AMERICAN ACADEMY OF FAMILY PHYSICIANS

AAFP Reprint No. 286

Recommended Curriculum Guidelines for Family Medicine Residents

Chronic Pain Management

This document was endorsed by the American Academy of Family Physicians (AAFP), the Association of Departments of Family Medicine (ADFM), the Association of Family Medicine Residency Directors (AFMRD), and the Society of Teachers of Family Medicine (STFM).

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Topic competencies, attitudes, knowledge, and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME), http://www.acgme.org. The curriculum must include structured experience in several specified areas. Most of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum with an emphasis on outcomes-oriented, evidence-based studies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and provision of cost-effective care should also be part of the curriculum.

The program requirements specific to family medicine residencies may be found on the ACGME Web site. Current AAFP Curriculum Guidelines may be found online at, http://www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies as indicated on each guideline.

Each residency program is responsible for its own curriculum. ***This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.***

Preamble

Chronic pain is a state in which pain persists beyond the expected time of healing of an acute disease or injury, resulting in continuous or recurrent pain lasting months or years. It is a leading cause of disability, negatively affecting well-being, quality of life, and level of function, and contributing to occupational disability. It is also one of the most common reasons patients visit family physicians.

Like other chronic conditions, chronic pain can often only be managed, not cured. Nevertheless, the undertreatment of pain is widely recognized as a significant public health problem. For its part, pain is itself *a universal and connecting experience*, one that is capable of evoking empathy and compassion in others. However, complex psychosocial factors influence how individuals view and experience pain, and by themselves, these factors pose barriers to treatment. As a result, pain management is a multifaceted challenge for family physicians.

Chronic Opioid Therapy (COT) remains a mainstay of chronic pain management although some physicians, hesitant to prescribe opioids owing to fear of scrutiny by regulatory agencies or out of concern for the abuse and diversion of prescriptions by patients, can create further barriers to treatment. In addition to preparing family medicine residents to adequately treat chronic pain, it is essential that training programs teach residents safe prescribing practices and skills that will protect their licenses and their future practices. This can be achieved not only by proper documentation by physicians, but also by systematic detection of, and response to, aberrant behaviors on the part of patients.

This Curriculum Guideline provides an outline of the competencies, attitudes, knowledge, and skills that should be among the objectives of training programs in family medicine, and which can, in turn, lead to the safe and appropriate management of chronic pain by future family physicians.

Competencies

By the completion of residency training, a family medicine resident should:

- Understand the pathophysiology and treatment of various types of chronic pain (Medical Knowledge).
- Demonstrate empathy and compassion towards patients with chronic pain. (Interpersonal and Communication Skills, Professionalism)
- Apply the knowledge of pain, of patient-centered treatment, and of delivery systems to the care of patients with chronic pain. (Patient Care)
- Conduct a chronic pain chart review to identify strategies for improved care. (Practice-Based Learning and Improvement)

- Appropriately utilize available community resources to optimally manage pain. (System-based Practice)

Attitudes

The resident should develop attitudes that encompass:

- An acknowledgment of the subjective and individual nature of pain.
- An appreciation of the biopsychosocial effects of pain and the therapeutic value of empathy.
- Recognition of the need for a multidisciplinary approach to pain management.
- An understanding of the risk for opioid abuse, physical dependence, and addiction.

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Fundamentals of pain
    a. Definitions
    b. Epidemiology
    c. Pathophysiology
    d. The acute to chronic pain continuum
    e. The psychology of pain
2. Assessing pain
    a. Diagnosis
        i. History, including past evaluations
        ii. Physical exam, including Waddell's signs
        iii. Appropriate diagnostic evaluation, including imaging studies and laboratory tests
    b. Comorbidities
        i. Chronic disease
        ii. Mental illness
    c. Assessing the risk of aberrant opioid-related behaviors, abuse and diversion, and utilizing selective investigative techniques and agencies as appropriate

3. Categories of chronic pain
    a. Nociceptive (tissue pain)
        i. Somatic
            1) Osteoarthritis
            2) Rheumatoid arthritis
        ii. Visceral
            1) Pelvic pain
            2) Irritable bowel syndrome
    b. Neuropathic
        i. PNS and CNS dysfunction
        ii. Soft tissue pain syndromes
        iii. Complex regional pain syndromes
        iv. Post-herpetic neuralgia
    c. Mixed pain
        i. Cancer pain
        ii. Neck and back pain with radicular components
    d. Headache pain
4. Monitoring pain
    a. Pain and function scales
    b. The 4 A's of monitoring and documentation
        i. Analgesic effect
        ii. Activity / function
        iii. Adverse reactions
        iv. Aberrant behaviors
    c. Setting realistic goals
    d. Periodic chart reviews
5. Non-pharmacologic treatment
    a. Self-management through lifestyle modification
    b. Physical rehabilitation and restoration of function
    c. Psychological treatment
        i. Psychotherapy
        ii. Biofeedback
    d. Complementary / alternative medicine
    e. Indications for osteopathic manipulation
    f. Indications for electrical stimulation
    g. Indications for surgical referral

6. Non-opioid medications
    a. Anti-nociceptives
        i. Acetaminophen
        ii. Non-steroidal anti-inflammatories
        iii. Anesthetics
        iv. Topical analgesics and anesthetics
    b. Adjuvants
        i. Antidepressants
        ii. Anti-convulsants
        iii. Muscle relaxants
    c. Corticosteroids
    d. Herbs and homeopathy
7. Chronic Opioid Therapy (COT)
    a. Formulating a treatment plan
        i. Indications and contraindications
        ii. Weighing risks and benefits
        iii. Informed consent
    b. Implementing a therapeutic trial
    c. Initiating treatment
    d. Ongoing management
        i. Dosing and titration guidelines
        ii. Modifying treatment plans based on treatment efficacy and achievement of functional goals
        iii. Anticipating and managing side effects
    e. Preventing and reducing aberrant behaviors and abuse
        i. Tools to predict risk
        ii. Structured management based on risk
        iii. Urine drug screening
    f. State and federal regulatory issues
8. Delivery system design
    a. Primary care office
        i. The role of support staff
        ii. The need for staff competency in pain assessment and management
        iii. Patient education
        iv. Approach to new patients already on opioids
        v. The chronic pain contract
        vi. Documentation guidelines
        vii. Managing difficult patients
        viii. Discontinuing treatment when there is evidence of substance abuse or diversion

b. Interdisciplinary collaboration
    i. Referral for surgical correction
    ii. Referral for addiction and pain treatment
        1) Pain medicine specialists
        2) Pain psychologists
        3) Multidisciplinary pain centers and clinics
    iii. Referral for drug detoxification
    iv. Reporting guidelines and the DEA
    v. State medical board guidelines for documentation

Skills

In the appropriate setting, the resident should demonstrate the independent ability to:

1. Accurately assess and monitor pain, level of function, and quality of life parameters
2. Evaluate opioid abuse risk using a validated screening tool
3. Effectively establish a chronic pain contract
4. Properly interpret urine toxicology screening tests
5. Perform chart reviews and adjust treatment plans based on diagnosis and risk for opioid abuse
6. Treat and monitor pain patients at the highest risk for abuse
7. Prescribe narcotic alternatives (e.g. methadone)
8. Perform joint and trigger point injections
9. Treat special populations, including children, pregnant women, and the elderly

Implementation

The curriculum should be structured as a combination of didactic presentations, workshops, reading materials, web-based modules, case conferences, and chart reviews. Since pain management occurs in a variety of settings throughout training, the curriculum is well-suited to a longitudinal structure. In addition to the components listed above, faculty should model effective pain and systems management in the family medicine center. The residency website can be used to host didactic content, calendars, tests, patient-care resources and tools, as well as opportunities for advanced training.

Resources

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Website Resources

American Medical Association, Continuing Medical Education (CME). http://www.ama-assn.org/ama/pub/education-careers/continuing-medical-education.page.

American Pain Society Resources for Clinicians. http://www.ampainsoc.org/resources/clinician2.htm.

Clinical resources from The American Academy of Pain Medicine. http://www.painmed.org/clinical_info.

International Association for the Study of Pain (IASP) Clinical Pain Updates. http://www.iasp-pain.org/AM/Template.cfm?Section=Publications.

National Guideline Clearinghouse. Practice guidelines for chronic pain management. An updated report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. http://www.guideline.gov/content.aspx?id=23845.

State Pain Policies Regulations http://www.painandthelaw.org/statutes/painpolicy_regulations.php.

First Published 8/2008 by Rose Family Medicine Residency
Revised 6/2011 by Cedar Rapids, Iowa, Family Medicine Residency