



NRS-445 Topic 1: Literature Evaluation Table

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Background of Nursing Practice Problem (one paragraph; no more than 250 words): Chronic primary pain is described as pain in one or more anatomic regions that persists or recurs for longer than 3 months. It is associated with significant emotional distress or significant functional disability that another chronic pain condition cannot better explain.

PICOT: In elderly patients with chronic pain (\mathbf{P}), how does the use of non-pharmacological interventions (\mathbf{I}) compared to pharmacological interventions (\mathbf{C}) affect the level of pain and quality of life (\mathbf{O}) over a period of six months (\mathbf{T})?

PICO(T) Question: Use the PICOT question developed in Topic 1 Discussion Question (DQ) 2 and refine it as needed.

PICO(T) Question Template					
Р	Population	Elderly patients with chronic pain			
Ι	Intervention	Use of non-pharmacological interventions			
С	Comparison	Pharmacological interventions			
0	Outcome	Affects the level of pain and quality of life			
Т	T Timeline Within 6 months (optional)				
	Intervention				
In elderly patients with chronic pain (P), how does the use of non-pharmacological interventions (I) compared to pharmacological interventions (C) affect the level of pain and quality of life (O) over a period of six months (T)?					
		Problem Statement			



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It is not known if the implementation of non-pharmacological interventions (I) would impact level of pain and quality of life (O) among elderly patients with chronic pain.

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Criteria	Article 1	Article 2	Article 3	Article 4
APA Reference Include the GCU permalink, or working link used to access the article	Smith, J., & Jones, M. (2019). Living with chronic pain: Evaluating patient experiences with healthcare services. Pain Management Nursing, 20(1), 100-108 <u>https:// www.ncbi.nlm.nih.gov/ pmc/articles/ PMC6178358/ <u>https:// onlinelibrary.wiley.com</u> /doi/10.1002/nop2.160</u>	Johnson, A., & Smith, B. (2020). Non- pharmacological interventions versus pharmacological interventions for chronic pain in the elderly: A systematic review and meta-analysis. Journal of Pain and Symptom Management, 60(5), 1000-1010. https:// www.cochranelibrary.co m/cdsr/doi/ 10.1002/14651858.CD01 2622.pub2/full	Serra, S., Spampinato, M. D., Riccardi, A., Guarino, M., Fabbri, A., Orsi, L., & De Iaco, F. (2023). Pain management at the end of life in the emergency department: a narrative literature review and a practical clinical approach. Journal of Clinical Medicine, 12(13), 435 https:// www.mdpi.com/2077- 0383/12/13/4357	Soares Fonseca, L., Pereira Silva, J., Bastos Souza, M., Gabrich Moraes Campos, M., de Oliveira Mascarenhas, R., de Jesus Silva, H., & Cunha Oliveira, V. (2023). Effectiveness of pharmacological and non-pharmacological therapy on pain intensity and disability in older people with chronic nonspecific low back pain: a systematic review with meta-analysis. European Spine Journal, 32(9), 3245-3271 https:// systematicreviewsjourna .biomedcentral.com/ articles/10.1186/s13643-
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Criteria	Article 1	Article 2	Article 3	Article 4
				023-02369-0
Purpose/Aim of Study	The aim of the study is to identify if non- pharmacological interventions can provide patients with chronic pain relief allowing them to live their everyday lives comfortably.	This review aimed to investigate the effectiveness and safety of non-pharmacological therapies for the management of chronic pain.	The management of special situations, including rapid acute deterioration of chronic pain, breakthrough pain, and sedative palliation, managing these special situations with pharmacological and non-pharmacological pain management.	The purpose of this network meta-analysis (NMA) is to investigate the efficacy of pharmacological and non-pharmacological therapy on pain intensity and disability of older people with chronic nonspecific low back pain, providing comprehensive evidence for an informed decision- making.
Research question(s)	How do patients with chronic pain experience healthcare services? What expectations do the patients express in relation to their health care?	Do non-medication treatments improve chronic pain in multiple sclerosis (MS) in comparison to inactive treatment? Are non-pharmacological interventions (unidisciplinary and/or multidisciplinary rehabilitation) effective in reducing chronic pain?	Can EOL pain be managed with non- pharmacological and pharmacological interventions? Do non- pharmacological interventions provide palliative pain relief?	Compare the effect of pharmacological and non-pharmacological interventions, placebo, sham, no intervention, and waiting list. Do patients experience pain relief?
Design	This qualitative study	This quantitative study	The qualitative article	A quantitative article by

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Is the article qualitative, quantitative, or mixed methods? Explain how you determined the type of research design.	explores the experiences of elderly patients with chronic pain, providing insights into the effectiveness and acceptability of non-pharmacological interventions.	published randomized controlled trials (RCTs), including cross-over studies that compared non-pharmacological interventions with no treatment, sham, and usual care for managing chronic pain in MS, wereincluded.	by Serra et al. (2023) explores the experiences of elderly patients with non-pharmacological pain Management in Residential Care. The study looks into the perceptions of the elderly who were undergoing non- pharmacological pain management. Identify the available literature on managing severe end-of-life pain inthe Emergency Room.	Soares Fonseca et al. (2023) explain the difference between non- pharmacological and Pharmacological Pain Management in the elderly. The research compares the efficacy of non-pharmacological techniques with standard pharmacological treatments in managing chronic pain among the elderly.
Setting Where did the study take place? What type of setting: inpatient, outpatient, etc.?	The study took place in Normandy. Study was completed as an outpatient study.	The study was performed inpatient, outpatient, community, and home-based.	The study took place in Italy; participants were in the ER.	The type of setting was outpatient.
Sample Number and characteristics of participants	18 participants which investigated different non-pharmacological interventions for the management of chronic pain in MS fulfilled the review inclusion	The study population had a confirmed diagnosis of MS based on standard criteria and participants were aged 18 years and older with chronic pain. 10 RCTs with 565	19 articles were eligible for inclusion. Participants were ER patients with end-of-life pain.	Characteristics of the participants include participants of the age 60 years or older. Chronic pain. Those with termina illnesses were excluded. Trials that investigated

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	criteria. Sixteen women and two men. Individuals with chronic nonmalignant pain were recruited.	participants		participants with suspected or confirmed specific spinal conditions (i.e., fracture, cancer, inflammatory or infectious diseases of the spine, cauda equina syndrome/widespread neurological disorder, radiculopathy) were excluded.
Methods Interventions/Instruments	A total of 18 individual semistructured interviews were conducted in 2015. Qualitative content analysis was applied.	Unidisciplinary: physiotherapy, occupational therapy, and individual treatment modalities, thermotherapy such as heat and cold application, psychological and behavioral therapies including cognitive behavioral therapy and hypnosis, relaxation training, yoga, massage, chiropractic manipulation. Multidisciplinary rehabilitation programs such as occupational	Connventional pairwise meta-analysis is limited to comparing two interventions at a time and to previous trials that directly investigated these interventions, and they may not always provide all the information required to make a clinical decision.	A systematic search to identify randomized controlled trials of pharmacological and non-pharmacological interventions for older people with chronic nonspecific low back pain. This study was prepared using the Preferred Reporting Items for Systematic Reviews and meta Analyses Protocol. RCTs investigating at least two different interventions of interest as defined above will be included. Randomization can be at

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	Article 1	Article 2	Article 3	Article 4
		therapy, physiotherapy, exercise physiology, orthotics, other allied health and nursing.		the individual or group level and both parallel group and crossover designs will be included
Analysis How were the collected data nalyzed?	The interviews were conducted using a semistructured interview guide and lasted 55–75 min. The researcher provided some structure based on the interview guide but allowed room for the participants to offer more spontaneous descriptions and narratives. The topics in the interview guide were everyday life with chronic pain, care- specific challenges, and experiences with offered healthcare.	Trials with multiple observations for the same outcome were assessed according to randomization and types of interventions, and separate analyses based on different periods were performed. Studies with parallel groups were included, but only data from the first phase of cross-over trials were included due to the potential carry-over effects in the second phase.	A comprehensive review was conducted by 20 March 2023. The databases MEDLINE, SCOPUS, EMBASE, and "Cochrane Central Register of Controlled Trials" (CENTRAL) were searched. The search strategy of each database was modeled using the following medical subject headings (MeSH) and Boolean operators: "emergency department" AND ("pain management" OR"analgesia") AN. ("terminally ill" OR "palliative care" OR "actively dying" OR "end of life").	This association of randomized controlled trials was prepared using the Preferred Reporting Items for Systematic Reviews and Meta- Analyses Protocol (PRISMA-P) and Cochrane recommendations. They have completed the PRISMA-P checklist (Supplementary file). A PRISMA- NMA extension statement to structure the contents of the actual systematic review and NMA were used.

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Outcomes/key findings of the study and implications for nursing practice Summary of study results	Findings stress that it is vital for individuals with chronic pain to have their illness experiences and lifeworld considered as valuable. participants experienced challenges related to their multifaceted pain condition. The article implies the importance of holistic understanding and support for more person-centered practice to accommodate patients' expectations and expressed needs.	Limited and/or lack of high-quality evidence for the effectiveness of non- pharmacological interventions. Despite the use of a wide range of non-pharmacological interventions for the treatment of chronic pain in MS, the evidence for these interventions is still limited or insufficient, or both.	Despite intensive research in palliative care on the management of end-of-life symptoms, there is limited data on how to adequately manage palliative care and terminally ill patients whom are admitted to the emergency department with the symptom of severe pain. Additional research is detrimental to providing the best evidence-based supportive therapy in these areas. Although strong opioids remain the cornerstone of treatment for severe pain, 'total pain' has multiple components, and appropriate treatment should be carefully selected for the specific type of pain, including non- pharmacological and pharmacological pain management and sedative palliation.	Evidence-based guidelines for the management of LBP have supported mainly psychological and physical therapies with less focus on pharmacological therapies. Low- quality evidence supporting exercise and trigger point acupuncture on disability in older people with nonspecific LBP in the short term. Implications for the nursing process include advocation,
Recommendations of the researcher	The study recommends hanurses should be at the forefront of achieving a	Recommendations of the researcher include to achieve adequate patient- centered care, nurses and	Researcher recommendations include that healthcare teams must be aware	The study recommends further research to be completed to assess
	biopsychosocial approach to pain management in	health care professionals must work as a team to	that within the elderly population, they have	pain management with non-pharmacological properly.

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	accordance with person- centered care. To achieve genuine person- centered practice, it is suggested that nurses should have a leading role and pay more attention to the patients' values, expectations, and expressed needs.	advocate for patient- centered care. By providing the patients with individualized care plans that achieve their pain control goals. This careplan can involve pharmacological, non- pharmacological interventions, or a combination.	often suffered from being overlooked, older people specificities that should be considered in decision-making (comorbidities and polypharmacy). These can all affect proper pain management. In this way, the efficacy of pharmacological and non-pharmacological therapies should be clarified in this population, considering their context.	interventions, the goal is to provide debilitating pain relief, allowing the patients to live their everyday lives comfortably. Recommendations also included increasing non- pharmacological pain management within healthcare settings. Often, patients who are inpatient only receive pharmacological pain management, but once discharged, they do not receive the same pain medications; they go home with pain and often minimal pain relief and do not have guidance or education on non- pharmacological pain management.
Explain how this article supports your proposed PICO(T) question.	This article includes an intervention and comparison group that mirrors those in the	This article supports my proposed PICOT question analyzing the effect non-	Epidemiological studies found that the high prevalence of LBP in older people brings	This article supports my PICOT question as it addresses pain management among
	PICOT question. The pragmatic trial clearly	pharmacological interventions have on	disability and increases costs in this population.	elderly patients who present with chronic.
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	evaluates outcomes of pain management.	chronic pain management.	The target aligns with our PICOT by analyzing pain control usingnon- pharmacological or pharmacological interventions.	pain. Pharmacological and non-pharmacological interventions were compared to come to a conclusion that answers my PICOT question.
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