A Holistic Approach to Pain Management: Integrated, Multimodal, and Interdisciplinary Treatment

Position Statement

AANA Position

While many patients may benefit from access to opioid analgesics, there has been an alarming increase in opioid diversion, opioid use disorder, and opioid-related mortality and morbidity.[1-4] There is also a growing recognition of the impact of pain on the health, productivity, and well-being of individuals in the United States.[5-7]

Pain is a personal experience that, if left undertreated or mismanaged, can radically change an individual's quality of life and impact important relationships. Acute and chronic pain is best treated and managed by an interdisciplinary team that actively engages the patient to diagnose and manage their pain for improved well-being, functionality, and quality of life. As members of the interdisciplinary team, Certified Registered Nurse Anesthetists (CRNAs) are well positioned to provide holistic, patient-centered, multimodal pain treatment and management across the continuum of pain and in all clinical settings (e.g., hospitals, ambulatory surgical centers, offices, and pain management clinics).[8-13] CRNAs practice in accordance with their professional scope of practice, federal and state law, guidelines, and facility policy to provide acute and chronic pain management services.

Partnering with the Patient

Compassionate patient-centered care is a hallmark of CRNA clinical practice. Patient-centric pain management offers the patient greater transparency, understanding, and engagement in their care. Certain racial, ethnic, and socioeconomic groups are at particular risk of receiving suboptimal pain management.[14] Pain assessment and pain care are individualized to incorporate the patient's preferences, age, culture, beliefs, social environment, healthcare history, and physical and psychological condition.[14-18] As new diagnostic techniques continue to emerge and mature, they can play a major role in personalized medicine and the development of patient-specific pain treatment and management plans. One such example is the integration of pharmacogenomic testing to examine how inherited genetic differences affect an individual's response to drugs.[19,20]

Using a shared decision-making model and a robust communication plan, CRNAs facilitate collaborative care through planning and discussion of risks and benefits of the pain management plan. This approach encourages the patient to express his or her preferences and values and to establish realistic goals for well-being and quality of life. It is important to provide patients with the appropriate skills, education, and resources so that they can play an active role in their pain management.[6]

Multimodal Pain Management

An increase in painkiller prescribing is a driver of the increase in prescription overdoses.[21] According to the 2016 National Pain Strategy, multimodal pain management "addresses the full range of an individual patient's biopsychosocial challenges, by providing a range of multiple and different types of therapies that may include medical, surgical, psychological, behavioral, and

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integrative approaches as needed."[6] CRNAs integrate multimodal pain management as an element of enhanced recovery after surgery (ERAS) protocols to manage pain. Management occurs from pre-procedure to post discharge using opioid sparing techniques such as regional anesthesia, peripheral nerve blocks, non-pharmacologic approaches, and non-opioid based pharmacologic measures.[13,22,23] ERAS pathways use multimodal pain management to reduce the use of opioids and shorten overall hospital length of stay.[24-26] Careful assessment and treatment of acute pain, which may include appropriate opioid prescribing, can decrease the risk of acute pain transitioning to chronic pain or the probability of the development of opioid dependency and abuse.[27-32] Acute pain management of the chronic pain patient can pose perioperative challenges, but may also be addressed using a multimodal, interdisciplinary approach tailored to the patient's needs.[16]

Figure 1 presents an overview of the many points of patient care where CRNAs provide their expertise and pain care services.

Figure 1. Periprocedure Anesthesia Care

Preoperative / Preprocedure Period[16,19,20,23,26,33-35]

- Patient and caregiver education
- Patient history to include pain assessment and evaluation
- Development of patient-specific treatment plan & informed consent
- Patient optimization:
  - Oral fluids and carbohydrate loading two hours preoperatively
  - Antibiotic prophylaxis
  - No or minimal premedication
  - Begin pain management plan

Intraoperative / Intraprocedure Period[13,16,23,26,36]

- Multimodal pain management
- Regional and/or neuroaxial blockade, where applicable
- Antiemetic(s)
- Normothermia
- Normovolemia, avoid salt and water overload

Postoperative / Postprocedure Period[18,23,25,26]

- Patient and caregiver education
- Prevention and management of postoperative nausea and vomiting (PONV)
- Early nutrition
- Systemic analgesics
- Early mobilization
- Defined discharge criteria
- Symptom identification and early rescue

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Home Recovery Period[37-40]

- Care coordination with interdisciplinary clinical team
- Clear understanding of instructions
- Post anesthesia follow-up
- If indicated, prescription for only necessary amount of opioids, reassess patient prior to new prescription for opioids
- Encourage alternative pain management (e.g., mindfulness, relaxation, exercise)
- Transition multimodal regimens into the rehabilitative phase at home
- Address and track patient reported symptoms

Chronic Pain Treatment and Management[6,10,17,41-44]

- Establish realistic treatment goals that focus on quality of life improvement
- Collaborate with the patient's interdisciplinary team
- Incorporate appropriate pain management modalities tailored to patient's level of pain, functionality, and response
  - Non-pharmacologic
  - Pharmacologic
  - Interventional
- Continued reassessment of pain to tailor treatment plan
- Access the Prescription Drug Monitoring Program when prescribing opioids

Cancer, Palliative, and/or Hospice Care[45-49]

- Develop interdisciplinary pain control plan
- Adjust pain medications according to patient response and level of pain
- Provide patient and caregiver education and counseling
- Treat and manage acute, chronic, or breakthrough pain due to cancer or cancer treatments using non-pharmacologic and pharmacologic modalities when appropriate
- Manage opioid side effects (e.g., constipation, nausea, drowsiness)
- Focus on functional goals and quality of life
- Implement and track multi-symptom patient-reported outcome measures

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