

PAIN TERMINOLOGY FOR PATIENTS		
Term	Definition	Comment/Importance to Patients
Pain	An unpleasant physical and emotional experience associated with or described in terms of actual or potential tissue damage	<ul style="list-style-type: none"> Understanding the pain helps you share important information with healthcare providers that can help to guide your treatment plan “Pain is whatever the older adult says it is, occurring whenever he/she says it does”
TYPES OF PAIN		
Term	Definition	Comment/Importance to Patients
Acute Pain	Pain that is usually temporary and results from something specific, such as a surgery, an injury, or an infection.	<ul style="list-style-type: none"> Understanding the type of pain helps you share important information that can help to guide the treatment plan Ineffectively treated acute pain can turn into chronic pain
Chronic Pain	A painful experience that continues for a prolonged period that may or may not be associated with a disease, typically 3 months or longer.	<ul style="list-style-type: none"> Also called persistent pain It is estimated up to 80% of individuals living in nursing homes have chronic pain A variety of diagnosis contribute to chronic pain in this population, including: osteoarthritis, cancer, post-stroke pain, diabetic peripheral neuropathy, and others
Musculoskeletal Pain	Pain of the muscles, joints, connective tissues and bones.	<ul style="list-style-type: none"> This pain is relatively well localized and is typically worse on movement This type of pain is often described as a dull, or ‘background’ aching pain, although the area may be tender to pressure
Breakthrough Pain	Pain that increases above the level of pain addressed by ongoing analgesics.	<ul style="list-style-type: none"> Associated with cancer pain Reported in 2 out of 3 people with continuous persistent cancer pain This pain may be sudden or gradual, brief or prolonged and spontaneous
Nociceptive 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 sends the information to the brain.	<ul style="list-style-type: none"> Nociceptive pain is typically a localized, constant pain and often described as aching or throbbing This type of pain is usually time limited: when the tissue damage heals, the pain typically resolves This type of pain tends to respond well to treatment with opioids

Neuropathic Pain	Pain initiated or caused by a primary lesion or dysfunction in the nervous system.	<ul style="list-style-type: none"> • Common words used to describe this pain include: burning, tingling, numb, squeezing & itching. There may be electric shooting sensations, often radiating down a nerve path and sensitivity over the area of skin. • Pain may persist for months or years beyond healing of damaged tissues • Neuropathic pain is frequently chronic & tends to respond less well to treatment with opioids but may respond to other drugs like anti-seizure and antidepressant medications
TERMS USED TO DESCRIBE PAIN		
Term	Definition	Comment/Importance to Patients
Onset	Description of the experience of the beginning of the pain.	<ul style="list-style-type: none"> • You may describe a sudden or gradual development of the pain, associated with a known injury or illness • Onset can also help identify pain triggered by specific movement or activity
Duration	How long the pain has been experienced and continues to be present (lasting minutes or hours)	<ul style="list-style-type: none"> • Information is critical for evaluating the effectiveness of the treatment plan
Frequency	The number of occurrences in a specified period of time; how often the pain is experienced in a given time period.	<ul style="list-style-type: none"> • Knowing the frequency of pain is useful in developing treatment strategies and for individualized scheduling of care activities
Location	Site(s) of pain	<ul style="list-style-type: none"> • Older adults often have pain in more than one location • Document-intensity & quality for all pain • Pain maps (drawing of a body so you can indicate where the pain is located) are very useful in documenting all pain locations, guiding therapy, etc.
Intensity	The older adult's descriptive rating (such as a number, "5" or a word, like "moderate") that describes the intensity the pain.	<ul style="list-style-type: none"> • Also called Severity • Usually helpful to identify intensity for the 'worst pain' over a specified period as well as 'the best the pain gets'

		<ul style="list-style-type: none"> Assessing your present pain rating and your acceptable pain rating also important Work with your healthcare team to determine the most appropriate pain assessment (see the FAST FACT- Patients: When to use Pain Assessment Tools)
Pattern	The progress of the pain over time including changes, often influenced by times of day (e.g., certain hours of the day, night or day, monthly patterns), periods of rest, or specific or general activity/movement.	<ul style="list-style-type: none"> Helps to determine if there are influences that impact the pain Older adults can experience constant and/or episodic pain Analgesic treatment should be tailored to these patterns
Quality	Description of the characteristics of the pain, preferably in the words used by the older adult to describe the pain.	<ul style="list-style-type: none"> Also called “Character” of pain Helpful in determining the type of pain to select the most appropriate analgesic If you have difficulty describing your pain, it may be helpful to consider these examples of descriptions including: aching, sore, cramping, pounding, sharp, throbbing, dull, nagging, shooting, numb, tingling, spasm, burning, gnawing, pressure-like, radiating, stabbing, tingling, tender, knife-like, etc.

PAIN ASSESSMENT & MANAGEMENT TERMINOLOGY

Term	Definition	Comment/Importance to Patients
Pain Assessment	The process of gathering information on the pain including the onset, duration, frequency, location, intensity, pattern, and quality of the pain.	<ul style="list-style-type: none"> Patients that are able to self-report, are in the best position to provide the most accurate information for a Pain Assessment to guide the healthcare team in the development and ongoing updating of the treatment plan
Pain Diary	A communication tool used to share information about the daily pain experience with the healthcare team	<ul style="list-style-type: none"> You can use a Pain Dairy to document your daily pain experience to monitor the effectiveness of the current pain treatment plan to share with your healthcare team
Pain Scale	A tool used to evaluate pain intensity or behavior.	<ul style="list-style-type: none"> For individuals who are able to self-report a pain scale that uses a numeric rating scale (such as 1-10) or a verbal descriptor scale (such as

		<p>mild, moderate or severe) may be appropriate (see FAST FACTS- Patients- When to use Pain Assessment Tools).</p> <ul style="list-style-type: none"> For those NOT able to self-report there are specific Pain Scales that look at behaviors that may indicate pain
Pain Specialist	A clinician who has received advanced training in pain management.	<ul style="list-style-type: none"> If you find that your regular provider can't help with your pain, ask him or her for the name of a pain medicine specialist. A pain specialist may be a doctor, nurse, or anesthesiologist.
TREATMENT RELATED TERMINOLOGY		
Term	Definition	Comment/Importance to Patients
Analgesic	A class of drugs used to reduce pain, generally prescribed to treat moderate to severe pain, that works by interfering with the perception of pain in the brain	<ul style="list-style-type: none"> Analgesics are often part of the treatment plan, especially when pain is moderate or severe
Non-Drug Pain Management Treatments	Nondrug Treatments include activities or treatments that help provide relief of physical and psychological symptoms of pain either with or without the use of medication.	<ul style="list-style-type: none"> There are two categories of nondrug treatment techniques: <ol style="list-style-type: none"> Physical and 2. Psychological Examples of physical nondrug techniques: 1. Massage, 2. Cold, 3. Heat, 4. Positioning, 5. TENS, 6. Acupuncture, 7. Tai Chi, 8. Yoga, 9. Walking, 10. Qigong. Examples of Psychological nondrug techniques: 1. Distraction, 2. Relaxation, 3. Music, 4. Controlled breathing & guided imagery, 5. Mindfulness-based Meditation, 6. Cognitive-Behavioral Therapy. Moderate-to-severe pain may require medication in addition to nondrug treatment techniques
Opioid Therapy	Moderate-to-severe pain may require strong medication (opioids) in addition to nondrug treatment techniques. If pain persists after use of nonopioid and nondrug interventions, opioids may be part of the treatment plan after careful risk and benefit evaluation.	<ul style="list-style-type: none"> Understanding the pain you are experiencing helps you to share important information with your healthcare provider that can help to guide your treatment plan Maintaining a Daily Pain Dairy is an excellent way to share information about your pain experience with your

		healthcare team (see the FAST FACTS Patients: Using a Pain Diary)
Opioid Use Disorder	A problematic pattern of opioid use that causes significant impairment or distress.	<ul style="list-style-type: none"> • Used to be called addiction, but now diagnosed as Opioid Use Disorder • Opioid Use Disorder is uncommon among people living in nursing homes being treated for pain • Tolerance and physical dependence are normal physiologic responses to chronic medication administration, whereas Opioid Use Disorder is a disease that is not a normal response to opioid use • Opioid Use Disorder is more likely to occur in older adults with multiple risk factors, such as a genetic predisposition, a history of addictive behavior, or a history of abuse and/or neglect • It is recommended that pain be adequately controlled before reaching conclusions about concerns related to Opioid Use Disorder behaviors • An individual's behaviors that may suggest Opioid Use Disorder (OUD) sometimes reflect unrelieved pain or other problems unrelated to OUD, you should report all behaviors to your healthcare team for evaluation

References:

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