Pain Management Guidelines

Updated for 2015

Updates reflect new learning

by Ben Williams

The latest version of the pain management guidelines, the 2015 AAHA/AAFP Pain Management Guidelines for Dogs and Cats, has officially been released. The entirety of the Guidelines was published in the March/April issue of JAAHA. Though the document is too long to publish in its entirety in Trends, the following is an overview of the new Guidelines and summarizes what to look for in the full version.

If you are new to the Guidelines, you may be wondering:
1. Why is it important to have these Pain Management Guidelines?
2. Why is this revision being released now?
3. What is the best way for practices to incorporate the Guidelines into everyday practice?

The answer to the first question can be found in the Introduction to the Guidelines themselves.

“These guidelines are designed to supplement and expand on the information contained in the 2007 AAHA/AAFP Pain Management Guidelines for Dogs and Cats. The 2015 Guidelines differ from the earlier version in several ways. The first sections are general concepts designed to ‘set the stage’ for the remaining, more specific content. The 2015 Guidelines also discuss..."
the importance of an integrated approach to managing pain that does not rely strictly on analgesic drugs. Because pain assessment in animals has become more scientifically grounded in recent years, various clinically validated instruments for scoring pain in both dogs and cats are described.

"The extensive list of published references includes numerous studies published within the past 3 years, reflecting the rapid pace of advances in managing pain for companion animals. The 2015 Guidelines summarize and offer a discriminating review of much of this new knowledge."

Why now?
Why are the new Guidelines being released now? The task force that created the Guidelines decided that there were enough advances in the area of pain management to warrant a new version of the Guidelines. However, the new version is not meant to supplant the 2007 version. The 2015 Guidelines are meant as an addition to and enhancement of the previous version, explains Mark E. Epstein DVM, DABVP C/F, CVPP, co-chairperson of the AAHA task force that produced the Guidelines.

"The literature and evidence with regards to pain assessment, prevention, and treatment is several times more robust than it was 8–10 years ago..." Epstein said. "Put another way, the 2007 Guidelines established basic principals in the approach to pain management in dogs and cats, while the 2015 iteration provides much-needed detail and guidance in the implementation of pain management strategies in practice."

Pain Management Algorithm

- Is the patient in pain now?
  - No
    - Is pain anticipated due to handling, disease, procedure, or surgery?
      - Yes, Why? Diagnose cause source; assess general type of pain (e.g., visceral, neuropathic) and probable cause.
      - Establish cause and work toward its resolution. Manage pain using appropriate agents and techniques.
      - Administer test dose of an analgesic.
      - Assess and monitor response to pain therapy and primary treatment for underlying cause/source of pain.
    - No
      - No management indicated.
      - Pain not managed.
      - No pain.
      - Pain resolved.
      - Underlying cause corrected.
      - Discontinue Treatment
  - Yes
    - Not Sure
      - Assess time and severity of anticipated pain. Assess physical and physiologic condition, age, species, and breed.
      - Utilize appropriate short-acting preemptive agents. Utilize appropriate patient handling and housing.
      - Utilize appropriate intermediate and longer-acting multimodal analgesics.
      - Continue pain management postoperatively. Continue ongoing assessment of therapy. Monitor laboratory parameters as indicated.
      - Pain well-managed.
      - Continue therapy with periodic reassessment.
      - Adjust or titrate medications, treatments and treatment cycles, adding or subtracting modalities up or down to meet patient needs.
      - Discontinue Treatment

### Definitions Associated with Pain and Pain Management

<table>
<thead>
<tr>
<th>Type of Pain</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptive pain—nociceptive*</td>
<td>Transient pain in response to a noxious stimulus. Small aches and pains that are relatively innocuous and that protect the body from the environment.</td>
</tr>
<tr>
<td>Allodynia†</td>
<td>Pain caused by a stimulus that does not normally result in pain.</td>
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<tr>
<td>Analgesia†</td>
<td>Absence of pain in response to stimulation that would normally be painful.</td>
</tr>
<tr>
<td>Anesthesia‡</td>
<td>Medically induced insensitivity to pain. The procedure may render the patient unconscious (general anesthesia) or merely numb a body part (local anesthesia).</td>
</tr>
<tr>
<td>Distress§</td>
<td>Acute anxiety or pain.</td>
</tr>
<tr>
<td>Dysphoria§</td>
<td>A state of anxiety or restlessness, often accompanied by vocalization.</td>
</tr>
<tr>
<td>Hospice†</td>
<td>A facility or program designed to provide a caring environment for meeting the physical and emotional needs of the terminally ill.</td>
</tr>
<tr>
<td>Hyperalgesia*</td>
<td>An increased response to a stimulus that is normally painful.</td>
</tr>
<tr>
<td>Maladaptive pain—neuropathic*</td>
<td>Spontaneous pain and hypersensitivity to pain in association with damage to or a lesion of the nervous system.</td>
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<tr>
<td>Maladaptive pain—functional*</td>
<td>Hypersensitivity to pain resulting from abnormal processing of normal input.</td>
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<tr>
<td>Maladaptive pain—central neuropathic pain*</td>
<td>Pain initiated or caused by a primary lesion or dysfunction in the central nervous system. Often called &quot;central pain.&quot; **</td>
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<tr>
<td>Modulation§</td>
<td>Altering or adaptation according to circumstances.</td>
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<tr>
<td>Multimodal analgesia†</td>
<td>Use of more than one drug with different actions to produce optimal analgesia.</td>
</tr>
<tr>
<td>Neurogenic pain†</td>
<td>Pain initiated or caused by a primary lesion, dysfunction, or transitory perturbation in the peripheral or central nervous system.</td>
</tr>
<tr>
<td>Nociception†</td>
<td>Physiologic component of pain consisting of the processes of transduction, transmission, and modulation of neural signals generated in response to an external noxious stimulus.</td>
</tr>
<tr>
<td>Pain†</td>
<td>An unpleasant sensory and emotional experience associated with actual or potential tissue damage.</td>
</tr>
<tr>
<td>Palliative care‡</td>
<td>Care that relieves or alleviates a problem (often pain) without dealing with the cause.</td>
</tr>
<tr>
<td>Peripheral neuropathic pain†</td>
<td>Pain initiated or caused by a primary lesion or dysfunction in the peripheral nervous system.</td>
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<tr>
<td>Preemptive analgesia†</td>
<td>Administration of an analgesic before painful stimulation.</td>
</tr>
<tr>
<td>Principle of analogy‡</td>
<td>A similarity of forms having a separate evolutionary origin. Similar structures may have evolved through different pathways, a process known as convergent evolution, or may be homologous.</td>
</tr>
<tr>
<td>Wind-up pain****</td>
<td>Heightened sensitivity that results in altered pain thresholds—both peripherally and centrally.</td>
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</tbody>
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† IASP (International Association for the Study of Pain): iasp-pain.org.


\ Wikipedia: en.wikipedia.org/wiki/Main_Page


How does one use the Guidelines?
The new Guidelines emphasize a team-oriented approach to successful pain management, where the pet owner is part of the team. To implement the Guidelines effectively, practice teams will need to review the Guidelines and take a careful look at what more can be done in terms of pain management.

"In most practices, there is a desire to heighten pain awareness, prevention, and treatment, so implementing positive changes will probably be easier than might be imagined," Epstein said. "Furthermore, improving pain management systems is the ultimate win-win-win-win dynamic: The patient is (obviously) better cared for (not just more comfortable, from an ethical perspective, but diminished morbidity); the clients are more pleased and satisfied; staff more gratified; and it contributes to the financial health of the practice."

That doesn’t mean that the Guidelines will implement themselves, though. Leadership is needed for this to occur.

"It is my view that incorporating progressive pain management systems into practice requires leadership, i.e., it has to come from the practice principals who have it in their heart as well as their mind that it is the right thing to enhance patient care, client satisfaction, and so on," Epstein said. "In other words, staff will be more than willing, but creating a ‘pain-management-aware’ culture in practice comes from the top. The principals can begin developing a leadership team to read the 2015 Guidelines and form their systems around this document, and training the rest of staff can follow from there."

In addition, the Guidelines Implementation Toolkit will be mailed with your copy of the June issue of Trends. Look in this toolkit for valuable tips on how to implement the Guidelines in your practice. *

Guidelines Abstract

2015 AAHA/AAFP Pain Management Guidelines for Dogs and Cats
The robust advances in pain management for companion animals underlie the decision of AAHA and AAFP to supplement and expand on the information provided in the 2007 AAHA/AAFP Pain Management Guidelines for Dogs and Cats. The 2015 Guidelines summarize and offer a discriminating review of much of this new knowledge. Pain management is central to veterinary practice, alleviating pain, improving patient outcomes, and enhancing both quality of life and the veterinarian-client-patient relationship. The management of pain requires a continuum of care that includes anticipation, early intervention, and evaluation of response on an individual-patient basis. The Guidelines include both pharmacologic and nonpharmacologic modalities to manage pain; they are evidence-based insofar as possible and otherwise represent a consensus of expert opinion. Behavioral changes are currently the principal indicator of pain and its course of improvement or progression, and the basis for recently validated pain scores. A team-oriented approach, including the owner, is essential for maximizing the recognition, prevention, and treatment of pain in animals. Postsurgical pain is eminently predictable, but a strong body of evidence exists supporting strategies to mitigate adaptive as well as maladaptive forms. Degenerative joint disease is one of the most significant and underdiagnosed diseases of cats and dogs. Degenerative joint disease is ubiquitous, found in pets of all ages, and inevitably progresses over time; evidence-based strategies for management are established in dogs, and emerging in cats. These Guidelines support veterinarians in incorporating pain management into practice, improving patient care.