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Characterization and treatment of the most complex pain patients

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Kindnessstudien

72 patients treated in an in-patient rehabilitation program

Demographic data
Psychiatric co-morbidity
Total burden of symptoms
Total consumption of prescribed drugs, in particular opioids and benzodiazepines.
QoL
Pain rating
Type of pain
Use of alcohol/illicit drugs

The study was approved by the Regional Ethical Review Board in Uppsala
Demographics

61% female

26% working or studying

Mean age 45

76% psychiatric diagnoses
(43% depression, 26% depression/anxiety)
Symptoms reported
41 item survey (Jonsson et al., 2011)

- In average 22 symptoms
- 27 symptoms had a severity rating >5/10
- 80% reported lethargy, tiredness, headache and difficulties concentrating
- Sleeplessness experienced by 70% had a severity rating over 9,5/10
Hypervigilans

Nära relaterat till ångest. Förstås som en överreaktion i det system som håller den kognitiva förmågan alert för att detektera prioriterade signaler i överlevnadsprocessen.

Hypervigilans


Hypervigilans anses vara en egenskap som predisponerar för långvarig smärta.

Spielberger CD. State-Trait Anxiety Inventory and State-Trait Anger Expression Inventory. 1994:292-321
Interventions focusing on the link between the mind and body for adults with fibromyalgia; Mindfulness, biofeedback, relaxation therapies, movement therapy. Psychological interventions may be effective in improving physical functioning, pain and low mood for adults with fibromyalgia in comparison to usual care controls. The quality of the evidence is low. Further research on the outcomes of therapies is needed to determine if positive effects identified post-intervention are sustained. The effectiveness of biofeedback, mindfulness, movement therapies and relaxation based therapies remains unclear as the quality of the evidence was very low or low. The small number of trials and inconsistency in the use of outcome measures across the trials restricted the analysis.

Cochrane 2015 61 studier 4234 deltagare
Psychological therapy for adults with longstanding distressing pain and disability

Benefits of CBT emerged almost entirely from comparisons with treatment as usual/waiting list, not with active controls. CBT but not behaviour therapy has weak effects in improving pain, but only immediately post-treatment and when compared with treatment as usual/waiting list. CBT but not behaviour therapy has small effects on disability associated with chronic pain, with some maintenance at six months. CBT is effective in altering mood and catastrophising outcomes, when compared with treatment as usual/waiting list, with some evidence that this is maintained at six months. Behaviour therapy has no effects on mood, but showed an effect on catastrophising immediately post-treatment. CBT is a useful approach to the management of chronic pain.

There is no need for more general RCTs reporting group means: rather, different types of studies and analyses are needed to identify which components of CBT work for which type of patient on which outcome/s, and to try to understand why.

Cochrane2012 35 studie
Drugs

- 96% consumed prescribed drugs, 60% more than 5 drugs.
- 96% used analgesic drugs
- 65% used antidepressants
- 42% were treated with Benz
Analgetics

- 71% opioid
- 51% paracetamol
- 36% anticonvulsant
- 21% SNRI
- 21% NSAID
- 18% TCA
- 8% Triptaner
- 4% Salicylsyra
There is insufficient evidence to support or refute the suggestion that paracetamol alone, or in combination with codeine or dihydrocodeine, works in any neuropathic pain condition.

We have only very low quality evidence and are very uncertain about estimates of benefit and harm because of a small amount of data from a single trial. There is insufficient evidence to support or refute the suggestion that gabapentin reduces pain in fibromyalgia.
The fact that there is no supportive unbiased evidence for a beneficial effect is disappointing, but has to be balanced against years of successful treatment in many patients with fibromyalgia. There is no good evidence of a lack of effect; rather our concern should be of overestimation of treatment effect.

Tapentadol extended release was associated with a reduction in pain intensity in comparison to placebo and oxycodone. However, the clinical significance of the results is uncertain due to the following reasons: modest difference between interventions in efficacy outcomes, high heterogeneity in some comparisons and outcomes, high withdrawals rates, lack of data for the primary outcome in some studies, and the impossibility of using BOCF as the imputation method. Tapentadol is associated with a more favourable safety profile and tolerability than oxycodone.
Opioids

- 71% were treated with opioids
- 13% had a dose higher than 100 mg Meq
There is **no randomised trial evidence** to support or refute the suggestion that oxycodone, alone or in combination with naloxone, reduces pain in fibromyalgia.

There was only **very low quality evidence** that oxycodone (as oxycodone MR) is of value in the treatment of painful diabetic neuropathy or postherpetic neuralgia. There was no evidence for other neuropathic pain conditions. Adverse events typical of opioids appeared to be common.
Opioids/Pain

No correlation between high doses of opioids and pain scores

(r=0.2, p=0.12, )
Förskrivning av opioider 2006 och 2013

DDD = definierade dygnsdoser.

Källa: Socialstyrelsens läkemedelsstatistik för riket, båda könen i åldrarna 30–85+.
Opioidanvändning

Smärtmott USA
94%
opioidbehandling
28% doser över
100 mg doseq

Ekholm Danmark
Ökning av
opioidanvändande
mellan 2010-2013
bland CPP
4,1% till 5,7%

Pain NRS

- 60% over 7
- 1-4 mild
- >4-7 moderate
- >7 severe
Psykiatrisk samsjuklighet

76% diagnostiserades med psykiatrisk samsjuklighet
43% depression
26% blandat ångest och depressionstillstånd
Endast 2 patienter diagnostiserades med PTSD
Samband psykisk ohälsa smärta

Smärta hos patienter med depression
(14 artiklar)
15-100%

Depression hos smärtpatient
(44 artiklar)
52% smärtklinik
38% psykiatrisk klinik
56% på ortoped eller reumaklinik
18% i population
28% i primärvård

November 10, 2003
Depression and Pain Comorbidity
A Literature Review
Matthew J. Bair, MD, MS; Rebecca L. Robinson, MS; Wayne Katon, MD; et al
Conclusions

• Chronic pain patients are a heterogeneous group

• The most complex pain patients are characterized by high psychiatric comorbidity and the experience of many symptoms other than pain.

• There are a high frequency of opioid/consumption, high pain intensity and low QoL.

• They report a low alcohol and illicit drugs abuse.

• No correlation was noticed between pain intensity and opioid-consumption.

**Symptoms reported by over 80% of the patients – lethargy, tiredness, difficulties concentrating and headache – are real obstacles for rehabilitation and have to be considered when trying to implement a successful treatment program.**
Elsa
Landets enda avdelning för patienter med mycket komplex problematik
Patienter som är ”för sjuka för sjukvården”
Targetgroup

• This group of severely impaired chronic pain patients suffer from mixed pain conditions, complicated by psychiatric and/or somatic comorbidity.

• Common diagnoses;
  Fibromyalgia, Chronic low back pain, WAD, IBS, CRPS, Neuropathies, Endometriosis

• Common comorbidity
  Anxiety, Depression, Bipolarity, ADHD
Goal

Förbättra livskvalitet
Minska sjukvårdskonsumtion
Arbetsåtergång?
Method

Individuell Pragmatisk Rehabilitation
Acceptansbaserad
Method

behandlingsperiod
1+4+1 veckor
Behandlingsperioden kan upprepas
Referrals

Riksintag
Specialistremiss
Väntelista
Vilka faktorer är verksamma i rehabilitering?

Faktorer

- Minskad upplevelse av smärtan som ett funktionshinder
- Minskade negativa känslomässiga reaktioner
- Minskad passivitet och ökat engagemang i egenvård

Utfall

- Lidande
- Funktionsförmåga
- Smärtbeteenden

McCracken och Turk (2002) Spine
DO WE NEED A PSYCHIATRIST IN THE PAINCLINIC?
Smärta är en medveten upplevelse

- Vid långvarig smärta sker förändringar i hjärnan och nervsystemet
  - kopplingen mellan smärta och ev vävnadsskada minskar med tiden
- Omorganisation i hjärnans bark kan bidra till
  - den långvariga smärtan
  - förändrad upplevelse och kontroll av kroppsdelens
Hjärnans plasticitet

- Plasticiteten som leder till kortikal omorganisation kan utnyttjas vid behandling
Påverka sensorisk representation

- Desensitisering
  - Stimulera aktuell kroppsdel (massage, olika material)
- Sensorisk ominlärning
  - Diskrimination mellan objekt, vibration, kyla, vind, proprioception
Påverka smärtbeteenden

- Exponering in vivo
- Minskning av smärtbeteenden genom exponering kan förändra hjärnans bearbetning av smärta
Värderingar

Relationer

Hälsa

Arbete/studier

Fritid
Tack för att ni lyssnade och adjö!