Pain Management Articles

  This pilot study was conducted to determine the effectiveness of Healing Touch on anxiety, stress, pain, pain medication usage, and selected physiological measures of hospitalized adults with sickle cell disease experiencing a vaso-occlusive pain episode. Healing Touch sessions were administered for 30 minutes on four consecutive days, and the self-reported data on anxiety, stress, pain, and the selected physiological data were collected while controlling for music and presence. Read the full article [here](#).

  The purposes of this pilot study were to determine the feasibility of using a Healing Touch (HT) intervention with noncommunity-dwelling older adults experiencing persistent pain and to determine an HT protocol. Data were collected at multiple time points from 20 noncommunity-dwelling older adults experiencing pain. Residents were assigned to the HT group that included techniques specific for pain or a Presence Care group. Outcome variables included measures for pain, activities of daily living, and quality of life. The pain measures showed decreases that were not statistically significant for both groups. The measure for activities of daily living showed a non–statistically significant improvement over time for the HT group. Quality of life decreased for the HT group and improved for the Presence Care group although not significantly. The practitioners were able to complete all seven of the 30- minute HT sessions. The findings indicated that both groups showed some improvement in their pain scores with other measures being variable. HT is a feasible intervention for the elderly with pain. Overall, the findings highlight the complex nature of pain in older adults.

  This pilot study assessed the role of Healing Touch (HT), an energy-based therapy, in modulating chronic neuropathic pain and the associated psychological distress from post spinal cord injury. Twelve veterans were assigned to either HT or guided progressive relaxation for six weekly home visits. The instruments selected showed sensitivity, although there was a large variation among the groups. There was a significant difference in the composite of interference on the Brief Pain Inventory (t = -2.71, p = .035). The mean score of the fatigue subscale of the Profile of Moods decreased (ns) in the HT group and in the subscale of confusion yet remained stable in the control group. The Diener Satisfaction With Life Scale showed increased well-being in the HT group and no change in the control group. Participants reported various experiences with HT sessions indicating that it may have benefit in the complex response to chronic pain.
The aim of this pilot study was to determine whether chair yoga and Reiki affect pain, depressive mood, and physical function compared with an educational program for older adults with osteoarthritis. Findings showed significant relationships only between physical function and chair yoga. In focus group interviews, participants expressed feelings of improved health and well-being after the yoga intervention. The major limitation of this study was the small sample size.

This article evaluated the effectiveness of an inpatient integrative medicine consult service for pain management in 6 settings across an entire tertiary care hospital. Results were extremely positive and the authors suggest that future research using the electronic health record can provide further quantifiable data to show reduction in total costs, pain medication usage, and adverse events.
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To describe the beliefs and attitudes about self-identity and pain medication in a sample of Mexican American women with chronic pain living in the El Paso, Texas, area. The findings are drawn from a larger qualitative study of 15 women describing the expression and communication of chronic pain symptoms, pain-related cultural beliefs, decision making, and treatment preferences of chronic pain. Participants who had chronic pain syndromes for at least 1 year were recruited from a pain clinic and fibromyalgia support group. In-depth, open-ended interviews, fieldwork, and participant observation were used to gather information using a focused clinical ethnographic approach. Interviews were audiotaped and transcribed verbatim.


In the United States, 42% of adults say they experience pain daily, the majority often relying on self-treatment. As multiple medication use increases, so does the likelihood of serious drug interactions. Also, an increasing number of people are seeking alternative therapies, often without informing their traditional health care providers. This exploratory/descriptive study examined the occurrence of pain and the modalities of self-treatment used by community members from a rural area of Michigan. Participants completed demographic, pain, and self-treatment questionnaires. The purpose of this study was to determine potential interactions between self-treatment choices and other medications/supplements taken.

Adults frequently rely on self-treatment modalities to relieve pain that exceeds everyday kinds of pain, such as minor headaches and toothaches. Examples of self-treatment modalities include doctor-prescribed analgesics, non-prescribed over-the-counter medications, herbal substances and treatments, and non-drug treatments such as heat, cold and exercise. Self-treatment is often associated with adverse effects related to the improper use of self-treatment substances and the adverse interactions they may produce when combined with other prescribed or non-prescription treatments for pain control. Many adults also use a variety of self-treatment modalities without informing their health care providers. The objective of this comparative study is to explore the occurrence of pain and identify pain self-treatment modalities used by members (n = 105) of rural communities from two eastern Canadian provinces. Results of this study were compared with a rural American cohort study in order to explore similarities/differences in patterns of self-treatment of pain between the two countries. This descriptive-exploratory study was conducted using a survey method. The design followed that used in a US study by Vallerand, Fouladbakhsh and Templin. Investigators used self-report questionnaires to identify pain self-treatment modalities, pain intensity ratings, pain interference, and the percentage of pain relief in a convenience sample of 105 participants recruited from two Canadian rural communities. Differences in mean scores between Canadian and US data were determined through t-tests. Difference between Canadian and US pain self-treatment modalities were determined using \( \chi^2 \) tests for significance. Read the full article here.


Pain is a common problem that affects the functional status and quality of life of people in all communities. This study explored the occurrence of pain and the pain self-treatment modalities used by 723 community residents. Mean worst pain scores were moderate to severe and interfered with all activities at a low-to-moderate level. Participants reported taking nonopioid analgesics (75%), opioid analgesics (15%), adjuvant analgesics (11.6%), and herbal products and supplements (29%); 68% used nonpharmacological modalities. Current regimens were reported to relieve only 45% of pain. Twenty-eight percent of participants reported that they had not informed their primary care practitioner of their self-treatment choices. Knowledge of self-treatment choices is imperative in planning treatment regimens for pain or other health problems to prevent potential interactions or side effects.

Pain occurrence among adolescents, whether acute or chronic, persistent or intermittent, remains high, with potentially serious effects on quality of life, physical and emotional functioning, and psychosocial adjustment. The prevalence of pain in adolescents varies widely, and although discussed in the literature for more than two decades, data on adolescent knowledge and pain self-treatment is scarce. This descriptive-correlational study identified pain prevalence and intensity and pain self-treatment choices among adolescents in a diverse urban community. Almost 90% (n = 253) of high school students reported pain in the preceding 2 weeks and completed a series of study questionnaires (demographic data form, Brief Pain Inventory—Short Form, Adolescent Self-Treatment Survey). Respondents ranged in age from 14 to 19 years (mean 16) and were predominantly female (70%) and caucasian (75%). The sample was representative of all high school grades, and the majority (86%) reported participation in sports, dance, and physical activities. Mean pain scores ranged from 3.0 (current pain) to 6.5 (worst pain), with significantly higher scores among girls. A gender-related effect was also noted for pain interference in activities, mood, and sleep among the adolescent girls compared with the boys. Gender also predicted use of self-treatment methods, with girls more likely to use over-the-counter medications and nonpharmacologic therapies. Number of pain sites was also a strong predictor of use of self-treatment methods among adolescents. Knowledge of the pain experience during adolescence will help guide community-based nursing initiatives aimed at increasing awareness, promoting knowledge about pain and its treatment, and ensuring safety and positive outcomes related to self-treatment.


Spinal cord injury often results in chronic pain syndromes that conventional pain management is unable to resolve. Healing Touch (HT) is a biofield therapy that involves using the hands to promote healing and mediate the perception of pain by affecting the energy field of the person. The practice of HT is based on the premise that the energy field has the ability to provide valuable information about the person's physical, emotional, mental, and spiritual condition and can influence the dense matter of physical form. This secondary analysis using case study reviews describes two different experiences of receiving a HT session for management of chronic neuropathic pain and its sequelae, utilizing energy field data and reports of participants and their HT practitioners.