

The Need for Regular Pain Assessment and Monitoring as part of Comprehensive HIV Care

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Background

The universal rollout of ART has done much to improve the quality of life of people living with HIV and making HIV a chronic manageable condition. However, people living with HIV continue to face different kinds of pain, both because of their condition and because of the medication. Regular pain assessment and management is, therefore, a critical need in care and support systems. Currently, however, there are very few such services available for affected people.

Results

Patients largely reported colicky, pricking, aching and burning pain. The sites of pain were chiefly abdomen, back, chest, lower limbs and head.

68% of patients reported severe pain at the time of admission and another 29% reported moderate pain. At the time of discharge 57% reported no pain and 32% reported mild pain.

A few patients with severe or moderate pain were discharged to seek services from tertiary care centres. A few other patients, with high levels of pain were in the terminal stages, and passed away within 1 to 2 days of admission, before their pain could be substantially addressed.

Conclusion

97% of the patients admitted at the palliative care centre were in severe or moderate pain at the time of admission. With systematic assessment and management of drug dosage, their pain could be reduced. Almost 90% had no pain or mild pain at the time of discharge.

Acknowledging the extent of pain among people living with HIV and how this contributes to suffering, specially during periods of acute illness and adopting protocols for pain management is therefore critical for any HIV care and support service.

Methods

Samraksha is running Asha Jyoti, a Palliative Care Centre for people living with HIV in Koppal, North Karnataka. This centre includes regular pain assessment as part of the service.

A desk review was undertaken of files of all 474 patients who were admitted to the centre in the last 18 months to understand the nature, sites and intensity of pain.

Addressing the Pain

Around 78% of the patients needed weak opioids to address their pain, while about 6% needed strong opioids. Roughly 15% of the patients could be treated with non-opioid drugs.

Protocol for Pain Assessment at Asha Jyoti Centre

Frequency of Pain Assessment	
Kind of Medication	Frequency of Assessment
Non Opioid	Every 2 days
Weak Opioid	At the beginning of the treatment, every 6 hours for two to three days Subsequently, daily till the pain becomes 0
Strong Opioid	At the beginning of treatment, every 4 hours till the pain becomes moderate Subsequently, daily till pain becomes 0

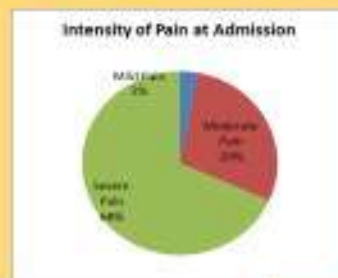
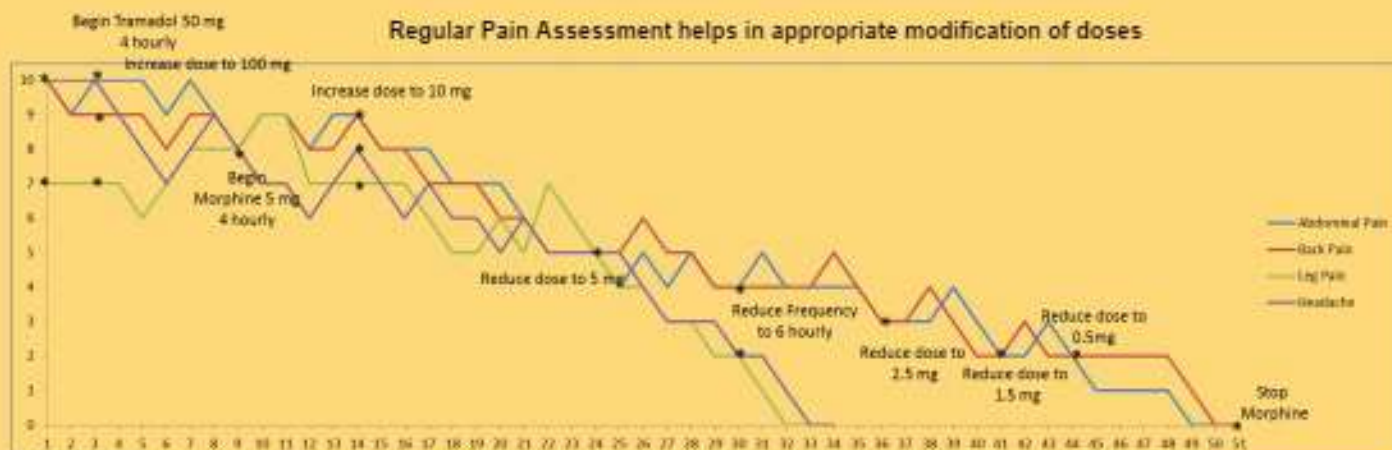


Illustration of Regular Pain Assessment and Modification of Drug Dosages

The following graph illustrates how regular pain assessment and adjustment of drug dosage helped in relieving a patient of pain.

The patient reported pain at 4 sites- abdomen, back, leg and head. At the time of admission, pain in the abdomen, back and head were severe and pain in the legs were moderate.

The patient was admitted to the centre for 51 days. Pain assessment was done on each of the sites daily. At first, weak opioids were tried for pain management. When these proved ineffective, the patient was started on morphine. The dosage was gradually increased, until pain levels started decreasing consistently. After this, the morphine dosage was scaled down and eventually stopped.



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