Priority Topic: **PAIN**

Key Features:

1. In a patient presenting with acute pain, provide analgesia while seeking a diagnosis.

What you should study:

✓ **Emergency room analgesia for 4 common presentations in the ER: Acute abdominal pain, Headache, Neuropathic Chest pain, MSK trauma**

✓ **Just do it!**

✓ La douleur aiguë : Partir avec une longueur d'avance – Le Médecin du Québec 2020

2. When assessing a patient with pain, take a detailed history to recognize clinical patterns (diagnostic discerning characteristics) to inform diagnosis (e.g. neuropathic, vascular, muscular, visceral pain).

What you should study:

✓ **Just do it**

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3. In a patient presenting with pain without a clear diagnosis:

   a) Include life-threatening conditions in your differential diagnosis.

      ✓ Evaluation of red flags minimizes missing serious diseases in primary care JFPMC 2018

      ✓ Diagnosing Back Pain CMPA 2014

      ✓ The diagnostic challenges of chest pain - Recognizing Acute Coronary Syndrome CMPA 2019

   b) Investigate appropriately and in a timely manner.

      ✓ **Just do it!**

4. When there is a concern about drug-seeking behaviour in a patient with pain:

   a) Maintain your therapeutic relationship (e.g. be emphatic, avoid stereotyping, manage frustration).

      ✓ Addiction Part 2 - Identification and Management of Drug-Seeking Patient AAFP 2000

      ✓ Acknowledging Stigma CFP 2017

   b) Do not attribute the presentation to drug-seeking without first considering an appropriately broad differential diagnosis.

      ✓ **Just do it!**

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5. When treating pain with narcotics:

   a) Dose appropriately considering narcotic naïveté and renal function.

      ✓ Pharmacologic Therapy for Acute Pain AAFP 2013

      ✓ Canadian guideline for safe and effective use of opioids for chronic noncancer pain CFP 2011

   b) Consider addiction risk.

      ✓ Appendix B-10: Aberrant Drug-Related Behaviours Resources

      ✓ Appendix B-2: Opioid Risk Tool

   c) Consider variable and potentially dangerous metabolic responses (e.g. codeine, especially in pregnant and breastfeeding women; sudden removal of a painful stimulus).

      ✓ **Page 1261:** Canadian guideline for safe and effective use of opioids for chronic noncancer pain CFP 2011

6. In a patient whose pain is not resolving or following the anticipated course, regularly re-evaluate (e.g. diagnosis, complications, medication choices, drug diversion).

What you should study:

✓ Stop and Think - Return visits offer another chance CMPA 2018
✓ Current Opioid Misuse Measure (COMM)

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7. When prescribing medication for pain, inform the patient not to use over-the-counter products that contain the same drug or drugs from the same class (e.g. acetaminophen, NSAIDs).

What you should study:

✓ **Just do it!**

✓ Douleur aiguë et médicaments en vente libre : Comment s'y retrouver? – Le Médecin du Québec 2020

8. When treating a patient with pain, appropriately use non-pharmacologic treatments and self-management strategies to control pain and optimize function.

What you should study:

✓ Treatment Options for Pain Toolbox - Pain BC 2016

9. In a patient where acute pain has become chronic:

   a) Recognize the transition.

   b) Readdress the treatment plan and your patient's expectations appropriately.

What you should study:

✓ Chronic Nonmalignant Pain in Primary Care AAFP 2008

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