PAIN-TYPES TERMINOLOGY and CLINICAL USE

TERM	DEFINITION	CLINICAL USE
Pain	An unpleasant sensory and emotional experience associated with or described in terms of actual or potential tissue damage.	• Pain is always subjective. It is unquestionably a sensation in a part or parts of the body, but it is also always unpleasant and therefore also an emotional experience. • Keep in mind that 'pain is whatever the older adult says it is, occurring wherever he/she says it does'. Pain is not observable or visible.
Acute Pain	Pain that is usually temporary and results from something specific, such as a surgery, an injury, or an infection	• Knowing if pain is acute rather than persistent guides treatment decisions • Monitor acute pain for signs of improvement as expected • Ineffectively treated acute pain can develop into persistent or chronic pain
Persistent (chronic or constant) Pain	A painful experience that continues for a prolonged period of time that may or may not be associated with a recognizable disease process; usually characterized as pain lasting 3 months or longer or beyond the time of healing	• Up to 80% of people living in nursing homes live with persistent pain. • More than one clinical diagnosis typically contributes to persistent pain in the nursing home population, e.g., osteoarthritis, post-herpetic neuralgia, spinal canal stenosis, cancer, post-stroke pain, diabetic peripheral neuropathy, etc. • Treatment necessitates a combination of non-drug (complementary and alternative therapies) and medications.
Breakthrough Pain	Pain that increases above the level of pain addressed by the ongoing analgesics; this would include incident pain and end-of-dose failure.	• Is reported by 2 out of 3 people with continuous persistent pain. • May be sudden or gradual, brief or prolonged, spontaneous or predictable.
Incident-related Pain	Pain triggered by specific movements or activities.	• Best treated by pre-medicating with a dose of short-acting opioid prior to the pain-inducing event, usually a PRN of a medication that is already prescribed. o For example, medicating prior to physical therapy following hip fracture surgery, as physical therapy may induce incident related pain.
Referred pain	Pain perceived at a location other than the site of the painful stimulus; is the result of innervations of organs by afferent pain fibers which follow similar paths as the sympathetic nervous system	• Conditions such as myocardial infarction, heartburn/indigestion, gas, etc. may have referred pain. • Identify past or current medical conditions that may elicit referred pain. • Treating original source of pain will correct referred pain.
Refractory pain	Pain that is resistant to ordinary treatment	• Older adults with refractory pain may need a referral to an outpatient pain clinic for a comprehensive, interdisciplinary evaluation and development of a treatment plan.

Nociceptive pain Example of sub-types: Musculoskeletal (or somatic) pain Visceral pain	Pain caused by tissue injury in the joints, bones, muscles and various internal organs. The patient's nervous system is functioning normally, picks up the injury and transmits the information to the brain. Includes: • Pain of the muscles, joints, connective tissues and bones • Pain of the body's internal organs	• Typically well localized, constant, and often with an aching or throbbing quality. • Usually time limited: when the tissue damage heals, pain typically resolves. • Responds well to treatment with opioids. • Arthritis, common in elders, is not time limited. • Relatively well localized, and is typically worse on movement. • Often described as a dull, or 'background' aching pain, although the area may be tender to pressure. • Pain is poorly localized and usually constant. • Often described as deep and aching and is often referred to other sites.
Neuropathic pain	Pain initiated or cause by a primary lesion or dysfunction in the nervous system	• Words commonly used to describe neuropathic pain symptoms include burning, tingling, numb, squeezing, itching, and pricking. There may be electric shooting sensations, often radiating down a nerve path with accompanying sensitivity over the area of skin. • May persist for months or years beyond the apparent healing of any damaged tissues. • Is frequently chronic, and responds less well to treatment with opioids, but may respond well to other drugs such as anti-seizure and antidepressant medications. • Usually, neuropathic problems are not fully reversible, but partial improvement is often possible.
Allodynia	A non-painful stimulus felt as painful in spite of normal-appearing tissues	• Common in many neuropathic pain conditions. • An older adult experiencing allodynia may feel discomfort with the bed sheets resting on their feet or legs.

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