Global Year Against Acute PAIN

OCTOBER 2010 – OCTOBER 2011

Interventions: Benefits and Barriers

Benefits of Good Acute Pain Management

Effective prevention or relief of acute pain is cost-effective. Table 1 lists some of the benefits that accrue to institutions that achieve good pain control. There are no compelling reasons to defend the gap that exists between existing knowledge and technology for acute pain control and current practice patterns.

Table 1: Benefits of effective acute pain management for institutions
Earlier discharge from intensive care unit or hospital
Lower use of health care resources
Fewer complications that require physician time and health care resources
More efficient use of nursing resources and time
Better patient satisfaction with the hospital, stronger marketing, improved hospital reputation
Reduced costs to insurance providers or other payers
Fewer acute pain patients developing chronic pain syndromes from their persistent acute pain
Fewer days of disability and lost work productivity

Interventions for Acute Pain

Regional anesthesia targets noxious signaling, anti-inflammatory medications target inflammation and related sensitization, and spinal medications target central sensitization. Opioids target endogenous pain modulation processes. Other agents such as anticonvulsants influence acute pain by diverse mechanisms. In postoperative settings, many acute pain management specialists combine several interventions for “multimodal analgesia.” Table 2 lists interventions for postoperative and other acute pain control.

Table 2: Interventions for acute pain prevention and relief
Preoperative Setup and Treatments for Surgery and Procedures
Patient information and empowerment
Minimally invasive techniques, adequate positioning of patients in the operating room
Medication or nerve blocks prior to surgical incision
Systemic Analgesics
Opioids and intravenous patient controlled analgesia (PCA)
Nonsteroidal anti-inflammatory drugs (NSAIDs)
Ketamine and other agents directed at excitatory amino acids
Anticonvulsants
Alpha-adrenergic medications
Regional Analgesic Techniques
Continuous epidural analgesia
Single-dose neuraxial opioids
Patient-controlled epidural analgesia
Peripheral regional analgesia
Nonpharmacological Interventions
Heat and cold
Massage and stretching
Transcutaneous electrical nerve stimulation
Acupuncture-related therapies

Barriers to Better Acute Pain Management

No one wishes patients to suffer needlessly, and the means for controlling acute pain are readily available. Surgeons consider acute pain highly relevant to their daily practice and also to their patients [2]. Yet more than half of all patients still experience severe postoperative pain. Old attitudes dominate daily practice, with clinicians assuming that acute pain is harmless and inevitable, and patients not knowing that they have a right to effective pain relief. More than half of all hospitals in Europe have no written guidelines or protocols for pain management [1]. More than half treat pain only when patients complain. There is a tendency not to accept at face value the pain intensities that patients express. In most hospitals and practice settings pain assessment and pain therapies are either unknown or not applied.

Organizational Problems Sustain Many Acute Pain Management Deficiencies

Among these problems are:

- Provider and administrator ignorance of the problem and lack of proper pain management protocols;
- Educational deficits in pain management for health care providers: physicians, nurses, physical therapists, pharmacists;
- Insufficient patient education about pain and the right to pain prevention;
- The complexity of acute pain and its relief;
- Lack of acute pain assessment and documentation (outside of developed countries);
- The belief that acute pain is not important, it will resolve with time, and patients will quickly forget about it;
- Lack of interdisciplinary exchange about pain management concepts and responsibilities.

References

[1] Benhamou D, Berti M, Brodner G, De Andres J, Draisci G, Moreno-Azcoita M, Neugebauer EA, Schwenk W, Torres LM, Viel E. Postoperative Analgesic THerapy Observational Survey (PATHOS): a practice pattern study in 7 Central/Southern European countries. Pain 2008;136:134–41.

[2] Neugebauer E, Hempel K, Sauerland S, Lempa M, Koch G. [The status of perioperative treatment of pain in Germany. Results of a representative and anonymous survey of 1,000 surgical clinics. Chirurg 1998;69:461–6.

© 2010 International Association for the Study of Pain®

International Association for the Study of Pain

IASP®

Working together for pain relief