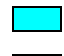
CHRONIC PAIN MANAGEMENT

ARTICLE DESCRIPTIONS

First Author (Year) and Focus of the Interventions	Study Designs or Methods (# of studies included)	Intervention Settings/ Population	Outcomes/Measures	Findings and Conclusions
American Geriatric Society (AGS) (2001) + Consensus practice recommendations for exercise prescription for older adults with osteoarthritis (OA) pain. The purpose is to provide an evidenced-based review explaining why physical activity benefits older adults with (OA) and should be promoted in primary care.	Guideline is based on a literature review followed by consensus panel. The number of articles reviewed is not reported. 5 selected RCTs are included in a table as examples of the effect of exercise on outcomes in patients with OA.	Setting not specified beyond primary care. The focus of the review and guidelines is on people 65 and older	The recommendations outline the steps in managing OA in older patients with an emphasis on treating medically stable patients with flexibility, strengthening, and endurance exercises as well as superficial ice and heat.	No information provided or located on effectiveness of guideline or evaluations of implementation.
American Geriatric Society (AGS) (2002) + Clinical Practice Guideline: The management of persistent pain **in older persons**. The guideline is specifically for the management of chronic non-cancer-related pain in older persons. (12 pages; 116 references)	Guideline is based on a literature review followed by consensus panel. Evidence was rated in terms of Quality and Strength.	Guideline is not setting specific	Guideline has general principles for 1. assessment of chronic pain in older persons (followed by 9 specific recommendation). 2. pharmacologic management (followed by 9 specific recommendations) and 3. nonpharmacologic management (followed by 8 specific recommendations). Also recommends several validated assessment tools.	No information provided or located on effectiveness of guideline or evaluations of implementation. Review committee found that existing evidence-based literature on the assessment and mgmt of chronic pain- specifically in older people – was limited.

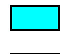
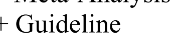


* Meta-Analysis or Systematic Review
+ Guideline

CHRONIC PAIN MANAGEMENT

ARTICLE DESCRIPTIONS

First Author (Year) and Focus of the Interventions	Study Designs or Methods (# of studies included)	Intervention Settings/ Population	Outcomes/Measures	Findings and Conclusions
A Scientific Statement From the American Heart Association (AHA) (2007) Use of Nonsteroidal Anti-inflammatory Drugs (NSAID).	Literature review, review of FDA reports and expert opinion.	Recommendations are not setting specific	The statement poses several questions that should be considered when one makes treatment decisions about NSAID medications in patients with or at high risk for cardiovascular disease. A suggested stepped-care approach to management of patients with musculoskeletal symptoms is presented.	No information provided or located on effectiveness of guideline or evaluations of implementation.
Brink-Huis (2008) * Systematic review of literature identifying organization models in cancer pain management that contain integrated care processes and describe their effectiveness	Pre/post test studies; pilot studies; quasi-experimental; descriptive design studies	Hospital Setting Age not specified	Patient outcomes Organizational/process Cost-effectiveness	There are three main types of organization models for cancer pain management which also include integrated care processes: institutionalisation models, clinical pathway and pain consultation. All three of the models show positive results for pain control, patient satisfaction, use of pain assessment tools and adherence to pain assessment.
Clark (2006) A qualitative study of nursing home staff perceptions of pain management.	Semistructured interviews with staff in nursing homes that implemented a multifaceted pain-management program and control nursing homes	Staff (n=112) in selected nursing homes in Colorado.	Knowledge Attitudes Practice related to pain management	Interviewee reported increased use of assessment and higher levels of comfort discussing pain. Attitudes were less change changed and concerns remained about addiction, under reporting and difficulties identifying pain in patients with cognitive impairment. Practice change was perceived as happening slowly and hampered by several barriers including lack of physician involvement and the persistence of myths about pain.

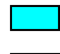



* Meta-Analysis or Systematic Review
+ Guideline

CHRONIC PAIN MANAGEMENT

ARTICLE DESCRIPTIONS

First Author (Year) and Focus of the Interventions	Study Designs or Methods (# of studies included)	Intervention Settings/ Population	Outcomes/Measures	Findings and Conclusions
Czurylo (1999) Purpose of the study was to "validate the impact of an educational program on nursing practice."	Pretest/posttest study	Religiously affiliated community medical center located in a suburb of a midwestern city 185 participants	Practice outcome measures Patient outcomes	The results show that a continuing education program triggered change in practices such as using the pain scale, believing the patient and giving the patient more pain medication. The performance improvement data shows greater compliance with the staff using a pain scale and measuring patient response to a pain reliving measure. Positive patient outcomes include patient satisfaction with pain control.
De Wit (1999) Study to assess the use of self-monitoring of pain using a pain diary among cancer patients.	Single study: single group multiple measurements	159 cancer patients (age not specified) Home Setting	Pain intensity Quality of Life	Results show that the use of a pain diary is an appropriate method to assess patients' pain intensity at home. The compliance rate was 86% even for patients who were seriously ill. The authors conclude that healthcare providers should use a pain diary "as a valuable instrument for not only diagnostic evaluation but also to assess treatment effects, compliance rates and follow-up results."
De Wit (2001) Study to investigate the role of nurses caring for cancer patients with chronic pain at home as well as the effects of a Pain Education Programme for patients and their nurses.	Prospective, longitudinal RCT	104 patients and 115 nurses Patients were categorized as < 60 or ≥ 60	Type of care provided by district nurses Satisfaction with the pain treatment Agreement in estimating patients' pain intensity	The descriptive results confirmed that coordination between the hospital and district nurses who do home care was poor, with most district nurse not made aware of patient pain issues and pain was rarely the purpose for the district nurse, though it was discussed and documented in over ¾ of visits. The educational intervention had a moderate impact on awareness of pain issues but did not significantly change practice.

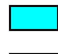


* Meta-Analysis or Systematic Review
+ Guideline

CHRONIC PAIN MANAGEMENT

ARTICLE DESCRIPTIONS

First Author (Year) and Focus of the Interventions	Study Designs or Methods (# of studies included)	Intervention Settings/ Population	Outcomes/Measures	Findings and Conclusions
Dixon (2007) * Psychological interventions for arthritis pain management in adults: a meta-analysis. Psychological interventions included cognitive-behavioral therapy, biofeedback, stress management, hypnosis, and psychodynamic approaches that focus on unresolved conflicts contributing to pain	RCTs (27)	Outpatient	Primary: Self-reported pain intensity Secondary Psychological outcomes (e.g., anxiety, depression) Physical function Biological function	Findings indicate that psychosocial interventions may have significant effects on pain and other outcomes in arthritis patients (effect size for pain reduction was 0.177; 95% CI = 0.256-0.094; combined p <0.01). The authors conclude there is ample evidence for the additional benefit of such interventions over and above that of standard medical care was found.
Dworkin (2005) Recommendations for specific measure for core outcomes frequently included in chronic pain clinical trials	Commissioned literature reviews and expert consensus were used to generate the recommendations	Not setting or age specific Discussion of assessment of pain in people with cognitive impairments	Specific measures are recommended for the following domains Pain: 0-10 numerical rating or categorical rating if patient has trouble with numbers; use of rescue analgesics Physical Function: either multidimensional Pin Inventory Interference Scale or Brief Pain Inventory Emotional: Beck Depression Inventory or Profile of Mood States Satisfaction: Patient Global Impression of Change	Literature is cited to support each recommended measure. The evidence is not graded and no information was found on the impact of implementing these recommendations

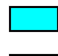


* Meta-Analysis or Systematic Review
+ Guideline

CHRONIC PAIN MANAGEMENT

ARTICLE DESCRIPTIONS

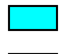
First Author (Year) and Focus of the Interventions	Study Designs or Methods (# of studies included)	Intervention Settings/ Population	Outcomes/Measures	Findings and Conclusions
Ferrell (1998) A Pain Education Intervention (PEI) designed to assist patients and families at home. Phase I of they study consisted of using PEI with home care nurses and integrating pain education in their home care visits. This particular article discusses the needs of home care patients regarding pain education and the issues regarding the implementation of PEI in phase I.	Quasi-experimental study (184 patients)	Home Care Age range 45-90; mean age of patients was 65	Physical, psychological, social and spiritual well-being	Study findings show that there is a need for increased education among home care professionals. The authors suggest that basic principles of pain management be included in continuing education of all home care professionals.
Gordon (2008) The article describes how the University of Wisconsin Hospital & Clinics (UWHC) improved their performance and documentation of pain reassessments after the Joint Commission found that they were not being done consistently. The plan-do-check-act (PDCA) framework was utilized to improve inconsistencies in practice.	1 single study	University of Wisconsin Hospital & Clinics Population not specified	Improvement in proper documentation of pain reassessments	It was found that in the two year period when the PDCA framework was implemented, there was >90% compliance with a cumulative rate of 94% appropriately documented pain reassessments. The authors conclude that despite repetitive education,
Hadjistavropoulos (2007) An interdisciplinary expert consensus statement on assessment of pain in older persons.	Literature synthesis and expert consensus; reliability and validity data for assessment tools is provided	Recommendations are not site specific Recommendations are specific to older people	Specific recommendations are given for the following domains: (1) physical examination; (2) medication history, (3) assessment of pain using self-report approaches; (4) assessment of pain among patients with dementia; (5) functional assessment; (6)	No information provided or located on effectiveness of consensus statement or evaluations of implementation.



* Meta-Analysis or Systematic Review

+ Guideline

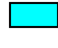
First Author (Year) and Focus of the Interventions	Study Designs or Methods (# of studies included)	Intervention Settings/ Population	Outcomes/Measures	Findings and Conclusions
			assessment of emotional functioning; and (7) special issues relating to neuropathic and nociceptive pain conditions	
Herr (2006) Pain assessment in the nonverbal patient: position statement with clinical practice recommendations.	An appointed Task Force developed recommendations that were then approved by the Board of Directors of the American Society of Pain Management Nursing	Recommendations are not setting specific Recommendations are given for three special populations including people with advanced dementia, children, and people who are unconscious.	Recommendations start with general approaches: 1. Use the Hierarchy of Pain Assessment Techniques 2. Establish a protocol for pain assessment 3. Use behavioral pain assessment tools as appropriate 4. Minimize emphasis on physiologic indicators 5. Reassess and document Then specific recommendations and tools are recommended for each special population	No information provided or located on effectiveness of the recommendations or evaluations of implementation.
Herr (2006) A review of selected tools for assessment of pain in nonverbal older adults with dementia.	Conducted an extensive literature review to identify and examine existing assessment tools	Recommendations are not site specific Not age specific, but focuses on severe dementia	10 assessment tools for nonverbal adults were identified and evaluated in terms of conceptualization, types of people it was created for, ease of administration, reliability and validity.	Assessment tools with the strongest conceptual and psychometric support are described, but the authors conclude that "although a number of tools demonstrate potential, existing tools are still in the early stages of development and testing. Currently there is not standardized tool based on nonverbal behavioral pain indicators in English that may be recommended for broad adoption in clinical practice."

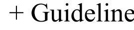

* Meta-Analysis or Systematic Review
+ Guideline

CHRONIC PAIN MANAGEMENT

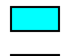
ARTICLE DESCRIPTIONS

First Author (Year) and Focus of the Interventions	Study Designs or Methods (# of studies included)	Intervention Settings/ Population	Outcomes/Measures	Findings and Conclusions
Heye (1999) A selected literature review on the need for better nursing instruction about pain management and approaches to teaching pain management to nurses.	Combines a selected literature review and an adaptation of an existing model (Greipp's model of ethical decision making in the manage-ment of client's chronic pain) into recommendations for teaching.	Setting or age of patients not directly discussed, though reference is made to 'healthcare institutions'.	A teaching plan that includes knowledge goals and 'learned potential inhibitors' (LPIs) for both clinicians and patients. LPIs are defined as beliefs, experiences, or value that may run counter to effective pain management. The author provided topics, objectives, methods and tools, such as quizzes for teaching clinicians effective pain management.	No information provided or located on effectiveness of guideline or evaluations of implementation.
Institute for Clinical Systems Improvement (ICSI) (2007) + Guideline developed for assessment and management of chronic pain by health professionals.	Guideline is based on an extensive literature review. Evidence supporting recommendations are described using 7 categories A is an RCTs; B is cochor studies; C is other quasi experiment designs; D is cross section studies and cases;	Guideline is neither setting nor age specific	Priority aims for assessment (Improve treatment of patients by completing an appropriate biopsychosocial assessment) and management (1. improve function of patients by developing and using a comprehensive treatment plan that includes a multi specialty team approach; 2. Improve the effective use of medications; 3. Ensure the appropriate use of interventional techniques as per guideline and technology assessment reports). Guideline provides a 1-page assessment algorithm and a 1-page	No information provided or located on effectiveness of guideline or evaluations of implementation.



* Meta-Analysis or Systematic Review

+ Guideline

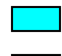
First Author (Year) and Focus of the Interventions	Study Designs or Methods (# of studies included)	Intervention Settings/ Population	Outcomes/Measures	Findings and Conclusions
	M is meta analyses, R is consensus statements and X is medical opinion.		management algorithm followed by algorithm annotations that include the evidence supporting the recommendations.	
Kwekkeboom (2006)* Systematic review of relaxation interventions for pain. Interventions included progressive muscle relaxation, jaw relaxation, rythmic breathing, autogenic training (a mental exercise faciliting a quick shift to a relaxed state) and other relaxation techniques.	15 RCTs which tested a relaxation technique alone or in which the relaxation intervention could be evaluated separately	Various populations and settings. One study was specifically elderly people with arthritis. Most of the others were likely to contain older people (post hip replacement, low back pain) with 2 exceptions (pregnant women, and premenstrual pain)	Pain intensity Pain disability Pain severity Distress Use of analgesics	In 8 of 15 studies the use of relaxation techniques was supported. The most support is for progressive muscle relaxation with some support for jaw relaxation. Limited or no evidence was found for autogenic training and rhythmic breathing. The authors identified methodological problems in most of the studies and call for more rigorous research, particularly research to explore dose-response relationships for these techniques.
Morley (1999)* Systematic review and meta-analysis of randomized controlled trials of cognitive behavior therapy and behavior therapy for chronic pain in adults, excluding headache. Interventions included 1. biofeedback and/or relaxation; 2. managed approaches	25 RCTs	Age for each trial is not provided. The unweighted mean age across all the trials is given as 48.35. Most subjects were outpatients	Pain experience Mood/affect Cognitive coping and appraisal Pain behavior Biology/physical fitness Social role functioning Use of health care	These active psychological treatments were associated with significant effect sizes on all outcomes when compared with wait list controls. Comparisons among the types of treatments found that cognitive behavioral therapy resulted in significantly greater improvements in pain experience, coping, and behavioral expressions of pain. For the other outcomes there were no significant



* Meta-Analysis or Systematic Review

+ Guideline

First Author (Year) and Focus of the Interventions	Study Designs or Methods (# of studies included)	Intervention Settings/ Population	Outcomes/Measures	Findings and Conclusions
to behavior change and 3. cognitive behavioral therapy which focuses on changing cognitive activity to achieve changes in behavior.				differences among the types of treatments.
Morone (2007)* Mind-body interventions for chronic pain in older adults: a structured review. Review to evaluate the feasibility, safety, and evidence for pain reduction in older adults with chronic nonmalignant pain in the following mind–body therapies: biofeedback, progressive muscle relaxation, meditation, guided imagery, hypnosis, tai chi, qi gong, and yoga.	20 trials (RCT=13; pre/post=5; 2=paired sample review) that included older adults with chronic pain were reviewed.	Outpatient 12 studies of people 50 and above; 2 of people 65 and older; and 6 that included people under and over 50	Pain Function Mobility Use of Medication	The authors conclude the interventions are feasible and safe based on participation rates and a lack of adverse events. Many of the studies reviewed modified the intervention for older adults. The studies had small sample sizes and had methodological problems, prompting the authors to report that the individual study results are generally positive, but that any overall conclusion based on evidence can only tentative support these interventions.
Sanders (2005) + Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. The guideline focuses on patient self-management defines integrated treatment as involving medical, psychological/behavioral, physical/occupation therapy, and disability/vocation interventions.	Guideline is based on a literature review. Type of supporting evidence is not specifically stated for each recommendation.	Guideline is not setting specific but focuses on short-term (up to 20 days) outpatient management	Begins with assessment recommendations, including a definition of chronic pain syndrome. Then, provides a management algorithm that includes recommendations for medical management, physical/occupational therapy, behavior/psychological therapy, vocational/disability interventions.	No information provided or located on effectiveness of guideline or evaluations of implementation.



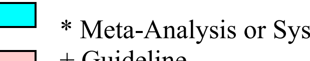
* Meta-Analysis or Systematic Review

+ Guideline

CHRONIC PAIN MANAGEMENT

ARTICLE DESCRIPTIONS

First Author (Year) and Focus of the Interventions	Study Designs or Methods (# of studies included)	Intervention Settings/ Population	Outcomes/Measures	Findings and Conclusions
Tornkvist (2003) An evaluation of the use of 'pain advisor' nurses on the knowledge, management and documentation of care for patients in chronic pain by other nurses in the district. The 'pain advisor' resource nurses received 4 day training on pain management and how to serve as advisors on pain management for colleagues.	Singe study, pre/post design with a non random comparison group	Districts in the south-western health care district in Sweden. No information on the patients cared for during the study period is provided.	Nurses self reports of the following related to care of patients with chronic pain: Opinions Knowledge Management Documentation	Comparison of the pre and post intervention questionnaires revealed greater improvements in outcomes in the districts with the pain advisor nurses. The authors acknowledge the need for more controlled studies of these types of interventions, but conclude that their experience suggests that this low-resource educational intervention can change practice.
Wisconsin Medical Society Task Force on Pain Management (2004) + Guidelines for the assessment and management of chronic pain.	Guideline is based on a literature review and expert consensus.	Guideline is not setting specific but is focused on primary care providers	Assessment recommendations focus on the multiple dimensions of chronic pain—biological, psychological, behavioral, familial, vocational, social, and medical legal. Management recommendations focus on pharmacological, psychological, surgical, and rehabilitation approaches.	No information provided or located on effectiveness of guideline or evaluations of implementation.


* Meta-Analysis or Systematic Review
+ Guideline