

Optimal outcomes in pain management are only now beginning to be defined and more research is needed. When possible, pain should be prevented and controlled to a degree that facilitates function and quality of life. Pain treatment and goals must be tailored to the needs, desires and circumstances of individual patients. Goals often differ for acute and chronic pain, but still focus on prevention, pain relief and function.

Goals for pain management should be specific, measurable and patient-centered. It is both unrealistic and undesirable to cast “no pain” as a treatment goal. Goals for pain management should be written in the plan of care and may include the patient expresses adequate pain relief, minimal side effects from the analgesic regimen, maintenance or improvement in functional status, or satisfaction with pain management.

Goals focused solely on numeric pain ratings can be problematic. A patient’s pain rating may be conceptualized as an attempt to construct meaning of the pain experience, influenced by a range of internal and external factors, rather than a task of matching the pain intensity to a distance on a scale (Williams, et al., 2000). Data from clinical trials suggest that a 33% to 50% decrease in pain intensity is meaningful from a patient’s perspective and represents a reasonable standard to determine the efficacy of an intervention. Depending on how severe a person’s pain is, this percentage change may be reflected as only a 1 to 2 point change on a 0-10 scale.

In the inpatient record at UW Health, goals for pain management should be developed individually with each patient and family and may include:

- a pain intensity rating
- a percent pain relief or
- a functional goal (either physical or emotional)
- other

Treatment Goals	
<p>Acute pain</p> <ul style="list-style-type: none"> • <i>Facilitate recovery from the underlying injury, surgery, or disease</i> <ul style="list-style-type: none"> – Reduce neuroendocrine stress – Minimize impact of pain on recovery activities • <i>Control and reduction of pain to acceptable level</i> • <i>Minimize pharmacologic side effects</i> • <i>Prevent chronic pain</i> 	<p>Chronic Pain</p> <ul style="list-style-type: none"> • <i>Restore function</i> <ul style="list-style-type: none"> • Physical, emotional, social • <i>Decrease pain</i> <ul style="list-style-type: none"> • Treat underlying cause where possible • Minimize medication use • <i>Correct secondary consequences of pain</i> <ul style="list-style-type: none"> • Postural deficits, weakness, overuse • Maladaptive behavior, poor coping

How to Talk to a Patient about Goals: Introducing the topic of goals for pain control can be awkward to articulate. It is not particularly helpful to simply ask a patient, “What is your goal for pain on a 0-10 scale?” as most patients would likely say “0”. Goal setting is collaborative. Statements that may be helpful to open up the discussion include:

“It is generally not possible or safe to eliminate all pain, but our goal is to reduce your pain to a reasonable level as well as manage any unpleasant side effects of pain medicines.”

“A manageable pain level for most patients is in the mild range, or if you have severe pain to reduce it by one-third to one-half if possible, enough so you can walk, rest and do any necessary activities. What do you think is a realistic/manageable goal for your pain control?”

“You tell me your pain is preventing you from (sleeping, walking, eating....). Let’s talk about a goal for pain relief that allows you to tolerate (sleeping several hours, walking to the mailbox, eating more frequently....)”

References:

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