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Pain Management: Nurses in Jeopardy

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Knowledge of pain physiology, assessment, treatment, and management has grown exponentially since the advent of aspirin in the United States in 1899. A quick Internet search on Google™ in February 2008 revealed some staggering numbers.

- *Pain* in the search engine pulls 200,000,000 hits.
- *Pain treatment* produces 8,490,000 hits.
- *Pain symptoms* reveals 3,090,000 hits.
- *Pain causes/risk factors* produces 10,500,000 hits.
- *Pain for healthcare providers* reveals 253,253,000 hits.
- *Pain organizations* produces 765,000 hits.

In addition, the number of organizations dedicated to the study, treatment, and management of acute and chronic pain abound (see Figure 1). A number of organizations exist solely to focus attention, study, and research on specific syndromes such as back pain, migraines, trigeminal neuralgia, reflex sympathetic dystrophy, chest pain, post-herpetic pain, arthritis, joint pain, pain from a cancer diagnosis, neuropathic pain, fibromyalgia, age-related pain, and sickle cell pain. This does not represent a complete list. Knowledge has been gained, published, and often presented at national meetings and the amount of pain knowledge available to learn is almost beyond comprehension.

State of Pain and Pain Management

With all of this knowledge and available expertise, what is the state of pain and pain management in the United States and the world today? Examine this sample of sobering facts.

- Twenty percent of Americans aged 65 and older reported pain that has persisted for more than 24 hours (Centers for Disease Control and Prevention [CDC] National Center for Health Statistics Press Office, 2006).
- About 66% of adults aged 65 and older who experienced pain said it lasted one year or more (CDC National Center for Health Statistics Press Office).
- One in five adult Americans (about 30 million people) experienced chronic pain (Chou, Clark, & Helfand, 2003).
- In patients with chronic pain, 60% reported that multiple regions of the body experience pain (Trescot et al., 2006).

In a study of 753 veterans and members of the military forces who responded to a written survey, 96% reported they were in pain, with more than 54% reporting pain for more than 10 years (American Pain Foundation, 2007). Although 75% stated that emotional support was “moderately” or “very” important, 15% responded that they received no emotional support for pain (American Pain Foundation).

An estimated 4 out of 10 Americans say pain interferes with their mood, activities, sleep, ability to work, or enjoyment of life (CDC National Center for Health Statistics Press Office, 2006).

Patients with cancer experience unrelieved pain. Thirty percent of newly diagnosed patients and 30%–50% of patients undergoing active treatment for their disease report unrelieved pain. In patients with advanced malignancy, 70%–90% report pain that is not relieved (American Cancer Society, 2007).

Sixty-six percent of older adult patients with end-stage cancer report unrelieved pain and about 83% of older adult patients with dementia and end-stage cancer report unrelieved pain (Matulonis, 2004).

The Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT) found that 73% of patients with advanced cancer admitted for palliative care receive inadequate pain relief (SUPPORT Principal Investigators, 1995). Von Gunten (2005) suggested “that, of the 1 million dying Americans who have pain, 300,000 of them want more pain relief” (p. S89). Godfrey, Harrison, Freidberg,



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