INTERACTIVE QUESTIONS

What is acute pain?

Multiple Choice Question

- Which of the following statements about acute pain is false?
 - A. There is usually obvious tissue damage
 - B. Usually has no protective function
 - C. Is accompanied by increased nervous system activity
 - D. Pain resolves upon healing

True-False Questions

Which of the following statements is correct?

- In acute pain the influence of inflammation on nociception is limited to the site of the lesion (yes/no)
- 2. Nociceptive sensory nerves are able to modify their function and chemical profile (yes/no)
- 3. Protein kinase activation is not a key element in the process of peripheral sensitization (yes/no)
- 4. Sensitization decreases the threshold for noxious stimulations (yes/no)

True-False Questions

Central sensitization:

- 1. Induces hyperalgesia and allodynia (yes/no)
- 2. Has no effect on peripheral receptive fields of spinal neurons (yes/no)
- Increases spontaneous firing of spinal neurons (yes/no)
- 4. Is an activity-dependent process (yes/no)

 How many patients in acute pain do you see during a typical week?

 What are the most common types of acute pain you see in your practice?

Multiple Choice Question

- Which of the following statements regarding the prevalence of acute pain is false?
 - A. Acute pain accounts for more than two-thirds of visits to the emergency department
 - B. More than 50% of hospitalized patients report they experience acute pain
 - C. The lifetime prevalence of acute pain in the general population approaches 100%
 - D. Acute pain is more prevalent among males than females

 What proportion of your patients undergoing surgery go on to develop chronic pain?

 How do you think the prevalence of pain in your region differs from that in other regions?

 How has acute pain affected the day-to-day life of some of your patients?

 What are some examples of questions you could ask for each of the letters in the PQRST mnemonic?

Multiple Choice Question

- Which of the following is not a unidimensional assessment tool for pain?
 - A. Visual analog scale
 - B. Verbal pain intensity scale
 - C. Faces scale
 - D. 0–10 numeric pain intensity scale
 - E. Brief Pain Inventory

Multiple Choice Question

- Which of the following is most appropriate when trying to determine the intensity of a patient's pain?
 - A. Ask about what precipitates the pain
 - B. Question the patient about the location of the pain
 - C. Offer the patient a pain scale to objectify the information
 - D. Use open-ended questions to find out about the sensation

 How do you assess acute pain in your practice?

- In your practice, do you regularly assess risk for developing chronic pain?
 - If so, how?

 What do you find most challenging about managing acute pain?

- What non-pharmacological approaches to managing acute pain do you incorporate into your practice?
- Are there non-pharmacological modalities your patients regularly ask about?

 What is your experience with providing preoperative pain education or counseling?

True-False Questions

Which of the following statements is correct?

- Analgesia can only be obtained by decreasing spinal hyperexcitability through action at receptors or enzymes involved in sensitization (yes/no)
- 2. Selective COX-1 inhibition is analgesic and reduces neurogenic oedema in acute inflammatory pain (yes/no)
- 3. Spinal PGE₂ concentrations in CSF are a measure of central sensitization (yes/no)
- 4. COX-2-selective inhibition significantly decreases central sensitization (yes/no)
- 5. COX-2-selective inhibition exerts an antihyperalgesic effect (yes/no)

True-False Questions

Which of the following statements is correct?

- The principal inhibitory mechanism of opioids in the spinal cord is to control neurotransmitter release through presynaptic μ-receptors (yes/no)
- In the brain opioids stimulate inhibitory neurons that produce GABA and glycine (yes/no)
- Opioids enhance the activity of descending inhibitory neurons that deliver norepinephrine and serotonin at the dorsal horn (yes/no)

 How do these medications work to reduce acute pain?

 What potential side effects do you discuss with patients for whom you are considering prescribing an opioid?

- Is non-adherence to treatment an issue for your patients in acute pain?
 - If so, how do you manage this in clinical practice?

 What are some strategies you use in your practice to improve communication with your patients?