
Non-pharmacological management of acute pain

FROM THE SPECIALTIES

LARS JØRGEN RYGH

lars.jorgen.rygh@helse-bergen.no

Lars Jørgen Rygh MD, PhD, specialist in anaesthesiology, senior consultant at Haukeland University Hospital, and clinical lead at the Norwegian National Quality Registry for Pain Management

The author has completed the ICMJE form and declares no conflicts of interest.

ANNE MARI GUNNHEIM KLAUSEN

Anne Mari Gunnheim Klausen, registered nurse in the acute pain team at Haukeland University Hospital, and employed by the Norwegian National Quality Registry for Pain Management

The author has completed the ICMJE form and declares no conflicts of interest.

MONICA STRØM

Monica Strøm, psychologist at the Section for Pain Management at Haukeland University Hospital and a former project staff member at the Norwegian National Quality Registry for Pain Management

The author has completed the ICMJE form and declares no conflicts of interest.

Well-documented non-pharmacological interventions for acute pain management are underutilised in clinical practice. The Norwegian National Quality Registry for Pain Management has developed tools that may help address this.

Pain is defined as 'an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage' (1). In practical terms, this means that tissue damage following trauma or surgery, which activates nociceptors, results in a more intense unpleasant experience (greater pain) in patients who are anxious and tense than in those who are relaxed and at ease. Non-pharmacological techniques aimed at promoting relaxation, reassurance and distraction are widely used and effective in the management of chronic pain (2). These approaches are also effective for acute pain but are currently used to a much lesser extent than the evidence would support (3, 4).

As part of a quality improvement project, the Norwegian National Quality Registry for Pain Management (5) has developed a website with non-pharmacological interventions for acute pain management, which includes practical tools for patients and healthcare personnel (6).

Non-pharmacological pain management is recommended as an adjunct to pharmacological treatment and nerve blocks, rather than as a replacement. For example, patients may be encouraged to use such techniques while waiting for analgesic medication to take effect. Techniques presented on the website include box breathing for relaxation, sorting exercises to enhance perceived control, the BUSK model to improve communication, and guided imagery for distraction.

Techniques such as distraction with music, meditation for relaxation and structured procedural information to reduce anxiety have been shown to reduce pain intensity and/or the need for opioids in connection with and/or following procedures such as peripheral venous catheter insertion, blood sampling, various forms of trauma (including burns) and different types of surgery, including orthopaedic procedures (3, 4). These interventions are likely to be most effective if patients have already practised relaxation or distraction techniques, for example prior to elective surgery. Patients often also have experience with such techniques in other contexts, such as yoga, meditation, sleep and stress regulation, and sport (e.g. visualisation). Information from healthcare personnel that these techniques can be used to alleviate pain can therefore be beneficial.

If readers would like guidance on how to introduce this topic to patients or colleagues, the authors would be pleased to assist.

REFERENCES

1. Raja SN, Carr DB, Cohen M et al. The revised International Association for the Study of Pain definition of pain: concepts, challenges, and compromises. *Pain* 2020; 161: 1976–82. [PubMed][CrossRef]
2. Skelly AC, Chou R, Dettori JR et al. Noninvasive Nonpharmacological Treatment for Chronic Pain: A Systematic Review Update. Rockville (MD): Agency for Healthcare Research and Quality (US), 2020. <https://www.ncbi.nlm.nih.gov/books/NBK556229/> Accessed 6.3.2026.

3. ANZCA. Acute Pain Management: Scientific Evidence. Kapittel 7. <https://www.anzca.edu.au/safety-and-advocacy/advocacy/college-publications/acute-pain-management-scientific-evidence> Accessed 10.3.2026.
 4. Best practices guidelines for acute pain management in trauma patients s. 21–5. https://www.facs.org/media/exob3dww/acute_pain_guidelines.pdf Accessed 20.2.2026.
 5. Helse Bergen. SmerteReg. Nasjonalt kvalitetsregister for smertebehandling. <https://www.helse-bergen.no/nasjonalt-kvalitetsregister-for-smertebehandling/> Accessed 10.3.2026.
 6. Helse Bergen. SmerteReg. Mindre smerter. <https://www.helse-bergen.no/nasjonalt-kvalitetsregister-for-smertebehandling/mindre-smerter/> Accessed 10.3.2026.
-

Publisert: 24 April 2026. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.26.0151

Received 8.2.2026, first revision submitted 16.2.2026, accepted 6.3.2026.

Copyright: © Tidsskriftet 2026 Downloaded from tidsskriftet.no 26 June 2026.