COLUMN

Ace Your Certification Exam: Test Your Knowledge in Wound Care and Hyperbaric Medicine

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1. All of the following statements are false about chronic wound pain except-
 - a. Activities important to maintain daily functioning such as walking, standing and climbing stairs does not exacerbate wound related pain
 - b. All wound patients have substantial level of pain on a regular basis at rest
 - c. Chronic wound pain does not affect quality of life and contribute to psychological stress and anxiety
 - d. Chronic wound pain cannot augment stress responses
2. Nocebo effect in chronic wound is defined as-
 - a. Measurable, observable, or felt improvement in patient's pain not attributable to treatment
 - b. Nocebo effect is similar to placebo effect
 - c. Worsening of pain due to anticipation and expectation of pain
 - d. None of the above
3. 50 year old male with open wound on left heel gets intense pain on anticipation of starting physical therapy. This is most likely-
 - a. Phantom pain
 - b. Placebo effect
 - c. Drug seeking behavior
 - d. Nacebo effect
4. Wound related pain and anxiety can be decreased by-
 - a. Face to face education
 - b. Topical pharmacological agents (ibuprofen gel, morphine gel, lidocaine gel)
 - c. Cognitive behavior therapy
 - d. Support group
 - e. Local wound care with aggressive treatment of wound infection
 - f. All of the above
5. All of the following statements about steroids and it's relation to pain in patients with chronic wound is false except?
 - a. Steroid use will greatly reduce patient's stress levels
 - b. Stress causes steroid deficiency, so it augments wound healing
 - c. Steroids have no impact on wound healing but can lessen pain
 - d. Steroids produced from the stress response negatively affects wound healing

Answers

1, b; 2, b; 3, d; 4, f; 5, d

Question 1: Answer b

Pain is a common concern in patients with chronic wounds, and evidence suggests that stress response can be deleterious to wound healing. Activities important to maintain daily functioning, such as walking, standing, and climbing stairs, can often trigger and exacerbate wound-related pain.¹⁻⁴

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80% of patients experience substantial levels of pain on a regular basis.²⁻⁴ Chronic wound pain can affect quality of life and can contribute to psychological stress and anxiety. It can also augment stress responses which can be deleterious to wound healing.^{3,4,8}

Question 2: Answer b

Nocebo effect (opposite to placebo effect) has been coined to describe how anticipation and expectation of pain can evoke significant emotional distress and intensify pain.^{3,4}

Question 3: Answer d

Patient described above is having a nocebo effect. Worsening of pain secondary to anticipation of physical therapy.^{3,4}

Question 4: Answer f

There are multiple strategies to minimize wound related pain and anxiety.^{4,5} Patient education to dispel misconception about pain and use of specific pharmacological agents can help reduce wound related pain. Pain associated with dressing changes can be addressed by careful selection of dressings for a specific type of wound. Application of analgesics during dressing changes and use of systemic analgesics can reduce pain. Treatment of wound infection also helps with chronic wound pain. Pain is a multidimensional experience including sensory, cognitive, affective and behavioral components. Cognitive behavioral therapy and support groups also have been found useful in decreasing pain.^{4,6}

Question 5: Answer d

Overproduction of cortisol and catecholamines as a result of the stress response can have a significant impact on wound healing due to alteration in the immune system and tissue hypoxia.^{4,7,9}

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