

Measuring and managing the quality of pain treatment

Per Hartvig Honoré

Pain is a subjective experience. It is only the patient who knows how much it hurts, when it hurts, if treatment has any effect and for how long, and the impact on daily living and mood. The pain physician needs to foster a relationship of trust and good communication with the patient to provide satisfactory pain treatment that is experienced as a relief and is helpful to the patient. In the battle against pain, the physician requires information on the expression and severity of the pain, and also the trust and motivation of the patient.

This would imply that a patient who experiences adequate or acceptable pain relief is a management success. Hence do we need indicators for measurement of the success of pain treatment? This question is highlighted by Meyer-Masseti.¹

Some types of pain are difficult to treat. Pain signals can cause other signs, such as anxiety and distress, which are difficult to manage by themselves. Effective pain relief is required to treat these other modalities of pain too. Previous experiences, memory and coping strategies are different in different individuals, and patients may have difficulty translating the magnitude and expressions of pain to their physician. The

patient is the doctor's best weapon in the struggle against pain, and a relationship of trust between the patient and doctor is a prerequisite for success. Problems may still persist. Communication may be compromised in the confused patient, or in the patient who is not awake or on a ventilator. In these instances, pain treatment may only be able to be judged by behavioural and vegetative signs, which have their limitations in indicating adequate pain relief.

The overall management of pain on the ward or in the clinic may need to be validated. There is a need for objective and specific markers for successful treatment beyond the subjective measure of 'satisfied patient'. The indicators suggested by Meyer-Masseti¹ are a new initiative and seem promising for treatment evaluation. The quality aspects included for pharmacological pain therapy are: accessibility of care, appropriateness of therapy, continuity of care, effectiveness, efficacy, efficiency, safety and/or timeliness. The indicators can be used in different types of hospitals and in different countries throughout the world to help provide improved quality of pain. The indicators can be developed and used continuously. However, the indicators will need to be validated in a clinical setting.

There is a case for caution. Healthcare personnel may learn the most important

indicators and be motivated to apply them, but this may be at the expense of performing other important measures in individual patients; measures and indicators need a lot of attention. For the individual patient, it is most important that a comprehensive pain analysis is performed to choose the correct and most effective drugs for pain. The drugs should not cause harm, dosing should be adjusted to age, confusion should not result from too little or too much treatment, contraindications should not be overlooked, medicines should be easily administered and the patient should have enough information to adhere to and benefit from treatment. Neglect of any of these and other aspects of pain management may result in inadequate treatment and hence suffering of the patient. Pain treatment is an art with many dimensions. All of these cannot be included in a general indicator system.

Competing interests None.

Provenance and peer review Commissioned; not externally peer reviewed.

Published Online First: 12 April 2012

European Journal of Hospital Pharmacy 2012;19:276.

doi:10.1136/ejhp-2012-000101

Reference

1. Meyer-Masseti C. Indicator development for the assessment of pain management—A practical approach. *Eur J Hosp Pharm* 2012;19:330–335.

Correspondence to Professor P Hartvig Honoré, Department of Pharmacology and Pharmacotherapy, University of Copenhagen, Universitetsparken 2, Copenhagen 2100, Denmark; peh@farma.ku.dk