



## Summary of Evidence-Based Recommendations

**Recommendation #1:** Distraction and hypnosis are effective interventions for procedures in children and adolescents (age 2-19)

Listening to music may have a small effect, but is not recommended because of its limited benefit.

Source: Cochrane Reviews

Eccleston C, et al. Psychological therapies for the management of chronic and recurrent pain in children and adolescents. Cochrane Database of Systematic Reviews 2003, Issue 1. Art. No.: CD003968.  
<http://www.cochrane.org/reviews/en/ab003968.html>

Cepeda MS, et al. Music for pain relief. Cochrane Database of Systematic Reviews 2006, Issue 2. Art. No.: CD004843.  
<http://www.cochrane.org/reviews/en/ab004843.html>

Strength of Evidence: Meta-analysis

**Recommendation #2:** Local anesthetics can be very useful, particularly for procedural pain EMLA cream for circumcisions reduces pain and is safe for a one time use.

Source: Taddio A, et al. Lidocaine-prilocaine cream for analgesia during circumcision in newborn boys. Cochrane Database of Systematic Reviews 1999, Issue 3. Art. No.: CD000496.  
<http://www.cochrane.org/reviews/en/ab000496.html>

Strength of evidence: Meta-analysis

**Recommendation #3:** Initial evaluation should include a description of pain in relation to impairments in physical and social function (e.g., activities of daily living, sleep, appetite, energy, exercise, mood, cognitive function, interpersonal and intimacy issues, social and leisure activities, and overall quality of life). (IIA) The patient's attitudes and beliefs regarding pain and its management, as well as knowledge of pain management strategies, should be assessed. (IIB)

Source: American Geriatrics Society

The Management of Persistent Pain in Older Persons. Journal of the American Geriatrics Society 2002;50(6Suppl):S205-S224.  
<http://www.ncbi.nlm.nih.gov/pubmed/12067390?dopt=Abstract>

Strength of Evidence:

IIA (II = Evidence from at least one well-designed clinical trial without randomization, from cohort or case-controlled analytic studies, from multiple time-series studies, or from dramatic results in uncontrolled experiments. A = Good evidence to support the use of a recommendation; clinicians “should do this all the time.”)

IIB (II = Evidence from at least one well-designed clinical trial without randomization, from cohort or case-controlled analytic studies, from multiple time-series studies, or from dramatic results in uncontrolled experiments. B = Moderate evidence to support the use of a recommendation; clinicians “should do this most of the time.”)

**Recommendation #4:** For the older adult who is cognitively intact or who has mild to moderate dementia, the physician should attempt to assess pain by directly querying the patient. For the older adult with moderate to severe dementia or who is nonverbal, the physician should attempt to assess pain via direct observation or history from caregivers.

Source: American Geriatrics Society

The Management of Persistent Pain in Older Persons. Journal of the American Geriatrics Society 2002;50(6Suppl):S205-S224.  
<http://www.ncbi.nlm.nih.gov/pubmed/12067390?dopt=Abstract>

Strength of Evidence:

IIA (II = Evidence from at least one well-designed clinical trial without randomization, from cohort or case-controlled analytic studies, from multiple time-series studies, or from dramatic results in uncontrolled experiments. A = Good evidence to support the use of a recommendation; clinicians “should do this all the time.”)

**Recommendation #5:** Studies have shown that African Americans and Hispanics are more reluctant to complain of pain, and more likely to believe in stoicism and be concerned about opioid addiction. Physicians should make an effort to ask every patient about pain or discomfort. This may require asking more open-ended questions or using descriptors other than the word “pain,” such as “discomfort,” “ache,” or “soreness,” with which patients who are stoic may be more comfortable.

Source: Journal of Palliative Medicine

Cintron A, et al. Pain and ethnicity in the United States: A systematic review. Journal of Palliative Medicine 2006;9(6):1454-1473.

<http://www.ncbi.nlm.nih.gov/pubmed/17187552?dopt=Abstract>

Strength of Evidence: Systematic Review

Disparities in Care: Special Populations in Pain Management