What’s new in Pain and Analgesia (2020)

Some of the new information and major changes included in the Pain and Analgesia guidelines in *eTG complete*.

The Pain and Analgesia guidelines are an update to the Analgesic guidelines, renamed because pain management should be multidimensional; analgesics are only one component of a multidimensional approach.

New content explains the difference between pain and nociception, and provides insight into nervous system sensitisation, pain types and placebo effects in pain.

Understanding a patient’s experience of pain is the first step to effective pain management. There is increased recognition that **sociopsychobiomedical (biopsychosocial) factors** can worsen or prolong the pain experience and pain can impact these factors (eg mood, relationships). The guidelines provide expanded advice on how to assess and manage social, psychological and biomedical contributors to pain to facilitate optimal pain management.

Assessing a patient with pain involves identifying contributing pain types, the cause of pain, factors that contribute to pain, and the impact pain has on the patient’s sociopsychobiomedical health. Accurate assessment is crucial because it allows management to be tailored to the patient’s experience. A printable table summarises how to take a pain history.

Acute pain management involves both nonpharmacological and pharmacological strategies. The new topic **Using analgesics to manage acute pain** provides advice on choosing an appropriate analgesic, and how to taper and stop analgesics used for acute pain. Additional guidance is included on the safe use of opioids, because opioids are often inappropriately used for acute pain and can cause significant harm. Opioid regimens in these guidelines are tailored to the patient’s age and the setting in which they are treated, and titrated to effect. Algorithms to guide dose titration in hospital are included, as is a patient information sheet on how to use an opioid for acute pain at home.

Neuropathic pain is under-recognised as a component of acute pain. Early assessment and management facilitate targeted intervention, prevent inappropriate use of opioids, and reduce the likelihood of transitioning from acute to chronic pain. Expanded management advice has also been included.

Procedural sedation and analgesia is a useful technique for enabling patients to tolerate uncomfortable or painful procedures. Advice has been added on the requirements for procedural sedation and analgesia (including staffing, equipment and physical facilities). Suitable drugs regimens for analgesia without a significantly depressed conscious state, or with conscious and deep sedation, are included for children and adults.

Chronic pain management aims to help patients understand chronic pain; improve social, emotional and physical functioning; and reduce central sensitisation and pain intensity. A multidimensional approach simultaneously addresses the various sociopsychobiomedical factors that affect a patient's pain experience; strategies that involve the patient in managing their pain (active management strategies) should be prioritised. Detailed advice is given on first-line management strategies, including:

- interventions to improve **social connection**—culture, school and work provide important social connections for people with chronic pain
- **psychological techniques**—all healthcare providers can use basic psychological techniques such as active listening and expectation management
- **physical activity**—activity scheduling and pacing prevent overexertion and resultant pain and inactivity.

Advice on the use of **analgesics for chronic noncancer pain** has been significantly revised. Analgesics are not a first-line management strategy because they are unlikely to eliminate pain and adverse effects often outweigh benefits. Analgesics should only be considered if the patient lacks sufficient engagement with social, psychological and physical management strategies and, if used, should always be an adjunct to these strategies. The patient must meet the parameters of an analgesic trial for chronic noncancer pain. Opioids have a particularly limited role for chronic noncancer pain management because high-quality evidence shows they provide little, if any, benefit and cause significant harm. New sections describe how to review analgesic efficacy and deprescribe analgesics for chronic noncancer pain.

The potential harms of **opioids** are increasingly recognised. To support safe opioid use, expanded advice is included on opioid prescribing, and the prevention, recognition and management of opioid-related harms (eg opioid-induced ventilatory impairment; opioid misuse, abuse and diversion).

New content has also been included on:

- biliary and renal colic
- managing pain associated with major burns
- cancer pain
- chronic postsurgical or posttraumatic pain
- complex regional pain syndrome
- pain associated with shingles (herpes zoster)
- adjuvants (eg gabapentinoids, antidepressants) for pain management
- inhaled analgesics (methoxyflurane, nitrous oxide)
- local anaesthetics for acute pain
- nonopioids (sucrose, paracetamol, nonsteroidal anti-inflammatory drugs).

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12/2020