Pain-Management Challenges in Rural Communities Impacted By Multi-Drug Overdoses

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Acknowledgements

Sigma Theta Tau Research Dissemination Award (Beta Kappa Chapter)

Tobacco Settlement Foundation (UVA Cancer Center)

Academic Community Engagement Grant

Community Economic Development Fund in Southwest Virginia Grant

Center for Global Health University of Virginia
Magic Hour

Heading home after a long day
I am brought to my knees by
the beauty of the mountains. I
reverently cover my head in
respect to the temples of the
divine.

C. Campbell July, 2014
Purpose

The purpose of this study is to identify themes that describe pain management challenges experienced by nurses in a rural Appalachian area of the United States (US).
Map of Appalachia in US
Conceptual framework: Factors impacting pain management

- Ethics
- Clinical practice
- Research
- Education

Beliefs/attitudes
Current trends & practices
Legal/regulatory
Access to medications

• Clinical practice
• Ethics
• Education
• Research
Background and significance

The United States is facing a major crisis with the current opioid epidemic. Tens of thousands of individuals are dying each year due to abuse and misuse of heroin and prescription opiate drugs (Leahy, 2017).

The opioid crisis is impacting pain management across all settings of care for health care providers in these communities.
Internationally pain management interventions by nurses includes pain assessment, teaching about pharmacological and non-pharmacological modalities, and the evaluation of treatment effectiveness (Doorenbos, Jansen, Oakes & Wilson, 2013).

Our education on pain management traditionally does not include content on pain management in some has a substance abuse history or who is currently living with an addiction.
Methods

A secondary data analysis of findings from a study of pain management learning needs (Campbell, Boyer, Rovnyak, & Campbell, 2012) was conducted to identify themes that describe pain management challenges experienced by nurses in rural Appalachia.

2,136 surveys were mailed to registered nurses in seven counties in rural Appalachia.

295 surveys were returned, for a 13.8% return rate.
Methods

We received sixty-one different narrative responses to two open-ended questions on the survey from the participants in the primary study. Those responses were the data source for this current study.

Thematic analysis was the method used to analyze the data.
Research Questions

Can you identify additional pain management learning needs?

What are some of the pain management challenges in your clinical practice? Tell us a narrative about challenges related to pain management from your clinical practice.
## Results: Participant characteristics

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<tr>
<td><strong>Race/ethnicity</strong></td>
<td>White</td>
<td>98%</td>
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<td><strong>Education</strong></td>
<td>BSN or higher</td>
<td>47.1%</td>
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<td>ADN/Diploma</td>
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Additional Pain Management Learning Needs

- Pain management in people with addictions: 14%
- Pain management in chronic disease: 23%
- Alternative and complementary therapies: 9%
Pain management in chronic disease: Example of responses

**Snowdrop 40** - Managing chronic back pain without drugs ie. Chiropractic care, massage, accupressure, etc (chronic condition/treatment)

**Snowdrop 48** - Med. mismanagement in dementia.

**Wisteria 8** - Neuropathy (chronic condition)
Pain management in people with addictions theme: Example of responses

Wisteria 13- Dealing with drug addicted patients in pain (addictions)

Snowdrop 59- Should patients with addiction be treated with pain or be denied due to their addiction (addictions)?
Alternative and complementary therapies: examples of responses

Snowdrop 53 - Interested in guiding imagery/music therapy for relaxation (treatment)

Wisteria 18 - Alternative medicine (treatment)
Pain Management Challenges

- Poor Nurse-MD communication
- Current or past history of substance abuse
- Psychiatric Diagnoses
- End of Life Symptom Management
A gentleman about 46... Chronic alcohol and opioid abuse. ...his primary care physician would not prescribe (sic) extra. HX of back injury to mining accident of age 25 drugs of choice; valium, oxycotin (sic), dileudid (sic). I attempted numerous non-pharmological (sic) comfort interventions without pain relief. Patients body language did not portray discomfort he was pleasant (sic) and always smiled; no guarding or grimacing.

SIC=we are using the respondents exact spelling or word choice
Nurse-MD collaboration challenges exemplar

“The most difficult problem we have is convincing an on-call doctor that a patient has real pain needs. They do not know the patient and to them most patients only want drugs. Sometimes the most you can get for your patient is a one-time order. I work 12 hour shifts. If a person is really in pain the doctor must be called multiple times. It is very frustrating for me as a nurse and for the patient.”
Pain management in people psychiatric diagnoses

“Schizophrenic, bipolar patients with abuse of narcotics in dialysis who had a fractured leg and multiple allergies to medications. Very difficult to manage.”
“Early in my nursing career I took care of a geriatric patient in an ICU setting. He was terminally ill and I was very concerned about overmedicating him. As a new nurse I found it very difficult to separate providing comfort from hastening death. This is one area I feel we neglect to incorporate in our teaching when we are dealing with those with less experience. This is probably more of an ethical issue than a medication issue.”
Discussion

In communities impacted by opioid overdoses nurses and physician colleagues are not consistently able to use a person’s self-report to guide pain management.

The loss of the ability to use the patient’s self-report to guide pain management places vulnerable people at risk for under recognition of pain and increases the risk for under or overtreatment of pain (Herr, et al., 2011)
Implications: nursing education and clinical practice

Implications for nursing education for pre-licensure students and continuing education for licensed nurses will include collaborating with expert nursing colleagues in psychiatric-mental health nursing to develop educational sessions with topics such as pain management in people who have history of substance abuse, general substance abuse training and other mental health issues.
Clinical implications

+ Palliative care providers can consult with clinical partners on effective treatments to manage chronic pain and how manage pain in people with a history of addiction.

+ Consider mandatory substance abuse training for staff in all roles in hospice and palliative care, especially home-based programs (Blackhall et al., 2013)
Implications for clinical practice

- Education on use of alternative and complementary treatments by nurses in clinical practice
- Referrals made to therapists such as massage therapists, acupuncture, music therapists and other allied therapists
Implications for research

Future research should also include studies to explore how interprofessional collaboration in may improve pain management outcomes in people with current substance abuse or past history of abuse.


References

References