Multimodal Postoperative Analgesia and Pain Treatment Disparities

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Consequences of Untreated Pain

• Decreased Mobilization — Deep Vein Thrombus

• Poor Respiratory Function — Pneumonia

• Stress — Increased Catecholamines, Hypercoagulability, Myocardial Infarction

• Prolonged Hospital Stay

• Persistent post-surgical Pain
Pain

Multidimensional—physiologic, sensory, affective, cognitive, behavioral sociocultural

The subjective experience of pain may be determined by many factors
Opioid Analgesics

- Morphine
- Codeine
- Hydromorphone
- Hydrocodone
- Oxycodone
- Fentanyl
- Merperidine
Side Effects of Opiates

- Constipation
- Bowel obstruction
- Sedation
- Respiratory depression
- Immune suppression
- Dependence
- Tolerance
- Nausea/vomiting
• The Journal of Pain, Vol 17, No 2 (February), 2016: pp 131-157
• Available online at www.jpain.org and www.sciencedirect.com

• Management of Postoperative Pain: A Clinical Practice Guideline

From the American Pain Society, the American Society of Regional Anesthesia and Pain Medicine, and the American Society of Anesthesiologists’ Committee on Regional Anesthesia, Executive Committee, and Administrative Council
• The panel recommends that clinicians offer **multi-modal analgesia**, or the use of a variety of analgesic medications and techniques combined with non-pharmacological interventions, for the treatment of postoperative pain in children and adults (strong recommendation, high-quality evidence).
• Physical
• Cognitive behavioral
• Local anesthetics
• Systemic pharmaceuticals
Physical
Cognitive Behavioral

Guided Imagery

Music
Local anesthetics
Systemic Pharmaceuticals

Opiates
Acetaminophen
Non-Steroidal Anti-Inflammatory Drugs
Anti-seizure medications
α-2 Blockers
Local Anesthetics
Pain Pathways
Am Fam Phys 2001 May 15; 63(10)1979-1985
Benefits of Excellent Post-op Pain Control

- Increased patient satisfaction
- Decreased Length of Stay
IOM--UNEQUAL TREATMENT

- Disparities in healthcare do exist
- Increase awareness
- Promote consistency of care
- Implement patient education
- Collect data, monitor progress
Ethnicity as a risk factor for inadequate emergency department analgesia

Todd et.al. JAMA 1993;269:1537-1539
Ethnicity as a Risk Factor for Inadequate Emergency Department Analgesia
“The disturbing reason some African American patients may be undertreated for pain”
• Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

• Kelly M. Hoffman, Sophie Trawalter, Jordan R. Axt, and M. Norman Oliver
“false beliefs may contribute to racial disparities in pain assessment and treatment”
Disparities in Pain Treatment

Patient

Physician

Society
Disparities in Pain Treatment

• **Patient** —lack of communication; fear of addiction; genetics; individual coping styles
• **Physician**—inadequate training; fear of sanctions; inadequate time with patients; personal bias
• **Society**—lack of access to treatment, restrictive regulation of controlled substances,
“The recommendations are on the basis of the underlying premise that optimal management begins in the preoperative period and is on the basis of an assessment of the patient and development of a plan of care tailored to the individual and the surgical procedure involved, with follow-up assessments and adjustments as needed”