

# Pain

## Recent articles and reports

May 16 – Nov 17

### Articles

*The following journal articles are available from the Library and Knowledge Service electronically or in print.*

[Imipramine versus placebo for multiple functional somatic syndromes \(STreSS-3\): a double-blind, randomised study.](#)

Agger J L. *The Lancet Psychiatry* 2017;4(5):378 - 388.

Imipramine treatment compared with placebo significantly improved overall health in patients with multiple functional somatic syndromes when both treatments were supported by regular contacts with clinicians. Adverse events were more common in the imipramine group, but only rarely led to discontinuation of treatment.

[Among opioid-naive patients receiving opioids, more intensive opioid prescribing in the first month is associated with transition to long-term opioid use](#)

Larochelle M R. *Evidence-Based Medicine* 2017;22(3):112 - 112.

This study in and of itself does not provide evidence to support a change in practice. However, the findings do support existing clinical guidelines, such as those recently published by the Centers for Disease Control and Prevention, that urge judicious opioid prescribing using the lowest effective dosage for the shortest time possible.

[Antidepressants for chronic non-cancer pain in children and adolescents.](#)

Cooper TE. *Cochrane Database of Systematic Reviews* 2017;(8):CD012535.

As we could undertake no meta-analysis, we are unable to comment about efficacy or harm from the use of antidepressants to treat chronic non-cancer pain in children and adolescents. There is evidence from adult randomised controlled trials that some antidepressants, such as amitriptyline, can provide some pain relief in certain chronic non-cancer pain conditions.

*Freely available online*

[Antiepileptic drugs for chronic non-cancer pain in children and adolescents.](#)

Cooper TE. *Cochrane Database of Systematic Reviews* 2017;(8):CD012536.

We know from adult randomised controlled trials that some antiepileptics, such as gabapentin and pregabalin, can be effective in certain chronic pain conditions. We found no evidence to support or refute the use of antiepileptic drugs to treat chronic non-cancer pain in children and adolescents.

*Freely available online*

[Avoidance versus use of neuromuscular blocking agents for improving conditions during tracheal intubation or direct laryngoscopy in adults and adolescents.](#)

Lundstrøm LH. *Cochrane Database of Systematic Reviews* 2017;(5):CD009237.

This review supports that use of NMBA may ensure the best conditions for placing a tube in the windpipe during general anaesthesia. When an NMBA is avoided, risk for pain or injury in the throat is increased following placement of a tube in the windpipe.

*Freely available online*

[BET 1: Lidocaine with propofol to reduce pain on injection. \[Best evidence topic reports\]](#)

Baombe JP. *Emergency Medicine Journal* 2017;34(8):<http://dx.doi.org/10.1136/emered-2017-206976.1>.

A short review was carried out to see if mixing lidocaine with propofol is a safe and effective method in reducing the commonly reported pain at the injection site.

[Comparative effectiveness of treatments for chronic low back pain: a multiple treatment comparison analysis.](#)

Rihn JA. *Clinical Spine Surgery* 2017;30(5):204-225.

Twelve RCTs were included in the analysis: 5 total disk replacement (TDR) versus fusion; 1 TDR versus exercise and cognitive behavioral therapy (CBT); 5 fusion versus exercise and CBT; and 1 fusion versus physical therapy (PT). All 4 treatments provided some benefit to patients with chronic LBP.

[Does conservative treatment change the brain in patients with chronic musculoskeletal pain? A systematic review.](#)

Kregel J. *Pain Physician* 2017;20(3):139-154.

The current review aims to provide a constructive overview of the existing literature reporting neural correlates, based on brain magnetic resonance imaging (MRI) techniques, following conservative treatment in chronic musculoskeletal pain patients.

[Facet joint injections for people with persistent non-specific low back pain \(Facet Injection Study\): a feasibility study for a randomised controlled trial.](#)

Ellard DR. *Health Technology Assessment* 2017;21(30):<https://dx.doi.org/10.3310/hta21300>.

Background: ... his feasibility study aimed to provide a stable platform that could be used to evaluate a randomised controlled trial (RCT) on the clinical effectiveness and cost-effectiveness of intra-articular facet joint injections (FJIs) when added to normal care.

*Freely available online*

[Intravenous paracetamol or intravenous propacetamol can provide effective postoperative analgesia for some patients](#)

O'Malley P. *Evidence-Based Nursing* 2017;20(3):88-89.

Despite progress in uncovering the complex mechanisms responsible for acute pain, there has been little progress in pain medication development over the past 60 years. This review explored the effectiveness of intravenous paracetamol or intravenous propacetamol (a prodrug form of paracetamol) for postoperative care, updating an earlier review from 2011.

[Methadone for neuropathic pain in adults.](#)

McNicol ED. *Cochrane Database of Systematic Reviews* 2017;(5):CD012499.

The three studies provide very limited, very low quality evidence of the efficacy and safety of methadone for chronic neuropathic pain, and there were too few data for pooled analysis of efficacy or harm, or to have confidence in the results of the individual studies. No conclusions can be made regarding differences in efficacy or safety between methadone and placebo, other opioids, or other treatments.]

*Freely available online*

### [Morphine for chronic neuropathic pain in adults.](#)

Cooper TE. *Cochrane Database of Systematic Reviews* 2017;(5):CD011669.

There was insufficient evidence to support or refute the suggestion that morphine has any efficacy in any neuropathic pain condition.

*Freely available online*

### [Non-pharmacological pain management strategies for labour: Maintaining a physiological outlook.](#)

Sanders RA. *British Journal of Midwifery* 2017;25(2):78-85.

Negotiating the pain and discomfort of labour can be challenging for women, their partners and the midwives attending their births. In current midwifery practice, there are a number of women who express a desire to experience the whole range of sensations accompanying physiological birth without the use of pharmacological agents while retaining a sense of control and dignity. Guidance is available around non-pharmacological strategies for pain management in labour.

### [Non-steroidal anti-inflammatory drugs \(NSAIDs\) for cancer-related pain in children and adolescents.](#)

Cooper TE. *Cochrane Database of Systematic Reviews* 2017;(7):CD012563.

There is no evidence from randomised controlled trials that non-steroidal anti-inflammatory drugs (NSAIDs) reduce cancer-related pain in children and adolescents. This means that no reliance or conclusions can be made about efficacy or harm in the use of NSAIDs to treat chronic cancer-related pain in children and adolescents.

*Freely available online*

### [Non-steroidal anti-inflammatory drugs \(NSAIDs\) for chronic non-cancer pain in children and adolescents.](#)

Eccleston C. *Cochrane Database of Systematic Reviews* 2017;(8):CD012537.

We identified only a small number of studies, with insufficient data for analysis. As we could undertake no meta-analysis, we are unable to comment about efficacy or harm from the use of NSAIDs to treat chronic non-cancer pain in children and adolescents.

*Freely available online*

### [Nonpharmacologic therapies for low back pain: a systematic review for an American College of Physicians clinical practice guideline.](#)

Chou R. *Annals of Internal Medicine* 2017;166(7):493-505.

Several nonpharmacologic therapies for primarily chronic low back pain are associated with small to moderate, usually short-term effects on pain; findings include new evidence on mind-body interventions.

*Freely available online*

### [Opioids for cancer-related pain in children and adolescents.](#)

Wiffen PJ. *Cochrane Database of Systematic Reviews* 2017;(7):CD012564.

No conclusions can be drawn about efficacy or harm in the use of opioids to treat chronic cancer-related pain in children and adolescents. As a result, there is no RCT evidence to support or refute the use of opioids to treat cancer-related pain in children and adolescents.

*Freely available online*

### [Opioids for chronic non-cancer pain in children and adolescents.](#)

Cooper TE. *Cochrane Database of Systematic Reviews* 2017;(7):CD012538.

There was no evidence from randomised controlled trials to support or refute the use of opioids to treat chronic non-cancer pain in children and adolescents.

*Freely available online*

### [Pain in labour and the intrapartum use of intramuscular opioids—how effective are they?](#)

Sprawson E. *British Journal of Midwifery* 2017;25(7):418-424.

There are observable differences in the level of satisfaction that women receive from opioids. This review considers the evidence and management options regarding the role of pain in labour; provide an overview of the research, evidence and practices concerning the intrapartum use of opiates versus other methods of pain management; detail the pharmacokinetics of opiates that are used in the UK and their effects on the woman, fetus and neonate; and identify some of the gaps in the literature.

### [Paracetamol \(acetaminophen\) for chronic non-cancer pain in children and adolescents.](#)

Cooper TE. *Cochrane Database of Systematic Reviews* 2017;(8):CD012539.

There was no evidence from randomised controlled trials to support or refute the use of paracetamol (acetaminophen) to treat chronic non-cancer pain in children and adolescents. We are unable to comment about efficacy or harm from the use of paracetamol to treat chronic non-cancer pain in children and adolescents. We know from adult randomised controlled trials that paracetamol, can be effective, in certain doses, and in certain pain conditions (not always chronic).

*Freely available online*

### [Parents require more information on how to manage their child's postoperative pain at home](#)

He H-G. *Evidence-Based Nursing* 2017;20(2):49.

Previous studies have described children's experiences of postoperative pain and parents' experiences of managing their child's postoperative pain at home. However, it is unclear what the facilitators and barriers are in relation to how parents manage their child's postoperative pain at home.

### [Patient Outcomes in Dose Reduction or Discontinuation of Long-Term Opioid Therapy: A Systematic Review.](#)

Frank JW. *Annals of Internal Medicine* 2017;(July):M17-0598.

Low-quality evidence from 67 studies (11 RCTs and 56 observational studies), suggests that several types of interventions may be effective to reduce or discontinue long-term opioid therapy (LTOT) and that pain, function, and quality of life may improve with opioid dose reduction.

### [Second thoughts about palliative sedation](#)

Twycross R. *Evidence-Based Nursing* 2017;20(2):33-34.

Palliative sedation is a term used to describe the use of sedative drugs in dying patients to induce a state of decreased or absent awareness in order to relieve intolerable suffering from refractory symptoms. This conjures up an image of an agitated patient who is rendered unconscious in the last hours of life as a result of the need for repeated doses of sedative drugs. In the literature, 'palliative sedation' is used for all levels and patterns of sedation in those close to death.

### [Single dose oral ketoprofen or dexketoprofen for acute postoperative pain in adults.](#)

Gaskell H. *Cochrane Database of Systematic Reviews* 2017;(5):CD007355.

Ketoprofen at doses of 25 mg to 100 mg is an effective analgesic in moderate to severe acute postoperative pain with an NNT for at least 50% pain relief of 2.9 with a 50 mg dose.

*Freely available online*

### [Skin-to-skin care is an effective and safe intervention to reduce procedural pain in neonates](#)

Cong X. *Evidence-Based Nursing* 2017;20(4):113.

Unrelieved pain caused by invasive procedures in early life is associated with detrimental outcomes in all major organ systems and has lasting implications for impairment of biobehavioural and neurodevelopment outcomes in neonatal period and later life. However, 40%–90% of infants still do not receive effective pain-relieving interventions. Non-pharmacological interventions, especially those incorporating parental involvement, that is, SSC (or kangaroo care), are recommended.

[The Royal College of Emergency Medicine composite pain scale for children: level of inter-rater agreement.](#)

James F. *Emergency Medicine Journal* 2017;34(6):<http://dx.doi.org/10.1136/emered-2015-205517>.

This study aims to assess the inter-rater agreement of the Royal College of Emergency Medicine (RCEM) Composite Pain Scale. A prospective, observational study of 117 children who presented to the ED with pain due to a limb injury.

[Tramadol with or without paracetamol \(acetaminophen\) for cancer pain.](#)

Wiffen PJ. *Cochrane Database of Systematic Reviews* 2017;(5):CD012508.

No firm conclusions could be drawn about the effectiveness or harms of tramadol, alone or with paracetamol, in cancer pain.

*Freely available online*

[Transcutaneous electrical nerve stimulation \(TENS\) for neuropathic pain in adults.](#)

Gibson W. *Cochrane Database of Systematic Reviews* 2017;(9):CD011976.

In this review, we reported on the comparison between TENS and sham TENS. The quality of the evidence was very low meaning we were unable to confidently state whether TENS is effective for pain control in people with neuropathic pain.

*Freely available online*

## Guidelines

*The following new guidance has recently been published:*

[Care of dying adults in the last days of life.](#)

Royal College of General Practitioners (RCGP);2017.

<http://www.rcgp.org.uk/clinical-and-research/clinical-news/2017/november/care-of-dying-adults-in-the-last-days-of-life.aspx>

NICE have produced guidance NG31 "Care of the dying adult in the last days of life". The RCGP have partnered with Marie Curie on a spotlight project for end of life care and produced "Top Tips based on NICE guidance care of dying adults in the last days of life" (NG31). This document has been endorsed by RCGP, Marie Curie and NICE and we hope provides a useful resource to support the guidance in this area.

*Freely available online*

[Spondyloarthritis in over 16s: diagnosis and management.](#)

National Institute for Health and Care Excellence (NICE);2017.

<https://www.nice.org.uk/guidance/ng65>

In June 2017, we updated recommendation 1.2.7 to clarify the advice on what imaging should be done. NICE has also produced guidelines on psoriasis and low back pain and sciatica in over 16s.

*Freely available online*

## Reports

The following report(s) may be of interest:

[What is the evidence to support the use of nefopam for the treatment of persistent / chronic pain?](#)

Specialist Pharmacy Service; 2017.

<https://www.sps.nhs.uk/articles/what-is-the-evidence-to-support-the-use-of-nefopam-for-the-treatment-of-persistent-chronic-pain/>

Nefopam appears no more potent than NSAIDs, but is commonly associated with adverse drug reactions and toxic in overdose. It may sometimes be preferred because alternatives are contraindicated or ineffective, or used as add-on therapy when pain is inadequately controlled. Prescribers should consider carefully whether the potential benefits outweigh the risks of adverse effects in individual patients. Treatment should be reviewed regularly and stopped if benefits are not seen in the short term.

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