OLIGOANALGESIA AND THE EFFECTIVENESS OF PAIN MANAGEMENT IN ACUTE MUSCULOSKELETAL PAIN PATIENTS

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BACKGROUND AND AIM

• Acute pain following traumatic injury is one of the most frequent reasons why patients are seeking medical care.
• While acute pain is the most frequent complaint in emergency care, its management is often neglected, placing patients at risk of extended waiting times for pain relief or oligoanalgesia.
• Our aim is to investigate how often pain management is provided in the prehospital phase and in the Emergency Department (ED) and how this affects pain relief.

STUDY DESIGN AND POPULATION

• This prospective cohort study (PROTACT) includes 697 adult patients presenting with acute musculoskeletal pain caused by blunt trauma of the extremities to the ED of Medisch Spectrum Twente, Enschede, The Netherlands.
• Data regarding pain and pain management were collected using registries and questionnaires.

RESULTS

Analgesia use in the chain of emergency care. In the prehospital phase, 278 out of 697 patients (39.9%) used one or more analgesics. Of all patients, 175 patients (25.1%) self-initiated the intake of analgesics, mostly the non-opioid paracetamol. Of the 331 patients who visited the GP or another healthcare professional, 93 patients (28.1%) received analgesics, mostly nonopioid paracetamol. In the ambulance phase, 249 out of the 77 patients (62.3%) received analgesics, mostly the short-acting major opioid Fentanyl. In the ED, 249 out of 697 (35.7%) patients received analgesics.

DISCUSSION

• An insufficient proportion of patients receive pain management and pain relief remains unsatisfactory.
• The use of analgesics, especially the use of analgesics in the ED, is reflected by the significant higher reduction of pain and in the proportion of patients with clinically relevant pain relief during ED-visit.
• Effective pain management is important, it leads to earlier mobilization and recovery and may prevent long-term consequences as chronic pain.