Telltale Signs of Severe Pain Separate Legitimate Patients from Drug Seekers

Newswise — It is said that pain is a personal experience that cannot be accurately diagnosed. While healthcare providers ask patients to grade their pain on a 1-to-10 scale, this does little to help them separate genuine pain-relief-seeking patients from drug-seekers when prescribing potent opioid analgesics. Consequently, opioid analgesics are sometimes denied to patients in pain who would benefit from them.

In an evidence-based commentary article for Pain Treatment Topics – “Using Objective Signs of Severe Pain to Guide Opioid Prescribing” – Forest Tennant, MD, DrPH, outlines an objective approach for diagnosis that applies telltale physical signs of severe pain. “The fact is,” he says, “severe uncontrolled pain usually produces more objective physical evidence of its presence than does the average case of diabetes or heart disease.”

Tennant has specialized in treating severe pain for more than 30 years and is the author of more than 200 scientific articles. For one thing, he notes, severe pain – whether acute or chronic – causes stress on the whole body that can become life threatening. This can be easily measured by increased pulse rate, elevated blood pressure, and dilated pupil size. The patient may perspire heavily, and hands and/or feet can be cold to the touch.

Other signs are less obvious, but still observable. When severe pain has been present for a long time afflicted persons may avoid physical positions that worsen the pain. For example, they may always lean to one side or walk with a limp. Or, these individuals may try to limit physical sensations that cause pain, such as by always wearing loose-fitting clothing or not combing their hair. Some sufferers will attempt to distract their attention from the area that hurts to another area, even to the extent of cutting or burning themselves.

If they know what to look for, astute healthcare providers can use the diverse signs of pain to objectively determine if the pain is legitimate and is as severe as the patient claims. Once this is established, decisions about appropriate opioid prescribing and its proper dosing can be made. In his article, Tennant provides helpful tables that summarize key information for readers.

The complete article (6 pages) is available for free access at: http://pain-topics.org/clinical_concepts/comments.php#Tennant2

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