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Acute and chronic recurrent pain origin, assessment and management in sickle cell and thalassemia syndromes in usual and pandemic times: a retrospective real-life observational experience

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Multiple-processes result in pain-onset and persistence in hemoglobinopathies,impacting on quality-life and emergency-room(ER) access. Pain can be acute,chronic or combined. Generally acute-pain come from somatic or visceral-origin,chronic is of neuropathic-origin.Vaso-occlusion is hallmark-feature of sickle-cell-disease(SCD)with acute-pain-episodes named vaso-occlusive-crises(VOC). Several SCD-patients develop VOC and chronic-pain,persisting at least 6 months. Thalassemia-bone-disease is a morbidity-reason presenting with osteoporosis, fractures,nerve-compression. We aimed to study different-origin of severe-pain-events,trigger-factors, pharmacologic and non-pharmacological-strategies and also pandemic-impact. We reviewed 170 patients(F:M 101:69), 92 with major-thalassemia (TM), 35 with thalassemia-intermedia, 26 with SCD and 17 with microdrepanocytosis,followed at our Center from 2000 to 2021. We reported 186 events in SCD-patients, divided by etiology and SCD-type .94 VOC were treated with opioids+nonsteroidal anti-inflammatory-drugs(NSAID), 12 aseptic-bone-necrosis with infiltrations of hyaluronic acid+corticosteroids and transcutaneous-electrical-nerve-stimulation,6 headaches with paracetamol+NSAID, 3 acute-chest-syndromes with opioids,65 arthromyalgias with tramadol +pregabalin, 3 lower-limb-ulcers and 3 priapism with ibuprofen.130 episodes were referred as acute and 56 as chronic.Triggers-elements for acute were cold-temperatures,infections,dehydratation;for chronic-pain anxiety and depression. Thalassemic-patients presented 75 episodes, mostly of chronic-type, respectively at spine, hips and knee -levels.Pain episodes were related to spontaneous-fractures (65%), arthrosis (10%), degeneration and collapse of vertebral-bodies (10%), lower-limbs-ulcers (10%), osteomyelitis and arthritis(5%). Osteoporosis was present in 88% of cases and hypovitaminosis-D in 91%.Chronic-pain was prevalent (90%),treated with paracetamol and opioids. Pain-specialist was consulted. While in previous-years we described an average of 2 visits per month to the ER(medium-value of 25/year), especially in SCD-patients, in the last 2 years they have been considerably reduced, with only 7 access reported.A different-approach was adopted due to pandemic.Some VOC were managed at home, building a personalized home-pain-management-plan,50 patients requested access to psychological-support, restricting hospital-access, but providing full-care. Pain-syndromes are a common-cause of referral in SCD and in TM. Pankillers have side-effects, including drug-dependency.Multidisciplinary-approach and cognitive behavioral-therapy were searched as other therapeutic-options. During pandemic such approach with remote-consultation helped reducing ER-access

Biography

Lorenza Torti has completed her PhD from Catholic University in Rome and Post-doctoral studies from Catholic University School of Medicine in Rome. She is MD at Thalassaemia Unit, Hematology Department Sant'Eugenio Hospital, Rome, Italy, Regional-Center for the Diagnosis and Treatment of Rare Anemias and Disorders of Iron-Metabolism. Her research activities and interests are clinical management of hemoglobinopathic patients with thalassemia and sickle-cell-anemia, infectious complications and course of the SARSCov2-coronavirus in these patients. She also showed interest in reproductive and fertility aspects in hemoglobinopathies.