

# CMScript

Issue 8 of 2024



Member of a medical scheme? Know your guaranteed benefits!

## Understanding and managing pain

Pain, both acute and chronic, impacts billions of people globally and is generally a primary reason for seeking healthcare. Essentially, pain involves a complex interaction among nerves, the spinal cord, and the brain. It is a significant public health issue regardless of its form or severity. Pain contributes to illness, mortality, and potentially disabling conditions within the economically active population. Additionally, it places a substantial strain on healthcare systems due to treatment limitations and constrained financial resources.



### What is pain?

Pain is difficult to understand due to its subjective nature and varies based on individual experiences and perceptions. The International Association for the Study of Pain defines pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

Pain is experienced as physical, emotional, psychosocial, cultural, and spiritual and all these aspects of a person’s life need to be addressed to relieve pain and suffering.

Everyone experiences pain differently, so understanding the various types of pain can help patients communicate their symptoms more effectively to healthcare providers.

### Types of pain

The most common types of pain are:

#### Acute pain

Acute pain is short-term, typically lasting from minutes to three months, and in some cases, it can extend up to six months. It is often linked to causes such as soft-tissue injuries (like cuts, sprains), or broken bones, or temporary illnesses (such as infections or surgical procedures).

Acute pain usually resolves once the injury heals or the illness passes. However, if an injury fails to heal properly, acute pain may progress into chronic pain.

The clinical information furnished in this article is intended for information purposes only and professional medical advice must be sought in all instances where you believe that you may be suffering from a medical condition. The Council for Medical Schemes is not liable for any prejudice in the event of any person choosing to act or rely solely on any information published in CMScript without having sought the necessary professional medical advice. The Communications Unit would like to thank the Clinical Unit for assisting with this edition of CMScript.

### Chronic pain

Chronic pain persists for an extended period (more than three months) and can be constant or intermittent, such as headaches that recur over months or years. Chronic pain is considered both a disease and a significant healthcare issue, often leading to intense suffering and diminished quality of life. It may stem from chronic diseases like arthritis, fibromyalgia, or neuropathic conditions requiring specific diagnosis and treatment. However, the cause of chronic pain is unknown in many cases.

### Neuropathic pain

Neuropathic pain results from nerve damage within the nervous system and typically manifests as shooting, stabbing, burning, or a pins and needles sensation. It can impair normal sensations like touch sensitivity and the ability to feel temperature changes. Neuropathic pain is typically chronic, and may fluctuate between periods of relief and flare-ups, often becoming severe enough to interfere with daily activities, sleep, and mobility.

### Nociceptive pain

Nociceptive pain arises from tissue damage and is typically described as sharp, achy, or throbbing. It results from external injuries like hitting an elbow or stubbing a toe, and it affects areas such as joints, muscles, skin, tendons, and bones. Nociceptive pain can be either acute or chronic.

### Radicular pain

Radicular pain occurs when a spinal nerve is compressed or inflamed, causing pain that spreads from the back and hip down into the leg through the spinal nerve roots. When it involves the sciatic nerve, it is referred to as sciatica and a person may experience symptoms like tingling, numbness, and muscle weakness. The pain is typically steady and deep within the leg, and activities like walking or sitting can worsen it. Sciatica is one of the most common types of radicular pain.

### Bone pain

Bone pain is often linked to cancer spreading to the bones, typically from breast, prostate, or lung cancer. This kind of pain usually happens when you move and might feel dull, aching, and constant, getting worse when you move or put weight on it. The pain can be in one specific area or spread out if it presses on nerves. While not exactly a nerve damage issue, cancer-caused bone pain has elements of nerve-related pain and inflammation.

## How is pain assessed?

- Pain can be assessed by evaluating the duration (how long it lasts), severity (intensity), site (location), characteristics of the pain (stabbing, throbbing, crushing, cramping). Additional factors include whether the pain is persistent or intermittent, relieving, or aggravating factors, and any accompanying symptoms such as nausea and vomiting, visual disturbances, distribution of pain.
- Since pain is a subjective experience, the healthcare provider must assess the patient's level of consciousness during the assessment to ensure accurate reporting and understanding.

- Changes in vital signs (e.g., heart rate, blood pressure) can also indicate pain, particularly in non-verbal patients
- Pain assessment can also be done using a validated assessment tool. The assessment tool for pain needs to be appropriate to the patient's developmental age, cognitive status, and emotional status. Therefore, evaluation of the patient's pain using a validated assessment tools such as a visual analogue scale (VAS) or a verbal numeric rating scale (VNRS) is important

## How is pain managed?

The concept of pain management is complex because pain is subjective and differs from person to person. Analysing pain can help healthcare professionals better understand how to manage their patients' pain effectively and minimise its impact on their lives. Managing pain is a basic human right, and everyone suffering from pain should have access to proper assessment and treatment by well-trained healthcare providers.

A comprehensive multidisciplinary evaluation will lead to recommendations for treatment depending on the needs and expectations of the individual.

Recommendations should focus on:

- Providing specialised, prompt, efficient, safe, and multimodal pain management 24 hours a day
- Developing protocols and guidelines to assist in the provision of safe and effective treatment designed
- Providing an up-to-date, evidence-based, and appropriate understanding of pain
- Monitoring patient outcomes and document the results to compare and improve services

## Adjuvant Therapy

Adjuvants are medications that can provide additional pain relief when used alongside the primary pain medication. Common examples of adjuvants include certain antidepressants, antiepileptics, corticosteroids, antispasmodics, and topical medications.

## What is covered under the Prescribed Minimum Benefit (PMB) level of care in pain management?

When a member is diagnosed with a PMB condition where pain management is needed, pharmacological treatment forms a significant component of pain therapy.

The World Health Organization (WHO) recommends the following principles of analgesic use:

- Oral (per mouth) dosing of drugs whenever possible as opposed to intravenous (into a vein), rectal, etc.
- Around-the-clock rather than on-demand administration. The dosage and timing of the medication must be based on how the drug works and moves through the body
- Painkillers should be given based on how severe the pain is, as measured by a pain scale. To do this right, a doctor needs to examine the patient and properly assess their pain.

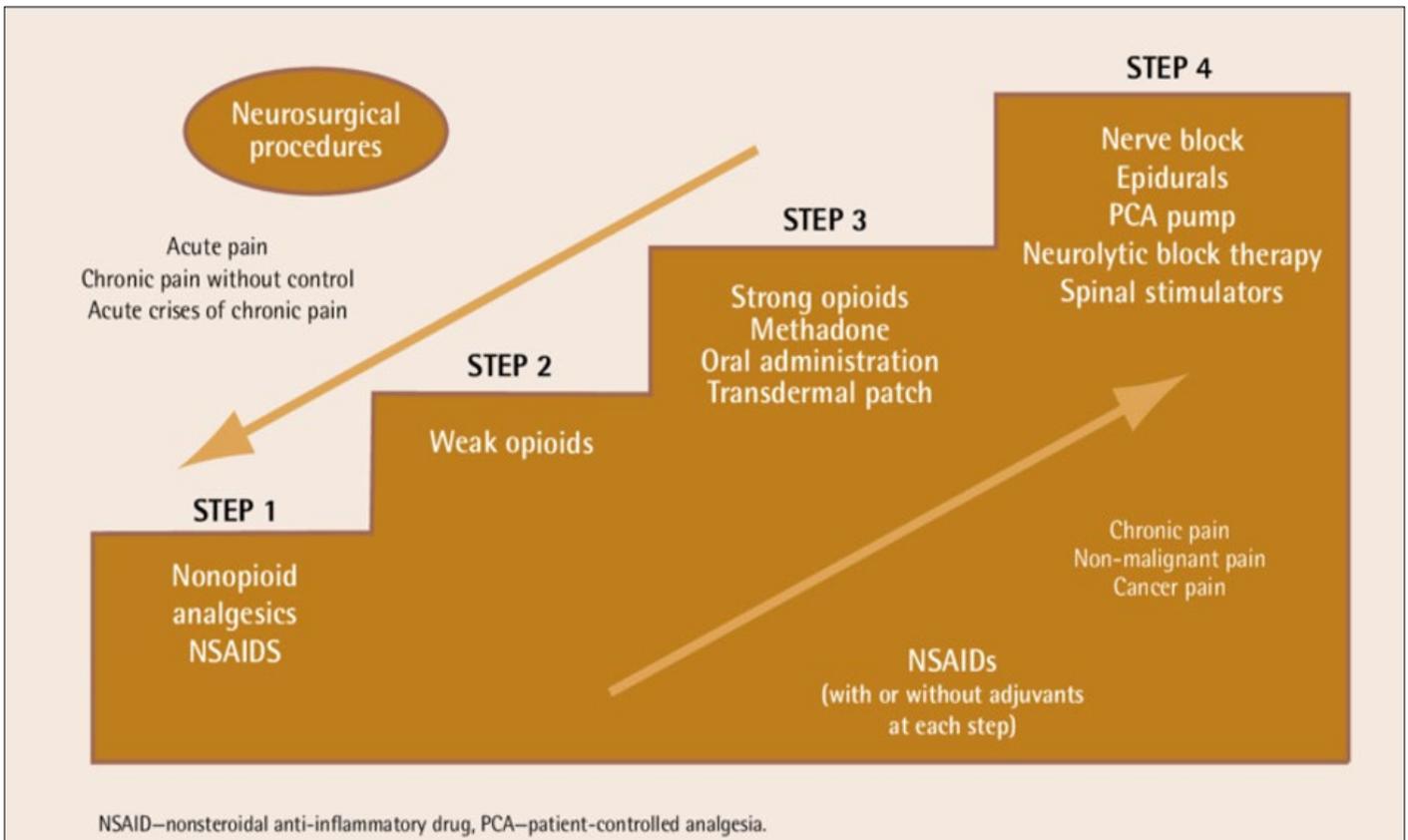


Figure 1 above illustrates the New WHO adaptation of the analgesic ladder, which serves as a multi-step approach to managing pain. This framework is designed to guide healthcare professionals in providing effective pain relief by gradually increasing the strength of medications in line with the severity of the pain.

- Individualised therapy (including dosing) addresses the concerns of the patient. This approach recognises that there is not a one-size-fits-all dosage for treating pain. Figuring out the right amount of medicine is one of the biggest challenges in pain treatment. Doctors must keep adjusting the dose to make sure it helps the pain without causing too many side effects.
- Take medication exactly as prescribed because any changes in how much or how often you take it can cause the pain to come back.
- The aim of using medication for pain is to reduce how much it hurts and help a patient sleep, feel better emotionally, and move more easily. At the same time, it's important to avoid any negative effects on their thinking or harm to their organs.
- Many people don't just experience one type of pain; they often have a mix of different pains. Using a combination of medications that target various parts of the pain system usually works best for treating this kind of complex pain.

### Chronic cancer pain (including pain due to terminal illnesses)

Pain management for cancer patients should be aimed at improving patients' quality of life and reducing suffering using pharmacological and non-pharmacological interventions such as non-opioids, weak opioids for mild to moderate pain, strong opioids for moderate to severe pain, chemotherapy, and radiotherapy.

### Chronic non-cancer pain

Chronic non-cancer pain of a PMB condition should be funded as a PMB, whilst chronic non-cancer pain of a non-PMB should be funded according to scheme rules.

### Bone pain

Management of bone pain is multimodal with treatment such as radiotherapy, analgesics (opioids, NSAIDs), bisphosphonates for cancer metastatic pain, radiotherapy, and radioisotopes.

### Neuropathic pain

In South Africa, neuropathic pain is covered as a PMB when it is caused by a condition that qualifies as PMB. The South African guidelines, in line with other international guidelines, suggest four types of medication for treating this pain: gabapentinoids, carbamazepine, tricyclic antidepressants (TCAs), serotonin and noradrenaline reuptake inhibitors (SNRIs), pyridoxine and opioids.

### Non-pharmacological approaches of pain management

Non-pharmacological approaches also play a key role in managing pain. Upon referral from the treating doctor the following non-pharmacological interventions are recommended as PMB level of care.

- Non-surgical pain management interventions e.g. neurolytic ablation procedures or implantation of temporary analgesic pumps
- Access to psychological interventions including group support therapy
- Physiotherapy
- Occupational therapy

Medical schemes must pay for in and out-of-hospital costs in full if the services were obtained from a designated service provider (DSP). The healthcare practitioner must assist the member in completing the forms to register for PMB benefits which must be funded by the medical scheme from the risk benefit. Funding of PMB claims from the Medical Savings Account (MSA) contravenes the Medical Schemes Act Regulation 10(6).

## References

1. Ayo-Yusuf, I.J. and Naidoo, S. (2016) "Social gradient in the cost of oral pain and related dental service utilisation among South African adults," *BMC Oral Health*, 16(1). doi:10.1186/S12903-016-0313-X.
2. Institute of Medicine (US) Committee on Advancing Pain Research, C. and E. (2011) "Pain as a Public Health Challenge." Available at: <https://www.ncbi.nlm.nih.gov/books/NBK92516/> (Accessed: January 26, 2022).
3. Pain | NCCIH (no date). Available at: <https://www.nccih.nih.gov/health/pain> (Accessed: January 26, 2022).
4. Types of Pain: Classifications and Examples to Help Describe Your Pain (no date). Available at: <https://www.healthline.com/health/types-of-pain> (Accessed: January 26, 2022).
5. Council for Medical Schemes. 2021. PMB benefit guideline: PMB definition guidelines for pain management. Available from: <https://www.medicalschemes.co.za/publications/#2009-3572-wpfd-pain> (Accessed 03 September 2024)
6. Kumar, N., 2007. WHO normative guidelines on pain management. Geneva: World Health Organization, pp.3-4.
7. Corewell Health. Types of Pain. Available from: <https://www.beaumont.org/services/pain-management-services/types-of-pain> (Accessed 03 September 2024)
8. Anekar AA, Hendrix JM, Cascella M. WHO Analgesic Ladder. [Updated 2023 Apr 23]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK554435/> (Accessed 03 September 2024)
9. The Royal Children's Hospital Melbourne. (2022). Pain assessment and measurement. Available at: [https://www.rch.org.au/rchcpg/hospital\\_clinical\\_guideline\\_index/Pain\\_assessment\\_and\\_measurement/](https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Pain_assessment_and_measurement/) (Accessed 9 Sep. 2024).
10. Vargas-Schaffer, Grisell. (2012). Is the WHO analgesic ladder still valid? *Can Fam Physician*. 56. Available from: [https://www.researchgate.net/publication/258112804\\_Is\\_the\\_WHO\\_analgesic\\_ladder\\_still\\_valid](https://www.researchgate.net/publication/258112804_Is_the_WHO_analgesic_ladder_still_valid) (Accessed 11 September 2024)

### Contact information:

[www.medicalschemes.co.za](http://www.medicalschemes.co.za)  
[information@medicalschemes.co.za](mailto:information@medicalschemes.co.za)  
 Hotline: 0861 123 267  
 Fax: 012 430 7644