

Opioid involvement in the treatment of chronic pain

Luis Felipe Calle-Cruz

Servicio Andaluz de Salud, Spain

Abstract

Background: Analyzing the adequacy of opioid treatment of patients diagnosed with chronic pain throughout 2019.

According to Lagley et al, in its study on prevalence and pain treatment, the prevalence of pain within the general Spanish population is 17.25%.

According to previous studies, pain interferes with the completion of usual work, mood and relationship with others. These patients are common to possess other associated symptoms like anxiety, fatigue or depression that influence mood. The presence of those symptoms makes it difficult to assess the pain, thanks to their emotional and subjective component.

Keywords: Multidisciplinary team, Palliative care, Palliative patients, Clinical trial designs

INTRODUCTION

Moderate-high intensity pain may be a common symptom in patients with diseases of diverse etiology. the foremost common chronic pain occurs in patients with degenerative musculoskeletal diseases. Pain treatment, in these cases, is that the responsibility of the general practitioner.

Prescribing opioids for the treatment of chronic non-cancer pain (CNCP) has increased steadily in recent decades. the extent of improved training of some professionals within the management of opioids, the fear of adverse effects from long-term opioid use, the assessment of incomplete pain related to inadequate prescribing and therefore the high degree of non-compliance by patients have led to inadequate management of CNCP.

In this situation, and as Larrea and Martínez-Mir conclude, the general practitioner cannot behave as a mere observer within the treatment of CNCP with opioids, having to be involved in monitoring and controlling the great use of painkillers and particularly opioids. Calvo-Falcón and Torres-Morera consider that any doctor should manage the tools to spot those patients at high risk of opioid wrong use. Professionals have a chance to enhance the adequacy of opioid prescribing and to require a holistic approach to pain. Patients, on the opposite hand, must take a lively role in their disease.

Various efforts are made to homogenize the utilization of opioids supported severity and sort of pain, like implementing inter-level commissions to make sure effective communication between different levels of care and establishing multidisciplinary protocols that promote continuity of care and therapeutic reconciliation by improving efficacy and safety. within the same vein, and at the national and international levels, variety of practical guides are developed. They establish recommendations for the control of patients receiving long-term opioids.

For all this, it had been decided to research the standard of opioid prescriptions for the control of the CNCP Aljarafe-Sevilla North Health District so as to spot lines of improvement. during this context, this study was administered . the foremost common chronic pain occurs in patients with degenerative musculoskeletal diseases. Pain treatment, in these cases, is that the responsibility of the general practitioner.

In this situation, and as Larrea and Martínez-Mir conclude, the general practitioner cannot behave as a mere observer within the treatment of CNCP with opioids, having to be involved in monitoring and controlling the great use of painkillers and particularly opioids. Calvo-Falcón and Torres-Morera consider that any doctor should manage the tools to spot those patients at high risk of opioid wrong use. Professionals have a chance to enhance the adequacy of opioid prescribing and to require a holistic approach to pain. Patients, on the opposite hand, must take a lively role in their disease.

Correspondence to: Luis Felipe Calle-Cruz1, Servicio Andaluz de Salud, Spain. E-mail: luis.F@gmail.com

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METHADODOLOGY

Descriptive observational study of patients belonging to the Aljarafe-Sevilla North Health District diagnosed with chronic encoded pain (ICD-9: 338.2, 338.21, 338.22, 338.28, 338.29, 338.4) in electronic medical record (DIRAYA). A retrospective analysis of the variables recorded within the pharmacological clinical and prescription databases, also as audits of medical records, was performed. Variables: age, sex, origin, type, intensity, time of evolution from diagnosis of pain, sort of opioid and dose, control of symptom, among others. The info was recorded in an excel spreadsheet and after debugging a descriptive, bivariate analysis are going to be performed using SPSS 22.0.

Result

The Aljarafe-Sevilla Norte Health District is assigned a population of 663,119 people, 64,364 (9.7%) were treated with opioids during 2019 and, only 924 (1.4%) had justified this treatment in their medical record (553 patients met Mc Namara's criteria and 371 patients diagnosed with chronic pain), 98.6% of opioids were un justified within the medical record . 371 patients diagnosed with chronic pain in their medical record were audited, 282 (76.0%) they were women. the typical age of treated patients was 65.8+15.1 years compared to 58.6+16.7 years within the untreated group. Of the entire , 339 (91.4%) were diagnosed with chronic pain without specifying the cause or characteristics of it. 42 (48.8%) that they had one drug, 41 double therapy, 2 triple therapy and 1 quadruple therapy. Of the entire of 5 they used rescue painkillers, of which 3 were inadequate.

DISCUSSION

There is low coding of patients with chronic pain, of whom approximately 25% are treated with opioids. Partial agonist drugs with pure agonists are often used and inappropriate drugs are used for ransom. the utilization of scales to spot baseline and periodic re-evaluation of pain is rare.

Limitations and bias: Generally speaking, the evaluation of patients with CNCP usually doesn't include the degree of adherence to analgesic treatment, the extent of response to treatment (pain improvement) or the degree of satisfaction with treatment. additionally to deficits within the record of physical examination and clinical characteristics of the sort of pain.

CONCLUSION

Of the entire , 339 (91.4%) were diagnosed with chronic pain without specifying the cause or characteristics of it. 42 (48.8%) that they had one drug, 41 double therapy, 2 triple therapy and 1 quadruple therapy. Of the entire of 5 they used rescue painkillers, of which 3 were inadequate. The absence of coding and stratification of pain possibly results in inadequate control of symptoms and an increased likelihood of neurotoxicity and side effects. There are opportunities for improvement within the knowledge and use of analgesic therapy to realize pain control appropriate to the standards established by the present Clinical Practice Guides.

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