Pain Management: A Case of Addressing the Fear

Kimberly Zubot
BSP Candidate 2009

In May 2007 a 62 year old female approached a pharmacist for help with her pain. She felt that her pain was out of control and trusted the pharmacist for help and advice. The patient has been on medication to treat her pain for a minimum of a year. Disease states as indicated by the patient included diabetes with possible neuropathy, and indication of osteoarthritis with lumbar damage. The patient complained of pain in several areas of her body. She had lost a considerable amount of weight over the last year. Quality of life issues were of her main concern. Daily tasks such as cooking and gardening could not be completed anymore.

Prior to meeting with the pharmacist she ad been prescribed Oxycontin and gabapentin in the past for pain. At our initial meeting with the patient she indicated she was using the Oxycontin for pain but had stopped the gabapentin on her own. She was experiencing sweats which she blamed on stopping the gabapentin on her own. After meeting with the patient, she later restarted the gabapentin on her own with no change in sweats.

The patient had indicated she was having difficulties on Oxycontin which included lack of pain control, and hot and cold sweats, initially attributed to the stopping of gabapentin. The patient was hospitalized, tapered off Oxycontin, and started on Duragesic 50 patch. The second patch was started on the day of discharge. As per the Saskatchewan Drug Plan, the patient was dispensed the generic form of the patch once discharged. Thirty minutes after the initial application of the generic fentanyl patch the pharmacist was called to the home of the patient. The patient explained feelings of wooziness, stomach upset, facial numbness, and an overwhelming wave of drug within 30 minutes of application of the patch. The patient was admitted to the hospital with increased blood pressure and pulse. There was no indication of an allergic reaction due to the glue from the patch. Initial thoughts were of a patch defect which may have released the entire dose of the drug at once. The patient's blood pressure and pulse returned to normal and the patient was released from the hospital. The patient attended the hospital later in the day to place a Duragestic 50 patch on. There were no signs of a reaction as observed by the hospital staff for 60 minutes following application of the patch. The next day the patient reported a repeat of symptoms. The Duragesic patch was removed. Other medications such as MS Contin and Tramacet were tried in the days to follow but the patient indicated intolerance to both of them. The patient seemed very worried about any option and believed it would not work or would cause more problems.

The validity of the patient's symptoms and intolerance of medications started to be questioned as they did not follow the usual course of symptoms or intolerance. Upon questioning the patient and talking to a family member it was brought to our attention that she was receiving incorrect advice from friends which added to the patient's anxiety. The patient was readmitted into the hospital for pain control due to the intolerance of MS Contin and the pharmacist was called for help. Once the patient realized that she needed to trust the healthcare professionals looking after her and no on else's opinion, she followed the suggested treatment. The patient was treated with Duragesic 12.5mcg patch to control the pain plus Tylenol #3 for breakthrough pain. In addition Celexa 10mg and Ativan 1mg were started to help control her anxiety. Three days before discharge the Duragesic was increased to 25mcg and the Celexa was increased to 20mg.

During the initial visits with the patient she had indicated her reluctance to use any narcotics for fear of becoming "addicted" to the drugs. The difference between addiction and dependence was discussed with the patient. The importance of pain perception was also addressed. Everyone experiences pain differently. A pain diary was given to the patient to fill out. Pain was rated between 1 and 10 with 10 being the most severe pain. The patient was also asked to fill out her activity level at the time of the pain, any treatment with medication, and the pain level following any treatment with medication.

The patient was visited one month after the pain diary and anti-anxiety medication were started. As indicated by the pain diary and the patient, the pain was under control. She was gaining weight back and she her quality of life had increased. She was cooking and gardening again. The patient was not having any further problems with receiving unauthorized advice.

Perception and fear seemed to play a major role in the patient's pain. The patient no longer felt the original overwhelming symptoms from the Duragesic patch therefore it is unlikely that there was any reaction to the patch or drug that she is now stable on. The understanding of treatments, addiction, pain perception, correct advice, addressing fears, and trust were the focus of her treatment for pain. A better explanation and understanding to other pain management patients might prove to be beneficial in their own pain management. Pain is difficult for someone else to quantify therefore developing a relationship with your patient and addressing their concerns is a important step to take to give them the best management possible.