

Test your practical understanding of Acute Non-Cancer Pain Treatment in clinical practice

1. Depressed mood, greater catastrophic thinking, and fear leading to inappropriate avoidance of activity may negatively influence acute pain progressing to chronic pain.
 - A. True
 - B. False

Simple conversations to educate about acute pain and set realistic expectations for recovery should be offered to all patients to help lessen unresolved fears, promote peace of mind, and help them reach treatment goals with fewer interventions (e.g., decreased utilization of medications). Patients with these psychosocial factors may especially benefit from Cognitive Behavioral Therapy (CBT), aromatherapy, music therapy, or other interventions that promote psychosocial well-being (correct answer is A).

2. Acute and chronic pain treatment plans should always include goals for optimizing daily function.
 - A. True
 - B. False

Treatment goals for both acute and chronic pain include minimizing pain, optimizing daily function, and addressing mental health influences that may impact pain (e.g., catastrophizing, depression) (correct answer is A).

3. When non-drug approaches are not enough, which of the following about the management of acute low back pain is TRUE:
 - A. Evidence is mixed on the effectiveness of acetaminophen.
 - B. Opioids have not been shown to offer benefit beyond NSAIDs.
 - C. All NSAIDs can increase the risk of gastrointestinal (GI) and cardiovascular (CV) events.
 - D. Evidence is mixed on the effectiveness of skeletal muscle relaxants.
 - E. All of the Above

Guidelines collectively recommend education for self-management and avoidance of bed rest as part of first-line non-drug therapy to treat acute low back pain. If non-opioid medication is needed in addition to non-drug approaches, NSAIDs may be more effective than acetaminophen, but acetaminophen has a safer adverse effect profile. Individual NSAID selection should also be based on patient risk factors and all NSAIDs should be avoided in certain patients (e.g., recent MI, heart failure, recent GI bleed, combination of high GI and CV risk factors). Addition of a skeletal muscle relaxant is a consideration if pain is associated with muscle spasm (correct answer is E).

4. For many acute pain conditions, other medications are just as effective as opioids.
- A. True
 - B. False

Recent evidence is showing non-opioids and combinations of non-opioids to be just as effective as opioids in resolving acute pain with fewer side effects. For example, a single-dose study conducted in an emergency department in 2017 found no meaningful difference in musculoskeletal pain reduction between the combination of ibuprofen 400 mg and acetaminophen 1000 mg compared against three different opioid combinations (oxycodone 5 mg + acetaminophen 325 mg, hydrocodone 5 mg + acetaminophen 325 mg, and codeine 30 mg + acetaminophen 300 mg). Encourage patients to continue optimized non-drug options along with around-the-clock scheduled dosing of oral or topical non-opioids to stay ahead of the pain (correct answer is A).

5. Tramadol is the first line option if it is necessary to select an opioid because it will decrease the risk of long-term opioid use
- A. True
 - B. False

Tramadol has been referred to as a second-line and even a last-line option if opioids cannot be avoided in multi-modal acute pain management. It appears to be less effective than other opioids and should not be viewed as “safer”. Tramadol carries the same warnings of abuse, misuse, and dependence as other opioids, can lower the seizure threshold, and has multiple drug interactions. Educate patients about the risks of opioid therapy prior to prescribing any opioid and prescribe only a short-acting/immediate release formulation at the lowest effective dose for the shortest duration (three days or less is often enough and more than seven days is rarely necessary) (correct answer is B).