

Pain Assessment and Pain Management Podcast – Episode 2

Introduction: Welcome to the Pain Assessment and Pain Management Podcast. This series is part of a larger pain, hypertension, and cardiovascular disease initiative to educate providers on patient pain and medication management with considerations for over-the-counter pain relief for patients with high blood pressure and cardiovascular disease.

This series portrays the patient and clinician's experience with assessing and managing pain. This podcast is intended to be a guide to educate providers on the pain assessment tools available and provide practical applications for assessing and managing pain at different stages in the patient's journey. The patient used in this series is an actor who is a 65-year-old Black man with a history of hypertension, hyperlipidemia and obesity who had a knee replacement surgery. Any recommendations or information provided are not to be construed as a directive, endorsement or medical advice.

Disclaimer: The opinions expressed in this podcast are solely those of the presenter and not necessarily of the American Heart Association/American Stroke Association (AHA/ASA). The AHA/ASA does not endorse any specific products or devices.

[Begin reenactment]

PAUL ARNSTEIN: Hello Mr. Williams . I'm Paul Arnstein. I saw you in the hospital after your knee surgery. How are you doing now?

FRANK WILLIAMS (patient) : I remember. Call me Frank. I'm having a tough time, and this knee pain just keeps getting worse.

PAUL ARNSTEIN: Last time we saw each other, I remember you said it was a soreness. How physical

ays I'm supposed to do.

ARNSTEIN: Sorry to hear you are struggling, Frank. Right now, what does the e?

WILLIAMS : It's a stabbing pain in the knee that sometimes shoots down to the an't take it!

ARNSTEIN: On a scale of 0-10, where "zero" is "no pain" and "10" is the "worst in," how strong would you say your pain is?

FRANK WILLIAMS : I'd say it's a "20"—twice as bad as I ever thought it could be. It is as bad as it could be.

PAUL ARNSTEIN: So, that's your new "10"— it's "worst possible pain." Has your pain been constant or intermittent since you left the hospital?

FRANK WILLIAMS : I constantly have the pain since I left the hospital, and sometimes it's worse than others.

PAUL ARNSTEIN: Frank, what if anything, have you noticed makes the pain worse?

FRANK WILLIAMS : It wakes me up at night sometimes, but it's always bad when I try to walk. And stairs, forget about it!

PAUL ARNSTEIN: It sounds very upsetting. Do you feel mad, sad or frustrated?

FRANK WILLIAMS: Yeah, all of those feelings. Nothing is helping, and I should be better by now.

PAUL ARNSTEIN: Ha]TJ 0 Tc 0 Tw 2.72 0 Td ()Tj -0.002 Tc 0.002 Tw 0.28 0[(ARNS) Tc -0.6 (wf2(F

PAUL ARNSTEIN: You have to be careful which antacid you take because many are high in sodium, which should be limited given your hypertension. Also, there is no perfect medicine that will eliminate pain or be free of potential harm. We consider individual risk and balance concerns for reducing pain, improving functioning, while avoiding treatment-related harm.

FRANK WILLIAMS : Can you just make the pain go away?

PAUL ARNSTEIN: Well, you know, (chuckles) I once had this magic dust that I could sprinkle over patients and the pain would miraculously go away, but it's on back-order. I'll get it to you as soon as it comes in. But no,

the Mass General Hospital Institute of Health Professions and an independent pain educator and consultant. Dr. Arnstein, welcome back to our podcast.

PAUL ARNSTEIN: Thank you for having me back.

KRISTIN COLSON: So, it seems this is a complicated case. Do you often see patients a month after surgery that still have pain like this?

American Geriatrics Society [AGS] Beers Criteria® Update Expert Panel. (2019). Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults. *J Am Geriatr Soc*, 67(4):674-694. doi: 10.1111/jgs.15767.

