

Pain Management in Primary Care: Providing Confidence and Competence for Clients

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Abstract

Managing pain, whether acute or chronic, has taken a whole new look during the past three decades. Pain management has and continues to be a long-standing public health concern. The ongoing opioid epidemic has changed how the term pain is not only treated, but viewed throughout all lens' of society. With the increased burden of pain on not only individual quality of life but the day to day functioning of society, primary care providers (PCP) must be not only well-versed in pain management, but do so with confidence and competence. As advocates and gatekeepers, primary care providers must have knowledge of evidence based guidelines and recommendations of pain management in order to provide the competent, holistic care and education clients deserve.

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Introduction

Managing pain, whether acute or chronic, has taken a whole new appearance during the past three decades. Pain management has and continues to be a long-standing public health concern. The ongoing opioid epidemic has changed the every direction of how the term pain is not only treated, but viewed throughout all lens' of society.

In 2020, the International Association for the Study of Pain (IASP) revised the definition of pain for the first time in over forty years. The definition of pain was defined as:

An unpleasant sensory and emotional experience associated with or resembling that Associated with, actual or potential tissue damage, and is experienced upon by the addition of six key Notes and the etymology of the word pain for further valuable content [2]:

- Pain is always a personal experience that is influenced to varying degrees by biological, psychological, and social factors.
- Pain and nociception are different phenomena. Pain cannot be inferred solely from activity in sensory neurons.
- Through their life experiences, individuals learn the concept of pain.
- A person's report of an experience as pain should be respected.
- Although pain usually serves an adaptive role, it may have adverse effects on function and social and psychological well-being.
- Verbal description is only one of several behaviors to express pain; inability to communicate does not negate the possibility that a human or a nonhuman animal experiences pain.

Pain is usually classified as either acute (duration less than one month), subacute (duration of 1-3 months), or chronic (duration of > 3 months). The American Academy of Pain Medicine (AAPM) defines acute pain as "the physiologic response and experience to noxious stimuli that can become pathologic, is normally sudden in onset, time limited, and motivates behaviors to avoid actual or potential tissue injuries" [3]. Timing is a key element distinguishing acute pain from subacute or chronic pain. Acute pain usually lasts up to seven days but sometimes as long as 30 days. Chronic pain is defined as persistent or recurrent pain lasting longer than three months [1].

Nature and Burden of the Problem

A 2023 Centers for Disease Control and Prevention (CDC) analysis of data from the National Health Interview survey estimated that approximately 21 percent of adults in the United States had chronic pain and approximately 7 percent of of adults had high-impact chronic pain with substantial restriction of daily activities. The prevalence of chronic pain was higher in females and may be more than 40 percent in older adults, with osteoarthritis and low back pain the most common etiologies [4].

Chronic pain has a plethora of psychosocial and socioeconomic impacts not only affecting individuals but also families and society as a whole. In 2010, the costs of chronic pain in the United States alone was estimated at more than \$560 billion due to direct medical costs, lost productivity, and disability programs (excluding cost of care for child care, military personnel, institutionalized adults, and personal caregivers [6].

CDC's 2022 Clinical Practice Guideline for Prescribing Opioids for Pain

Chronic pain is one of the most common reasons individuals seek medical attention. The CDC recently issued new guidelines on pain management, focused on improving appropriate opioid prescribing while minimizing opioid related risks. The CDC's 2022 clinical practice guideline for prescribing opioids for pain includes 12 recommendations, focused on primary care providers treating patients aged > 18 with acute, subacute, or chronic pain, and excludes management of of sickle-cell disease, cancer-related treatment, palliative care, and end-of life care. The clinical practice guideline was also intended to aid clinicians in weighing risks and benefits of

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prescribing opioid pain medications for painful acute conditions such as low back pain, neck pain, other musculoskeletal pain, neuropathic pain, dental pain, renal stone pain, acute migraine pain, as well as pain related to procedures [1].

A central presumption of the pain management clinical practice guideline is that acute, subacute, and chronic pain needs appropriate management and treatment, regardless of whether opioids are part of treatment regimen. An overarching goal of clinical providers should be to incorporate individual or a combination of both nonpharmacologic and pharmacologic treatment modalities that maximize patient safety and optimize outcomes in pain, function, and quality of life [1]. With the increased burden of pain on not only individual quality of life but the day to day functioning of society, primary care providers (PCP) must be not only well-versed in pain management, but do so with confidence and competence. As advocates and gatekeepers, primary care providers must have knowledge of evidence based guidelines and recommendations of pain management in order to provide the competent, holistic care and education clients deserve.

Competing Interests

The authors declare that they have no competing interests.

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