

Appendix K: Holistic management of wound-related pain

The following is a two-page summary of the European Wound Management Association (EWMA) guidance on holistic management of wound-related pain.

Figure 8: Summary of EWMA guidance on holistic management of wound-related pain

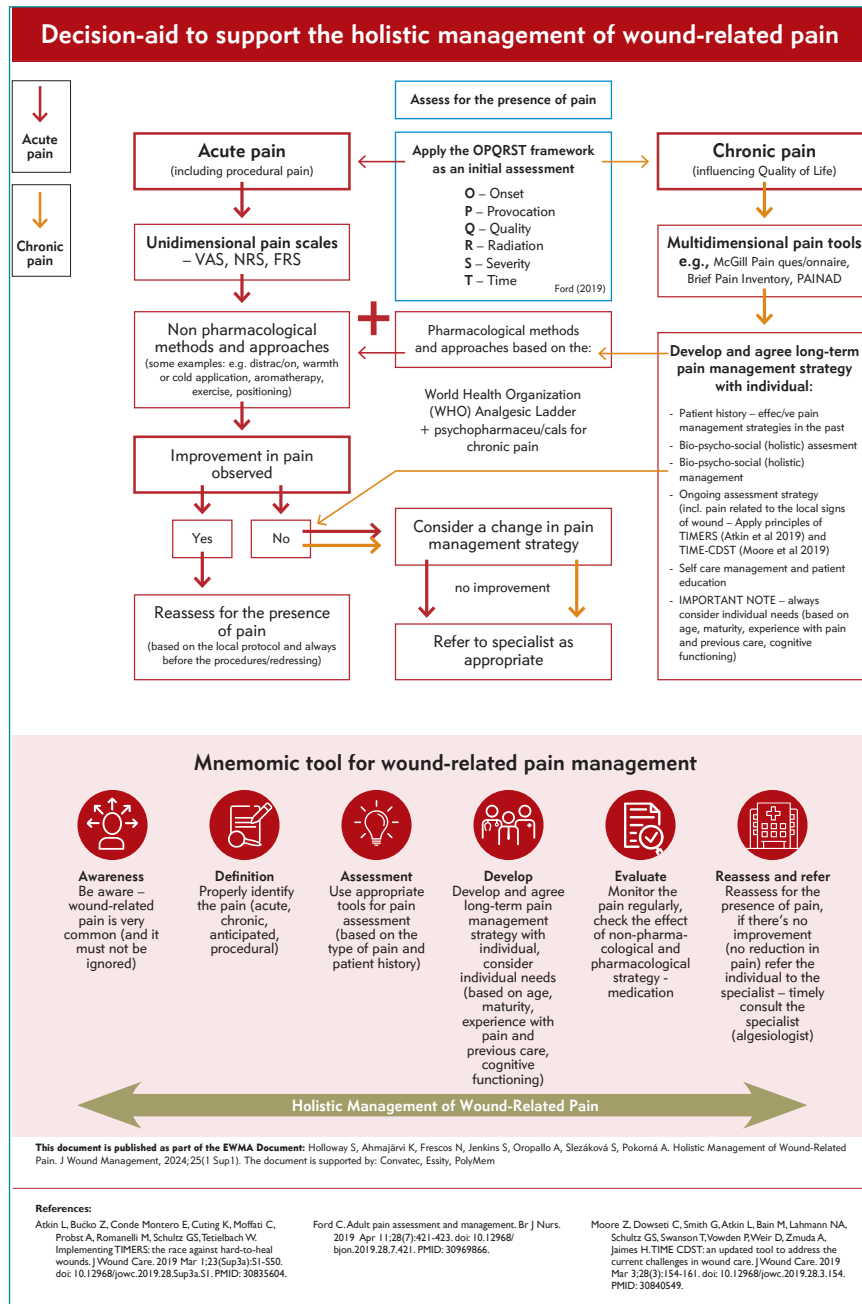
Holistic Management of Wound-Related Pain

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The experience of wound-related pain is complex and needs to take into consideration the psychological and social factors that can impact on an individual's quality of life to ensure a holistic approach.

Pain is a multidimensional phenomenon that is predisposed by biological, psychological and social factors which influence how pain is experienced and how it should be managed (Love-Jones 2019, Faculty of Pain Medicine 2021). Additionally, individuals learn the concept of pain through life experiences (Linton & Shaw 2011, Craig & MacKenzie 2021). Pain, particularly chronic / persistent pain can also have adverse effects on function and on social and psychological well-being (overall quality of life), therefore understanding pain and its management is essential to providing effective pain management.

	<p>Assessment of wound-related pain is complex and multidimensional. Health care providers must determine what the most suitable assessment tool is for their patients and in doing so consider an individual's ability to assess their own pain. Unidimensional measures of pain intensity are not appropriate as stand-alone tools for pain assessment. Information from these scales must be considered in conjunction with a functional and sociopsychological assessment. The assessment of chronic pain requires the use of multidimensional tools that incorporate quality of life measures.</p>
	<p>Management of wound-related pain needs to consider the impact of:</p> <ul style="list-style-type: none"> • Anticipatory pain • Procedural pain (i.e. related to the nursing interventions and care – debridement procedures) <p>Interventions (as adjuncts to pharmacological approaches) might include:</p> <ul style="list-style-type: none"> • Physical activity / exercise – active and Physical activity – passive and repositioning • Manage moisture to prevent maceration and reduce risk of pain from periwound skin irritation (dermatitis) • A combination of non-pharmacological interventions may be needed • Aromatherapy and music therapy may also be helpful in providing a distraction for anticipatory and procedural related pain • Topical impregnated dressings and topical anaesthetics for pain relief • Honey impregnated dressings appear to have an analgesic action related to its anti-inflammatory properties • For individuals with leg ulcers social models of care and motivation enhancement programmes may be helpful.
	<p>Patient Education approaches for wound-related pain should include information on:</p> <ul style="list-style-type: none"> • Aetiology of the wound and causes of pain (based on OPQRST framework), • Non-pharmacological and pharmacological methods for pain relief • Ways and means of judging the effectiveness of interventions to manage wound-related pain • Impact of pain on quality of life • Patient education maybe include: the rationale and goals of treatment (particularly expectation setting)
	<p>Psychological approaches need to consider the factors associated with pain i.e., attention, cognitions, emotions, emotion regulation and overt behaviour. Interventions may include:</p> <p>Distraction · Interceptive Exposure · Cognitive Restructuring · Cognitive Behavioural Therapies Activation · Relaxation · Positive Psychology Techniques · Coping Strategies</p>
<p>References:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Craig KD, MacKenzie NE. 2021. What is pain: Are cognitive and social features core components. Paediatr Neonatal Pain. 3(3), pp. 106-118.</p> </div> <div style="width: 30%;"> <p>Faculty of Pain Medicine 2021. Core Standards for Pain Management Services in the UK. 2nd Edn. London. https://fpm.ac.uk/sites/fpm/files/documents/2021-07/FPM-Core-Standards-2021_1.pdf [Accessed 22nd September 2022].</p> </div> <div style="width: 30%;"> <p>Love-Jones SJ. 2019. Pain as a subjective, multidimensional experience. Chapter in – Pain: A review guide. Springer. Pp. 141-144. Linton SJ, Shaw WS. 2011. Impact of psychological factors in the experience of pain. Phys Ther & Rehab J. 91(5), pp. 700-711.</p> </div> </div>	



Mnemonic tool for wound-related pain management

Awareness
Be aware – wound-related pain is very common (and it must not be ignored)

Definition
Properly identify the pain (acute, chronic, anticipated, procedural)

Assessment
Use appropriate tools for pain assessment (based on the type of pain and patient history)

Develop
Develop and agree long-term pain management strategy with individual, consider individual needs (based on age, maturity, experience with pain and previous care, cognitive functioning)

Evaluate
Monitor the pain regularly, check the effect of non-pharmacological and pharmacological strategy - medication

Reassess and refer
Reassess for the presence of pain, if there's no improvement (no reduction in pain) refer the individual to the specialist – timely consult the specialist (algesiologist)

↔ Holistic Management of Wound-Related Pain ↔

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Ford C. Adult pain assessment and management. Br J Nurs. 2019 Apr 11;28(7):421-423. doi: 10.12968/bjon.2019.28.7.421. PMID: 30969866.
Moore Z, Dowst C, Smith G, Atkin L, Bain M, Lohmann NA, Schultz GS, Swanson T, Yowden P, Weir D, Zmuda A, James H. TIME CDST: an updated tool to address the current challenges in wound care. J Wound Care. 2019 Mar 3;28(3):154-161. doi: 10.12968/jowc.2019.28.3.154. PMID: 30840549.

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