

Pain:

Current Understanding of
Assessment, Management,
and Treatments

Sponsored by
the American Pain Society



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It is the policy of the American Pain Society that planners and faculty disclose the existence of any significant financial interest or other relationships they may have with the manufacturer(s) of a commercial product(s) or services relating to the topics presented in an educational activity over which they have control. When unlabeled uses are discussed, these will also be disclosed.

This continuing education activity includes the discussion of unlabeled uses in the following areas:

Section III.A.2.c. Antiepileptic drugs on pages 38 and 45 and Table 25 on pages 42-43

Section III.A.2.d Antidepressants on pages 45-46 and Table 25 on page 43

Section III.A.2.f Other on page 47

Section IV.B.3.a Pharmacologic management (pages 66-67 and Table 37 on page 66)

Section IV.B.4 Management of Some Common Types of Chronic Noncancer Pain, Tables 39 and 40 on pages 68 and 69

CE test questions 22-25 on page 98 and 31-32 on page 99

Most uses of antiepileptic drugs for providing analgesia (pages 38, 42, 43, 45, 50, 66, 67, 68, and 69) are unapproved in this monograph. Gabapentin (Neurontin) is indicated for postherpetic neuralgia (and seizure disorders).

Carbamazepine (Tegretol) is indicated for trigeminal neuralgia and glossopharyngeal neuralgia (and epilepsy).

Divalproex sodium (Depakote) is indicated for migraine headache prophylaxis (and mania and epilepsy).

Phenytoin (Dilantin) is indicated only for epilepsy.

Antidepressants are not approved for pain management. The use of tricyclic antidepressants for migraine prophylaxis and postherpetic neuralgia (pages 43, 45, 46, 47, 66, 67, 68, and 69) are unapproved uses. The footnote on page 45 about the use of SSRIs for providing analgesia is an unapproved use.

Eutectic Mixture of Local Anesthetics (lidocaine and prilocaine) (EMLA®) (page 44) is indicated as a topical anesthetic for use on (1) normal intact skin for local analgesia and (2) genital mucous membranes for superficial minor surgery and as pretreatment for infiltration anesthesia (postherpetic neuralgia and other neuropathic pain in Table 25 are unapproved uses).

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Target Audience/Learning Objectives

The target audience for this activity includes pain specialists, primary care providers, neurologists, psychiatrists, psychologists, nurses, nurse practitioners, and pharmacists. After reading this monograph, the participant should be able to:

1. Describe the current status of pain management in the United States, barriers to appropriate assessment and management of pain, and consequences of undertreatment of pain.
2. Explain the pathophysiologic mechanisms involved in pain perception.
3. Name elements of the pain assessment process, a tool used for pain assessment, and strategies for overcoming barriers to pain assessment.
4. List the types of pharmacotherapies used to manage pain and compare the mechanisms of action, uses, dosage forms, routes of administration, dosages, and side effects of the various options.
5. Discuss the role of nonpharmacologic interventions in treating pain and name a clinical use for a nonpharmacologic treatment.

Continuing Education

This activity is no longer being offered for continuing education credit. It is available here as a resource for pain professionals' use.

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