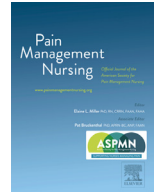




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Pain Management during the COVID-19 Pandemic

The Coronavirus 2019 (COVID-19) pandemic has been far ranging and impacted all aspects of our global society. Comparisons have frequently been made between the current pandemic and the Spanish flu pandemic of 1918 with rapid world-wide infection and death and the polio epidemic of the 1940's and 1950's from which the benefits of mechanical ventilation strongly emerged (Slutsky, 2015). Similarities with the HIV/AIDS epidemic of the 1980's are also poignant (Halkitis, 2021). As with HIV/AIDS, during the last two years there has been confusion and some changes in direction as new biomedical information was uncovered with the subsequent need to revise education and practice. The anxiety, fear, social isolation, mistrust that are often seen now were common in the 1980's as well. It took time but we did ascertain mechanisms of transmission, improved infection control practices and developed novel medications when working with HIV/AIDS. As with these earlier pandemics there is no doubt we will be experiencing modifications in health care practices and priorities for years to come. Ventilators and intensive care units became common following the polio epidemic. Universal precautions, safer sex and safer substance misuse practices emerged from HIV/AIDS. Neuropathic pain was common among patients with HIV/AIDS and one of the first populations that gabapentin was used to treat that pain (Nicholson, 2000). We are still in the midst of the pandemic and are learning every day about this virus and the long-lasting effects on health and the healthcare system.

Among the countless health care areas affected by the COVID-19 pandemic is pain management. It is encouraging, that in the midst of the pandemic, researchers initiated studies to better understand pain among people with COVID-19, among patients living with pain during the pandemic, innovative opportunities to improve care and the effect of the pandemic on health care providers including nurses. The focus of this issue of *Pain Management Nursing* is on those different relationships that exist between the COVID-19 pandemic relative to pain management. The global impact is reflected with articles from United States, Spain, Brazil, and China. We are most pleased to share these interesting manuscripts from a wide variety of clinical and research perspectives.

The effect of the pandemic on those who experience persistent pain was addressed from patient focused experiences of pain during the pandemic. Researchers studied the effects of changes in access to care such as decreased availability of some non-pharmacological measures such as physical therapy, massage, and exercise on the intensity and severity of pain as well as the ability for self-care. Korkut and colleagues (2022) used a phenomenological approach to explore the experiences of pain during COVID-19 infection. Chatkoff (2022) used a brief survey to assess the im-

pact of the pandemic upon people experiencing chronic pain. Patients living with pain due to rheumatoid arthritis during the pandemic was the focus of the Ibrahim article, while Compton et al (2022) focused on people living with comorbid substance use disorder and chronic pain. Yanqun (2022) used a cross-sectional design to learn about pain, self-management, and self-efficacy among patients with pain due to cancer in China during this time.

Three manuscripts studied pain during the pandemic related to behavioral psychological factors. Sevda explored the effect of pain and fear of pain, among patients with COVID-19 infection and quality of life. Bilgin, Kesik, & Ozdemiz (2022) described the biopsychological factors that can predict pain among people experiencing COVID-19 infection. Chrisofara and colleagues (2022) used a cross-sectional design to investigate the relationship between depression and musculoskeletal pain and activity in a large study (n = 1872) in Brazil. Although not specific to the COVID-19 pandemic Resnick et al., (2002) reported on the relationships between pain, function, behavior and psychological symptoms of dementia and quality of life. These authors uncovered valuable information that will continue to improve pain management.

During the pandemic, nurses were affected by the increased workload and the demands of meeting the needs of those critically ill with COVID-19. In a systematic analysis of 93 studies, Maqbali, Sinani and Al-Lenjawi (2022) found that nurses experienced increased stress, depression, anxiety, and sleep disturbances while caring for persons with COVID-19. Many nurses were required to alter their usual work during the pandemic. Sowicz and colleagues (2022) shared the many different experiences of pain management nurses and how their roles were affected by the pandemic. While not specific to the pandemic, Tuna (2022) studied the relationship between professional quality of life among nurses with musculoskeletal discomfort. Nurses responded to the challenge of altering the delivery of care to reduce infection transmission. Two authors discussed responses by the health care system to COVID-19 in delivery of care. Wietkamp (2022) shared her experiences with implementing and using telehealth to deliver care in an acute care hospital to patients for whom the pain consultation team was involved. O'Brien (2022) described how patient centered care during the lock down phase of the pandemic was affected by pain coping skills training. The innovations described certainly have potential for enduring benefit to patient care.

This issue also includes a corrigendum addressing a systematic review of factors that influence coping with chronic cancer pain in Europe. Finally, is the updated revision of the American Society for Pain Management Nursing® position statement on Prescribing and Administering Opioid Doses Based Solely on Pain Intensity. We be-

lieve that these timely and informative manuscripts are important with information that will inform safe and effective pain management as we continue to face health care challenges.

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