

Non-pharmacological Interventions for Pain: Recommendations for Dialysis Staff

Pain is prevalent in over 50 percent of the dialysis population with common causes ranging from headaches and arthritis to musculoskeletal pain. This pain is commonly controlled using opioid medications. In fact, approximately 36 percent of dialysis patients with chronic pain report the use of opioids. The **Centers for Disease Control and Prevention (CDC)** recommend only the most judicious use of opioids, however, there are currently no protocols or guidelines establishing a safe or effective way to dose opioids in the dialysis patient population. Therefore, the CDC has provided non-pharmacological recommendations for the following common causes of pain:

- **Low back pain**
Exercise, physical therapy, and cognitive behavioral therapy
- **Osteoarthritis**
Exercise, weight loss, and patient education
- **Fibromyalgia**
Low-impact aerobic exercise (e.g., brisk walking, swimming, water aerobics, or bicycling), cognitive behavioral therapy, biofeedback, and interdisciplinary rehabilitation

Evidence provided by the **National Center for Complementary and Integrative Medicine** suggests that alternative interventions are also proven pain alleviation techniques for the following conditions:

- **General chronic pain**
Yoga, tai chi, music, mindfulness/meditation-based interventions, relaxation techniques, qi gong, hypnosis, and cannabinoids (especially for neuropathic pain or cancer)
- **Headache**
Acupuncture has the most evidence of effectiveness
- **Neck pain**
Acupuncture, frequent and long neck massage, and spinal manipulation

Feedback from Network **Patient Subject Matter Experts (PSMEs)** indicate that the following techniques for pain relief are effective for them:

- **Meditation**
- **Exercise**
- **Deep breathing**
- **Stretching**
- **Warm bath/shower**
- **Listening to music**
- **Prayer**
- **Yoga**
- **Cold cloth/compress**
- **Warm compress**
- **Walking**
- **Tai Chi**

Successfully addressing patients' pain can be a challenge, yet rewarding, when it results in improved quality of life. As a **best practice**, include the patient, the patient's primary care provider, and your facility's interdisciplinary team (IDT) when exploring possible options for pain management.

To learn more about non-opioid treatments to pain management, visit this CDC link:

https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf.

Sources:

- 1) Opioid Use in Hemodialysis Patients Olivo, Robert E. et al. American Journal of Kidney Diseases , Volume 66 , Issue 6 , 1103 - 1105
- 2) Raina, R., Krishnappa, V. and Gupta, M. (2017), Management of pain in end-stage renal disease patients: Short review. Hemodialysis International. doi:10.1111/hdi.12622
- 3) National Center for Complementary and Integrative Health. September 2016. Chronic Pain: In Depth. <https://nccih.nih.gov/health/pain/chronic.htm#hed3>.