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Non-pharmacological management of acute pain

FROM THE SPECIALTIES

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Well-documented non-pharmacological interventions for acute pain management are underutilised in clinical practice. The Norwegian National Quality Registry for Pain Management has developed tools that may help address this.

Pain is defined as 'an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage' (1). In practical terms, this means that tissue damage following trauma or surgery, which activates nociceptors, results in a more intense unpleasant experience (greater pain) in patients who are anxious and tense than in those who are relaxed and at ease. Non-

pharmacological techniques aimed at promoting relaxation, reassurance and distraction are widely used and effective in the management of chronic pain (2). These approaches are also effective for acute pain but are currently used to a much lesser extent than the evidence would support (3, 4).

As part of a quality improvement project, the Norwegian National Quality Registry for Pain Management (5) has developed a website with non-pharmacological interventions for acute pain management, which includes practical tools for patients and healthcare personnel (6).

Non-pharmacological pain management is recommended as an adjunct to pharmacological treatment and nerve blocks, rather than as a replacement. For example, patients may be encouraged to use such techniques while waiting for analgesic medication to take effect. Techniques presented on the website include box breathing for relaxation, sorting exercises to enhance perceived control, the BUSK model to improve communication, and guided imagery for distraction.

Techniques such as distraction with music, meditation for relaxation and structured procedural information to reduce anxiety have been shown to reduce pain intensity and/or the need for opioids in connection with and/or following procedures such as peripheral venous catheter insertion, blood sampling, various forms of trauma (including burns) and different types of surgery, including orthopaedic procedures (3, 4). These interventions are likely to be most effective if patients have already practised relaxation or distraction techniques, for example prior to elective surgery. Patients often also have experience with such techniques in other contexts, such as yoga, meditation, sleep and stress regulation, and sport (e.g. visualisation). Information from healthcare personnel that these techniques can be used to alleviate pain can therefore be beneficial.

If readers would like guidance on how to introduce this topic to patients or colleagues, the authors would be pleased to assist.

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