Palmetto Vital Care

Volume 2, Issue 1

January 2, 2003

Infusion Therapy Gazette

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Special Point of Interest

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Communicating with Patients for Better Pain Management

Neil M. Ellison, M.D., Lynn McPherson, Pharm D., Lora McGuire, RN, MS

Effective communication between the physician and patient has therapeutic benefit independent of other treatments provided. This is especially true in the management of pain where patient reports of symptoms have a paramount role. Good outcomes may result from listening, understanding, and empathizing with patients while encouraging them to discuss their pain symptoms. The effectiveness of such communication affects both the patient's willingness to report pain and his adherence to treatment recommendations. The patient's level of satisfaction with the care provided also can be enhanced with these communication techniques.[1-4]

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For example, a 75-year-old man with residual metastatic cancer of the prostate was being treated for chronic back pain. Pain symptoms, although stable for months, had suddenly become more severe even while tests indicated the cancer had not progressed. Additional tests showed that arthritis was not causing the pain. Increased doses of pain medications did not remedy the problem.. The physician began to consider "psychological factors (the stress of malignancy and its treatment) family matters (deteriorating relationships with his wife and children) and social issues (financial pressures, loss of a supportive friend)." Gradually, the physician discovered that the patient's wife had expressed concern about the level of care she was providing and the patient felt his sons were visiting less frequently. The patient saw himself "becoming a burden to his family." The physician arranged for family counseling. Afterwards, the patient continued to require pain medication at established doses, but did not complain of back pain nor request additional pain medications.[5]

Patients may consciously or unconsciously place impediments in the way of discussing their pain symptoms. For example, the patient may believe it is socially unacceptable to discuss pain, that stoicism is a virtue, or that "good" patients do not complain of pain.[2, 3] Other patients are reluctant to say anything about pain fearing it will distract the provider from the goal of achieving a cure of the medical problem causing the pain symptom.[2, 6]

Patient misconceptions about opioids are extremely common. A misguided fear of addiction occurs in the majority of patients. Many do not understand that, unlike physical dependence and tolerance, addiction is characterized by "impaired control over drug use," "compulsive use," and "continued use despite harm and craving." [7] Secondary side effects of opioids such as loss of functionality are major concerns also. Healthcare professionals should explain the facts about physical dependence, addiction, and tolerance. Tolerance refers to "a state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time." [7] Gradual increases in opioid doses should overcome this. Although most patients will become physically dependent on opioids when used regularly for more than several weeks, opioids can be easily tapered and discontinued if the source of the pain is treated and eliminated. No prolonged detoxification or withdrawal program is necessary as would be needed for the patient who is psychologically addicted to narcotics. [2, 8]

Opioids are effective analgesic medications for moderate to severe pain. The most common side effects are usually not serious (nausea, somnolence, constipation) and can be effectively managed. Patients and families should understand that the goal of opioid use for pain management should be to decrease the pain in order to improve functionality. [2, 8]

Subgroups of patients exist that are predictably more likely to be under medicated with analgesics for pain syndromes. These include patients with cultural, educational, or socioeconomic backgrounds significantly different from their physician's. Other groups present special challenges, such as the frail elderly, babies and children, the cognitively and emotionally impaired, and patients with a current or previous history of

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substance abuse. [9-11]

Professional educational deficiencies about pain assessment and management are likewise problematic. Some professionals assume that if pain were a serious problem, the patient would complain about it spontaneously. Other professionals feel greater competency at providing therapy for diseases than at managing pain symptoms. Still others rush through discussions about pain because time may not permit them to address both disease management and pain management. [2]

The American Academy on Physician and Patient has formulated helpful suggestions about how to improve the clinical negotiation that occurs during the medical interview. [1, 12] Recommend strategies for resolving impediments to provider-patient communication include: [12]

- Educate and empower the patient. This approach is most successful when an effective relationship between the patient and the professional has been established.
- Expand the way you define the nature of the patient's problem. Make use of the patient's own language, cultural beliefs, and attitudes in doing so.
- Share decision making with the patient. Patients who are reluctant to use opioids might be more compliant if the drugs are presented as being one part of the recommended solution, such as patient-controlled analgesia. Volunteer to delay a decision until the patient is comfortable with it. Offer to call or meet with a member of the patient's family, if that is what the patient wants. Discuss possible treatment alternatives. Avoid premature, negative, or sharp criticism of suggestions formulated by patients and develop a new list of options.

Fundamental strategies for improving the effectiveness of your discussions with patients about pain symptoms emphasize active and reflective listening, empathy, and nonjudgmental discussions. [3] Explore the patient's frame of reference. (Does the patient say he has arthritic pain even though you realize the pain is due to metastatic cancer to the bone? What is the effect of the pain on the patient's overall well being? Will the reality of the discussion about pain be difficult for the patient? Should support mechanisms be in place when you initiate the conversation?) [12]

Oftentimes a conflict between the patient and the provider is caused by a misunderstanding or miscommunication. For example, your goal may be to relieve the patient's pain while his may be to retain his dignity and sense of control. The fear that pain may indicate disease progression, cessation of anticancer treatments, and "giving up" can thwart discussions. Adequately address concerns. This will facilitate cooperation toward the goal of pain relief. [12]

"Some professionals assume that if pain were a serious problem, the patient would complain about it spontaneously."

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This article and other pain management articles can be found in the Online Pain Journal at www.pain.com.

Hormone, Quality of Life Impact Health In Aging Population

San Francisco, CA, June 19, 2002 - Five studies presented at a press conference today at ENDO 2002, the 84th Annual Meeting of The Endocrine Society, demonstrate how hormones and quality of life can impact health in aging people. Two of the studies specifically examined the relationship between physical strength and testosterone therapy, while three other studies investigated the roles that folic acid, hormone insulin-like growth factors (IGF-1) and quality of life play in the health of older people. With the baby boomer generation reaching their mid to late 50s, this research could help doctors and patients better understand how to remain healthy in later life.

Researchers in the Netherlands and Germany have discovered that quality of life in older men may influence when they die. The study of 403 elderly men living in the Netherlands used a three-part questionnaire to assess quality of life. The results demonstrated that quality of life does not change with age. Furthermore, higher muscle strength was strongly associated with better health as were higher hormone levels.

"We found that a lower quality of life was highly predictive of death in the older men. The subjects who were the least satisfied with their lives died significantly earlier compared with the other subjects," said Dr. Annewieke W. van den Beld, a doctor at University Hospital Rotterdam in the Netherlands.

Two other studies presented at the press conference demonstrated how testosterone can improve physical health in aging men. In a placebo controlled trial, University of Southern California researchers examined the effects of a 20 mg daily dosage of a testosterone-like pill, oxandrolone (Oxandrinâ), on muscle mass, muscle strength and physical function in men aged 60-87 years. After 12 weeks of treatment, the men who received Oxandrinâ experienced significant increases in muscle strength and power.

"After only six weeks of treatment, three out of the four strength tests increased by more than 90 percent of the week 12 values," said Dr. Edward Schroeder, the lead investigator on the study.

The findings suggests that only six weeks of treatment with a testosterone-like product may be sufficient to improve muscle strength and power in older men. In the second study of men and testosterone, doctors from the University of Sheffield in the United Kingdom investigated the effects of three months of testosterone therapy on 20 men with chronic heart failure. Through a double-blind, placebo-controlled study, researchers measured the subjects' functional capacity through a walking test, which they believe is more relevant to a person's lifestyle. Patients who took testosterone were able to walk a 34 percent longer, while the placebo group only increased their distance by two percent.

"The improvement with testosterone treatment is greater compared with placebo treatments ," said Dr. T. Hugh Jones, the chief investigator on the study. "This is the first study using testosterone to demonstrate a benefit in patients with chronic heart failure. It is not clear on the results from this preliminary study whether or not this benefit is due to either improved heart or generalized muscle function, or indeed psychological effects. We are now recruiting patients for a longer and larger trial to confirm our findings."

The last two studies presented at the press conference will help doctors better understand the health of aging women. In a study presented by Dr. Anne Cappola, researchers at the University of Maryland found that blood tests of hormones in older women may help measure their risk for disability and death. The study was part of the Women's Health and Aging Study I, a study of moderately to severely disabled women living at home in Baltimore, Maryland. Part of the Aging study involved measuring IGF-1 and IL-6 levels in 718 women between the ages of 65 and 100.

"We discovered that women with both low IGF-I levels and high IL-6 levels were five times more likely to have difficulty walking a quarter of a mile or climbing stairs when compared with women who had normal test levels," explained Dr. Cappola. Over a three year period researchers saw that women in this high risk category were more likely to develop difficulty or inability to perform several basic activities of daily living such as bathing, dressing and eating. Based on these results, Dr. Cappola stressed the importance of defining appropriate targets in the aging female population for future therapy that can improve their physical condition."

Dr. Giancarlo Paradisi, a researcher at Catholic University of Rome, Italy, presented the second study on the health of aging women. The Italian study found that postmenopausal women who take folic acid may reduce their risk of developing heart disease. Researchers studied 10 healthy postmenopausal women who were not taking hormone replacement therapy and found that one month of folic acid did not affect glucose, insulin, total cholesterol, triglycerides, non-esterified fatty acids and blood pressure.

"HDL, or 'good' cholesterol, increased with the folic acid, while LDL, or 'bad' cholesterol, decreased with the folic acid," noted Dr. Paradisi. "In addition, the endothelial function was markedly improved with the folic acid. These results show that folic acid may a safe and effective treatment for postmenopausal women. Larger and longer studies are now needed to confirm these results."

PALMETTO VITAL CARE

1409 N. Main Street
Anderson, SC
29621

Phone: 864.224.3581
Fax: 864.231.6240
Toll Free: 800.569.4107

Palmetto Vital Care offers an alternative to extended hospital care for medically stable patients requiring intravenous (IV) therapies. When such therapies are administered in the home setting, patients typically recover faster, experience fewer complications, are more comfortable and save money. Since home IV therapy allows most patients to resume their normal activities, quality of life is dramatically increased.

Palmetto Vital Care's comprehensive scope of high-quality parenteral and enteral therapies include:

- Antibiotics
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- Pain Management
- Factor VIII, IX
- IVIgG
- Others as ordered by referring physician.

Your home and ambulatory infusion specialist.

Palmetto Vital Care's Next Continuing Education Seminar February 18th, 19th, & 20th, 2003

Palmetto Vital Care will be providing area nurses with a Continuing Education Seminar February 18th, 19th, & 20th, 2003. The classes that will be offered are:

- Alzheimer's: Nursing Considerations with the Patient.
- Elder Abuse: A National Disgrace
- Pediatric Infusion Therapy
- Maternity Patients and Home Infusion
- Multiple Sclerosis: Navigating the Disease
- Immunoglobulin Therapy: IVIgG
- Discharge Planning for the Infusion Patient
- Latex Allergies

These classes will offer CEU credits to those in attendance who qualify.

The last seminar that Palmetto Vital Care offered was last July 30th, 31st, & August 1st at the Ramada Inn in Clemson, SC. Area nurses who attended were very pleased with the course content and the manner, in which, the nurse educator, Judy White, conducted the courses. They felt that Mrs. White is very knowledgeable and promoted an informal atmosphere that facilitated the learning process.

With such a compelling course schedule, this seminar promises to be as informative and enjoyable as the last.

Daily course schedule and times will be announced via flyers and invitations. So make plans to join us.

Stacy Garrett

Palmetto Vital Care, Your Home and Ambulatory Infusion Specialist.