, you could consider adding a round of golf, baking a batch of cookies or swimming a lap or two in the pool. Progress may be slow and original goals may have to be adjusted from time to time to ones that are more realistic and attainable. A change in plans is to be expected and is perfectly</p>

	<p>okay. The main point is that you want to challenge yourself to improve and grow. Perhaps improving for you is simply tying your own shoes or on a day that you are feeling really good, maybe it is walking in those shoes for a couple of blocks or so. Goals of treatment are as different as responses to treatment. Goal setting is a personal and dynamic (changing) activity.</p> <p>Here are some goal categories you can think about while making your own list of goals.</p> <ul style="list-style-type: none">• Physical goals—getting back to things you love to do like walking, jogging, bicycling, or going to the gym• Recreational goals—participating in your favorite pastimes such as gardening, going to the movies, or playing sports• Recovery goals—if you have a history of alcohol or drug abuse, staying sober and/or straight may be one of your goals• Lifestyle goals—improving your health and outlook by quitting a habit, like smoking, or by losing weight• Creative goals—getting your mind off your pain by painting, writing, playing a musical instrument, or taking up a hobby
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<p><i>Cut to close-up shot of healthcare professional.</i></p>	<p>Writing goals for your personal pain treatment plan sounds easy, but it can be difficult to write goals that are really SMART. [Eade/p3/¶9+Bullets] Here are a few examples of well-written goals. Perhaps they are your goals too. In a moment, I'll show you how to write your own pain treatment goals.</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text and image.</i> On-Screen text: EXAMPLE 1: "I want to be able to walk my granddaughter to school each morning, a total of 12 blocks round trip, in one month" [GRAPHIC OF GRANDFATHER WALKING WITH GRANDDAUGHTER WHEELING BOOK BAG OF CARRYING BACKPACK]</p>	<p>EXAMPLE 1: "I want to be able to walk my granddaughter to school each morning, a total of 12 blocks round trip, in one month"</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text and image.</i> On-Screen text: EXAMPLE 2: "I want to be able to play 9 holes of golf once a month with my friends." [GRAPHIC OF GOLF FOURSOME INCLUDING MEN AND WOMEN]</p>	<p>EXAMPLE 2: "I want to be able to play 9 holes of golf once a month with my friends."</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text and image.</i> On-Screen text: Goal #1 My goal is: _____ How I will do it: _____ How I will measure it: _____ How I will achieve it:</p>	<p>To start setting your own goals, use the simple guide shown here. First, write the goal. Remember to make sure it is specific and realistic. The write down how you will achieve it, and how you will measure it. Then repeat the process for every goal you want to set. You should also make a list of the people on your healthcare team who you will ask for support as you develop your treatment goals. It can also be helpful to write down a word or phrase you can say to yourself each day to</p>

	keep motivated about achieving your goals, and to remind yourself about why you know you will be successful
<i>Cut to close-up shot of healthcare professional.</i>	When you're done, share your goals with your healthcare team. Be sure to ask for their advice in identifying barriers that may make it difficult for you to reach your goals, and ask for their suggestions on what you can do to overcome those barriers. If you misstep, remember that nobody is perfect, and see it as an opportunity to problem-solve. Review your goals regularly, and update them as necessary. These goals will help you achieve your pain management treatment objectives. Thank you for your time, and good luck.
<p><i>Camera slowly pulls back to wide shot of healthcare professional behind desk.</i></p> <p>Logo:</p> <p>Emerging Solutions in Pain</p> <p><i>On-screen text:</i></p> <p>Ask your healthcare professional about other modules in this series.</p> <p>For additional information about setting pain management goals, visit this resource:</p> <ul style="list-style-type: none"> • The Mayo Clinic http://www.mayoclinic.com/health/chronic-pain/PN00048 	

References

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AS 10/05/07

SC 10/5/07

Video	Audio
<p><i>Medium shot of healthcare professional looking directly at the camera, centered in the screen.</i></p> <p>Logo: Emerging Solutions in Pain</p> <p><i>On-screen text:</i> Setting Goals with [Healthcare professional's name/credentials]</p>	<p>Hello. My name is [name]. Welcome to the Emerging Solutions in Pain Patient Education Video Series. If you are watching this video, it is because you or someone you love has seen a healthcare professional because of pain. Like anything in life, you need to know where you're going in order to get there. Setting goals for your treatment for chronic pain works the same way. This video will talk about setting pain management goals that are realistic, challenging and attainable. Goals that will help you improve and grow, increasing function and restoring the quality of your life.</p>
<p><i>Cut to close-up head shot of healthcare professional.</i></p>	<p>Pain management is different for every person. [ACPA/p4/¶7] When planning how your chronic pain will be managed, you and your healthcare professional have a lot of things to consider. Your treatment plan will be tailored specifically for you, based on such things as how your pain began, whether your pain is being caused by an underlying disease, and the combination of treatments including non-drug therapies and pain medications that may be right for you. [ACPA/p3/¶10;p4/¶8]</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen images.</i></p> <p><i>Montage of images appears as healthcare professional speaks:</i> [GRAPHIC OF YOUNGER WOMAN JOGGING] [GRAPHIC OF ELDERLY MEN PLAYING CHESS OR SHUFFLEBOARD] GRAPHIC OF MIDDLE-AGED WOMAN GARDENING]</p>	<p>Another important consideration is the level of function you had before your pain began, and the level of function you hope to regain as a result of your pain treatment. Just as every person has a unique pain management program, every person has their own goals of what they expect from their treatment. Setting well-defined goals that are both realistic, challenging and attainable is a key to treatment success. [Locke/p125/abst]</p>

<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i></p> <p><i>On-Screen text:</i></p> <p>5 steps to achieving your personal goals</p> <p><i>(each bold item appears when mentioned, lightface text appears briefly and then disappears)</i></p> <ol style="list-style-type: none"> 1. Assess your beliefs, behavior, commitment, and confidence 2. Advise concerning risks and benefits of treatment, and appropriate goals 3. Agree to set goals that you want and that your healthcare team believes are possible 4. Assist in identifying barriers and how to overcome them 5. Arrange for follow-up 	<p>There are 5 steps you can follow to achieve your personal pain management treatment goals. They are: [Glasgow/p83/c2/¶2+Figure 3]</p> <ol style="list-style-type: none"> 1. Assess—take an honest look at your current beliefs and behaviors regarding your treatment, and your commitment and confidence in making a change for the better. 2. Advise—get information from your healthcare team about the potential risks and benefits of treatment, and the goals they believe are appropriate for you. 3. Agree—set goals that reflect your own personal motivation and commitment as well as what your team believes is possible for you to achieve. 4. Assist—with the help of your healthcare team, identify the barriers that may make it difficult for you to achieve your goals, and learn problem-solving techniques that can help you overcome those barriers. 5. Arrange—set a specific plan for following up with your healthcare team on a regular basis.
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	<p>motivation you need to succeed in putting your plan into action. And succeeding in putting your plan into action can help improve the outcome of your treatment. [Bodenheimer/p2472/c3/¶1]</p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> <i>On-Screen text:</i> Be SMART about setting your goals <i>(across words appear individually when mentioned for each letter in “SMART” and disappear when the next across word appears)</i> Specific Measurable Attainable Realistic Tangible</p>	<p>What kind of goals should you set? The answer is, SMART goals. SMART goals are the most effective goals, and are most likely to help make your treatment plan a success. They are smart because they are written in a way that helps you take action and make your goals a reality. SMART goals are: [Eade/p3/¶9+Bullets]</p> <ul style="list-style-type: none"> • Specific—each goal must describe a specific action or step, like “walk around the block” instead of “take a walk.” • Measurable—each goal must have a specific way to evaluate it, so you know when it has been reached. • Attainable—each goal must have your full and complete commitment behind it. • Realistic—each goal must be possible for you to achieve, given any restrictions or limitations you may have. • Tangible—each goal must have a reasonable target date for when you want or hope to achieve it.
<p><i>Cut to close-up shot of healthcare professional.</i></p>	<p>It can also help to prioritize your goals. [Eade/p4/¶2] Put the most important goals at the top of your list, and those that are important but less urgent, or that depend on attaining another goal first, toward the bottom of your list. Remember, just as your life is constantly changing, so should your goals. [Eade/p4/¶4+5] Review your list</p>

	<p>of goals every month. [Eade/p5/¶2] Check off the goals you've achieved, modify or keep working on old goals, and add new goals.</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text.</i> On-Screen text: Goals come in many varieties <i>(each line appears separately, and the previous line disappears when the next line appears, when mentioned)</i></p> <ul style="list-style-type: none"> • Physical • Recreational • Recovery • Lifestyle • Creative <p><i>(The following images can also appear if desired in conjunction with related bullets)</i> [GRAPHIC OF PERSON RIDING A BICYCLE] GRAPHIC OF PERSON GARDENING] [GRAPHIC OF PERSON TALKING WITH FRIENDS] [GRAPHIC OF PERSON ON A TREADMILL] [GRAPHIC OF PERSON PAINTING A PICTURE]</p>	<p>How do you decide what kinds of goals to set? Goals come in many varieties.</p> <p>Think about how many different interests, desires, wants, and needs you have. You could probably write a whole list of goals for each one of them, but first, you need to decide what is most important to you and not be overly ambitious. Perhaps just being able to get a full night's sleep may be a realistic starting goal, eventually progressing to having enough energy to walk around the block. Once therapy is well underway, you could consider adding a round of golf, baking a batch of cookies or swimming a lap or two in the pool. Progress may be slow and original goals may have to be adjusted from time to time to ones that are more realistic and attainable. A change in plans is to be expected and is perfectly</p>

	<p>okay. The main point is that you want to challenge yourself to improve and grow. Perhaps improving for you is simply tying your own shoes or on a day that you are feeling really good, maybe it is walking in those shoes for a couple of blocks or so. Goals of treatment are as different as responses to treatment. Goal setting is a personal and dynamic (changing) activity.</p> <p>Here are some goal categories you can think about while making your own list of goals.</p> <ul style="list-style-type: none">• Physical goals—getting back to things you love to do like walking, jogging, bicycling, or going to the gym• Recreational goals—participating in your favorite pastimes such as gardening, going to the movies, or playing sports• Recovery goals—if you have a history of alcohol or drug abuse, staying sober and/or straight may be one of your goals• Lifestyle goals—improving your health and outlook by quitting a habit, like smoking, or by losing weight• Creative goals—getting your mind off your pain by painting, writing, playing a musical instrument, or taking up a hobby
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<p><i>Cut to close-up shot of healthcare professional.</i></p>	<p>Writing goals for your personal pain treatment plan sounds easy, but it can be difficult to write goals that are really SMART. [Eade/p3/¶9+Bullets] Here are a few examples of well-written goals. Perhaps they are your goals too. In a moment, I'll show you how to write your own pain treatment goals.</p>
<p><i>Cut to medium shot of healthcare professional to the side of the screen to permit on-screen text and image.</i> On-Screen text: EXAMPLE 1: <i>"I want to be able to walk my granddaughter to school each morning, a total of 12 blocks round trip, in one month"</i> [GRAPHIC OF GRANDFATHER WALKING WITH GRANDDAUGHTER WHEELING BOOK BAG OF CARRYING BACKPACK]</p>	<p>EXAMPLE 1: <i>"I want to be able to walk my granddaughter to school each morning, a total of 12 blocks round trip, in one month"</i></p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text and image.</i> On-Screen text: EXAMPLE 2: <i>"I want to be able to play 9 holes of golf once a month with my friends."</i> [GRAPHIC OF GOLF FOURSOME INCLUDING MEN AND WOMEN]</p>	<p>EXAMPLE 2: <i>"I want to be able to play 9 holes of golf once a month with my friends."</i></p>
<p><i>Remain on medium shot of healthcare professional to the side of the screen to permit on-screen text and image.</i> On-Screen text: Goal #1 My goal is: _____ How I will do it: _____ How I will measure it: _____ How I will achieve it:</p>	<p>To start setting your own goals, use the simple guide shown here. First, write the goal. Remember to make sure it is specific and realistic. The write down how you will achieve it, and how you will measure it. Then repeat the process for every goal you want to set. You should also make a list of the people on your healthcare team who you will ask for support as you develop your treatment goals. It can also be helpful to write down a word or phrase you can say to yourself each day to</p>

	keep motivated about achieving your goals, and to remind yourself about why you know you will be successful
<i>Cut to close-up shot of healthcare professional.</i>	When you're done, share your goals with your healthcare team. Be sure to ask for their advice in identifying barriers that may make it difficult for you to reach your goals, and ask for their suggestions on what you can do to overcome those barriers. If you misstep, remember that nobody is perfect, and see it as an opportunity to problem-solve. Review your goals regularly, and update them as necessary. These goals will help you achieve your pain management treatment objectives. Thank you for your time, and good luck.
<p><i>Camera slowly pulls back to wide shot of healthcare professional behind desk.</i></p> <p><i>Logo:</i></p> <p>Emerging Solutions in Pain</p> <p><i>On-screen text:</i></p> <p>Ask your healthcare professional about other modules in this series.</p> <p>For additional information about setting pain management goals, visit this resource:</p> <ul style="list-style-type: none"> • The Mayo Clinic http://www.mayoclinic.com/health/chronic-pain/PN00048 	

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