OLIGOANALGESIA AND THE EFFECTIVENESS OF PAIN MANAGEMENT IN ACUTE MUSCULOSKELETAL PAIN PATIENTS


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BACKGROUND AND AIMS

- Acute following traumatic injury is one of the most frequent reasons why patients are seeking medical care.
- While acute pain is the most frequent complaint in emergency care, its management is often neglected, placing patients at risk of extended waiting times for pain relief or oligoanalgesia.
- Our aim is to investigate how often pain management is provided in the prehospital phase and in the Emergency Department (ED) and how this affects pain relief.

STUDY DESIGN AND POPULATION

- This prospective cohort study (PROTACT) includes 697 adult patients presenting with acute musculoskeletal pain caused by blunt trauma of the extremities to the ED of Medisch Spectrum Twente, Enschede, The Netherlands.
- Data regarding pain and pain management were collected using registries and questionnaires.

RESULTS

- At admission:
  - No pain (NRS 0)
  - Minimal pain (NRS 1-2)
  - Mild pain (NRS 3-4)
  - Moderate pain (NRS 5-6)
  - Severe pain (NRS 7-8)
- Both, non-pharmacological and analgesics = analgesics only
- No pharmacological only
- No pain management

Pain intensity at admission: figure shows the percentage of patients with reported pain levels at discharge by pain intensity at admission. Mean self-reported pain intensity was measured on NRS changed from 6.5 at admission to 5.6 at discharge (difference 0.86; 95% CI 0.71-0.99).

Pain management in the ED: figure shows the percentage and type of pain management that was provided to the patients in the ED according to their pain intensity on admission. Overall, 697 out of 697 patients (97.4%) received pain management in ED. Most patients (n=360) received non-pharmacological pain management only, 59 patients analgesics only and 196 patients a combination of both non-pharmacological pain management and analgesics. The percentage of patients who received any type of pain management increased when pain became more severe from 75% (no pain) to 93% (very severe pain). The percentage of patients who received analgesics, with or without non-pharmacological pain management, increased when pain became more severe from 6% (no pain) to 72% (very severe pain).

DISCUSSION

- An insufficient proportion of patients receives pain management and pain relief remains unsatisfactory.
- The importance of pain management, especially the use of analgesics in the ED, is reflected by the significant higher reduction of pain and in the proportion of patients with clinically relevant pain relief during ED-visit.
- Effective pain management is important, it leads to earlier mobilization and recovery and may prevent long-term consequences as chronic pain.

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