

Pain and Complementary Therapies

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KEYWORDS

- Pain • Complementary and alternative therapy (CAT) • Relaxation breathing
- Acupuncture • Acupressure • Guided imagery • Music therapy • Aromatherapy

KEY POINTS

- A large percentage of the population affected by painful conditions/diseases.
- Complementary and alternative therapies (CATs) are being increasingly used and requested by patients in pain.
- Evidence-based practice supports the use of CATs as a part of the treatment plan for patients with both acute and chronic pain.
- Nurses are well placed to implement various CAT modalities.

INTRODUCTION

Complementary and alternative therapy (CAT) is a term used for practices and therapies that may not be part of the standard medical treatment plan. The terms complementary and alternative, although often used interchangeably, are different. Complementary medicine or complementary therapies are those used as an adjunct to, or together with, traditional therapies. Alternative medicine or alternative therapies are used in place of traditional treatments. The use of complementary therapies dates back in nursing to Florence Nightingale. Her historical accounts of holistic nursing care include the use of heat, massage, music, and touch. Nursing education has long incorporated concepts and components of CAT in the nursing plan of care. The National Center for Complementary and Integrative Health lists the 10 most common complementary health approaches used among adults as natural products (dietary supplements), deep breathing, yoga and other exercises, chiropractic, meditation, special diets, homeopathy, relaxation, and guided imagery.¹

Pain

The International Association for the Study of Pain defines pain as, "...an unpleasant sensory and emotional experience associated with actual or potential tissue

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damage or described in terms of such damage."² Pain is separated into categories of acute and chronic. Acute pain occurs suddenly and is described in qualitative words such as sharp or stabbing. Acute pain is commonly the result of something specific such as an injury, and it lasts for 6 months or less. Chronic pain is an ongoing complaint of pain that lasts for 3 to 6 months or longer.³ In contrast with acute pain, it is often described with terms such as dull, throbbing, pressure, or burning. Chronic pain can occur after an injury is long healed or in conditions in which no known injury occurred. The National Center for Complementary and Integrative Health lists the top 10 diseases and conditions for which complementary therapies are used among adults as back pain, neck pain, joint pain, joint stiffness, cardiovascular conditions, arthritis, fibromyalgia, anxiety, and depression.⁴

Prevalence of Pain and Complementary and Alternative Therapy Usage

The prevalence of pain can be difficult to quantify based on the varying subjective accounts of what pain is to the individual. The US Department of Health and Human Services indicates that pain affects more Americans than heart disease, cancer, and diabetes combined.⁵ The National Center for Health Statistics estimates that 1 in every 4 Americans has pain lasting longer than 24 hours.⁵ Research shows 25 million American adults have daily pain.⁶ The National Health Interview Survey found that half of American adults (125 million) had pain that was identified as musculoskeletal. More than 40% of those adults used a complementary approach in treating the musculoskeletal pain. The overall out-of-pocket expenditure for complementary health approaches is approximately \$30 billion per year.⁷

The Role of Nurses

Patients are increasingly knowledgeable that CATs are available to them; however, not all patients have specific knowledge of the different complementary therapies and how they may be incorporated into the treatment plan. It is the responsibility of nurses to be holistic in their approach to pain control and be open-minded to the integration of complementary modalities. Alternative medicine or complementary therapies may be sought out by the patient for various reasons. Medications for pain may be too expensive or not covered fully by insurance, or the patient may think that the medications are ineffective for pain management. In addition, some patients fear that they may become addicted to medications if they start taking them. There are many reasons why a patient may choose alternative and complementary therapies.

When considering using CAT for patient care, nurses must first complete a comprehensive patient history and physical assessment. It is important that nurses complete a pain assessment tool that is specific to the patient population (eg, infants, pediatrics, adults, and elderly, nonresponsive, sedated). Nurses must ensure that the tool used has high validity and reliability. It is critical to obtain a detailed medication history to include all over-the-counter treatments and natural/herbal supplements. A holistic plan of care cannot be established without first discussing the patient's personal goals for pain management and integrating cultural/ethnic/religious variables and values. The nurse and patient must work collaboratively to establish short-term and long-term goals for patient pain. The plan of care should include an interdisciplinary approach for best outcomes.⁸ **Table 1** provides a summary of evidence-based complementary therapies that may be used by qualified nurses working in acute and critical care settings.

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