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Updated Pain Pages: Evidence at your finger tips.

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Introduction

Pain is a frequent complication of cancer, and is common in many other life limiting illnesses [1]. Pain that is not well controlled causes significant distress and disability [2]. The effective management of pain is, therefore, a core element of clinical practice for many health professionals and areas of practice.

The study of pain and issues in pain management is an area of increasing research activity. However, there are concerns about wide variability in how pain is treated in practice [3], and continuing high levels of reported pain [4]. Facilitating access to current evidence on pain is, therefore, a critical need within the health system [5].

The CareSearch website is a evidence based repository of palliative care information and resources for health professionals and for palliative care patients, their carers and their families.

The CareSearch resources include a suite of clinical evidence pages on pain and pain management issues based upon evidence from research studies and from best clinical practice.

Aim

- To help clinicians to navigate the complex, evolving evidence base in relation to pain, and
- To provide summaries of the current research evidence and consensus.

Method

A set of Pain pages was prepared for the launch of the CareSearch website in 2008. Content was based on a search of multiple literature databases for systematic reviews relevant to pain. Website quality processes require a formal review of Clinical Practice pages every two years, however, given pain is such a rapidly developing field, a minor review was undertaken in 2009/2010. A comprehensive review followed in 2011/2012, including a formal peer review with the revised Pain pages being released in in April 2012.

Eight pain pages summarise key issues, limitations and contexts for practice with links to sources of clinical guidance and ways to find out more. An associated PubMed Topic search provides a shortcut to the relevant literature. The pages are:

- Background and key messages;
- Health service issues in pain management;
- Non-pharmacological approaches to pain management;
- Pain assessment tools;
- Opioid analgesics;
- Radiotherapy and Adjuvants; and
- Interventional pain management .

Key Messages

The majority of pain in palliative care patients can be effectively treated with available drugs and best practice management strategies, which includes regular assessment of pain with validated assessment tools [2, 6].

Strong evidence supports treating cancer pain with non-steroidals, opioids, radionuclides and radiotherapy [7]. Bisphosphonates are effective in the treatment of malignant bone pain [8].

Oral morphine, oxycodone and hydromorphone all have similar efficacy and toxicity in opioid naïve cancer patients [9]. According to recently updated recommendations from the EAPC, any of these opioids can be used as first line strong (or step III) opioids [10].

Provision of "around the clock" coverage by long-acting strong opioids with availability of "as needed" doses of immediate release opioids continues to be recommended as best practice for moderate to severe cancer pain [2].

Recent evidence-based guidelines for neuropathic pain [11-12] suggest that two groups of medications may be used as first line adjuvant treatment – of the antidepressants, either the tricyclic drug amitriptyline [10], or duloxetine or venlafaxine [11-12], and of the anticonvulsants, either gabapentin [10] or pregabalin [11-12]. Opioids are also effective in neuropathic pain, and can be co-administered as first line treatments, alongside adjuvants [2,11].

Active research & controversies

Recommendations on managing breakthrough pain are emerging and include suggestions for individually titrated, rather than a fixed ratio to the background opioid [13].

A recently completed RCT of ketamine in cancer pain using the "burst protocol" has found that ketamine is no better than placebo, and is associated with a high rate of adverse effects [14].

Further research is needed to identify the most effective pain assessment tools for use in palliative care [15], and to improve processes of routine care so that pain is managed most effectively [16].

There is a need to develop a national consensus approach to managing opioid conversions as the information currently in equianalgesic tables from different sources is inconsistent, increasing risk to patients [10, 17-18].

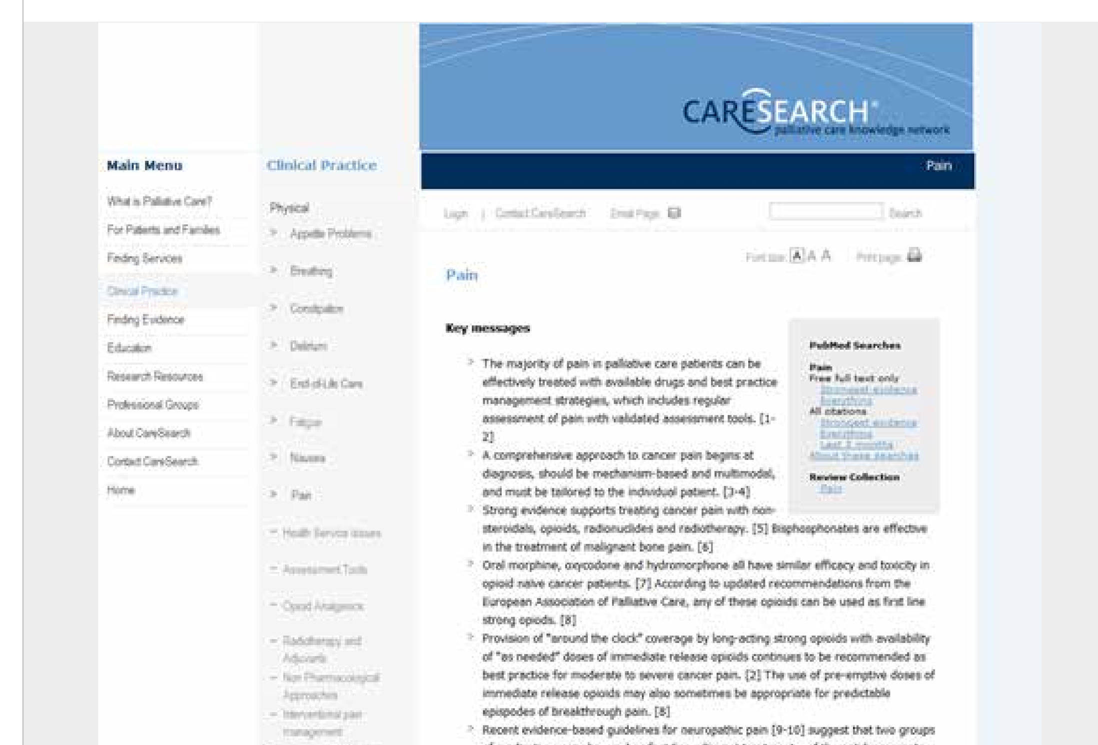
Head to head trials of adjuvants in neuropathic pain are needed to strengthen the evidence base [12]. Study designs need to take account of the presence of a significant placebo effect [19].

The associations between pain, depression, and cognitive decline are being studied [20-21] as are individual factors such as gender [22] and genetic factors [23].

Studies of vertebroplasty and kyphoplasty procedures in malignant vertebral fractures suggest there is controversy regarding their safety and effectiveness [24].

Conclusion

The CareSearch Pain pages are designed to support clinical practice by summarising the state of the evidence and by providing clinicians with access to relevant literature, where possible. They are intended to be dynamic, being modified as the evidence base evolves.



Screen shot of CareSearch Pain pages. Downloaded on 10 July 2012 from http://www.caresearch.com.au/caresearch/tabid/746/Default.aspx

CareSearch is free to use and available at www.caresearch.com.au Free newsletters provide information on emerging research.

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