

4-A's+ Chart Note Overview

The assessment and documentation of several outcome domains are required to both maximize the utility and justify the continuation of opioid therapy for pain management. In 1998 Passik and Weinreb¹ introduced a useful mnemonic device to assess the relevant outcome domains called the 4-A's, which stand for analgesia, activities of daily living, adverse events, and aberrant drug-taking behaviors. Later two additional related A's, assessment and action plan, were added to the list. A positive outcome in each of the so-called 4-A's defines what constitutes a true benefit with this sometimes controversial treatment modality.

Among these domains, the assessment of addiction-related outcomes is perhaps the most difficult. Clinicians who treat patients with pain can protect both their patients and their practice by consistently documenting all areas of these outcome domains. Periodically this documentation should be "backed up" with a pain-focused physical/neurological examination and the verification of a patient's self-reported use of drugs, such as checking a prescription monitoring program report, requesting a urine screen test or pill count, or the corroboration with another source such as a spouse or work supervisor.

Use of the 4-A's mnemonic reminds and reinforces for clinicians the fact that a successful outcome in pain therapy encompasses more than the lowering of pain intensity scores. The 4-A's reflect a therapy that offers pain relief and makes a true difference in the patient's life through stabilization or improvement of psychosocial functioning, manageable side effects that do not compromise important areas of functioning, and an intact mechanism to assess and control aberrant behaviors.

To facilitate monitoring of the 4-A's outcomes, a specialized chart note, the Pain Assessment and Documentation Tool (PADT) (<http://www.painknowledge.org/physiciantools/opioidtoolkit/components/PADTGuide.pdf>), was developed and successfully field tested. This field test provided the means to collect cross-sectional outcomes data on a large sample of opioid-treated chronic pain patients.² While the PADT is a useful tool, it is potentially too lengthy for the majority of follow-up visits and is most often used only for periodic review.

For this reason the Patient Reassessment Opioid Analgesia 4-A's+ Chart Note was created as a briefer version of this tool for more routine use. This return-visit note is valuable in helping to make reassessment and documentation based on the 4-A's concept easier for clinicians and offers clinical justification for continuing, modifying, or discontinuing opioid analgesia.

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1. Passik SD, Weinreb HJ. Managing chronic nonmalignant pain: overcoming obstacles to the use of opioids. *Adv Ther.* 2000;17(2):70-83.

2. Passik SD, Kirsh KL, Whitcomb L, et al. Monitoring outcomes during long-term opioid therapy for noncancer pain: results with the Pain Assessment and Documentation Tool. *J Opioid Manag.* 2005;1(5):257-266.