

RATIONAL PAIN MANAGEMENT IN CHILDREN WITH CHRONIC MEDICAL CONDITIONS

- In pediatric practice, chronic pain is widely defined as pain persisting for more than 3 months.
- Pain may be broadly categorized into several types:
 - Nociceptive pain results from appropriate nervous system function, generally signals actual or impending tissue injury, and may be acute or chronic.
 - Neuropathic pain results from nervous system dysfunction, may be disproportionate to associated tissue injury, and is commonly recognized as a chronic entity.
 - Functional pain has no apparent structural or metabolic cause, lacks associated tissue injury, and is usually identified in the chronic setting after evaluation for underlying etiology.
- Patients, particularly those with chronic medical conditions, may experience multiple types of pain simultaneously or at different times.
- Particularly in the chronic setting, effective pain management requires an understanding of the types of pain being experienced, with management appropriate to those types.
- Nociceptive pain is most appropriately managed with:
 - Optimized non-opioid anti-nociceptive analgesics (acetaminophen, non-steroidal anti-inflammatory drugs).
 - Brief trials of short-acting opioid to assess efficacy if non-opioid anti-nociceptive analgesics prove inadequate.
 - Consideration of long-acting opioid with appropriate ongoing control measures if chronic opioid therapy is undertaken.
 - Rehabilitation services, particularly for significant deconditioning or for chronic pain.
 - Mental health care, particularly for significant deconditioning or for chronic pain.
 - Openness to complementary and alternative modalities as effective.
 - Interventional techniques.
- Neuropathic pain is most appropriately managed with:
 - Optimized non-opioid anti-neuropathic analgesics (some anticonvulsants, some anti-depressants).
 - Brief trials of short-acting opioid to assess efficacy if non-opioid anti-neuropathic analgesics prove inadequate.
 - Consideration of long-acting opioid with appropriate ongoing control measures if chronic opioid therapy is undertaken.
 - Rehabilitation services, particularly for significant deconditioning or for chronic pain.
 - Mental health care, particularly for significant deconditioning or for chronic pain.
 - Openness to complementary and alternative modalities as effective.
 - Interventional techniques.

- Functional pain is most appropriately managed with:
 - Avoidance of anti-nociceptive analgesics, in particular opioid.
 - Consideration of non-opioid anti-neuropathic analgesics (some anticonvulsants, some anti-depressants), while discouraging reliance on pharmacologic analgesia.
 - Rehabilitation services, particularly for significant deconditioning or for chronic pain.
 - Mental health care, particularly for significant deconditioning or for chronic pain.
 - Openness to complementary and alternative modalities as effective.
 - Avoidance of interventional techniques.

- A common paradigm, particularly if it is unclear what types of pain are being experienced, involves:
 - Initial anti-nociceptive management.
 - Conversion to anti-neuropathic management if anti-nociceptive management proves inadequate.
 - Eventual functional management if both anti-nociceptive and anti-neuropathic management prove inadequate.

- Appropriate expectation management and limit setting are important:
 - Zero pain may be an unrealistic goal in many patients.
 - Medications should be prescribed at lowest effective doses.
 - Ineffective medications should be discontinued.
 - Opioid should be prescribed with regulatory compliance and appropriate control measures.
 - Patient non-compliance should prompt discontinuation of pharmacologic analgesia.

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