Global Year Against Acute

PAIN

OCTOBER 2010 – OCTOBER 2011

How to Implement Change

In spite of high-quality evidence and sophisticated medical and nonmedical treatment options, there is widespread underassessment and undertreatment of acute pain. Variation in clinical care is largely caused by uncertainty due to inadequate research or the variable interpretation and dissemination of adequate evidence. Different interventions, including guidelines and measures of appropriateness, have had little demonstrable impact on clinical practice.

What should be done to facilitate implementation of change?

Future randomized controlled trials as the basis for evidence-based guidelines should:

- Address more realistic clinical situations (e.g., older patients or patients with comorbidities);
- Increasingly focus on functional consequences, side effects of pain management, and quality of life in addition to reduction of pain intensity as the main outcome criterion;
- Consider cost-utility ratios, and not only efficacy differences between different interventions.

Evidence-based guidelines and recommendations should:

- Be written in a format readable for health care team members not experienced in scientific “language”;
- Be available at point-of-care;
- Be frequently checked to determine whether the recommendations translate into better outcome in clinical practice;
- Be linked to implementation strategies comprising:
  - Reminder, monitoring, and feedback systems;
  - Interactive education;
  - Auditing;
  - Certification/accreditation systems;
  - Reward systems (payment for performance);
  - Implementation in existing quality management systems.

Evidence-based recommendations should be supplemented by:

- Feedback and benchmarking of quality indicators that are relevant for patient outcomes;
- Set-up of real-life data registries to monitor rare clinical situations and track effectiveness of interventions;
- Clinical decision support systems (both knowledge-based and case-based) to aid clinicians at point-of-care.

Patients, their relatives and the public should be:

- Informed about the importance of adequate pain management and the consequences of insufficient pain management;
- Advised on the safety and effectiveness of pain management strategies;
- Considered as the most valuable source of feedback on quality of pain management (with preferential use of patient-reported outcomes);
- Educated and empowered in pain management strategies.

However, no unrealistic expectations should be raised in terms of the degree of pain reduction and the aims of perioperative management.

Health care professionals should:

- Recognize pain management as an important, but not “stand-alone” part of perioperative care;

- Embed pain management in clinical pathways with the overarching aim of reducing complications, improving rehabilitation, and optimizing the cost-utility ratio of perioperative care;
- Be supported by a conceptual framework that is accepted and endorsed by hospital administration, governmental bodies, and society.

Acute pain management should:

- Become obligatory part of teaching in all medical and nursing schools;
- Be taught to medical administrators;
- Be addressed by establishing national strategies and frameworks, involving all those dealing with pain at a scientific and practical level.

Access to drugs for acute pain treatment should be improved by:

- Changes in drug regulations to allow ready access to inexpensive analgesics
- Changes in government policies regarding controlled substances

References

[1] Anderson T. The politics of pain. BMJ 2010;341:328–30.

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