

Multimodal Pain Management Methods

Multimodal pain management should begin by instructing the patient on different methods of self-care, such as exercise or heat/cold application. It is followed by a patient-specific combination of therapies relating to physical, behavioral, medicinal, and/or procedural interventions. Nonpharmacological therapies should be used throughout therapy and be combined with other methods to increase the efficacy of the strategy. Non-opioid pharmacological therapies should precede opioid prescribing. In the event opioids are prescribed, the prescriber should query the Prescription Drug Monitoring Program (PDMP) and determine whether the patient is currently prescribed any opioids. The prescriber should also determine if any drug-drug interactions could occur because of any concurrently prescribed benzodiazepines. When prescribing, the prescriber should start with the lowest effective dose of immediate-release opioids. Extended-release opioids should be reserved for chronic pain therapy and when the benefits outweigh the risks associated with long-term opioid use.

Nonpharmacological Pain Management Therapies

• Physical Treatments

Exercise, including low-impact aerobics, general physical therapy, stretching, and orthotics, transcutaneous electrical nerve stimulation, electrical stimulation devices, heat/cold application, and weight loss

• Behavioral Treatments

Behavior therapies, including cognitive behavioral therapy, yoga, and meditation

Non-Opioid Pharmacological Therapies

• First-Line Analgesics

Nonsteroidal anti-inflammatory drugs (oral and topical), acetaminophen, aspirin, and topical lidocaine

• Second-Line Analgesics

Serotonin and norepinephrine reuptake inhibitors, antidepressants, including tricyclic antidepressants, and anticonvulsants, including pregabalin and gabapentin

Opioids

• Immediate-Release/Short-Acting Codeine

• Extended-Release/Long-Acting Methadone, fentanyl transdermal, or buprenorphine transdermal

• Available in Both Formulations Morphine, hydrocodone, hydromorphone, oxycodone, oxymorphone, tramadol, or tapentadol

Sources

- 1) American Chronic Pain Association. Chronic Pain Treatments. <https://theacpa.org/treatments>. Accessed May, 04 2017.
- 2) Dowell, D., Haegerich, T. M., & Chou, R. (2016). CDC guideline for prescribing opioids for chronic pain—United States, 2016. *Jama*, 315(15), 1624-1645
- 3) Woodbury, A., Soong, S. N., Fishman, D., & García, P. S. (2016). Complementary and alternative medicine therapies for the anesthesiologist and pain practitioner: a narrative review. *Canadian Journal of Anesthesia/Journal canadien d'anesthésie*, 63(1), 69-85.