

## **Nondrug Pain and Symptom Management OVERVIEW**

**NOTE: The RN or CNA should only administer non-drug therapies that are within his/her particular scope of practice. Please follow the policies and procedures of your facility regarding administration of non-drug therapies.**

Nondrug therapies – treatments, activities, and experiences that help provide relief of physical and psychological symptoms either without the use of medication, or in addition to the use of medication.

There are two categories of nondrug techniques:

1. Physical
2. Psychological

Physical nondrug interventions:

- Massage
- Cold
- Heat
- Positioning

Psychological nondrug therapies

- Distraction
- Relaxation
- Music
- Controlled breathing and guided imagery

Mild-to-moderate pain may be relieved by nondrug techniques alone.

Moderate-to-severe pain may require medication in addition to nondrug techniques.

Advantages to nondrug interventions

- Low cost
- Low risk of side effects
- Decrease in a patient's unhelpful emotional reactions (such as anxiety, depression, aggressive behavior)
- Increase in a patient's sense of personal control and hope
- Better sleep
- Improved interpersonal relationships

Basic result: Improvement in quality of life.

Potential disadvantages of nondrug techniques:

- Not as well researched
  - A technique that works well for one person may not work well for another
- Some patients may find the techniques burdensome or stressful

- Advanced techniques require special training (music and art therapy, therapeutic massage)
- Common misunderstandings may keep patients and staff from trying the techniques. Some common misunderstandings are:
  - Nondrug techniques *always* decrease pain intensity for most patients
    - Correction: Nondrug techniques *can* decrease pain intensity and can decrease awareness of pain to enable better coping
  - Nondrug approaches are well researched
    - Correction: Some have been proven to work; others are less well studied
  - Nondrug measures should be used *instead* of pain medication
    - Correction: Moderate-to-severe pain typically requires a combination of medication and nondrug therapy
  - Nondrug techniques that work on the skin must be used over the site of pain
    - Correction: Hot and cold can work when applied to the opposite side of the body, or at a different site, enabling these techniques to be used when radiation therapy or open wounds prohibit use at the site of pain
  - If a patient can be distracted from pain, the pain is not severe
    - Correction: Distraction can decrease pain and increase ability to cope. Successful distraction does not mean pain is not real.

Questions to consider before starting nondrug therapy:

- What is the patient's attitude toward nondrug therapy?
  - Does he have misunderstandings?
- Does he understand why the therapy is being suggested?
  - How to modify explanation if patient has difficulty understanding why therapy is suggested.
- What nondrug treatment has he used previously? Did the treatment work?
- Is the family involved and available? Can he participate without family support?
- What education might the patient and family need?
- Is the patient able to understand and follow through with the therapies?
- Who is responsible for providing the therapies?
  - If the patient is not responsible for initiating the therapy, how will he/she gain access to the therapy?

Adapted from

1. Beth Miller-Kraybill, Nondrug Pain & Symptom Management, and
2. Nursing Home Pain Management Algorithm Clinical Trial, R01 NR009100, 7/1/05 – 4/30/10; Mary Ersek (PI)

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Reference: Swedish Medical Center. *Nursing Assistant End-of-Life: Computerized Educational Program*. Pittsburgh, PA: Hospice and Palliative Nursing Association; 2006.