



Pain management in Australian hospitals still inadequate for some patients, anaesthetists warn

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The treatment of short-term, acute pain for some Australian hospital patients is still not adequately managed placing them at risk of becoming chronic pain patients, according to a new analysis by leading anaesthetists and specialist pain medicine physicians.

The warning is highlighted in the fifth edition of the internationally-renowned *Acute Pain Management: Scientific Evidence* which examines and summarises the latest global pain research. It has just been launched at the Australian and New Zealand College of Anaesthetists' (ANZCA) 2021 virtual Annual Scientific Meeting in Melbourne.

The 1300 page book, which is published every five years by the college with contributions and analysis by a team of anaesthetists and specialist pain medicine physicians, covers a wide range of clinical topics, combining a review of thousands of references of the best available evidence for acute pain management. It brings together the most recent evidence in acute pain management for adults and children from the last five years, properly evaluated and collated in the one resource.

Acute pain lasts for a short time and occurs following surgery or trauma or other condition while chronic pain or persistent pain is ongoing and can be debilitating.

Professor David A Scott, Director of the Department of Anaesthesia and Acute Pain Medicine at St Vincent's Hospital in Melbourne and a member of the book's editorial working group, said the updated clinical resource was timely as it recognised that the limitations of opioids in the management of acute pain had driven a surge in interest of pain management techniques that do not use opioids, and personalised pain management.

"Optimal pain management for every person experiencing acute pain remains elusive; however, the evidence base continues to grow taking us closer to the lofty goal of personalised pain management," he explained.

"The pressing need now is to better understand what does and does not work so that better choices can be made for each individual patient."

Pain in children is dealt with in a detailed, separate volume that examines the evidence for pain relief medication, data on the longer-term consequences of early pain and injury on children, cancer pain, non-pharmacological treatments (including a new chapter on complementary therapies), and pain management for obese children.



Professor Scott said appropriate and effective treatment of acute pain was crucial to ensure patients have as smooth and speedy recovery as possible and did not risk developing chronic pain.

With the number of unintentional drug-induced deaths in Australia continuing to rise, often involving prescription opioids and benzodiazepines, research studies have shown that some long term opioid users are first given opioids when they are acute pain patients.

"For a small percentage of patients acute pain is still not adequately managed despite the burgeoning range of multimodal pain management techniques, leaving patients at risk of transition to chronicity," the book notes.

"The well-intentioned promotion that occurred at the turn of this century of the greater use of opioids in non-cancer pain, in pursuit of the elusive goal of effective pain management for all, has, with the benefit of hindsight, resulted in unexpected injury for many."

Professor Scott said the book, which is a valuable resource for anaesthetists, special pain medicine physicians and clinicians in a range of specialties, consolidates and improves our understanding in areas that include:

- Individual variability in pain responses (including genetics).
- The risk of development of chronic post-surgical pain and the better understanding of options to reduce risk.
- A decreasing emphasis on opioids except for short, controlled periods.
- Minimising or avoiding sustained release opioids in acute pain management.
- Importance of including non-drug management in acute pain medicine.

The fifth edition of *Acute Pain Management: Scientific Evidence* has been endorsed by several Australian and international medical bodies and colleges including the Royal Australasian College of Surgeons, the American Academy of Pain Medicine, the Australian College of Rural and Remote Medicine, the College of Intensive Care Medicine of Australia and New Zealand, the Faculty of Pain Medicine of the Royal College of Anaesthetists and the Faculty of Pain Medicine of Ireland.

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