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# Pain Management Nursing

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## Editorial

### The Times They are a Changing!



As with many aspects of life today and as addressed at the recent American Society for Pain Management Nursing (ASPMN) conference in Portland, Oregon, the understanding and management of pain have dramatically evolved throughout the ages. Perhaps the most dramatic changes occurred since the founding of ASPMN thirty years ago. Improvements in recognizing, assessing and treating pain significantly increased during the last decade of the 20th century. Although some of the efforts from that time are perceived negatively, when introduced they were considered pioneering, important and very necessary. In his 1996 presidential address to the American Pain Society, James Campbell, MD suggested that an innovative way to increase the awareness of pain and the need to seriously assess pain would be to consider it “with the same zeal as other vital signs” (Veterans Health Administration, 2000, p. 5). Two years later, the Veterans Health Administration adopted “Pain as the 5th Vital Sign” as the slogan for their initiative to improve the management of pain for all veterans (Mularski et al., 2006). We must remember the intention of those efforts were to increase the awareness, diagnosis and treatment of pain. As the increased focus on recognizing and assessing pain was gaining attention, pharmaceutical companies were working to improve analgesic preparations. Again, positive efforts when there were few analgesic options. From the early report in 1989 that a novel transdermal fentanyl delivery system was effective in controlling pain among five patients with cancer related pain, use of that product continued among patients with cancer (Miser et al., 1989). Then in 1997, the controlled release formulation of oxycodone was described as “an important new therapeutic option for cancer pain management” (Hagen & Babul, 1997, p.1428). For clinicians who were struggling to help patients control pain those were most welcome breakthroughs and continued to be respected interventions during the first decade of the 21st century.

During this time, for a variety of reasons, there was also a growing awareness of persistent chronic pain. With new awareness and treatment options, expectations to relieve pain increased among patients living with chronic pain. Yet coverage by insurance companies was limited for cognitive behavioral therapies which had been the usual treatment for chronic pain (Dasgupta, Beletsky & Ciccarone, 2018).

During the last few years, the world of pain management has faced multiple challenges and changes related to the *opioid crisis*. In many instances the pendulum swung too far in the direction with renewed opioid phobia. Some patients are unable to receive necessary opioid medication. It was shocking to see a handwritten sign on an urgent care office stating, “We do NOT prescribe opioids.” These effects may at least in part result from using the term *opioid crisis* rather than the more accurate term *opioid*

*misuse/abuse crisis*. It is not the opioids that have created the crisis, rather it is abuse of opioids that has led to the crisis. Sadly, related to this crisis in 2019 we witnessed the demise of two major pain management organizations. The loss is acute since the American Pain Society was a pillar of pain related research and guidelines while the Academy of Integrated Pain Management was a leader in multidisciplinary pain management.

Fortunately, along with the unforeseen adverse changes in pain management, there have been positive effects as well. For instance the two restrictive Health Care Acquisition Performance System (HCAPS) questions were replaced with the more appropriate questions “During this hospital stay, how often did hospital staff talk with you about how much pain you had?” and “During this hospital stay, how often did hospital staff talk with you about how to treat your pain?” (American Hospital Association, 2019, p. 28). Also, during the last two years nurses have increasingly been performing quality improvement projects and have begun to evaluate the reliability, validity and effectiveness of using the Clinically Aligned Pain Assessment (CAPA) tool to holistically assess pain as more than just an intensity score (Topham & Drew, 2017). Fortunately, another positive effect is acknowledgement of the necessity to proactively assess and identify patients who are at risk for opioid use disorder is now recognized (Webster, 2017).

We are keenly aware of the need to assess and preemptively treat acute pain because inadequately treated acute pain can progress to chronic pain (Gan, 2017; Meissner et al., 2015). Fortunately, there is enhanced support for multimodal analgesia including non-opioids, adjuvants, and non-pharmacological interventions in addition to appropriate use of opioids (Chou et al., 2016). Non-pharmacological interventions for managing pain are increasingly being recognized as not only effective ways to manage pain but also for empowering people who experience pain.

Nurses who work in pain management remain dedicated to pursuing safe and effective pain management care, education, role-modelling, mentoring, research, advocacy, and leadership. Undoubtedly, ASPMN members will continue to build upon our excellent efforts so effectively implemented and carried out during the last three decades. To do this effectively, it is critical that we learn from history. We need to continue to fully evaluate all proposals and opportunities while continuing to avoid vulnerabilities, pitfalls, and weakly supported decisions. We further need to capitalize on all the positive efforts, evolution and progress as we continue to investigate opportunities of the future.

As we enter the third decade of this 21st century, ASPMN members are uniquely positioned to provide leadership in clinical expertise and research promoting integrative patient focused pain management. The ASPMN journal *Pain Management Nursing*

provides an excellent platform to showcase both research and clinical quality improvement efforts. In addition to multimodal analgesia, nursing research is needed to explore the role of various cognitive behavioral interventions, relaxation therapies, meditation, spirituality, movement, and energy work among other options. Research is needed to more fully understand both acute and chronic pain among people living with substance use disorder and how best to help them manage their pain. These are only a few ways through which members of the American Society for Pain Management Nursing can in the next decade continue to manifest our mission: “To advance and promote optimal nursing care for people affected by pain by promoting best nursing practices” (American Society for Pain Management Nursing, 2018).

## References

- American Hospital Association (AHA). (2019). *Modernizing the HCAPS Survey: Recommendations for Patient Experience Leaders*. American Hospital Association. Retrieved from: <https://www.aha.org/system/files/media/file/2019/07/FAH-White-Paper-Report-v18-FINAL.pdf>.
- American Society for Pain Management Nursing. (2018). *Our mission*. Retrieved from: <http://www.aspmn.org/Pages/default.aspx>.
- Chou, R., Gordon, D. B., de Leon-Casasola, O. A., Rosenberg, J. M., Bickler, S., & Brennan, T. (2016). Guidelines on the management of postoperative pain. *Journal of Pain*, 17(2), 131–157.
- Dasgupta, N., Beletsky, L., & Ciccarone, D. (2018). Opioid crisis: No easy fix to its social and economic determinants. *American Journal of Public Health*, 108(2), 182–186.
- Gan, T. J. (2017). Poorly controlled postoperative pain: Prevalence, consequences, and prevention. *Journal of Pain Research*, 10, 2287–2298.
- Hagen, N. A., & Babul, N. (1997). Comparative clinical efficacy and safety of a novel controlled-release oxycodone formulation and controlled-release hydromorphone in the treatment of cancer pain. *Cancer: Interdisciplinary International Journal of the American Cancer Society*, 79(7), 1428–1437.
- Meissner, W., Coluzzi, F., Fletcher, D., Huygen, F., Morlion, B., Neugebauer, E., Montes, A., & Pergolizzi, J. (2015). Improving the management of postoperative acute pain: Priorities for change. *Current Medical Research and Opinion*, 31(11), 2131–2143.
- Miser, A. W., Narang, P. K., Dothage, J. A., Young, R. C., Sindelar, W., & Miser, J. S. (1989). Transdermal fentanyl for pain control in patients with cancer. *Pain*, 37(1), 15–21.
- Mularski, R. A., White-Chu, F., Overbay, D., Miller, L., Asch, S. M., & Ganzini, L. (2006). Measuring pain as the 5th vital sign does not improve quality of pain management. *Journal of General Internal Medicine*, 21, 607–612.
- Topham, D., & Drew, D. (2017). Quality improvement project: Replacing the numeric rating scale with a clinically aligned pain assessment (CAPA) tool. *Pain Management Nursing*, 18(6), 363–371.
- Veterans Health Administration. (2000). Pain as the 5th vital sign Toolkit. In *Geriatrics and extended care strategic healthcare group, national pain management coordinating committee*. Available at: <http://www.va.gov/oa/pocketcard/pain.asp>. (Accessed 8 September 2019).
- Webster, L. R. (2017). Risk factors for opioid-use disorder and overdose. *Anesthesia & Analgesia*, 125(5), 1741–1748.

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