

EXPERIENCE OF A NEWLY STARTED PAIN CLINIC IN A MEDICAL COLLEGE IN OVER 500 PATIENTS.

Anaesthesiology

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ABSTRACT

Aim: To determine the clinical characteristics of patients presenting to the pain clinic. The data of patients attending to pain clinic of our medical college (August 2018 to September 2019) were collected retrospectively. Analysis of demographic and clinical characteristics, rate of intervention, response to intervention and its complications were undertaken. Telephonic interview was conducted.

Method and results: We have total 500 patient visits. The age of the patients were between to 18 to 75 years of age with female preponderance over male patients. Commonest type of pain was low back pain (61%) and majority were treated conservatively. Telephonic interview was taken. In chronic back pain patients, interventions if done gave excellent pain relief and patients were satisfied.

KEYWORDS

Pain Clinic, Pain Management, Patient's Response

INTRODUCTION

Pain is an emerging pandemic all over the world. 20% of patients are suffering from chronic pain all over the world and 10% are newly diagnosed each year.¹ Pain is the biggest health problem faced by India today, much more than the burden of diabetes, heart disease and cancer combined. Most of the patients are undiagnosed, untreated and maligned as not being real. (IOM (Institute of Medicine). 2011². Pain management is a new branch of modern medicine that addresses all aspects of 'pain'. This is an emerging specialty in India, but it has been around in Western countries for a few decades now. India has a burgeoning population of elderly patients and patients with chronic diseases like Diabetes, Arthritis and Backache. In addition, Cancer is on the rise in the population. Given the complex nature of pain, treatment should be mechanism-based and multimodal. Therefore, an integrated, multidisciplinary approach to management is advocated to optimize treatment outcomes.

Pain clinics have been created over the past four decades with the purpose of providing interdisciplinary assessment and care for pain patients through a team of diverse medical specialists, chiefly from the fields of anesthesiology, neurology, psychiatry, occupational, physical and rehabilitation medicine. Many patients continue to suffer pain in spite of medical or surgical treatment. A significant number of patients needed psychology input, which unfortunately is not readily available.³

We (at department of anesthesiology) were giving blocks to the patients referred to us by orthopedicians and neurosurgeons since long. That was all we were doing in chronic pain management.

Multidisciplinary chronic pain management programs have proliferated widely in recent decades. The clinical characteristics of patients attending these clinics are becoming the subject of increased research.¹

AIMS

The aim of the study was to determine the clinical characteristics of patients presenting to the only chronic pain clinic in a public institution in the district.

The present study was done to observe:

1. Demographics and clinical characteristics
2. Rate of intervention,
3. Response to intervention and
4. Its side effects
5. Patient satisfaction

METHODS

This is a Retrospective study. The data of patients attending to pain clinic of our medical college over past 2 years and 4 months were collected from the records of pain clinic.

In the present study, we first took detailed history of all the patients, thoroughly examined them, advised investigations if required to diagnose and tried to treat them. (Figure 1,2)

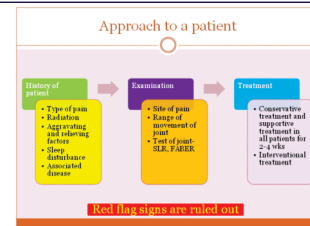


Figure 1: Method of approaching a patient

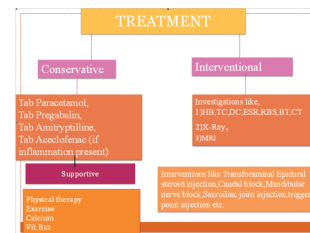


Figure 2: Treatment options

Initially most patients were referred by orthopedic surgeons but now the patients are also coming directly to us being relatives and neighbors of our old patients who benefitted from our services.

Analysis of demographic and clinical characteristics, rate of intervention, response to intervention and its complications were then undertaken. Retrospective telephonic interview was conducted regarding patient satisfaction with the service. The data were presented as percentage.

RESULTS

Descriptive analysis of demographics and clinical characteristics were done. We have total 500 patient visits in opd (out patients department) till September 2019. The age of the patients were between to 18 to 75 years of age. As seen from fig. 3, 54% patients were between 30-50 years of age.

Age Group

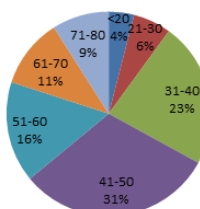


Figure 3: Age distribution of the study subjects

There is female preponderance over male patients, as can be seen from fig. 4, 72% patients were female.

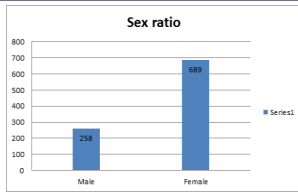


Figure 4: Sex ratio of the study subjects

Commonest type of pain was low back pain (61%). Back pain with lower limb pain was second common complaint (21%). Thus complaint of low back pain was present in 82% of patients.

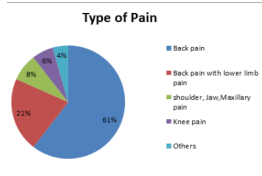


Figure 5: Types of the pain in the study subjects

Majority of the patients (88%) were treated conservatively. Only 12% of patients needed interventional pain management.

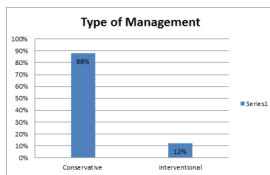


Figure 6: Management options in the study subjects

Among all interventions, transforaminal epidural steroid injections (TFESI) were the commonest intervention. 32% patients were given TFESI, while 14% interventions were caudal epidural injections with or without TFESI. Other interventions included trigger point injections, facet joint injection, sacro-iliac joint injections etc.

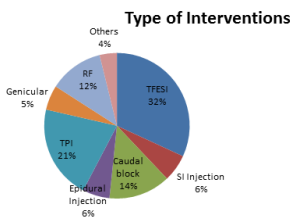


Figure 7: Types of interventions

Among patients undergoing interventions, 48% patients had excellent response to procedure while 9% patients had poor response.

Response to Intervention

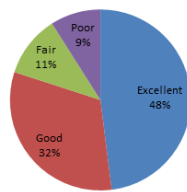


Figure: 8 Response to intervention

On telephonic interview with patients regarding satisfaction, mean score of 3.5 out of 5 was reported by patients.

The rate of complications was very low and complications were minor and reversible like numbness and heaviness of limbs which reversed within 2-3 hours. One patient of transforaminal ESI developed motor weakness of the same limb which recovered after 24 hours.

DISCUSSION

Victoria J Atkinson and Basil Almahdi did a study on adequacy of pain assessment in the medical and surgical wards and they found that the care of pain in the wards falls below the standards set by the Royal College of Anaesthetists. It is necessary to undertake a programme of education to increase awareness of the problem and to improve assessment and management to enhance the patient experience.³

Severe chronic pain is known to have adverse effects on employment status, daily activities, relationships, mood, sleep and all aspects of general health. Daily back pain is known to be associated with greater coronary events.⁴

In a National Pain Audit Final Report of British pain society, it is stated that “Based on the number of patients who completed the patient feedback questionnaire, pain services can significantly help to improve quality of life (70%), the degree by which pain interferes with their lives (76%) and, to a lesser extent, pain relief.”⁴ Here the aim is not complete abolition of pain but improvement in quality of life of the patient.

Low back pain is a pandemic disease having 80% of lifetime prevalence affecting 15-20 % population at any point of time, being one of the commonest reason for visit to a doctor and young age morbidity, disability, work absenteeism.⁵

S. Mohammed, D. Chen, , A. Sieunarine did a retrospective audit of a chronic pain clinic in the west indies and they found that low back pain constitutes 71% of total patients attending to a their pain clinic. We also have low back pain as the commonest complaint which present the patient to pain clinic.

Majority of the patients attending to pain opd were females 78% which correlates with the statistics of many other pain clinics e.g. audit by S. Mohammed, D. Chen, A. Sieunarine.⁶

Our rate of intervention was very low (12%) and majority of patients (80%) had good to excellent response. Thus carefully choosing the patients for intervention is essential for successful outcome.

CONCLUSION

The majority of patients were female and the most common complaint was chronic non-malignant back pain Interventions if done judiciously give excellent pain relief and very low complication rate. Despite the many limitations of this service (lack of a multidisciplinary team, drug limitations, theatre time), patients were satisfied that finally there was someone to listen and attempt to address their pain issues.

CLINICAL SIGNIFICANCE

By observing the pattern & distribution of pain patients, preventive measures can be directed towards target population e.g. backache & female population. Moreover, response to intervention & its complications further guide us in optimizing the management of pain patients.

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