

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**
- ✓ [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).

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.

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**.

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 \(COMM\)](#)

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:

✓ [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](#)