INTERACTIVE QUESTIONS

• What is pain?

Does everyone feel pain the same way?

 From a practical point of view, how do you classify pain?

 What are some examples of painful conditions?

Several etiologies may contribute to pain.
What examples do you see most often in your practice?

- 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

 What changes in primary sensory neurons occur with chronic pain?

- Which of the following statements about chronic pain is false?
 - A. There is usually obvious tissue damage
 - B. Usually has no protective function
 - C. Degrades health and function
 - D. Pain continues beyond expected period of healing

 What are some endogenous chemical mediators of pain?

- Which of the following statements about nociceptive pain is false?
 - A. Occurs when specific sensory neurons (nociceptors) respond to noxious stimuli
 - B. Caused by a lesion or disease of the somatosensory nervous system
 - C. Usually time-limited
 - D. Resolves when damaged tissue heals
 - E. Can be chronic (e.g., osteoarthritis)

 How do central and peripheral neuropathic pain differ?

 What types of nerve damage may lead to the development of neuropathic pain?

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

 What proportion of patients in your practice suffers from chronic pain?

- 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 ER
 - 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

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

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

- Which of the following statements regarding depression and pain is false?
 - A. Depression is more a consequence than the cause of pain
 - B. All antidepressants have analgesic properties
 - C. Antidepressants are active in non-depressed patients
 - D. Improvement of depression is not necessarily associated with pain reduction in patients with major depressive disorder
 - E. Analgesic dose is lower than antidepressant dose

- Which of the following statements regarding sleep disturbances and pain is false?
 - A. Sleep disturbances may induce pain
 - B. About 75% of patients with chronic pain complain of sleep disturbances
 - C. Sleep deprivation (total or slow-wave sleep) induces hyperalgesia
 - D. Structures involved in sleep regulation are also involved in pain modulation

How do you assess pain in your practice?

 What are the elements of a comprehensive pain assessment?

 What methods might you use to identify the underlying cause of pain?

- Do you use a screening tool for neuropathic pain in your practice?
 - If so, which tool and why?

 What kind of information should you seek when obtaining a pain history?

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

- Which of the following is not a unidimensional assessment tool for pain?
 - A. Visual Analog Scale
 - B. Verbal Pain Intensity Scale
 - C. Wong-Baker Faces Scale
 - D. 0–10 Numeric Pain Intensity Scale
 - E. Brief Pain Inventory

- 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 client about the location of the pain
 - C. Offer the client a pain scale to objectify the information
 - D. Use open-ended questions to find out about the sensation

- What assessment tools do you typically use in your practice?
 - Why?

 What non-pharmacological approaches to managing pain do you incorporate in your practice?

 Are there non-pharmacological modalities your patients regularly ask about?

 What is your experience with using psychological therapies to manage your patients' pain?

 What is your experience with using rehabilitative and physical therapies to manage your patients' pain?

- What pharmacological therapies do you tend to use first-line in patients with:
 - Acute pain?
 - Chronic pain?

- Besides nociception, what are some other pathophysiological mechanisms of pain?
- What pharmacological agents might you use to treat patients suffering from these types of pain?

- Is non-adherence to pain treatment an issue for your patients?
 - 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?