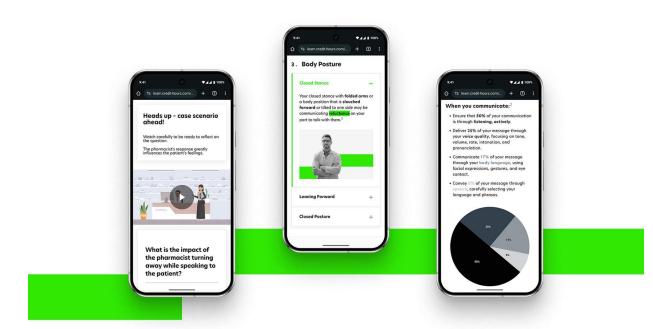
\*Breaking the Silence: Master Communication to Assess Pain Impact and Classification for Better Care

### Welcome!



Welcome! In this e-learning module, you'll explore how to communicate effectively to assess pain—its impact, classification and the tools used to evaluate its severity. This module should take 30-45 minutes to complete.



This module requires you to often interact with different elements in some sections, while paying attention to case-presentation scenarios in others.



To navigate from one section to another, you can scroll up and down using your cursor, arrows on your keyboard, or by swiping up and down.

## The Power of Communication in Pharmacy Practice



In the context of pain management, you are often the **first** point of contact for patients seeking relief. By communicating **effectively**, you can understand the **impact** of pain on your patients, **classify** their pain, and select the optimal **tool** to assess its **severity**, significantly enhancing their **care** journey.

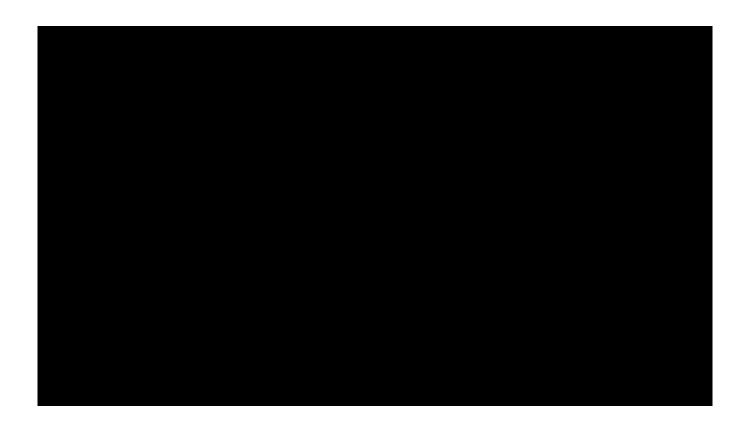
Let's explore how **effective communication** can transform your patient **interactions** and improve **outcomes** in your pharmacy practice.



## Hello, I'm Dr. Adam, a community pharmacist.

In this scenario, a 55-year-old male patient visits my pharmacy seeking relief for joint pain in his left knee.

Observe closely to see how my initial response influences the patient's feelings and helps address his concerns effectively!



## What is the most appropriate initial action the pharmacist should take to address his patient's concern?

- Provide prompt assistance by recommending an over-the-counter pain reliever.
- Obtain comprehensive details about the patient's condition.

**SUBMIT** 



To ensure your patient feels **heard** and **supported**, it's essential that you take the **right initial steps** to address their concerns.

In your pharmacy practice, the way you **respond** to a patient's pain or worry can significantly **impact** their trust, satisfaction, and adherence to treatment.

- Your role extends beyond **dispensing** medications; you are also a key **communicator**!
- This aligns with the "seven-star pharmacist" model established by the International Pharmaceutical Federation (FIP) and the World Health Organization (WHO), which defines pharmacists as:<sup>1</sup>



1 Caregiver.

2 Decision-maker.

3 Lifelong learner.

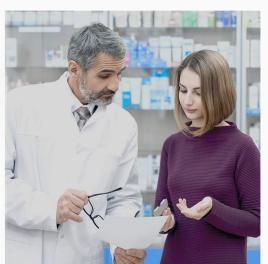
Teacher.

5 Leader.

6 Manager.

7 Trusted communicator.

What happens when communication fails?
Let's explore the impact of effective vs.
ineffective communication in pharmacy
practice:





Effect On	X Ineffective Communication	Effective Communication
Pharmacist	You may <b>lose</b> patient trust, feel <b>frustrated</b> , and face	You <b>strengthen</b> patient trust, enhance <b>outcomes</b> ,

	burnout. <sup>2</sup>	and experience greater  fulfillment. <sup>2</sup>
Patient	Your patients may become confused, dissatisfied, and less likely to follow your recommendations. <sup>2</sup>	Your patients gain <b>clarity</b> , <b>adherence</b> , and <b>satisfaction</b> . <sup>2</sup>

**(i)** 

Effective communication is your foundation for managing pain. It helps you build trust, understand your patients' needs, and prepares you to assess how pain impacts their lives.

#### **CONTINUE**

**The Impact of Pain on Patients** 



Pain goes beyond being just a **physical discomfort**; it impacts your patient **in many different ways.** 

Your role is to use **effective communication** to understand patient's **feelings**.



# In this scenario, the patient describes the challenges of ongoing knee pain.

Watch how the conversation unfolds as my questions play a crucial role in understanding the patient's experience and ensuring effective care.



## Why was it important for the pharmacist to know how the pain affected the patient's quality of life?

- To better understand the patient's needs and tailor a treatment plan that supports their daily activities.
- To determine if the patient requires a referral to a specialist for further evaluation.

**SUBMIT** 

Pain impacts a patient's **physical**, **emotional**, **social**, and **financial** well-being as well.

When you understand these broader impacts, you can choose **interventions** that **truly** address your patients' needs.

Let's take a closer look at **these impacts** which includes:



### **Physical Impact**

When you recognize how pain **limits** mobility, daily activities, and sleep, you can guide patients toward **options** that restore their function and quality of life.<sup>3, 4</sup>



### **Emotional and Psychological Impact**

When you acknowledge the **anxiety** and **depression** caused by pain, you can provide reassurance and recommend **solutions** that address both emotional and physical symptoms.<sup>3, 4</sup>



### **Social Impact**

When you understand how pain **isolates** patients and **strains** their relationships, you can help them **rebuild** connections by addressing their **concerns** with empathy and practical advice.<sup>3, 4</sup>



**Financial Impact** 

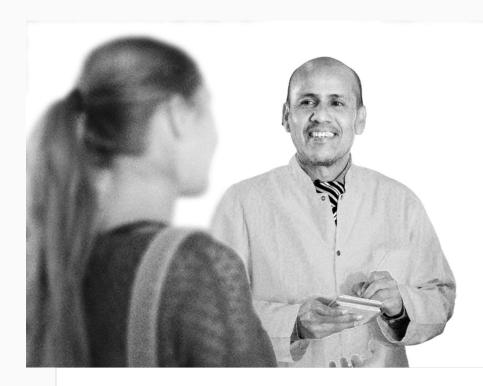
When you recognize the financial burden of **medications** and **missed work**, you can **offer cost-effective** options to ease their stress and improve adherence.<sup>3, 4</sup>

(i)

As we've discussed, when you recognize the full impact of pain—physical, emotional, social, and financial—you gain the empathy and insight needed to classify pain accurately and guide your treatment decisions.

#### CONTINUE

**Classification of Pain** 



As a pharmacist, **effective communication** is your key to **accurately classifying** pain and ensuring **proper management**.

By actively listening to your patients and asking the right questions, you can identify important pain characteristics and provide better care.



## Let's now explore the best approach to managing this case.

Notice how my questioning about the nature and duration of the patient's symptoms helps gather important details, leading to a more informed approach to their care.



## Why was it important for the pharmacist to ask detailed questions about the nature and duration of the patient's pain?

- To determine the patient's pain tolerance and decide on the strongest medication available.
- To accurately classify the type of pain and tailor a personalized treatment plan.

**SUBMIT** 

**7**9

Pain isn't a one-size-fits-all experience. By classifying pain, you can make sure that your treatment recommendations are tailored specifically to each patient's needs.

Pain is classified according to its **duration**, **cause**, **location**, and **severity**. So, let's recall the categories of each type of pain.

By Cause

1. Nociceptive Pain:<sup>7, 8</sup>

• Results from tissue damage or inflammation.

• Examples: Osteoarthritis, and pain from an injury, or surgery.

2. Neuropathic Pain:<sup>7, 8</sup>

- Arises from **nerve damage** or dysfunction.
- Examples: Diabetic neuropathy and postherpetic neuralgia.

#### 3. Mixed Pain: $^{9}$

- Combines elements of nociceptive and neuropathic pain.
- Examples: Low back pain, cancer pain, and post-surgical pain.

#### **NOCICEPTIVE**

Pain Quality: sharp, stinging, dull, throbbing



#### **NEUROPATHIC**

**Pain Quality:** burning, stabbing, numbness or tingling, hypersensitivity



#### By Duration

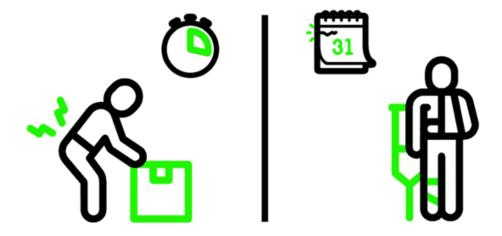
#### 1. Acute Pain:<sup>5, 6</sup>

- If your patient experiences **sudden** pain that lasts anywhere from a **few seconds** to up to **3 months**, categorize it as acute pain.
- This type of pain is typically caused by an injury or surgery.
- Example: Dental pain.

#### 2. Chronic Pain: 5, 6

• If your patient has pain that lasts or recurs for **more than 3 months**, which significantly impacts quality of life, categorize it as chronic pain.

• Examples: Low back pain and fibromyalgia.



#### By Location

#### 1. Somatic Pain: 10

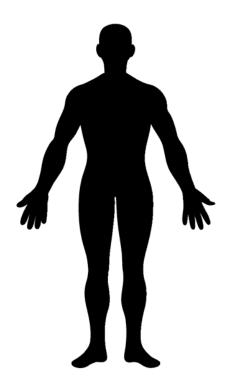
- Arises from **skin**, **muscles**, **bones**, or **joints**; typically, **localized** and **sharp**.
- **Examples**: Pain from burns, joints, or bones.

#### 2. Visceral Pain:<sup>10</sup>

- Originates from **internal** organs; often **diffuse** and **crampy**.
- Examples: Period pain and gastrointestinal pain.

#### 3. Referred Pain: 10

- If your patient feels pain in a **different area** from its origin.
- **Examples**: A headache that might refer pain to the neck.



#### By Severity \_

#### 1. Mild Pain:<sup>11</sup>

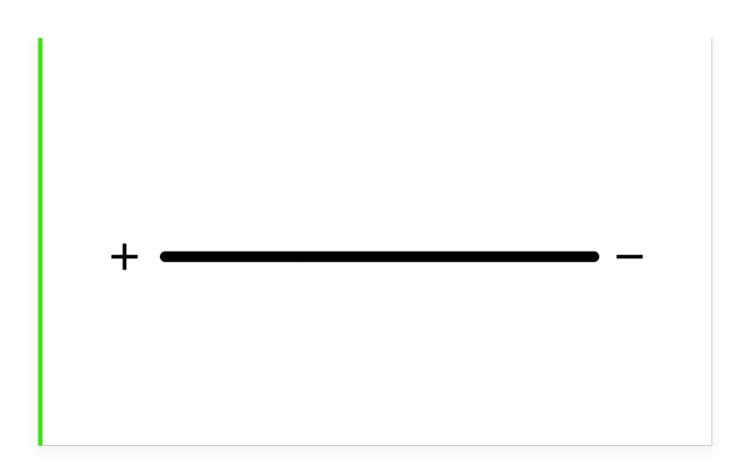
• If the pain is **mild**, your patient can likely manage it with **over-the-counter** medications, and it won't interfere much with daily activities.

#### 2. Moderate Pain:<sup>11</sup>

• If the pain is **moderate**, your patient may need **prescription medications** and may disrupt some daily functions.

#### 3. Severe Pain: 11

• If your patient has **severe** pain, it is intense and debilitating, often requiring **urgent medical attention** or intensive care.



Once you classify pain, you can **choose** the **optimal treatment** and **recognize red flags** to know when to refer. Let's explore with examples:

- ① Guiding Treatment

  Selection
- ② Recognizing Red Flags

## ① Guiding Treatment Selection



When you know the **type** of pain a patient is experiencing, you can select the most **effective** treatment.<sup>12</sup>



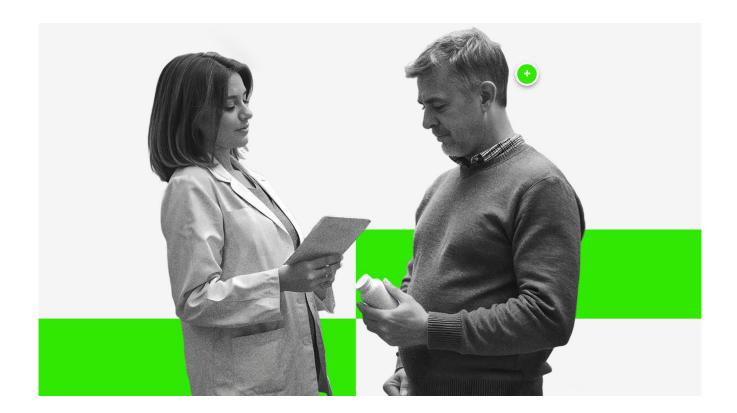
 If it is nociceptive, you might recommend Nonsteroidal anti-inflammatory drugs (recommend Paracetamol or NSIADS).<sup>13</sup>



 If it is neuropathic, the patient may benefit from medications like gabapentinoids, antidepressants, or topical agents.<sup>14</sup>

**② Recognizing Red Flags** 





**Pain classification** helps you, as a pharmacist, **identify** when the pain may signal something more serious. <sup>15</sup>



For example, your patient might complain of intense **visceral** pain, which could suggest **organ damage** that requires your **immediate referral** for further care.<sup>15</sup>

**(i)** 

Classifying pain by duration, cause, location, and severity gives you a clear framework to choose the right assessment tools and tailor your interventions to each patient's unique experience.

#### CONTINUE

## **Tools to Assess Pain Severity**



Clear and meaningful communication is essential in your pharmacy practice, particularly when **evaluating** a patient's pain.

Let's dive into the **tools** used to evaluate pain **severity** and how you can engage with patients to gain a **deeper** understanding of their pain.



## In this scenario, the patient describes their pain levels.

Observe how I assess the pain severity, emphasizing the importance of understanding the patient's experience to provide the best possible care.



### What are the key benefits for the pharmacist when the patient rates their knee pain on a scale of 0 to 10?

- He can quantify the patient's pain level, monitor changes over time, and adjust treatment plans accordingly.
- He should determine the patient's pain threshold and decide if over-the-counter medications are sufficient.

**SUBMIT** 



To ensure your patients receive optimal pain relief along with compassionate care, select the right pain severity assessment tool for each individual, use it effectively, and adjust their therapy as needed.

## Let's explore the **most** common assessment tools you could be used for **pain severity** in **pharmacy** practice.

#### 1. Numeric Rating Scale (NRS)

- A simple **0-10 scale** where patients rate their pain from "**no pain**" (**0**) to "**worst** pain imaginable" (**10**). <sup>16</sup>
- Useful for adults or children aged ≥8 years. 17
- **Example**: You might ask your patient, "On a **scale** from 0 to 10, where 10 is the worst, how would you **rate** your pain right now?"

#### 2. Verbal Rating Scale (VRS)

- A scale with **descriptors** such as "none," "mild," "moderate," "severe," or "very severe."
- Useful for patients who may struggle with numerical scales, such as young children,
   elderly patients, or those with limited literacy.<sup>17</sup>
- **Example**: You can simply ask your patient, "How would you describe your pain? Is it mild, moderate, or severe?"

#### 3. Visual Analogue Scale (VAS)

- A **horizontal** or **vertical line** (usually 10 cm long) where one end represents "no pain" and the other represents "worst pain imaginable". 17
- Useful for patients who can **visualize** their pain on a continuum but may **not** express it **numerically** or **verbally**.<sup>17</sup>

- **Example**: You can present the scale and say, "Please mark on this line where you feel your pain is right now."
  - Then, measure the distance from the "no pain" end to the mark, the patient added, to quantify their pain intensity.

#### 4. Wong-Baker FACES Pain Rating Scale

- A series of **faces** showing different **expressions** ranging from a happy face (no pain) to a crying face (worst pain). 16
- Often used with **children** or patients who have **communication difficulties**, such as language barriers.<sup>18</sup>
- **Example**: You may ask your patient, "Can you point to the face that shows how you feel right now?"



Using tools like the Numeric Rating Scale or Wong-Baker FACES Scale helps you quantify pain severity, track progress, and ensure your treatment plans meet your patients' needs and goals.

#### CONTINUE



As the scenario comes to a close, the patient receives guidance and reassurance about managing their knee pain.

Watch how the conversation concludes as I provide support, emphasizing the importance of follow-up care and lifestyle adjustments.



By combining these skills—communicating effectively, understanding pain's impact, classifying pain, and assessing severity—you can provide holistic, patient-centered care that improves outcomes and enhances your patients' quality of life.

## **In Summary**

- Your ability to listen, understand, and communicate with patients builds trust, enhances their experience, and improves their adherence to treatment plans and make you experience greater personal fulfillment and job satisfaction.
- By recognizing the type of pain your patient is experiencing, you can recommend the most effective treatments and identify red flags that may indicate serious underlying conditions.
- Using simple tools to assess pain severity, can help you gauge pain intensity, adjust therapy accordingly, and ensure your patients receive the most appropriate relief.

### **Take-home Message**

- You do more than dispense medication—you play a vital role in patient communication.
- Classifying pain by duration, cause, location, and severity helps tailor treatment.

## **Congratulations!**

You've **successfully** completed this module, taking the **first** step toward mastering effective communication with patients in pain! But this is just the **beginning**. In the next modules, we'll build on what you've learned and explore **practical skills** to help you connect even more effectively with your patients.



## **List of Bibliography**

- Sam Aaseer Thamby and Subramani P. Seven-star pharmacist concept by World Health Organization.

  Journal of Young Pharmacists 2014; 6: 1-3.

  <a href="https://www.jyoungpharm.org/sites/default/files/10.5530\_jyp.2014.2.1.pdf">https://www.jyoungpharm.org/sites/default/files/10.5530\_jyp.2014.2.1.pdf</a>
- Ilardo ML and Speciale A. The Community
  Pharmacist: Perceived Barriers and PatientCentered Care Communication. Int J Environ Res
  Public Health 2020; 17 20200115. DOI:

  10.3390/ijerph17020536

- Pandelani FF, Nyalunga SLN, Mogotsi MM, et al. Chronic pain: its impact on the quality of life and gender. Front Pain Res (Lausanne) 2023; 4: 1253460. 20230913. DOI: 10.3389/fpain.2023.1253460.
- Sinatra R. Causes and Consequences of Inadequate Management of Acute Pain. Pain Medicine 2010; 11: 1859–1871.

  https://doi.org/10.1111/j.1526-4637.2010.00983.x
- (IASP) IAftSoP. Chapter 1: Introduction to pain management., <a href="https://www.iasp-pain.org/resources/toolkits/pain-management-center/chapter1/">https://www.iasp-pain.org/resources/toolkits/pain-management-center/chapter1/</a> (accessed 1 Jan 2025).
- Clinic C. Acute Pain vs. Chronic Pain\_ Differences & Causes,

  https://my.clevelandclinic.org/health/articles/12051acute-vs-chronic-pain (2020, accessed 22 Jan 2025).
- Saling J. Pain Classifications and Causes: Nerve Pain, Muscle Pain, and More, <a href="https://www.webmd.com/pain-management/pain-types-and-classifications">https://www.webmd.com/pain-management/pain-types-and-classifications</a> (2023, accessed 22 Jan 2025).
- Restore. Assessing Pain, <a href="https://restore-painrelief.com/patient-portal/assessing-pain/">https://restore-painrelief.com/patient-portal/assessing-pain/</a> (2024, accessed 23 Jan 2025).
- Freynhagen R, Rey R and Argoff C. When to consider "mixed pain"? The right questions can make a difference! *Curr Med Res Opin* 2020; 36: 2037-2046. 20201021. DOI: 10.1080/03007995.2020.1832058.
- Chen JS KP, Murray IV, et al. Physiology, Pain. In: [Internet]. IS, (ed.). Treasure Island (FL): StatPearls Publishing, 2023. <a href="https://pubmed.ncbi.nlm.nih.gov/30969611/">https://pubmed.ncbi.nlm.nih.gov/30969611/</a>
- Drugs. Painkiller Medications

  <a href="https://www.drugs.com/condition/pain.html">https://www.drugs.com/condition/pain.html</a> (2023, accessed 19 Jan 2025).

- Natsuki Kubotera JF. pain management for pharmacists: concepts and definitions. *Drug Topics* 2013. <a href="https://www.paindr.com/wp-content/uploads/2016/06/2013">https://www.paindr.com/wp-content/uploads/2016/06/2013</a> <a href="https://www.paindr.com/wp-content/uploads/2016/06/2013">Drug-Topics</a> <a href="pain-management-for-pharmacists-Concepts-and-definitions.pdf">Pain-management-for-pharmacists-Concepts-and-definitions.pdf</a>
- Campbell W. Current options in the drug management of nociceptive pain. *Prescriber* 2007; 18: 61-77. DOI: 10.1002/psb.66.
- Alex Mu EW, Dwight E. Moulin, Hance Clarke. Pharmacologic management of chronic neuropathic pain. Canadian Family Physician 2017; 63: 844-852.

  https://pubmed.ncbi.nlm.nih.gov/29138154/
- Youssef S. Clinical guidelines and evidence base for acute pain management. *Pharmaceutical journal*2019. <a href="https://pharmaceutical-journal.com/article/ld/clinical-guidelines-and-evidence-base-for-acute-pain-management">https://pharmaceutical-journal.com/article/ld/clinical-guidelines-and-evidence-base-for-acute-pain-management</a>
- Doctor. P. 15 Pain Scales (And How To Find The Best One For You), <a href="https://medium.com/@globalpaindoctor/15-pain-scales-and-how-to-find-the-best-one-for-you-93c69b6aa12a">https://medium.com/@globalpaindoctor/15-pain-scales-and-how-to-find-the-best-one-for-you-93c69b6aa12a</a> (2017, accessed 5 Jan 2025)
- Consuelo VM, Chiara F, Francesca SM, et al. The Use of Questionnaires in Pain Assessment during Orthodontic Treatments: A Narrative Review. Medicina (Kaunas) 2023; 59 20230918. DOI: 10.3390/medicina59091681.
- Matthew Stibbs KG, Simon Jacklin & Ian Smith. How to support patients with acute pain in community pharmacy. Pharmaceutical journal 2019. <a href="https://pharmaceutical-journal.com/article/Id/how-to-support-patients-with-acute-pain-in-community-pharmacy">https://pharmaceutical-journal.com/article/Id/how-to-support-patients-with-acute-pain-in-community-pharmacy</a>