

## Pain Assessment and Pain Management Podcast – Episode 3

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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: Hi Frank, it's good to see you again. I looked over the imaging and questionnaires completed ahead of today's visit. How are you doing?

FRANK WILLIAMS (patient): I guess I'm okay. I just thought this pain would be gone by now. It's been six months since the surgery.

PAUL ARNSTEIN: Unfortunately, about 20% of patients still have significant pain six to twelve months (Rice, 2018) after the type of surgery you had. While the imaging shows you've healed well and no more surgery is needed, we have this unanticipated problem of persistent pain that we have to deal with now.

FRANK WILLIAMS: I agree. I have to get this pain under control so I can get back to doing the things I used to do.

PAUL ARNSTEIN: Frank, one of the questionnaires you filled out before coming in is what we call a Brief Pain Inventory. It showed that your pain ranges from 1 to 4 in intensity with an average score of "3." Does that reflect your pain experience over the past month?

FRANK WILLIAMS: Yes .

PAUL ARNSTEIN: I know at times you've had difficulty assigning a number to your pain intensity, but on the scale of 0-10, where "zero" is "no pain" and "10" is the "worst possible pain," how strong would you say that your pain is right now?

FRANK WILLIAMS: It's a "3" right now. I've been asked so many times; I now know the differences in the pain scores.

PAUL ARNSTEIN: That's great to hear. Those intensity numbers show that the treatment we've used have worked about as well as they usually do— achieving a 30% reduction in pain. It also showed that this level of pain interferes quite a bit with your daily activities, sleep, mood and relationships. Is that true? Is that what bothers you the most?







relief for patients with high blood pressure and cardiovascular disease. To learn more about the initiative, upcoming events and to access on demand education on this topic, please visit [heart.org/painmanagement](http://heart.org/painmanagement). My name is Kristin Colson and thank you for listening.

[End of Series]

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