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New approaches to classifying pain

Pain can be classified by duration and onset (acute or chronic and intermittent or persistent), etiology (nociceptive, neuropathic, or functional), pathology (malignant or nonmalignant), and severity (mild, moderate, or severe), and all of these systems help determine the likelihood of complicating psychosocial issues and help guide treatment selection. Many patients' pain is classified in multiple ways. For example, postherpetic neuralgia would likely be classified as chronic persistent neuropathic pain of nonmalignant origin. What does this classification tell us? This quadruple classification by temporality, pathology, and etiology can help guide treatment.

Temporal classification

Historically, chronic pain was defined as any pain lasting more than 3 months. However, this arbitrary timeframe has little meaningful relationship to the course of many painful conditions. Today, chronic pain can be defined as pain that persists beyond the expected time of healing or as pain that arises from ongoing tissue damage. Chronic pain can be further classified as either persistent (i.e., it is constant) or intermittent (i.e., it comes and goes).

The connections between the temporal experience of pain and the selection of treatment is relatively straightforward. Patients with acute pain only need treatment for a short time, while those with chronic pain require ongoing treatment. Patients whose chronic pain is persistent will likely require around-the-clock treatment, while those with intermittent pain can time their treatments to coincide with pain episodes. Classifying pain by onset and duration also

indicates a patient's potential for experiencing comorbid psychological issues, which are much more common with chronic pain.

Etiologic classification

Understanding the etiology of the pain can also be important for guiding treatment decisions. For example, neuropathic pain may respond well to anticonvulsants, and migraines may be successfully treated with triptan medications. Thus, obtaining an accurate diagnosis can be a crucial step toward selecting effective therapy.

Pathologic classification

The term "malignant pain" has historically been used to refer to pain that results from cancer, either from the disease itself or from the treatments for the disease. A newer definition of malignant pain describes it as pain associated with a potentially life-limiting progressive disease, such as AIDS or end-stage organ failure. Using this system, nonmalignant pain is pain resulting from disorders that are not life threatening, such as arthritis, fibromyalgia, or low back pain.

These pathologic definitions of pain were changed to better associate the syndromes with the accompanying psychosocial issues. According to Mary Lynn McPherson, PharmD, BCPS, CDE, an associate professor at the University of Maryland School of Pharmacy, "Even if you don't have cancer, if you are living with a life-limiting illness, the issues are the same." These issues for patients with malignant pain usually include loss of control, fear of increasing pain, and the possibility of disfigurement or death.

Patients with nonmalignant pain may have depression, anxiety, and financial issues that may be best addressed by a multidisciplinary treatment team. McPherson noted that these patients are much more likely to benefit from cognitive behavioral therapy and educational interventions designed to increase their function than are those with other types of pain.

Severity classification

Asking patients to rate the severity of their pain is a commonly used technique for classifying pain. Numerical ratings do not always give a clear picture of the impact of the pain on a patient's life, however, because the scales are subjective. Nonetheless, it is important to understand how a patient's pain affects him or her. "What is really important are the functional ramifications on the patient's life," McPherson explained. Establishing function-related goals, such as being able to carry a child or to walk up stairs can help guide treatment toward having a meaningful impact on a patient's life.

Regardless of how pain is classified, "it is important to recognize that pain is also an emotional experience," noted McPherson. Thus, to promote truly comprehensive treatment, it is important to ensure that the emotional, as well as the physical, components of pain are addressed.

—Judy Crespi-Lofton
Contributing writer

For more information about pain management activities, to comment on this column, or to offer suggestions for future Profiles in Pain Management features, contact Manina Singh, PharmD, program manager of the Pain Management Partnership for APhA, at msingh@aphanet.org.