la diminution des taux d'ACTH était corrélée à la diminution des taux de cortisol ($r = 0{,}25$ ; $p < 0{,}008$) ; de même, les taux d'ACTH et de cortisol étaient corrélés de façon statistiquement significative ($r = 0{,}41$ ; $p < 0{,}0001$). La réduction du taux d'ACTH était corrélée significativement à l'importance du déconditionnement évaluée par la présence d'une intolérance musculaire à l'effort.

*Discussion–Conclusions*.– Les résultats de notre étude montre qu'au cours d'un processus douloureux chronique, il existe des anomalies de l'axe corticotrope hypothalamo-hypophysaire. La prise de poids semble être liée non seulement à l'inactivité mais aussi à des anomalies centrales neuro-endocriniennes. La correction de ces anomalies semble être obtenue par le réentraînement progressif à l'effort. L'action centrale neuro-endocrinienne est à prendre en compte dans les indications des programmes de restauration fonctionnelle.

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*Version anglaise*

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## Drugs for pain management in the neurological rehabilitation department: What are our clinical practices?

S. Bauler[a], A. Janoly-Dumenil[b,*], T. Khayi[b], L. Tell[c], F. Costaz[d], G. Hoerdt[c], M.P. Alboussière[c], C. Rioufol[e], G. Rode[c]

[a] *Pharmacie clinique, hôpital Henry-Gabrielle, groupement hospitalier Sud, HCL, 20, route de Vourles, 69230 Saint-Genis-Laval, France*

[b] *Pharmacie, hôpital Henry-Gabrielle, HCL, St-Genis-Laval, France*

[c] *Service de rééducation neurologique, hôpital Henry-Gabrielle, HCL, St-Genis-Laval, France*

[d] *Service qualité, centre hospitalier Lyon-Sud, HCL, Pierre-Bénite, France*

[e] *Pharmacie, hôpital Henry-Gabrielle, HCL, Pierre-Bénite, France*

*Corresponding author.

*Keywords:* Pain; Analgesic drugs; Professional practice assessment

*Introduction*.– Pain control is a major issue in the therapeutic management of patients hospitalized in the neurological rehabilitation department. Analgesic medication (AM) is one of the ways to relieve pain. Thus, a study was conducted to evaluate clinical practices of pain management.

*Method*.– A prevalence survey was conducted (February 2011) from drug prescriptions and patient clinical records. A questionnaire, developed by a multiprofessional team, allowed the collection of data: type of pain (nociceptive, neuropathic or mixed), pain assessment (PA) for incoming patients and during hospitalization; type, number and doses of AM prescribed. The choice of AM was especially compared with guidelines (SOFMER, SFETD).

*Results*.– The study gathered the results of 70 patients (51 men and 19 women, $46.2 \pm 14.0$ years). PA was registered at admission in 77% of cases, 48% of the cases using a medical information software Cristalnet® and 56% with a PA scale. Sixty-three patients had AM the day of the study: for nociceptive pain (43), neurological (5) or mixed (15). Thirty-five patients had single drug therapy, 15 had 2 AM and 13 had at least 3 AM. Prescribed doses were in accordance with recommendations (100%), no contra-indication was detected. Treatment was adapted to the type of pain (100%). The choice of drugs for neurological pain met the recommendations in 65% of cases. Finally, a PA was found in 70% of patients clinical records before AM modifications.

*Discussion*.– The choice of AM is appropriate for the type of pain. For neuropathic pain, there is a frequent use of clonazepam, a common practice but absent from guidelines. The results concerning the traceability of PA are encouraging, despite the low rate detected by Cristalnet® (48%). This is possible way to improve practices, especially with the medical computer system which facilitates programming and recording of PA. In the future, a reflection on the choice of AM for neuropathic pain will be conducted.

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## Mechanical pain management after orthopaedic surgery

L. Mailhan*, J. Vieules, H. Lucas, C. Roussel, Frandaz, F. Bonete

*Soins de suite spécialisé en appareil locomoteur, hôpital des gardiens de la Paix, 35, boulevard Saint-Marcel, 75013 Paris, France*

*Corresponding author.

*Keywords:* Mechanical pain; Orthopaedics surgery

*Aim*.– To assess efficiency of pain management in a rehabilitation unit, to correlate pain and anxiety status.

*Patients and methods*.– Pain was evaluated by Visual Analogic Scale (VAS) by all patients hospitalised in our rehabilitation unit after orthopaedic surgery: VAS was assessed on night, morning, evening, before and after physiotherapy. Patients assessed their psychological status answering the HAD scale. VAS were compared with subgroups: scales A (anxiety) > 7, D (depression) > 7.

*Results*.– Mean VAS was 1,86 (sd 1,62). Mean VAS was higher after physiotherapy (2,29), before physiotherapy (1,93) and at evening (1,5). VAS was higher than 4 at least one time in a day in 1/3 of patients. There was no correlation between psychological status and pain.

*Discussion*.– Mean VAS was acceptable. Drugs management was changed to improve pain after physiotherapy. Management of neuropathic pain was created. Lack of correlation between psychological status and pain may be explained by better individual management in anxious patients and side effects of antidepressant drugs on pain.

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## Neuropathic pain management after orthopaedic surgery

L. Mailhan*, P. Jacob, J. Vieules, F. Bonete

*Soins de suite appareil locomoteur, hôpital des gardiens de la Paix, 35, boulevard Saint-Marcel, 75013 Paris, France*

*Corresponding author.

*Aim*.– To assess efficiency of neuropathic pain management in a rehabilitation unit.

*Patients and methods*.– Neuropathic pain (NP) was assessed by all patients consecutively hospitalised in our rehabilitation unit after orthopaedic surgery during 1 month with the DN4 scale [1]. Were also evaluated pain intensity with Visual Analogic scale (VAS) and triggering condition.

*Results*.– Thirty-one patients were hospitalised after orthopaedic surgery between 10/01 and 10/02/2011. Nine had a neuropathic pain. Mean VAS at admission was 5.62 (sd 3.06). Triggering condition was spontaneous in 4 patients, light touch in 5 patients. Seven days after admission, mean VAS was 3.14 (sd 1.86). Triggering condition was unchanged, one patient had no more NP. Fourteen days after admission, mean VAS was 1.5 (sd 1.09). Triggering condition was unchanged.

*Discussion*.– Neuropathic pain management is efficient on pain intensity and pain area, but not on triggering condition.

*Reference*

[1] Bouhassira D, Attal N, et al. Comparison of pain syndromes associated with nervous or somatic lesions and development of a new neuropathic pain diagnostic questionnaire (DN4). Pain 2005;114:29–36.

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## Pain and beliefs after musuloskeletal trauma: Complex relationships during the first year of rehabilitation

C. Favre*, P. Ballabeni, O. Dériaz, F. Luthi

*Service de psychosomatique, clinique romande de réadaptation SuvaCare, avenue Grand-Champsec 90, case postale 352, 1951 Sion, Switzerland*

*Corresponding author.

*Keywords:* Pain; Beliefs; Rehabilitation