

Preliminary Development of a Semi-Structured Approach to Persistent and Breakthrough Pain Assessment

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Purpose

Chronic pain is a neuropathologic state associated with unpleasant, recurring, and often debilitating sensations. Despite considerable heterogeneity, cancer- and noncancer-related pain present with similar symptomatology across numerous patient types. The basis for this similarity may be best elucidated by a model where individual memories, emotions, and cognitions are the complex substrate that the brain transforms via pathological remodeling of central and peripheral neurons into a biopsychosocial experience. Comprehensive and ongoing assessment can reduce the adverse impact of pain by providing guidance for multimodal analgesia, management of treatment-related side effects, and responsible opioid prescribing. Clinicians and patients alike require resources to help capture the dynamics of chronic pain and the factors that may precipitate, perpetuate, or palliate the often crippling intensity of pain. Thus, patients with well-controlled baseline pain that requires around-the-clock analgesia may nevertheless complain of episodes of uncontrolled moderate-to-severe pain or breakthrough pain (BTP). Indeed, persistent baseline pain and BTP are temporal and interconnected components of chronic pain. The peer-reviewed literature contains imprecise terminology and definitions of BTP, further confirming the need to operationalize its assessment and improve its therapeutic management. Presently available screening tools and assessment resources offer little guidance on persistent baseline pain and BTP. Validated questionnaires and assessment tools are available to help clinicians characterize the various dimensions of the chronic pain experience. Yet few, if any, clinical resources specifically address persistent baseline pain and BTP. Accordingly, we have developed a preliminary Persistent and Breakthrough Pain Semi-Structured Questionnaire (BTP/SSQ) to address this need.

Method

We developed a preliminary BTP/SSQ, largely consolidated from studies published by Portenoy, Fine, Hagen, Zeppetella, and others. Recognizing the limitations inherent in capturing a dynamic pain profile, we sought to codify questions that, together with traditional assessment methods, may provide some structure to what could otherwise be a haphazard approach to characterizing each patient's unique pain experience. We are presently applying the BTP/SSQ in varied patient populations, including academic teaching and community-based hospitals and private practices to establish its validity in assessing and discriminating between persistent baseline pain and BTP.

Results

Preliminary results will address such attributes as epidemiologic and phenomenological features of persistent baseline pain and BTP and the potential clinical utility of the BTP/SSQ. Pain management clinicians found that the instrument captured the important features of both persistent baseline pain and BTP and was able to discriminate between the two forms of pain. The questionnaire served to encourage self-monitoring of activities that both increased and decreased pain. These responses can be used as opportunities to adjust medication schedules and encourage self-management skills for patients.

Conclusions

Establishing control of persistent pain and BTP requires tight clinical management and monitoring of analgesic effectiveness, pain interference with function, adverse events, and risks of nonmedical opioid use. Data from randomized, controlled studies and clinical experience suggest that clinicians should independently assess and treat persistent pain and BTP, while recognizing the pathophysiologic origins

and close interrelationships between them. Ongoing development efforts suggest that the BTP/SSQ may facilitate the clinician-patient dialogue, aid clinicians, and educate patients in discriminating between persistent pain and BTP along with practical considerations for improving BTP management. Further psychometric evaluation is planned in subsequent testing.