Going against the pain

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Pain has always been and will always be subjective, with one person's torment being another person's mild irritant. Whereas one patient may relate the pain they are experiencing as only being 'severe' once they are completely debilitated, another may choose this descriptor while sat up in bed, seemingly relatively unaffected. Valid and reliable pain assessment is essential for initiating effective pain management given that objective pain measurement is impossible. Pain scores are one widely used way of assessing pain intensity and attaching a numerical value (Melzack and Katz, 1999). The most common are the visual analogue scale (VAS), verbal rating scale (VRS) and the numerical rating scale (NRS).

However, attached to the widespread use of these pain assessment tools is the increasing global use of opioids, which has been described extensively as a 'crisis' and an 'epidemic'. The top five consumers of opioids in the world between 2013–15 were the US, Canada, Germany, Denmark and Austria, with American consumption dwarfing the others — almost 50,000 doses for every one million Americans per day (BBC News, 2017). Meanwhile, UK prescriptions for opioids have increased by 400% over the past decade (Shapiro and Daly, 2017).

In the mid 1990s, the concept of pain being the fifth vital sign was pushed by the American Pain Society, in a bid to decrease the burden of under-assessment and insufficient treatment of pain. However, with the scale of the opioid issue in mind, the Joint Commission, the American Medical Association, the American College of Surgeons, The American Academy of Family Physicians, and the Centers for Medicare and Medicaid services have all withdrawn their support for the campaign for pain as the fifth vital sign in recent years. Traditionally, the vital signs have been heart rate, blood pressure, respiratory rate and temperature, all of which are routinely measured by clinicians.

That the opioid crisis has seen a rowing back on support for pain as the fifth vital sign does pose some not insignificant issues in terms of pain management. According to Zazlansky et al (2015), pain management has not improved with the use of NRSs. Therefore, the use of pain scores have been deemed inadequate when used in isolation to monitor patients' pain (Joint Commission, 2017).

Day (2019) pondered the changing nature of pain assessment, espousing the benefits of having a 'pain conversation', which is advocated by the Joint Commission (2017). Such a conversation may well be more appropriate to offer a more individual assessment, with Day (2019) describing the pain conversation as focusing on a "series of questions that assess the extent to which day-to-day activities are affected by pain, such as opening a jar or making a meal".

In February 2020, a UK government adviser, professor Jamie Coleman, went a step further, calling for a blanket ban on the term 'painkiller' in a bid to correct the myth that they cure pain (BBC News, 2020). Instead, he urged that the term 'pain-reliever' be used. He argues that over-the-counter sale of low-dose codeine in pharmacies should be halted, in an effort to combat prescription drug addiction in the UK. Coleman put forward the 'Painkillers don't exist' public awareness campaign centring on the dangerous effects of long-term high-dose pain medication in Sunderland, England, as an intelligent approach, which may be successful elsewhere.

Perhaps it may be beneficial if healthcare services began to take the lead of the US' Joint Commission, to establish pain management strategies that reflect a patient-centred approach, while also edging towards making opioid medication prescription-only to affect a change in the culture towards painkillers. A tailored approach during patient screenings that identifies an individual's needs and discusses pain management goals, while focusing on a multidisciplinary approach, could be a gamechanger. WINT

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Please note a corrigendum in the Ten Top Tips: Wound Cleansing article by Weir and Swanson in the previous issue of Wounds International. *Some factual inaccuracies in Table 1 have now been amended and the revised PDF can be found here: https://www.woundsinternational.com/journals/issue/599/article-details/ten-top-tips-wound-cleansing*

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