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in pain scores recorded on visual analogue scale (VAS) before and after the treatment, treatment related complications.

Results: Patients (n = 350) (mean age 55 ± 4.3, female 56%,
men 44%) were distributed as follow: medical 24%, psychi-
atric 3%, children 2%, oncology 13%, orthopedics 26%,
surgical 25%, neurosurgical 9%. Of these, 48% of patients
reported a pain score of moderate to severe pain on the first
assessment by the specialist pain team, and 27% reported
severe pain. After pain treatment on the last examination before
discharge, they reported 25–30% less pain (P = 0.002).
The median VAS scores decreased significantly from 96 (95% 
confidence interval, 34–53) to 63 (10–20) for the severe pain
(p < 0.000), from 38 (31–38) to 24 (22–24) for the slightly
pain. The APS treated cognitive deficits in 9% of the patients,
recognized and treated opioids overdose in 4% of the patients
and abstinence in 3% of the patients.

Conclusion: This study validates the importance of an APS in
the reduction of pain intensity with a simultaneous decrease in
analgesia related side-effects.

WIP 0302 OLOGOANALGESIA AND THE
EFFECTIVENESS OF PAIN MANAGEMENT IN ACUTE
MUSCULOSKELETAL PAIN PATIENTS
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Objectives: While acute musculoskeletal pain is a frequent
complaint in the Emergency Department (ED), its management
is often neglected, placing patients at risk of oligoanalgesia.
Our aim is to investigate how often pain management is
provided and how this affects pain relief.

Methods: This prospective cohort study (PROACT) includes
697 adult patients presenting with acute musculoskeletal pain
to the ED. Data regarding pain and pain management were
collected using registries and questionnaires.

Results: Despite a high pain prevalence (98.9%), only 35.7%
of all patients received analgesics and 12.5% received adequate
analgesic pain management. Of those who received inadequate
treatment, 72.3% did not receive analgesics while in pain and
38.7% received inappropriate analgesics. More than two-third
of the patients had moderate-to-severe pain at discharge:
60.5% due to lack of analgesics and 39.5% due to insufficient
dose of analgesics. Pain relief was higher in patients who
received analgesics (difference: 0.83; 95% CI 1.05–1.11).
Clinical relevant pain relief (≥33%) was achieved in 19.7%
of all patients and was higher in patients who received
analgesics (difference: 8.8%; 95% CI 2.7–14.9). Non-pharma-
cological treatment was provided to a high percentages
(78.9%) of patients.

Conclusion: Oligoanalgesia is a large problem in musculoskel-
etal patients. An insufficient proportion of patients receives
analgesics and pain relief remains unsatisfactory. The impor-
tance of pain management, especially the use of analgesics in the
ED is reflected by the relevant higher reduction of pain and in the
proportion of patients with clinical effective pain reduction.

WIP 0210 POLYGRAPHY IN COMPARATIVE
EVALUATION OF POSTSTIMULUS PAIN AND OTHER
SENSATIONS IN HEALTHY SUBJECTS AND PATIENTS
UNDER HEMODIALYSIS
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Objectives: The search of objective sensory characteristics in
healthy volunteers as the answers after different modality
stimulation and modification of these characteristics in patients
under hemodialysis.

Methods: For the first time the complex registration was used
on-line for physiological reactions in connection with some
sensations triggered by focused ultrasound: the electroencepha-
logram (EEG), evoked brain potentials, nystagmoid eye
movements, electrocardiogram (ECG), amplitude and rhythm of
breath, blood oxygen level.

Results: It was shown that poststimulus somatic, hearing,
ofactory sensations and pain were accompanied by changes in
electrical activity on EEG, nystagmoid eye movements, ampli-
tude and rhythm variants of breath. Latency of near threshold ultrasound stimuli for EEG deflection and tops of nystagmoid
eye movements in healthy volunteers was about 500 ms.
Patients under hemodialysis have more high thresholds of
sensations, more long latency and lesser the amplitude of
electrical activity and eye movements. Amplitude and rhythm of
breath changing also were registered and had individual
character.

Conclusion: The complex polygraphic registration can be used
for practical evaluation of patient status according to changing
of sensitivity. In some cases the method could be restricted by
some polygraphic fragments, for example, by evoked potentials
or nystagmoid eye movements only.

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WIP 0575 VALIDATION OF HYBRID SPECT-CT IN
IDENTIFYING THE PAIN PHENOTYPE IN PATIENTS
WITH CHRONIC LOW BACK PAIN
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Objectives: Regardless of the high prevalence of chronic low
back pain (CLBP), the pain phenotype is unknown in >80% of
these patients despite medical imaging. Recently, hybrid
SPECT-CT was suggested to narrow this diagnostic imaging
knowledge gap. This test is not validated for CLBP. We
prospectively assessed the sensitivity of SPECT-CT.

Methods: The study received ethical committee approval.
Patients with daily LBP during ≥3 months, with MRI not
conclusive about the pain phenotype, were referred for SPECT-
CT. The control group consisted of patients referred for
SPECT-CT for other pathologies, if they had no LBP during
the previous 3-months. All patients provided informed consent.

Results: Of the 200 included patients (94 CLBP and 103
control), the gender distribution was comparable in both
groups. The SPECT-CT showed “hot spots” in 76.6% in the
CLBP-group and 36.9% in the control group. Increased bone
metabolism in facet joints and endplates was seen in 42.5% and
46.8% respectively in the CLBP patients and in 21.3% and