

TOOL KIT



PARTNERS *for*
—•—
UNDERSTANDING PAIN

ADDRESSING THE ISSUE OF PAIN IN OLDER ADULTS

September
2006

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BACKGROUND AND RESOURCES



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Global Day Against Pain

Older Adults

September 12, 2006

On September 12, on the occasion of the Global Day Against Pain in Older Persons, an initiative of the International Association for the Study of Pain. The Partners for Understanding Pain and the American Pain Society have teamed up to help older adults understand how to have their pain treated in a timely and appropriate manner. These organizations hope to bring attention to the prevalence of pain in this group, the inadequate attention and treatment, and the lack of understanding of both health care providers and older adults regarding the availability of the range of treatment options.

Key Message for Global Day Against Pain

- Older adults should not accept pain as a common and accepted part of ageing. There are ways to manage it.
- Older adults have a right to have their report of pain accepted and treated in a timely and effective manner.
- Access to appropriate pain management should be available to every older adult.
- Understanding **drug and non-drug options** and their effects is critical in managing chronic pain.
- Assessment and treatment of pain in older adults may require adjustments to account for physiological and psychological changes that occur as part of the aging process but that should not be viewed as an excuse or impediment to appropriate pain management.
- Older adults and their significant others have the right to be involved in treatment decisions and when necessary, to get a second opinion.
- Family members and caregivers play an important role in helping older adults manage their pain and should be involved in an appropriate manner especially for those individuals who may have limitations in their ability to communicate.
- Increased research, education and understanding about the experience of pain in older adults, particularly those with cognitive impairment, and its impact and responsiveness to treatment need to become priorities.



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PARTNERS FOR UNDERSTANDING PAIN MISSION

- ❖ Partners for Understanding Pain is a consortium of organizations that touch the lives of people with chronic, acute, and cancer pain.
- ❖ The partnership, spearheaded by the American Chronic Pain Association, will strive to create greater understanding among health care professionals, individuals and families who are struggling with pain management, the business community, legislators, and the general public that pain is a serious public health issue.
- ❖ Through its members, each of whom brings its own perspective to the dialogue, Partners for Understanding Pain represents a comprehensive network of resources and knowledge about issues in pain management.
- ❖ Partners for Understanding Pain is dedicated to building the understanding and support that can help people with chronic, acute and cancer pain lead better lives. Call 1-800-533-3231 or visit www.understandingpain.org for more information.



PARTNERS *for*
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PARTNERS LIST

AMERICAN ACADEMY OF NURSE PRACTITIONERS

AMERICAN ACADEMY OF PAIN MANAGEMENT

AMERICAN ACADEMY OF PAIN MEDICINE

AMERICAN ACADEMY OF PHYSICAL MEDICINE AND REHABILITATION

AMERICAN ALLIANCE OF CANCER PAIN INITIATIVES

AMERICAN ASSOCIATION OF COLLEGES OF NURSING

AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE

AMERICAN ASSOCIATION OF REHABILITATION NURSES

AMERICAN BACK SOCIETY

AMERICAN CANCER SOCIETY

AMERICAN CHRONIC PAIN ASSOCIATION

AMERICAN NURSES ASSOCIATION

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

AMERICAN PAIN FOUNDATION

AMERICAN PAIN SOCIETY

AMERICAN PHARMACISTS ASSOCIATION

AMERICAN PHYSICAL THERAPY ASSOCIATION

AMERICAN PUBLIC HEALTH ASSOCIATION

AMERICAN RSDHOPE GROUP

Partners for Understanding Pain

AMERICAN REHABILITATION NURSES

AMERICAN SOCIETY OF PAIN EDUCATORS

AMERICAN SLEEP APNEA ASSOCIATION

AMERICAN SOCIETY OF LAW, MEDICINE & ETHICS

AMERICAN SOCIETY OF PAIN MANAGEMENT NURSES

AMERICAN SOCIETY OF PERIANESTHESIA NURSES

ARTHRITIS FOUNDATION

BAYLOR COLLEGE OF MEDICINE:
DEPARTMENT OF PHYSICAL MEDICINE & REHABILITATION

BLACK WOMEN'S HEALTH IMPERATIVE

CENTER FOR CANCER PAIN RESEARCH AT JOHNS HOPKINS

CHRONIC FATIGUE SYNDROME AND IMMUNE DYSFUNCTION SYNDROME (CFIDS) ASSOCIATION OF
AMERICA

CIRCLE OF FRIENDS WITH ARACHNOIDITIS

CITY OF HOPE PAIN/PALLIATIVE CARE RESOURCE CENTER (COHPPRC)

CONSORTIUM FOR CITIZENS WITH DISABILITIES

COVENANT HEALTH SYSTEM, COVENANT MEDICAL CENTER & COVENANT LAKESIDE

DEPARTMENT OF VETERAN AFFAIRS MEDICAL CENTER, HOUSTON, TX

ENDOMETRIOSIS ASSOCIATION, INTERNATIONAL

ENDOMETRIOSIS RESEARCH CENTER

FAMILY CAREGIVERS ALLIANCE

FOR GRACE

INSTITUTE FOR HEALTH AND PRODUCTIVITY MANAGEMENT

INTERCULTURAL CANCER COUNCIL

INTERNATIONAL FOUNDATION FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

Partners for Understanding Pain

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INTERSTITIAL CYSTITIS ASSOCIATION

LUPUS FOUNDATION OF AMERICA

MEN'S HEALTH NETWORK

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

NATIONAL ASSOCIATION OF SOCIAL WORKERS

NATIONAL CHRONIC PAIN OUTREACH

NATIONAL CHRONIC PAIN SOCIETY

NATIONAL COMMITTEE ON THE TREATMENT OF INTRACTABLE PAIN

NATIONAL CONSUMER LEAGUE

NATIONAL FIBROMYALGIA ASSOCIATION

NATIONAL FIBROMYALGIA PARTNERSHIP

NATIONAL HEADACHE FOUNDATION

NATIONAL HISPANIC MEDICAL ASSOCIATION

NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION

NATIONAL MEDICAL ASSOCIATION

NATIONAL PAIN FOUNDATION

NATIONAL URBAN LEAGUE

NATIONAL VULVODYNIA ASSOCIATION

NATIONAL WOMEN'S HEALTH RESOURCE

NATIVE AMERICAN CANCER RESEARCH

THE NEUROPATHY ASSOCIATION

PAIN COMMISSION OF OREGON

PAIN POLICY FOUNDATION, INC.

PAIN & POLICY STUDIES GROUP: UNIVERSITY OF WISCONSIN

Partners for Understanding Pain

PHARMACEUTICAL RESEARCH AND MANUFACTURERS (PHRMA)

POST-POLIO HEALTH INTERNATIONAL

PROGRESS ON PAIN

REFLEX SYMPATHETIC DYSTROPHY SYNDROME (RSDS) ASSOCIATION OF AMERICA

SICKLE CELL DISEASE ASSOCIATION

SOUTHERN CALIFORNIA CANCER PAIN INITIATIVE

SIDNEY KIMMEL CANCER CENTER AT JOHN HOPKINS

THE TMJ ASSOCIATION

TRIGEMINAL NEURALGIA ASSOCIATION

TRIUMPH OVER PAIN FOUNDATION

UNIVERSITY OF FLORIDA COMPREHENSIVE CENTER FOR PAIN

VISITING NURSE ASSOCIATIONS OF AMERICA

VZV RESEARCH FOUNDATION

WORLD HEALTH ORGANIZATION COLLABORATING
CENTER FOR POLICY AND COMMUNICATIONS



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KEY MESSAGES

- ❖ **Pain is a major health issue.** Unmanaged pain can slow the rate of recovery for surgical patients and affect the quality of outcomes. Cancer patients who experience breakthrough pain are hospitalized and visit the emergency room more often than patients whose pain is under control. Pain is the number-one cause of adult disability in the United States and affects one in three people or about 50 million Americans. According to an omnibus survey of 1,000 Americans conducted for the Partners for Understanding Pain, 34 percent of respondents said they currently live with ongoing pain. In spite of its pervasiveness, few physicians receive more than a few hours of formal training on pain management
- ❖ **Pain is a major economic issue.** According to the National Institute for Occupational Safety and Health, pain costs \$100 billion annually in lost workdays, medical expenses, and other benefit costs. Skyrocketing health care costs leave some, especially senior citizens, minorities, and the urban and rural poor, unable to get treatment that can help them manage their pain.
- ❖ **Pain is a major social issue.** Long-term, unmanaged pain can cause people to withdraw from family and friends and leave them unable to care for children, hold steady jobs, and at times even face a personal future. Pain has an impact on the fabric of society well beyond the individual, effecting his or her spouse or partner, children, family, and community.
- ❖ **Pharmacists care about the management of pain** and want to ensure that consumers understand how to take medications, especially those who do not speak English or lack skills to understand written information.



2001 TO 2010: THE DECADE OF PAIN CONTROL AND RESEARCH

Challenges and Opportunities



In passing HR 3244, Congress officially declared the ten calendar years beginning on January 1, 2001 to be the Decade of Pain Control and Research. President Clinton signed the bill into law in October, 2000. This is only the second named decade in our history, following the Decade of the Brain in the 1990s.

With this designation, brought about through the efforts of the American Academy of Pain Medicine, the American Headache Society, and the American Pain Society, it was hoped that public attention and funding for research would be focused on an under-recognized but very serious issue.

Yet, as we approach the middle of the decade, we have barely begun.

- ❖ Multi-disciplinary pain management units face program-imperiling budget cuts as health care facilities struggle with declining revenues.
- ❖ Skyrocketing pharmaceutical costs leave some, especially seniors, without the means to acquire the medicines that can help them manage their pain.
- ❖ Abuse of medications by a small number of individuals has refueled fears about addiction and reawakened stigmas that keep many from even asking about pain management medicines.
- ❖ Underserved minorities continue to do without.
- ❖ And myths about pain and our potential for managing it prevail in the general population.

Partners for Understanding Pain was created to address these and other critical issues surrounding pain management today. Our hope and our mandate is to raise awareness about the sources of pain and the resources now available to people who suffer. Medical research has come far, but we still have far to go.

By joining together and giving a human face and voice to a problem we all share, we pledge to mobilize resources to fulfill the promise of the Decade of Pain Control and Research.



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PAIN FACT SHEET

Pain touches each one of us at one time or another. Pain can begin for many different reasons. Yet as common as pain is, the medical community is just beginning to understand and better address the many forms of pain.

Partners for Understanding Pain developed this fact sheet to provide information and to distinguish among the three types of pain—chronic, acute, and cancer pain.

Acute pain has a distinct beginning and end and is the result of illness or injury. This type of pain usually can be largely relieved with appropriate treatment, as can cancer pain. It is important that the pain be taken seriously and managed as part of sound patient care.

Currently there is no cure for chronic pain and, as a condition that can affect individuals life long, it also needs to be taken seriously. A multidisciplinary treatment approach can help people with chronic pain regain control of their lives and reduce their sense of suffering.

CHRONIC PAIN FACTS

Key Facts:

- ❖ Chronic pain lasts. Pain is considered chronic when it continues beyond the usual recovery period for an injury or an illness. It may be continuous or come and go.
- ❖ Chronic pain, sometimes called persistent pain, can be very stressful for both the body and the soul and requires careful, ongoing attention to be appropriately treated.
- ❖ Chronic pain is often intractable, as the cause of pain cannot be removed or treated.
- ❖ Chronic pain is the number one cause of adult disability in the United States.
- ❖ Chronic pain can touch nearly every part of a person's daily life. It also has an impact on the family and, because of its economic and social consequences, it affects us all.
- ❖ Chronic pain can be a source of frustration for the health care professionals who seek to provide care and assistance.

Incidence:

- ❖ The American Chronic Pain Association (ACPA) estimates that one in three Americans (approximately 50 million people) suffers from some type of chronic pain.

Causes:

- ❖ Lower back problems, arthritis, cancer, RSDS, repetitive stress injuries, shingles, headaches, and fibromyalgia are the most common sources of chronic pain. Others include diabetic neuropathy, phantom limb sensation, and other neurological conditions.

ACUTE PAIN FACTS

Key Facts:

- ❖ Acute pain may be mild and last just a moment. It also can be severe and last for weeks or months, as does pain from a burn, pulled muscle, or broken bone.
- ❖ Acute pain has a distinct beginning and end. The cause of acute pain is known and, as you heal, the pain will lessen and finally go away.
- ❖ Acute pain usually starts suddenly, may be sharp, and often triggers visible bodily reactions such as sweating, an elevated blood pressure, and more. Acute pain is generally a signal of rapid-onset injury to the body and it resolves when pain relief is given or the injury is treated.
- ❖ Pain should be considered the fifth vital sign, along with respiration, pulse, blood pressure, and core temperature.
- ❖ Most of the time medication and other treatment can greatly relieve acute pain. Pain management is an important part of effective total care.

Incidence:

- ❖ Muscle pain, one of the most common types of acute pain, affects 53 percent of Americans.
- ❖ Lower back pain is the most common form of acute pain and is the fifth most common cause for all physician visits. It is responsible for direct health care expenditures of more than \$20 billion annually.

Causes:

- ❖ Acute pain is triggered by tissue damage such as a skin burn, muscle pain, or a broken bone. It's the type of pain that generally accompanies an illness, an injury, or surgery.
- ❖ Acute pain can manifest in just about any part of the body.

CANCER PAIN FACTS

Key Facts:

- ❖ Not everyone who has cancer experiences pain; those who do may not have it all the time.
- ❖ Ongoing cancer pain can be successfully treated in about 95 percent of people with cancer with the drug and non-drug therapies that are currently available.
- ❖ Along with ongoing cancer pain, sometimes people have acute flares of pain when not all pain is controlled by the medication or therapy. This pain, usually called breakthrough pain, can also be controlled by additional medications.
- ❖ Cancer patients often downplay their pain to doctors for fear that their pain means that their cancer is getting worse or that they will be thought to be complainers.

- ❖ In almost every aspect of cancer treatment—surgery, chemotherapy or radiation—cancer patients follow the lead of their doctors. But when it comes to pain, patients need to assert themselves and be open about the degree of pain they are experiencing.

Incidence:

- ❖ Approximately 30 to 40 percent of Americans diagnosed with cancer experience moderate to severe pain, with 90 percent of people who have a more advanced diagnosis of cancer experiencing significant amount of pain.
- ❖ Sixty to 80 percent of all cancer patients with bone metastases feel pain.

Causes:

- ❖ Most cancer pain is caused by the effects of cancer itself, the side effects of treatment, compression on bones, nerves or body organs, poor blood circulation, blockage of an organ, metastasis, infection, or inflammation.



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2002 PAIN AWARENESS SURVEY

Partners for Understanding Pain commissioned a survey in June 2002 to identify current levels of awareness and understanding of pain and pain management issues among the general population. The survey was polled 1,000 adult Americans. Results are representative of and projectable to the US adult population.

Here are highlights of the findings.

What is the number one reason for going to the doctor in the US?

	All	Male/Female	Metro/Non-Metro	White	Black	Hispanic
Pain	27%	24%/30%	27%/26%	27%	28%	26%
Cold or flu	35%	38%/32%	36%/33%	36%	25%	43%
Injury	17%	17%/18%	17%/18%	16%	26%	13%
Check ups	16%	15%/16%	16%/15%	16%	15%	13%
Headache	3%	3%/2%	2%/3%	2%	7%	3%
Don't Know/No Answer	2%	3%/2%	1%/5%	2%	0%	1%

One-third of Americans (35%) think that the number one reason people go to the doctor is for the cold or flu. Pain (27%) is the next most commonly cited reason for a doctor visit, followed by injury (17%) and checkups (16%).

What is the number one cause of disability in the United States?

	All	Male/Female	Metro/Non-Metro	White	Black	Hispanic
Chronic pain	36%	40%/32%	37%/35%	39%	17%	44%
Stroke	16%	15%/16%	15%/16%	14%	26%	14%
Hearing loss	1%	1%/1%	1%/2%	1%	1%	1%
Cancer	19%	16%/23%	18%/22%	18%	28%	20%
Heart attack	24%	23%/24%	25%/20%	23%	27%	18%
Don't Know/No Answer	4%	4%/4%	4%/5%	5%	0%	2%

Chronic pain is the most commonly cited cause of disability in the US by 36% of the respondents. Fewer think heart attack (24%), cancer (19%) or stroke (16%) is the number one cause of disability in this country.

Do you agree: Pain is a normal part of many injuries and illnesses and there is not much that can be done to treat it.

	All	Male/Female	Metro/Non-Metro	White	Black	Hispanic
Agree strongly	12%	12%/13%	13%/11%	12%	18%	12%
Agree	30%	32%/28%	29%/31%	29%	37%	34%
Neither agree nor disagree	8%	9%/7%	8%/9%	9%	6%	5%
Disagree	35%	32%/38%	35%/35%	36%	26%	30%
Disagree strongly	13%	14%/12%	14%/12%	13%	13%	20%
Don't Know/No Answer	1%	1%/2%	1%/2%	1%	0%	0%

About half of the respondents disagreed with this statement (48%) while a similar proportion (42%) agreed.

Do you feel your physician is equipped with the knowledge to diagnose and treat pain problems?

DIAGNOSE	All	Male/Female	Metro/Non-Metro	White	Black	Hispanic
Yes	79%	78%/79%	78%/81%	80%	76%	67%
No	16%	16%/16%	16%/15%	14%	22%	28%
Don't Know/No Answer	5%	6%/5%	6%/4%	6%	3%	5%

TREAT	All	Male/Female	Metro/Non-Metro	White	Black	Hispanic
Yes	83%	81%/84%	82%/85%	82%	92%	75%
No	13%	13%/12%	13%/11%	13%	6%	19%
Don't Know/No Answer	5%	6%/4%	5%/4%	5%	1%	6%

Respondents are quite confident that their primary care physician has the knowledge to diagnose (79%) and treat (83%) pain problems.

How likely do you think it is that treating pain with strong medicines is likely to result in patients becoming addicted to the drugs?

	All	Male/Female	Metro/Non-Metro	White	Black	Hispanic
Very likely	29%	26%/31%	28%/30%	28%	33%	28%
Somewhat likely	49%	51%/48%	49%/49%	49%	55%	44%
Not too likely	17%	18%/16%	17%/15%	18%	8%	24%
Not at all likely	3%	3%/3%	3%/3%	3%	4%	4%
Don't Know/No Answer	2%	2%/3%	1%/3%	2%	0%	1%

Most respondents (78%) think there is a very (29%) or somewhat (49%) likely possibility that treating pain with strong medicine will result in the patient becoming addicted. Just one in five thinks addiction is not too or not at all likely if pain is treated with strong medicine.

What is the typical profile of someone who lives with ongoing pain?

	All	Male/Female	Metro/Non-Metro	White	Black	Hispanic
Adults over the age of 65	43%	45%/42%	45%/38%	44%	38%	29%
Adults aged 25-64	30%	30%/31%	30%/32%	31%	25%	40%
Adults aged 18 to 24	2%	2%/1%	1%/2%	1%	4%	0%
Teenagers	Less than 1%	1%/less than 1%	Less than 1%/1%	Less than 1%	1%	0%
Children	Less than 1%	0%/ less than 1%	0%/1%	Less than 1%	0%	0%
All of the above	23%	21%/24%	22%/24%	22%	31%	30%
None Of The Above	Less than 1%	Less than 1%/ Less than 1%	Less than 1%/0%	Less than 1%	0%	1%
Don't Know/No Answer	1%	1%/2%	1%/2%	1%	0%	0%

Most respondents think the typical profile of someone who lives with ongoing pain is:

An adult aged 65 or over (43%)

An adult aged 25-64 (30%)

Practically no respondents think the typical profile of a person living in pain is a teenager or young child (1%).

Do you agree: Some people exaggerate their pain to get pain killers or attention or to avoid work.

TO GET PAIN KILLERS	All	Male/Female	Metro/Non-Metro	White	Black	Hispanic
Strongly Agree	28%	27%/28%	29%/25%	28%	28%	36%
Agree	55%	56%/54%	55%/55%	55%	56%	51%
Neither agree nor disagree	5%	4%/7%	5%/5%	6%	2%	4%
Disagree	9%	12%/7%	9%/10%	9%	12%	9%
Strongly Disagree	1%	1%/2%	1%/1%	1%	1%	1%
Don't Know/No Answer	2%	1%/3%	1%/3%	2%	1%	0%

TO GET ATTENTION	All	Male/Female	Metro/Non-Metro	White	Black	Hispanic
Strongly Agree	28%	27%/29%	28%/28%	28%	27%	33%
Agree	58%	60%/56%	57%/59%	58%	57%	53%
Neither agree nor disagree	4%	3%/5%	4%/3%	5%	1%	1%
Disagree	9%	8%/9%	10%/6%	8%	13%	12%
Strongly Disagree	1%	Less than 1%/1%	1%/1%	1%	0%	1%
Don't Know/No Answer	1%	1%/1%	Less than 1%/2%	1%	1%	0%

TO AVOID WORK	All	Male/Female	Metro/Non-Metro	White	Black	Hispanic
Strongly Agree	28%	31%/26%	29%/27%	28%	32%	39%
Agree	55%	53%/57%	55%/57%	55%	57%	48%
Neither agree nor disagree	4%	5%/4%	5%/4%	5%	1%	4%
Disagree	9%	10%/9%	10%/8%	10%	8%	8%
Strongly Disagree	1%	Less than 1%/1%	Less than 1%/2%	1%	1%	1%
Don't Know/No Answer	2%	1%/2%	1%/2%	2%	0%	0%

A substantial majority of respondents agreed that some people have the tendency to exaggerate their pain to get attention (86%); avoid work (84%); get pain killers (83%).

The youngest respondents are much more likely to think people exaggerate pain to avoid work (91%) or get pain killers (90%) than are those aged 65 or over (80% and 78% respectively).

Do you currently live with ongoing pain?

	Male/Female	Metro/Non-Metro	White	Black	Hispanic
Yes	35%/34%	32%/41%	36%	31%	34%
No	65%/66%	68%/58%	64%	68%	66%

	All	Those over 65	Income under \$15k	Income over \$50k
Yes	34%	49%	46%	27%
No	65%	51%	53%	73%

One-third of the respondents said they currently live with ongoing pain. Those living with ongoing pain tend to be over 65 (49%); and have lower incomes or less education.



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NEW SURVEY REVEALS EMERGING “LIFESTYLE OF PAIN” IN AMERICA

First survey of its kind to benchmark people with pain’s attitudes toward the condition

ROCKLIN, Ca., May 6, 2005 – Seventy-two percent of people with chronic pain have lived with it for more than three years, including a third (34 percent) who have lived with pain for more than a decade, according to results from the Americans Living with Pain Survey (ALPS), designed to uncover insights regarding attitudes and perceptions about chronic pain. Yet nearly half (44 percent) of people with pain who have talked to their doctor about it delay doing so, often for several months or longer, despite the impact it has on their lives. A little more than half (53 percent) of those who do eventually visit their doctor do so because their pain is becoming increasingly severe.

“This survey demonstrates that chronic pain is a problem that has reached near epidemic proportions,” said Edward Covington, M.D., Director of the Chronic Pain Rehabilitation Program at the Cleveland Clinic. “The ‘can do, can cope’ spirit of Americans can lead to untreated chronic pain, which has a severe impact on people’s work, personal relationships, hobbies, and even sex, and can greatly diminish their quality of life. In addition to physical disability, it may also lead to irritability, anxiety, or depression.”

Many Americans who delay seeing a doctor about their pain believe that their pain will eventually go away, or that pain alone is not a serious health condition. Others delay seeking treatment because they think they can live with the pain even though it is increasingly taking a toll on their quality of life and emotional well-being. ALPS reveals that two out of three people living with chronic pain say that it leads to stress and irritable behavior. A large number of respondents also report that pain has a negative impact on their personal relationships (45 percent), work productivity (51 percent of those employed) and daily routine (61 percent).

“One of the most important aspects of managing one’s pain is taking an active role in care and becoming part of the treatment team,” says Penney Cowan, executive director, American Chronic Pain Association. “There are many treatment options available to help people reduce the effects of pain in their lives. Proactive behavior such as recognizing emotions and practicing relaxation techniques to reduce stress, pacing activities and working within personal limits, and exercising on a regular basis may contribute to better pain control.”

Who’s Hurting?

According to the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), nearly a third of Americans will experience chronic pain at some point in their lives. And approximately 50 million Americans live with chronic pain today; it is the number one cause of adult disability in the United States. ALPS reveals that people are experiencing pain at a younger age than what may be commonly perceived or assumed; proportionally just as many younger people surveyed experience back pain as do middle aged and older adults.

- more -

- ❖ **Younger People (18-34):** 82 percent of younger people also experience grumpiness or irritable behavior as a result of their chronic pain
- ❖ **Women:** Women are more likely to be affected emotionally by their pain than men, especially in terms of stress (70 percent) and loss of motivation (55 percent)
- ❖ **Men:** Nearly three in 10 men (28 percent) experience less desire for sex due to chronic pain

Pain in the Workplace

Pain costs the United States an estimated \$100 billion in lost productivity every year, according to a JCAHO report. The survey demonstrates that chronic pain is a major cause of absenteeism.

- ❖ ALPS shows that 41 percent of those employed and living with chronic pain report their pain adversely affects their ability to put in a full day's work; three in 10 (27 percent) say it impacts their ability to get to work in the first place.
- ❖ One in six employed people living with chronic pain say it has adversely affected their career advancement opportunities.

How is Pain Being Treated?

Once people address their condition, ALPS reveals that treatment of chronic pain varies, with nearly half of people taking prescription medication and about half not taking prescription medication.

- ❖ For those taking only prescription medication, 81 percent report being very satisfied with how their doctor is helping them manage their pain, as opposed to 64 percent of those who are taking only over-the-counter medication.
- ❖ 86 percent of those taking only prescription medication also use alternative treatments, including physical therapy (58 percent), massage (39 percent) and meditation (23 percent).

Many Fear Losing Access to Pain Medicine

With increasing attention being paid to cost and legislative issues, people with pain express concerns about access.

- ❖ Three in ten have been unable to get a prescription filled because of cost or lack of insurance.
- ❖ Almost three in 10 believe that it will become more difficult to get the medication they need in the future.

Satisfaction and Concerns about Medication Vary

Attitudes toward medication show as much variation as the types of people experiencing pain. Significant numbers of people with pain report concerns about taking pain medications including fear of side effects (56 percent) and worries that they will need medication for the rest of their lives (49 percent) while showing surprisingly little awareness (26 percent) of prescription topical pain patches as an alternative.

- ❖ Concern about potential side effects among those taking only prescription medication is generally higher among 35 to 50 year-olds, with 58 percent worried that it might be addictive.
- ❖ Compared to those taking prescription pain medicines, users of both prescription and over the counter medications were more likely to experience side effects (drowsiness: 52 percent, nausea: 41 percent).

- more -

About the Survey

The Americans Living with Pain Survey (ALPS) was conducted by Roper Public Affairs and Media, on behalf of the American Chronic Pain Association (ACPA) with support from Endo Pharmaceuticals. The survey findings are based on 800 telephone interviews conducted with adults experiencing chronic pain in the United States. The sampling frame for this survey was a national random digit dialing system that included all telephone households in the United States, both listed and unlisted. The sample for this survey was drawn from this frame using probability selection procedures; as such, the survey findings are projectable to all adults with chronic pain.

Roper Public Affairs and Media is part of NOP World, the ninth largest survey research company in the world. As a part of NOP, World Roper shares complete in-house facilities for statistics, sampling, interviewing, data processing and statistical analysis, and production. This provides total control over the research process from beginning to end.

About the American Chronic Pain Association

The American Chronic Pain Association has offered support and information for people with chronic pain since 1980. Its mission is to facilitate peer support and education for individuals with chronic pain and their families so that these individuals may live more fully in spite of their pain and to raise awareness among the health care community, policy makers, and the public at large about issues of living with chronic pain.

ACPA support groups meet in the United States, Canada, the United Kingdom, and in many other nations around the world. In addition, the ACPA provides a wealth of materials, including self-help manuals, videos, workbooks, and other resources that can help people with pain and their families. These materials, created by people with pain for people with pain, offer unique insight into the reality of chronic pain and its management and hope for improving quality of life for those who live with pain daily.

In 2002, the ACPA organized Partners for Understanding Pain, a consortium of more than 80 groups with an interest in the social, individual, and economic impact of pain in our communities. The goal of Partners for Understanding Pain is to raise awareness about chronic, acute, and cancer pain through grassroots community outreach and a national media relations campaign.

Learn more about the Partners for Understanding Pain at www.understandingpain.org.

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Preparing For Your Doctor

How to Make the Most of Your Visit

by Judith A. Paice, PhD, RN, FAAN

In the perfect world, appointments at the doctor's office would be on time and unhurried, filled with compassionate understanding about your pain. In the real world, office visits are often scheduled for 15 minutes or less—hardly time to discuss complex problems such as chronic pain. However, there are strategies you can use to make the most of this time, while developing a strong collaborative relationship with your doctor. And these strategies can also be used with nurses, dentists, pharmacists, therapists, and other health care providers.



The First Visit

1. Record your history

Most people with chronic pain have extensive experience with the health care system. Describing this history in a thorough and chronological manner may be difficult, particularly if you are nervous about meeting a new physician. Nevertheless, it can be very useful to both you and your physician.

Write down the events that led to your chronic pain as well as surgeries or other therapies that have been used to treat the pain. Include the dates they occurred.

Carefully describe your pain, including the following:

- Location: Note if there are multiple sites of pain (using a drawing can be helpful)
- Intensity: Using a 0 to 10 scale, where 0 means “no pain” and 10 means “worst possible”, describe the intensity of your usual, worst, and least pain
- Quality: Select specific words to describe the pain, such as “aching”, “throbbing”, “tingling”, or “electrical”
- What makes the pain better?
- What makes the pain worse?

(Editor’s Note: You may also want to use the ACPA’s Quality of Life Scale to help your doctor understand the impact your pain has on your life. You can download it from our web site, www.theacpa.org. You’ll find it in the People with Pain and Their Families section under Managing Chronic Pain.)

List the medicines, nerve blocks, physical therapies, and all other interventions used

in the past to manage your pain. For medicines, include the dose and the number of days that you took the drug. If it caused side effects, list these too.

Think back to any past hospitalizations or surgeries when you might have received pain medications. If you remember, list the drug you received, how well it worked, and whether you experienced any side effects. Although this takes some effort, it will help your doctor know what drugs to avoid, saving you time (and possibly money) in the long run.

Remember that drugs can take a while to work. An inadequate trial in the past, or doses that were too low, might have led you to believe a certain drug did not work. Your doctor may find that at a higher dose, that drug may be very useful in managing your pain.

2. Bring all your current medications

Bring pill bottles, patches, creams and any other medicines that you currently take or use. Include all medications, not just those used for pain. Don't forget to include over-the-counter medicines, vitamins, and herbal therapies. Although you may need a suitcase to carry all of these bottles, your doctor will appreciate being able to actually see the drugs and clarify the doses, whether they are generic or not, and other aspects. For example, several drugs have different trade names when prescribed for different purposes. Careful review of all of these medicines can prevent duplication and potential adverse reactions.

3. Bring X-rays, CTs, MRIs, and other scans

Our healthcare system is not as seamless as we would like. If your doctor has to obtain these scans from other health care centers, it could delay treatment. And repeating these scans can cost you money and time. Bring the actual scans, not just the radiologist's report. This allows the doctor to make his or her own interpretation of the findings. In fact, you may wish to keep copies of these scans for your own records.

4. Make a list of questions

Write down questions you want to ask the doctor so you don't forget anything important, such as:

- What do you believe is the cause of the pain?
- What strategies might help relieve the pain?
- What are the pros and cons of each approach?
- What side effects might occur?
- What is the long-term outlook?
- What are my responsibilities?
- What are the doctor's responsibilities?
- How does he/she like to communicate (office visits only, telephone, email)?
- Is there another healthcare provider who should be contacted, such as a nurse or physician assistant?
- What part of my care will this physician be responsible for—pain only or general

medical care too?

5. Make a list of your goals

This is easier said than done. You may want to spend some time thinking about what you actually hope to achieve. Are you seeking complete relief of pain? Are you hoping to be able to work part time? Ride your bicycle? The more specific you can be the more precise your doctor can be in developing a plan of care to accomplish these goals.

In the book *Managing Pain Before it Manages You*, Margaret Caudill, MD recommends the following criteria when setting your goals:

- A goal should be measurable
- A goal should be realistic
- A goal should be behavioral
- A goal should be “I” centered
- A goal should be desirable

6. Bring a friend or family member to the doctor’s office

A second set of ears is very important when complex medical information might be discussed. A friend or family member can help you remember the physician’s recommendations. You may also wish to tape the conversation so it can be played back later. This is especially important if you have memory loss, poor hearing, poor eyesight, or are dyslexic. Let the doctor know you are taping the conversation and why.

7. Mentally prepare for the visit

Seeing a new doctor for chronic pain is an occasion often filled with hope and optimism for possible cure. And yet, relaying the history of your pain and your attempts at finding relief can be emotionally trying. Don’t be surprised if tears of frustration and sadness start to flow. I have sat with people during their first visit who cried during the entire appointment. Though this is to be expected (and a compassionate professional should respond with caring and support) it also limits your opportunity to talk with your doctor and develop a treatment plan.

Follow Up Visits

- 1.** Bring a diary. While trying new therapies, listing your reactions in a diary can help you recall the results, the level of relief as well as any side effects. Writing things down frequently will help you remember to ask about them. And if you are pleased about some aspect of your progress, or you were able to do something you could not do in the past, let your doctor know this too. Let him or her join in celebration of your victories.
- 2.** Bring a list of new questions. If your goals have changed, let your doctor know.
- 3.** Bring your friend, family member, and/or tape recorder.

Don't Forget General Wellness

Everyone should have annual physical examinations and, depending upon your age and risk factors, diagnostic tests. Ask your doctor about age appropriate screenings for early detection of cancer, heart disease, hearing and vision loss, and other conditions.

This may seem like an enormous amount of work simply to prepare for a doctor's visit. However, effective pain management requires a strong working relationship between you and your doctor. The more information you can provide, and the more active you are as a member of this team, the stronger your relationship will be—and the better the long-term results.

Dr. Judith A. Paice is Director, Cancer Pain Program, Division of Hematology-Oncology at Northwestern University, Feinberg School of Medicine, in Chicago. She is on the professional advisory board of the ACPA.

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ACPA Medications Chronic Pain Supplement 2006

ACPA Medications & Chronic Pain Supplement



American Chronic Pain Association

<http://www.theacpa.org/documents/ACPA%20Meds%202006.pdf>

Partners for Understanding Pain

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Resources

Information and education are key to managing long term chronic pain no matter who you are. Below are some useful links for older adults, caregivers and health care providers:

- <http://www.nia.nih.gov/Alzheimers/>
- <http://www.ncoa.org/index.cfm>
- <http://www.asaging.org/index.cfm>
- <http://www.agingresearch.org/>
- <http://www.agingwithdignity.org/>
- <http://www.eldercare.gov/Eldercare/Public/Home.asp>
- <http://aging.senate.gov/public/>
- <http://www.aging.state.pa.us/>
- <http://www.benefitscheckup.org/>
- <http://agingwell.state.ny.us/>
- <http://www.aging.state.ca.us/>
- <http://www.agingstats.gov/>



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Alzheimer's

Association

Title	Summary of Contents	Pages/length	Web Site
Publications, Fact Sheets and Reports	This section contains Alzheimer's Association publications, including brochures and fact sheets, listed in alphabetical order. Content is developed in collaboration with Association subject matter experts, outside consultants or other authoritative sources.	Website reference. Print copies are available through your local Alzheimer's Association.	http://www.alz.org/Resources/FactSheets.asp
Dementia Care Practice Recommendations	The Alzheimer's Association Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes were developed from the latest evidence in dementia care research and the experience of professional direct care experts. The recommendations are the basis for every aspect of our Campaign for Quality Residential Care.	Website reference.	http://www.alz.org/qualitycare/dementia_care_pract.asp

For more information contact:

Alzheimer's Association
National Office
225 N. Michigan Ave., Fl. 17
Chicago, Ill. 60601-7633

Phone: 1.800.272.3900
Email: info@alz.org
Website: www.alz.org



American Chronic Pain Association

We can offer the following materials for consumers and caregivers:

Title	Summary of Contents	Pages/length	Available
Patient To Person: First Steps	Begin your journey from patient to person with this workbook designed to help anyone who has a chronic pain problem gain an understanding of how to cope with the problems that their pain creates.	Booklet \$25.00	http://acpa.stores.yahoo.net/book1.html
Staying Well: Advanced Pain Management for ACPA Members	This workbook is designed for those who have a working knowledge of the basics of pain management. This workbook provides additional skills necessary to continue to move forward in the journey to wellness.	Booklet \$20.00	http://acpa.stores.yahoo.net/stayweladpai.html
ACPA Family Manual	Chronic pain is a family affair. Members of the family must deal with their own “pain” and stress resulting from the circumstances. The ACPA Family Manual can help family members manage lifestyle changes and difficulties due to living with a person in chronic pain and begin to rebuild a mutually supportive family unit.	Booklet \$25.00	http://acpa.stores.yahoo.net/acfamman.html

<p>Chronicle Newsletter</p>	<p>The ACPA Chronicle is a quarterly newsletter produced by the members of the ACPA. Each issue features a listing of new ACPA chapters established in that quarter, useful pain management coping skills, important health information, inspiring and insightful articles by ACPA members, book reports, and information about the ACPA.</p>	<p>Newsletter Cost: Member included with membership; Non-member \$15/year</p>	<p>http://acpa.stores.yahoo.net/acchronnew.html</p>
<p>ACPA Kits for Wellness</p>	<p>This series of educational materials has been created to meet the growing need of many ACPA members to have additional materials that will help them progress in their understanding of pain management. Each kit focuses on one area of pain management and allows members to work either with an ACPA group or independently. The kits are filled with worksheets designed to create awareness and understanding of the role the person with pain must assume.</p>	<p><i>Kit One</i> - Understanding Chronic Pain: At the Time of Diagnosis \$3.30 <i>Kit Two</i> - Accepting the Pain \$2.90 <i>Kit Three</i> - Getting Involved \$4.20 <i>Kit Four</i> - Priorities \$3.40 <i>Kit Five</i> - Setting and Evaluating Personal Goals \$4.20 <i>Kit Six</i> - Your Basic Rights \$7.30</p>	<p>http://acpa.stores.yahoo.net/kitforwel.html</p>
<p>Quality of Life Scale</p>	<p>Pain affects each of us differently. This graphical scale focuses on the impact your pain has on your life, not just the intensity of your pain. With its emphasis on ability to function, it's a great tool for caregivers and people with pain alike.</p>	<p>Cost: 25 for \$10 one copy is free</p>	<p>http://acpa.stores.yahoo.net/quoflisc.html</p>

ACPA MedCard	This wallet card lets you keep track of all your medications and any allergies, making doctor visits easier. It's also an important document to have in an emergency, when you may not be able to speak for yourself.	Cost: one copy is free; all renewing members receive one - minimum 100 for \$10.00	http://acpa.stores.yahoo.net/acpamedcard.html
ACPA Pain Log	There are many factors that contribute to our level of pain and suffering. This visual diary will help you to track the impact that everyday events have on your pain.	Cost: 25 tear-off sheets/ tablet; 10 tablets for \$10.00	http://www.theacpa.org/documents/8%205x11%20Pain%20Log%202-8-06.pdf

For more information contact:

American Chronic Pain Association
 PO Box 850
 Rocklin, CA 95677

Phone: (800)

Web site: www.theacpa.org



American Geriatrics Society Foundation for Health in Aging

We can offer the following materials for consumers and caregivers:

Title	Summary of Contents	Pages/length	Available
Medications for Persistent Pain	An Older Adult's Guide to Safe Use of Pain Medications	20 page booklet	http://healthinaging.org/public_education/
My Drug and Supplement Diary	Form used to list what medications you are taking, the dosage and when you take it.	Brochure	http://www.theacpa.org/documents/My%20Drug%20and%20Supplement%20Diary_AGS.pdf
Daily Pain Diary	A diary to record your pain and what you did to treat it. It will help your healthcare provider to understand your pain better.	Brochure	http://www.theacpa.org/documents/Daily%20Pain%20Diary_AGS.pdf
Diabetic Neuropathy	Informational brochure on Diabetic Neuropathy	Brochure	http://www.theacpa.org/documents/Diabetic%20Neuropathy_AGS.pdf
Assessing Pain in Loved Ones with Dementia: A Guide for Family and Caregivers	Informational brochure on Dementia and Pain Assessment	Brochure	http://www.theacpa.org/documents/Dementia%20and%20Pain%20Assessment_AGS.pdf

Acupuncture	The first in a series that will discuss common complementary and alternative treatments that older adults may wish to explore, including: (1) Acupuncture, (2) Spinal Manipulation, and (3) Herbal Remedies.	The Patient Education Forum	http://www.theacpa.org/documents/Acupuncture_The%20Patient%20Education%20Forum.pdf
Arthritis Pain	Over 80% of older adults experience osteoarthritis (OA), which is the most common cause of arthritis with older age. Rheumatoid arthritis (RA) is different and the second most common type of arthritis. These two arthritis conditions cause pain and can make it difficult for older people to take care of themselves.	The Patient Education Forum	http://www.theacpa.org/documents/Arthritis%20Pain_The%20Patient%20Education%20Forum.pdf
End of Life Care: A Guide for Patients and Caregivers	Dying is the final portion of the life cycle for all of us. Providing humane care near the end of life is an essential part of medicine. People near the end of life deserve to be treated with dignity and compassion. Every effort must be made to ensure that a patient's last days are spent in as much comfort as possible and according to the patient's wishes.	The Patient Education Forum	http://www.theacpa.org/documents/End%20of%20Life%20Care_The%20Patient%20Education%20Forum.pdf

For more information contact:

The AGS Foundation for Health in Aging
The Empire State Building
350 Fifth Avenue, Suite 801
New York, New York 10118

Phone: (800)563-4916 Fax : (212)832-8646

Web site: www.healthinaging.org



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American Pain Society

We can offer the following materials for consumers and caregivers:

Title	Summary of Contents	Pages/length	Web Site
Patient Guide: Managing Osteoarthritis Pain	Designed to help patients live with OA and manage their pain. Provides an overview of osteoarthritis and offers tools to help rate pain intensity. It also addresses concerns about becoming addicted to pain medication and features additional resources for more information	12 pages/ booklet- packets of 25 Member Price: \$11.00 Nonmember Price: \$15.00	http://www.association-office.com/APS/etools/products/products.cfm
Consumer Guide: Managing Rheumatoid Arthritis	Most current information on pain and medication management for people with rheumatoid arthritis (RA). Covers treating RA with electrotherapy, heat and cold, or orthotic devices.	16 pages/ booklet packets of 25 Member Price: \$11.00 Nonmember Price: \$15.00	http://www.association-office.com/APS/etools/products/products.cfm

<p>Guide for Adults with Cancer Pain</p>	<p>Provides facts about cancer pain treatment, how to manage cancer pain, information about pain assessment, types of pain medications, and additional treatments for pain. Addresses concerns about chemotherapy and radiation therapy that are unique to cancer treatment. Includes a sample “Pain Management Diary,” which assists patients in actively monitoring their pain, guiding pain management behavior, enhancing a sense of control, and facilitating communication.</p>	<p>16 pages/ booklet packets of 25</p> <p>Member Price: \$11.00</p> <p>Nonmember Price: \$15.00</p>	<p>http://www.association-office.com/APS/etools/products/products.cfm</p>
<p>Guide for Adults with Fibromyalgia Syndrome Pain</p>	<p>Designed to help patients live with Fibromyalgia syndrome (FMS) pain. Discusses ways healthcare providers diagnose FMS and outlines therapies and medicines used to alleviate pain and other effects of FMS.</p>	<p>16 pages/ booklet packets of 25</p> <p>Member Price: \$11.00</p> <p>Nonmember Price: \$15.00</p>	<p>http://www.association-office.com/APS/etools/products/products.cfm</p>

We can offer the following materials for health care providers:

Title	Summary of Contents	Pages/length	Web address
<p>Guideline for the Management of Cancer Pain in Adults and Children</p>	<p>This guideline reflects the significant changes that have occurred in the medical professions understanding of the causes of pain and how to assess and manage it to reduce suffering by people with cancer. Regulatory changes that affect pain management in all patient-care settings accompany this increased knowledge about pain management.</p>	<p>166 pages 6"x9" soft cover book</p> <p>Member Price: \$15.00</p> <p>Nonmember Price: \$20.00</p>	<p>http://www.association-office.com/APS/etools/products/products.cfm</p>
<p>Guideline for the Management of Pain in Osteoarthritis, Rheumatoid Arthritis, and Juvenile Chronic Arthritis, 2nd Edition</p>	<p>Intended for use by physicians, nurses, and other healthcare professionals who work with adults who have osteoarthritis (OA) or rheumatoid arthritis (RA) or with children who have juvenile chronic arthritis (JCA). Also for pain specialists unfamiliar with the dynamics of arthritis pain.</p>	<p>184 pages 6"x9" soft cover book</p> <p>Member Price: \$15.00</p> <p>Nonmember Price: \$20.00</p>	<p>http://www.association-office.com/APS/etools/products/products.cfm</p>

<p>Guideline for the Management of Acute and Chronic Pain in Sickle Cell Disease</p>	<p>This guideline is the first comprehensive evidence-based guideline to address treatment of the pain of sickle-cell disease. Contents include: Overview of Sickle-Cell Disease and Related Pain; Types and Characteristics of Pain Associated with Sickle-Cell Disease; Pain Assessment; Treatment of Pain in Sickle-Cell Disease; Sickle Pain in Developmental Stages; Focus of Care in Various Settings</p>	<p>87 pages 6"x9" soft cover book</p> <p>Member Price: \$10.00</p> <p>Nonmember Price: \$15.00</p>	<p>http://www.association-office.com/APS/etools/products/products.cfm</p>
<p>Guideline for the Management of Fibromyalgia Syndrome Pain in Adults and Children</p>	<p>This guideline reflects the significant changes that have occurred in our understanding of the causes of pain and how to assess and manage it to reduce the suffering of people with FMS. Because FMS is now diagnosed in primary care settings, it is important that primary care clinicians become knowledgeable about basic treatment and how to provide continuing care to people with FMS. This guideline will help to educate primary care clinicians about the management of pain in FMS.</p>	<p>6"x9" soft cover book</p> <p>Member Price: \$15.00</p> <p>Nonmember Price: \$20.00</p>	<p>http://www.association-office.com/APS/etools/products/products.cfm</p>

<p>Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain, 5th Edition</p>	<p>Reference guide packed with updated information. Perfect resource for teaching medical and nursing students. Offers concise information about appropriate drug selection, dosing variation among patient populations, rapid treatment of breakthrough pain, and side effect minimization.</p>	<p>73 pages 5"x7" booklet</p> <p>1-9 Member: \$5.00/ Nonmember: \$8.00</p> <p>10-99 Member: \$4.50/ Nonmember: \$7.00</p>	<p>http://www.association-office.com/APS/etools/products/products.cfm</p>
<p>Pain Control in the Primary Care Setting</p>	<p>Designed to help improve the quality of pain management in primary care and is based on current evidence and expert consensus about the principles of pain assessment, diagnosis and management.</p>	<p>57 pages 5"x7" booklet</p> <p>Member and Nonmember: \$8.00</p>	<p>http://www.association-office.com/APS/etools/products/products.cfm</p>

For more information contact:

American Pain Society
Cathy Rickert
4700 W. Lake Ave.
Glenview, IL 60025

Phone: (847)375-4715
Email: info@ampainsoc.org
Web site: www.ampainsoc.org



American Pharmacists Association

We can offer the following materials for consumers and caregivers:

Title	Summary of Contents	Pages/length	Available
Ask Your Pharmacist about all your Prescription and Nonprescription Medications	Brochure outlining questions all patients should ask their pharmacist about their medications	Brochure	http://www.theacpa.org/documents/Taking%20Meds%20pamphlet%20from%20APhA.pdf

For more information contact:

American Pharmacists Association
1100 15th Street NW, Suite 400
Washington, DC 20005-1707

Phone: (800)237-APhA

Web site: www.aphanet.org



American Society of Pain Educators

The goal of the ASPE is to provide information and tools to support the **frontline practitioners** who treat the majority of people in pain: primary care physicians, nurses and nurse practitioners, physician assistants and pharmacists.

Improving pain management through education.

In recognition that September is Pain Awareness Month, the American Society of Pain Educators (ASPE) will launch a month-long calendar of educational events focused on pain management for healthcare providers. The aim is to offer a broad educational agenda to reverse the present challenge of under-diagnosis and under-treatment of pain in the U.S. Please visit www.painawareness.org for more information on Pain Awareness Month events offered by ASPE.

For more information contact:

American Society of Pain Educators
P.O. Box 1548
Montclair, NJ 07042

Phone: (877)-733-9797

Website: www.paineducators.org



Caring Coalition of Metro NY

We can offer the following materials for consumers and caregivers:

Title	Summary of Contents	Pages/length	Web Site
<i>Life Care Planning ... a beginning</i>	A life planning guide designed to introduce the reader to various areas of your life — medical, legal, residential, financial.	17 pages	http://www.theacpa.org/documents/Life%20Care%20Planning_CCMNY.pdf
<i>Life Care Planning ... a beginning</i>	Brochure	Brochure	http://www.theacpa.org/documents/Life%20Care%20Planning_CCMNY.pdf
<i>Pick a Proxy</i>	How to name someone who can make your medical decisions if you can't.	Poster	http://www.theacpa.org/documents/Pick_A_Proxy_CCMNY.pdf
Conversations Before the Crisis	Questionnaire	Questionnaire	http://www.theacpa.org/documents/Conversations_Before_the_Crisis_CCMNY.pdf

For more information contact:

Caring Coalition of Metro New York
 c/o NOFEC
 425 West 23rd Street, Suite 9B
 New York, NY 10011

Phone: (212)217-6965 Fax (212)645-5143
Email: info@caringcoalitionmetrony.org
Web site: www.caringcoalitionmetrony.org



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City of Hope Pain/Palliative Care Resource Center

We can offer the following materials for health care providers, consumers and caregivers:

Title	Summary of Contents	Pages/length	Web address
COHPPRC	The purpose of the COHPPRC is to serve as a clearinghouse to disseminate information and resources to assist others in improving the quality of pain management and end of life care. The COHPPRC is a central source for collecting a variety of materials including pain assessment tools, patient education materials, quality assurance materials, end of life resources, research instruments and other resources.	Available on Website.	http://prc.coh.org .

For more information contact:

City of Hope Pain/Palliative Care Resource Center
1500 East Duarte Road
Duarte, CA 91010

Phone: 626 256-HOPE X63829

E-mail: prc@coh.org

Web site: <http://prc.coh.org>.



Intercultural Cancer Council Baylor College of Medicine

We can offer the following materials for health care providers, consumers and caregivers:

Title	Summary of Contents	Pages	Web Site
African-Americans American	Cancer Fact Sheet	4	www.iccnetwork.org
Indian/Alaska Natives	Cancer Fact Sheet	4	www.iccnetwork.org
Asian Americans	Cancer Fact Sheet	4	www.iccnetwork.org
Children/Adolescents	Cancer Fact Sheet	4	www.iccnetwork.org
Clinical Trials	Cancer Fact Sheet	4	www.iccnetwork.org
Elderly	Cancer Fact Sheet	4	www.iccnetwork.org
Fatigue	Cancer Fact Sheet	8	www.iccnetwork.org
Hispanic/Latino (English)	Cancer Fact Sheet	4	www.iccnetwork.org
Hispanic/Latino(Spanish)	Cancer Fact Sheet	4	www.iccnetwork.org
Mission Statement	Cancer Fact Sheet	2	www.iccnetwork.org
Native Hawaiians and Pacific Islanders	Cancer Fact Sheet	4	www.iccnetwork.org
Pain	Cancer Fact Sheet	4	www.iccnetwork.org
Rural Poor and the Medically Underserved	Cancer Fact Sheet	4	www.iccnetwork.org
Why Cancer Fact Sheets	Cancer Fact Sheet	4	www.iccnetwork.org
Workplace	Cancer Fact Sheet	4	www.iccnetwork.org

For more information contact:

Intercultural Cancer Council/Baylor College of Medicine
Monique DeLynn
6655 Travis St. #322
Houston, TX 77030

Phone: 713.798.4617

Email: mdelynn@bcm.edu

Web site: www.iccnetwork.org



International Association for the Study of Pain

We can offer the following materials for consumers and caregivers:

Title	Summary of Contents	Web Site
IASP web site for Global Day Against Pain	<p>The aim of the IASP Global Day Against Pain is to raise awareness of a different aspect of pain each year. This year's theme is "Pain in Older Persons". This theme will be emphasized throughout the year following this Global Day with updated materials being posted on this Web page. IASP Chapters and individuals involved in pain research and treatment are organizing 'IASP Global Day of Pain' events in their communities to focus attention on this facet of pain, with the ultimate objective this year of improving pain relief in older people throughout the world.</p>	<p>http://www.iasp-pain.org/globalday-2006.htm</p>

For more information contact:

IASP Secretariat
111 Queen Anne Av N, Suite 501
Seattle, WA 98109-4955, USA

Phone: (206)283-0311 Fax: (206)283-9403
Email: iaspdesk@iasp-pain.org
Web site: <http://www.iasp-pain.org> and www.painbooks.org



National Pain Foundation

We can offer the following materials for consumers and caregivers:

Title	Summary of Contents	Web Site
Pain in Older Adults	Debunks 10 myths about older adults and pain (e.g., pain is inevitable, activity is harmful, opioids are dangerous)	http://nationalpainfoundation.org/MyTreatment/News_PainAndTheOlderAdult.asp
Pain and Age — The Older Adult	Discusses the disparities related to treatment for older adults. Maybe more for the health care provider.	http://nationalpainfoundation.org/MyTreatment/MyTreatment_DisparatiesInPain_Age.asp
The Ins and Outs of Caregiving	Discusses dealing with your emotions as a caregiver, avoiding burn out, taking care of yourself, asking for help, etc.	http://nationalpainfoundation.org/MyTreatment/News_InsAndOutsOfCaregiving.asp

For more information contact:

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300 E Hampden Avenue, Suite 100
Englewood, CO 80113

Email: aardrup@nationalpainfoundation.org

Web site: www.nationalpainfoundation.org



National Women's Health Resource Center

We can offer the following materials for consumers and caregivers:

Title	Summary of Contents	Pages/ length	Web Site
<i>National Women's Health Report, Pain & Women's Health</i>	<i>Pain & Women's Health</i> explores how pain—both chronic and acute—affects women's health and offers suggestions from leading pain experts for how to best manage the impact of pain symptoms.	8 pp.	http://www.healthywomen.org/resources/nwhrcpublications/dbpubs/nationalwomenshealthreportpainwomenshealthjune
Healthywomen.org's Pain Management Health Topic	Overview, Diagnosis, Treatment, Prevention, Facts to Know, Questions to Ask, Key Q&A, Test Your Knowledge, References, Resources	approx. 9,100 words	http://www.healthywomen.org/healthtopics/painmanagement
Healthywomen.org's Caregiving Health Topic	Overview, Facts to Know, Questions to Ask, Key Q&A, Test Your Knowledge, References, Resources	approx. 7,200 words	http://www.healthywomen.org/healthtopics/caregiving

All publications are available online. The *National Women's Health Report: Pain & Women's Health* is also available in print and can be ordered online or by calling 1-877-986-9472.

For more information contact:

National Women's Health Resource Center (NWHRC)
Shirley Lozano Nelson
157 Broad Street, Suite 315
Red Bank, NJ 07701

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University of Wisconsin Comprehensive Cancer Center - Pain & Policy Studies Group

The Pain & Policy Studies Group (PPSG) at the University of Wisconsin Comprehensive Cancer Center evaluates federal and state laws, regulations, and agency guidelines that can impact professional practice and patient access to pain relief. The principle of **Balance** guides PPSG policy evaluations: Efforts to prevent abuse of drugs should not interfere with their medical use for the relief of pain. Beginning in September 2006, PPSG will release state pain policy profiles each year for the next three years, as well as progress report cards that grade states' policies and show year-to-year changes.

This series of reports will include policies that are aimed at the regulation of opioid medications and healthcare practice, healthcare education, pain commissions and task forces, and the licensure of healthcare agencies. The reports will provide a more complete picture of each state's pain policy than previous reports issued in 2000 and 2003.

Examples of provisions found in the policies evaluated

Provisions that have the potential to encourage pain management:

- Pain care standards for nursing homes, residential care facilities, hospices, and hospitals
- Medical board policies that encourage effective pain management for all patients and establish a framework within which practitioners should not fear regulatory scrutiny

Provisions that have the potential to discourage pain management:

- Limits on the amount of a prescription that a health care provider can prescribe to less than what may be necessary
- Discouragement of pain treatment in patients with addictive disease
- Requirements for special government-issued prescription forms and required reporting of patients receiving controlled substances prescriptions to state government

These profiles and reports can be found on the Pain & Policy Studies Group website at www.medsch.wisc.edu/painpolicy.