

## 9. Pain

### PATIENT SECTION

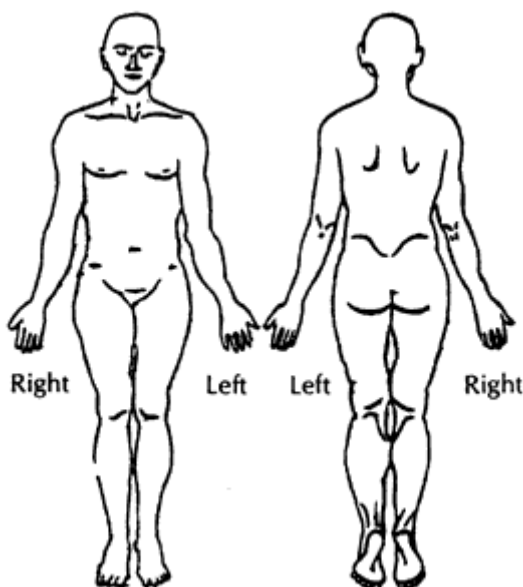
**9.1 Do you regularly experience any sort of pain?**  Yes  No

If yes, please indicate whether there has been:

- No real change in the quality or severity of existing pain
- Worsening in quality or severity of existing pain
- Worsening of day to day function due to pain
- Onset of new pains

**9.2 Please indicate on the body chart below, where you feel pain:**

(please shade-in and label location 1,2,3 etc.)



**9.3 For each location, please fill in the following:**

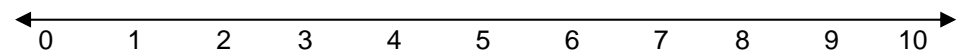
**Location 1**

Describe how the pain feels in your own words: \_\_\_\_\_

\_\_\_\_\_

Frequency: \_\_\_\_\_

Severity (please circle number on scale below):



No Pain

Worst Pain Imaginable

### GP/NURSE SECTION

Examination Findings  
(see appendix at end of section)

If new or worsening pain, are there any possible exacerbating causes<sup>12</sup>

Is the pain neuropathic, musculoskeletal or visceral in nature?

**Location 1**

- Neuropathic
- Musculoskeletal (please go to section 10)
- Visceral

Location: \_\_\_\_\_

Duration: \_\_\_\_\_

Relieving/Exacerbating factors: \_\_\_\_\_

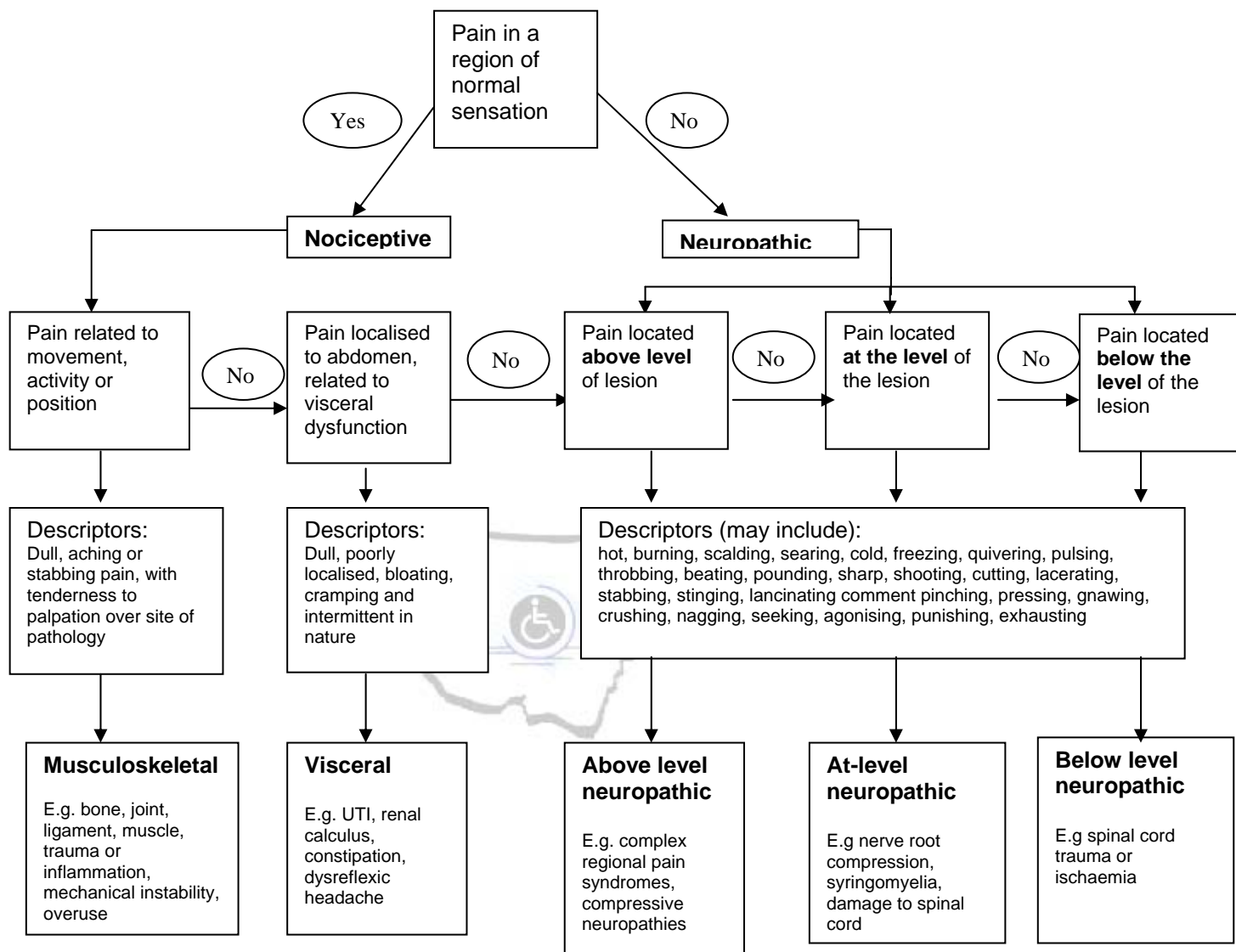
\_\_\_\_\_

<sup>12</sup> Descriptors of neuropathic pain may include the following: e.g. hot, burning, scalding, searing, cold, freezing, quivering, pulsing, throbbing, beating, pounding, sharp, shooting, cutting, lacerating, stabbing, stinging, lancinating, pinching, pressing, gnawing, crushing, nagging, agonising, punishing, exhausting.

<p><b>Location 2</b></p> <p>Describe how the pain feels in your own words: _____</p> <p>_____</p> <p>_____</p> <p>Frequency: _____</p> <p>Severity (please circle number on scale below):</p> <p>← 0 1 2 3 4 5 6 7 8 9 10 →</p> <p>No Pain <span style="float: right;">Worst Pain Imaginable</span></p> <p><b>Other</b></p> <p>Please describe: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Location 2</b></p> <p><input type="checkbox"/> Neuropathic</p> <p><input type="checkbox"/> Musculoskeletal (please go to section 10)</p> <p><input type="checkbox"/> Visceral</p> <p>Location: _____</p> <p>Duration: _____</p> <p>Relieving/Exacerbating factors: _____</p> <p>_____</p> <p>_____</p> <p><b>Other</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>9.4 Does the pain interfere with your activities of daily living or social/work interactions?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Presence of yellow flags: (see appendix)</p>
<p><b>9.5 Do you use any other treatments for pain?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medications <input type="checkbox"/> Physiotherapy</p> <p><input type="checkbox"/> Other treatment (e.g. acupuncture)</p> <p><input type="checkbox"/> Implanted device (e.g. intrathecal pump, dorsal column stimulator)</p> <p><input type="checkbox"/> Psychological approaches (e.g. relaxation)</p> <p>Details: _____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Rationalise medications (see appendix)</p>
<p><b>9.6 Have you ever been referred to a pain clinic?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, details: (when, where and treating specialist): _____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Review report</p>

## **APPENDIX TO PAIN SECTION**

The main types of pain experienced after SCI are musculo-skeletal, visceral (abdominal), and neuropathic. The diagram below may help in your assessment of the person's pain:



Adapted from: Siddall PJ, Middleton JW. (2006) A proposed algorithm for the management of pain following spinal cord injury. *Spinal Cord*, 44: 66-77

### **Yellow Flags**

Yellow Flags are indicators that psychosocial factors may be important in the pain problem. They include:

- belief that pain and activity are harmful
- sickness behaviours (like extended rest, medication seeking)
- history of anxiety or depression, current low or negative moods, social withdrawal
- problems with claim and compensation, time off, other claims
- problems at work, poor job satisfaction, relationship difficulties
- overprotective family or lack of support

### **Medications**

Simple non-narcotic analgesics, paracetamol, nonsteroidal anti-inflammatory drugs (NSAIDs) and non-narcotic "muscle relaxants" (benzodiazepines) may be useful treatments to trial in musculoskeletal pain. Antidepressants and anticonvulsants are often trialled in neuropathic pain. Gabapentin and/or Pregabalin are now regarded as first-line treatments for neuropathic pain and are the only anticonvulsant drugs which have strong research evidence for their effectiveness in post-SCI neuropathic pain. Tricyclic antidepressants (TCA) may be helpful as an adjuvant agent in some SCI patients with dysaesthetic pain. There are no studies which have studied opioid analgesics in post-SCI pain specifically. Careful consideration of issues such as sedation, constipation, dependence and tolerance should occur. Controlled-release oxycodone (Oxycontin) may be helpful in neuropathic pain, but possible benefits need to be carefully weighed up against side-effects such as constipation.