



ORIGINAL RESEARCH PAPER

General Medicine

PAIN MANAGEMENT AND TREATMENT: PRIMARY HEALTHCARE'S ROLE

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ABSTRACT

Pain is invariably present in most of the primary care medical requests. The general practitioner plays a key role in its adequate diagnosis and managing. Chronic pain is especially common between the elderly, who require a careful pharmacological prescription. Non-pharmacological therapies have few adverse effects and can be used alone or in combination with pharmacological therapies. Since effective pain control is a duty of health professionals and a human right for patients, it is of the utmost importance that we make this institutional investment in order to make this a reality.

INTRODUCTION

Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage. It can be considered a complex individual experience. It is of vital importance pain's adequate diagnosis and treatment. (1, 2)

APPROACH AND FARMACOLOGY

The physician should do a patient's detailed history and examination, characterizing the pain in terms of temporality, topography, pathogenesis, etiology, rhythm and intensity. In case of inflammatory rhythm, alarm symptoms must be excluded. Pain intensity must be evaluated regularly through appropriate indexes, in order to correctly classify the pain intensity and prescribe the correct drug in the right posology (Mild: non-opioid; Moderate: weak opioid; Intense: strong opioid). The World Health Organization Analgesic Ladder is essential to avoid pharmacologic side effects when reaching an effective dose. When it's impossible to increase the opioid dose and pain isn't controlled or the patient has intolerable side effects, an appropriate opioid rotation should be performed. Rescue therapy should always be instituted. If the pain is neuropathic or functional/psychogenic, adjuvant drugs like an antidepressant or a gabapentinoid should be prescribed. (3-7)

CHRONIC PAIN: SHOULD OPIOIDS ALWAYS BE PRESCRIBED?

Chronic pain doesn't have a protective function, persists for more than 3 to 6 months, and can be considered a disease. Around 20% of the world's population has chronic pain and it is the main reason for 15-20% of medical consultations. Chronic pain is especially common among the elderly, affecting 83% of those institutionalized. (8) Polypharmacy, pharmacological interactions, and the inherent fragility of the elderly require a careful pharmacological prescription. Paracetamol is the first-choice analgesic for mild to moderate pain and is generally well tolerated at recommended doses. Opioids can cause many side effects as nausea, obstipation, imbalance, delirium, and excessive sedation, especially when administered with benzodiazepines. If opioid therapy is considered, the expected benefits/risks should be assessed. Nevertheless, it should be prescribed the minimum effective dose, always integrated into a multimodal pain management strategy with non-pharmacological therapies. (9-11)

NON-PHARMACOLOGICAL PAIN MANAGEMENT

Non-pharmacological therapies such as exercise, local application of heat and cold, massage, distraction, and patient education have few adverse effects and can be used alone or in combination with pharmacological therapies. (9) Transcutaneous electrical nerve stimulation may be beneficial in the treatment of chronic pain. Cognitive

behavioral therapy and mindfulness can effectively change patients' attitudes and beliefs, shifting the experience of pain and suffering. (9, 12) Mesotherapy is recommended for musculoskeletal pain, such as neck pain and low back pain. Trigger point dry needling can bring improvements in localized myofascial pain. (13) Acupuncture can effectively manage refractory pain. (14)

PRIMARY HEALTH CARE'S ROLE

Pain is a daily problem in primary health care, transversal to any age. (3) 37% of the adult Portuguese population has chronic pain, especially in the low back (42%), lower limbs (27%), knees (24%), cervical region (17%), upper limbs (15%), hip (13%), cervical region (12%), foot (12%) and dorsal region (12%). (15) Because of this, general practitioners have to be able to effectively address the pain, practicing a high quality care. (3) General practitioners must be also capable of searching actively for the discontinuation of certain drugs. Non-steroidal anti-inflammatory drugs, for example, due to their recurrent adverse gastrointestinal, renal, and cardiovascular effects in long-term prescriptions, should be recurrently deprescribed. (11)

HOW COULD WE IMPROVE?

Access to pain management is considered a fundamental human right and an ethical duty of health care professionals. (1) Pain is invariably present in most primary care medical request. (3) Because of this, it is essential to empower general practitioners, improving their knowledge and offering them clinical internships in pain clinics. Also, it is of utmost importance to make an institutional investment in non-pharmacological pain treatments: physicians must have the technical conditions to offer the best treatment for all, elder or not, and not the only one available.

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