

Residents may attempt to obtain opioids or other medications while genuinely experiencing pain. While the pain warrants treatment, it doesn't always require the specific medication or doses requested or prescribed.

While no single indicator proves a resident has a substance use disorder, multiple signs combined may strongly suggest the possibility and will require further evaluation. Practitioners should carefully consider the potential for a substance use disorder (SUD) if a resident:

- ▶ Reports consistent vague, general, nonspecific pain symptoms
- ▶ Indicates pain that does not match known anatomy or natural course (e.g., location, radiation)
- ▶ Has no meaningful improvement in symptoms over time, despite multiple changes to medications and doses
- ▶ Demands every dose to be given ahead of time
- ▶ Routinely insists that medication be given immediately as scheduled
- ▶ Demands the desired medications and doses with an intimidating or threatening behavior toward staff



- ▶ Experiences little or no improvement in relief proportionate to the increases in and total amounts of analgesics administered
- ▶ Is active and happy within minutes of a dose, despite ongoing complaints of excruciating pain
- ▶ Refuses to try any pain treatment other than opioids, even as a baseline
- ▶ Refuses to try dose reductions or substitutions, despite continuing pain complaints

When residents present multiple signs that suggest attempts to obtain medications or have a history of substance use or misuse, this places them at risk. Practitioners and facility staff should seek, document, discuss and address these signs to clarify the symptoms and findings.

Pro tips to address findings:

- ▶ Discuss concerns with the resident
- ▶ Review the resident's record for a substance use history
- ▶ Screen the resident for a substance use disorder
- ▶ Refer the resident to substance use treatment, if appropriate
- ▶ With consent, involve the resident's family in the discussion
- ▶ Involve the facility ombudsman
- ▶ Implement a pain contract that describes how current or future pain will be safely managed
- ▶ Set appropriate parameters and limits for prescribing opioids that keep residents safe



Important note:

Inadequate pain management can lead to “pseudo-addiction,” where constant requests for medications may mimic signs of a substance use disorder (SUD). This behavior may mimic an SUD but should not be misinterpreted as such.

Access PALTmed's Pain Management in the Post-acute and Long-term Care Setting Clinical Practice Guideline for more information: <https://paltmed.org/products/pain-management-2021-cpg>



Scan the QR code to view additional resources and trainings from the COE-NF.
www.nursinghomebehavioralhealth.org



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