ASSESSING AND IDENTIFYING UNRESOLVED PAIN

Strategies for Clinicians

Unresolved acute pain often goes underrecognized—especially when relying solely on pain scores. Inadequate treatment can delay recovery, impair function, and increase the risk of progression to chronic pain. Effective pain management begins with precise assessment. Clinicians must use a multidimensional approach to identify when standard therapies fall short and consider targeted, non-opioid alternatives when escalation is needed.

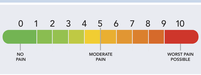


Recognizing Unresolved Pain: More Than a Number

Pain is subjective, and assessment should be structured, consistent, and comprehensive.

Multidimensional Pain Assessment Tools

Numeric Rating Scale
Simple and fast; however, limited insight into functional impact



McGill Pain Questionnaire
Can be used to monitor changes in pain over time and determine the effectiveness of an intervention



Brief Pain Inventory
Assesses pain severity and interference with sleep, mood, and activity



PEG Scale
Efficient 3-item screen for function-impacting pain



Functional Pain Scale
Integrates pain intensity and its interference with mobility/function



Clinical Signs of Inadequate Pain Control



Behavioral Cues
Guarding, grimacing, limited movement, frequent repositioning



Physiologic Indicators
Tachycardia, hypertension, rapid breathing



Functional Signs
Delayed ambulation, difficulty with ADLs, sleep disruption



Patient-Reported Impact
"It still hurts too much to..." walk, sleep, eat, etc.

When to Reassess or Escalate Treatment

- Pain persists or worsens after 48-72 hours of standard therapy
- Inadequate response to acetaminophen, NSAIDs, or COX-2 inhibitors
- Need for safer alternatives for high-risk populations (eg, older adults, opioid-naïve individuals, postoperative patients)
- Adverse effects from current regimen outweigh benefits



Next Step: Mechanism-Based Non-Opioid Therapies

For moderate-to-severe acute pain unresponsive to first-line therapies

Why NaV1.8 Inhibitors?

MECHANISM
Block sodium channels in peripheral sensory neurons, reducing nociceptive signal transmission

SELECTIVE TARGETING
Acts outside the CNS—minimal cognitive or respiratory adverse effects

CLINICAL SUPPORT
In a phase 3 trial, 83% of patients rated the effectiveness of suzetrigine as good to excellent

ROLE IN ESCALATION
Provides a non-opioid option for pain not relieved by traditional agents

Key Takeaways

- Pain assessment should be multidimensional, incorporating both patient report and functional impact
- Standard pain scales alone are insufficient—use structured tools to identify unresolved pain early
- When standard therapies fail, consider targeted, non-opioid treatments like NaV1.8 inhibitors to improve outcomes without opioid-related risks

Abbreviations
ADL: activity of daily living
CNS: central nervous system
COX-2: cyclooxygenase-2
NSAID: non-steroidal anti-inflammatory drug
PEG: pain, enjoyment, general activity

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