

# Expert Group Meeting-Pain Guidelines



## **Objective:**

To understand the need of the doctors in India in managing some common acute and chronic pain conditions and review the initial content developed for the same and to discuss the step in managing such types of pain and provide suggestions and feedback for finalizing the content.

## **Expert Group Meeting:**

Core Group meeting was conducted by Asian Society of Continuing Medical Education on 8<sup>th</sup> May 2016 at Hotel Trident, Mumbai.

In Meeting 11 KOL`s (i.e. Pain Physicians, Orthopaedics, Psychiatrist, Dieticians, Physiotherapists) from all over India were present to discuss and finalize the content and prepared guidelines/algorithms to meet our objective.

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The Key Opinion Leaders (KOLs) for the meeting

Pain Physicians:



**Dr. Murlidhar Joshi**

**MD, DNB**

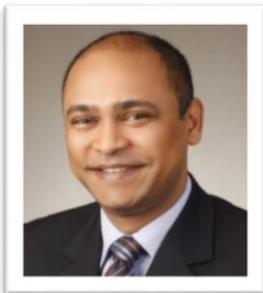
**Director**, Pain Management Centre,  
Kamineni Hospitals, Hyderabad.



**Dr. Jitendra Jain**

**MD, DNB, Pain Fellowship (Canada)**

**Practicing Pain specialists** at Lilavati  
hospital, Wockhardt hospital and Joy  
hospital, Mumbai.



**Dr. Palanisamy Vijayanand**

**MBBS, FCARCSI, D.Pain Med (RCSI),  
MSc-Pain (UK)**

**Consultant in Pain Medicine** at Sri  
Ramakrishna Pain Management & Research  
Institute, Coimbatore.

**Treasurer** at Indian Society for Study of Pain  
(National)



**Dr. Jamal Ashraf**

**Secretary** Asia Pacific Ortho. Association

**Chairman** Asia Pacific Trauma Society.

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**Dr. babita Ghai**

**MBBS, MD, DNB, MAMS**

**Professor**, Department of Anaesthesia and Intensive Care, PGIMER, Chandigarh.

**Consultant** in Charge for Pain clinic, PGIMER, Chandigarh.

**Joint Secretary** of “Indian Society For Study of Pain”

## Orthopedics:



**Dr. Naresh Shetty**

**MBBS, D’Ortho, M.S.(Ortho), AO Fellow, FRCS**

**President** at M. S. Ramaiah Memorial Hospital and International Projects, Bangalore.

**Consulting Orthopedic Surgeon**



**Dr. Ram Prabhoo**

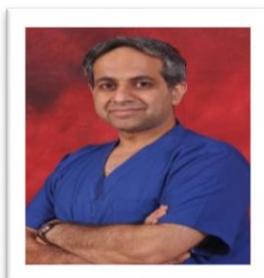
**MBBS, MS (Ortho), F.I.C.S**

**Consultant Orthopedic Surgeon** – Hiranandani Hospital, Powai.

**Head of Dept** at V N Desai Hospital.

**Medical Director** Mukund Hospital.

**President Indian Orthopaedic Association.**



**Dr. Gurinder Bedi**

**DNB (Orth), MS (Orth), FRCS, FRCS (Orth)**

**Consultant Orthopaedic Surgeon.**

**Director & Senior Consultant** Head of Department Orthopaedic Surgery FORTIS Hospital, New Delhi.

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**Dr. Sushil Sabnis**

**MBBS, D' Ortho, MS (Ortho)**

**Practising Surgeon** at Dr. Sabnis Hospital, Goregaon, Mumbai.

Attached to –

ESIS Hospital, Worli

Bhagwati Municipal Hospital, Borivali.

## Physiotherapist:



**Dr. Sanjiv Jha**

**M.P.T., CMT (Australia), M.T.H. (Germany), M.D.T. (Spine, USA)**

**Principal & Professor**, College of Physiotherapy, R. D. Gardi Medical College, Ujjain, M.P.



**Prof. Umasankar Mohanty**

**BPT, MPT (Manual Therapy), PhD, S.R.P (U.K), MIAP, MISEP, FAGE**

**PhD Guide**, Dept of Physiotherapy, Lovely Professional University.

**President**, Manual Therapy Foundation of India.

## Psychiatrist:



**Dr. Jai Shashtri**

**MBBS, D.P.M., PGD (Medico Legal)**

**Consultant Psychiatrist** at Dr. Shastri's Clinic, Mumbai.

**Honorary Professor** in Sir Kikabhai Premchand's MIND College of Special Education, Mumbai.

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## Dietician:



**Dr. Bhuvaneshwari Shankar**

**Ph.D (Clinical Nutrition)**

**Vice President** (Dietetics) and Group Chief Dietitian for the Apollo Hospitals Group.

Examiner for various Universities

Board of Studies - Nutrition, Madras

## Topics for discussion:

**Dr. Gurinder Bedi talked on Need of Pain management in India and Pain Management in Osteoarthritis, the scientific discussion was based upon: -**

1. the scientific session deliberated upon:
  - Formulation of scientific expert group in association with ISSP for development of guideline
  - Initial content preparation in consultation with expert group members
  - Expert group meeting to understand the requirements of doctors in managing common pain conditions in India
  - Analyzing the initial content developed & suggested modifications
  - Modification of the content & development of easy to use digital interactive algorithm based on suggestions of expert group members
  - Final review of content by expert group members
  - Publication of guideline & algorithm
  - Dissemination & Cascade of guideline & Algorithm through “ Mobility Clinics”
  - Understand the requirements of doctors in managing common pain conditions in India
  - Understand the gaps in pain management in India
  - Review the initial content developed, provide suggestions & come to a consensus on the content required for the pain guideline
  - Finalize the cascade plan for dissemination
  - Definition and Classification-
    - Idiopathic (localized or generalized)
    - Secondary (traumatic, congenital, metabolic/endocrine/neuropathic and other medical causes)

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- Epidemiology , Pathogenesis & Pain Indices
- Diagnostic Criteria for Osteoarthritis Using Guidelines
- Non Pharmacological Management - Key Recommendations from International Guidelines
- Non-Pharmacological Recommendations for OA using Indian evidences
- Pharmacological Management – Key Recommendations from International Guidelines
- Pharmacological Recommendations for OA using Indian evidences.
- Schematic Treatment Approach for Osteoarthritis-
  - Mild Osteoarthritis
  - Moderate Osteoarthritis
  - Severe Osteoarthritis
- Pharmacological Treatment – Drugs and Dosages.
- Pharmacological Recommendations for OA.

## 2. **Dr. Palanisamy Vijayanand talked on Post-operative Pain Treatment and Management, Following points were discussed during the scientific session:-**

- Preoperative Education and Perioperative Pain Management Planning
- Pain Intensity Scales-
  - Numerical Scale Ratings (NSR)
  - Verbal Rating Scales (VRS)
  - Visual Analog Scales (VAS)
  - Faces Rating Scales (FRS)
- The Multimodal Concept of Pain Relief
- WHO Analgesic ladder for Pain
- Systemic Pharmacological Therapies: Consensus-based clinical guidelines.
- The descending ladder of acute pain of WFSA
- The Role of Anaesthesiologist/Pain Physician
- Non-Pharmacological Modalities
  - Transcutaneous electrical nerve stimulation (TENS)
  - Cognitive–Behavioural Modalities
  - The Multimodal Analgesia of Pain Relief: Systematic Review
- Pharmacological Modalities.

## 3. **Dr. Babita Ghai Talked on Low Back Pain Management and Treatment Modalities, Following Points were Emphasized during the scientific session:-**

- Categories of Low Back pain
- Causes of Low back pain
- Measurement of Pain Intensity
- Diagnostic evaluation
- Treatment approach for acute low back pain
- Multimodal treatment

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- Pharmacological therapies
- Non-Pharmacological therapies
- Case based surgical requirements
- Pharmacological therapies: India evidence
- Treatment approach for Chronic low back pain
- Dosage regimen for NSAIDs & Skeletal muscle relaxants
- Pharmacological therapies: Systematic reviews.

#### 4. **Dr. Murlidhar Joshi talked on Pain Management in Co-morbidities, Following points were discussed during the scientific session:-**

- Co-morbidities in Osteoarthritis
  - Stratification of Osteoarthritis
  - Epidemiology of Co-morbidities in Osteoarthritis
  - Association of Obesity & Osteoarthritis
  - Association of Osteoarthritis & Diabetes Mellitus
  - Association of Osteoarthritis & CVD
  - Treatment of Osteoarthritis with Co-morbidities
  - Cardiovascular Disease & GI Risk
- Co-morbidities in Low Back Pain
  - Association of Chronic Pain & Depression
  - Role of Psychiatrist & Physiotherapist in Chronic Pain
  - Pharmacological Modalities Antidepressants in Low Back Pain.
- Co-morbidities in Post-Operative Pain and Comorbidities Management of acute and post-operative pain in,
  - Chronic Kidney Disease
  - Cardiovascular Disease
  - Obesity

#### **Summary of Meeting:**

- OA is a diverse group of conditions that lead to joint symptomatology and signs leading to the defective integrity of articular cartilage.
- Based on the insights from these guidelines and a systematic review of the evidence on postoperative pain management, key recommendations on the pharmacological and non-pharmacological therapies/modalities were developed
- Numerical Scale Ratings (NSR), Verbal Rating Scales (VRS), Visual Analog Scales (VAS), and Faces Rating Scale (FRS) were identified as key pain assessment tools
- Based on a systematic review, systemic pharmacological, local/topical, and peripheral therapies were identified as the core treatment interventions for post-operative pain

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- Non-pharmacological interventions were also identified based on the APS guideline recommendations and a systemic review of literature.
- Safe and effective postoperative pain management should be on the basis of a plan of care tailored to the individual and the surgical procedure involved, and multimodal regimens are recommended in many situations
- It is possible that many of the treatments that '*we cannot recommend*' in these guidelines (owing to lack of/conflicting evidence of effectiveness) may indeed prove to be effective, when investigated in high quality randomized controlled trials.
- Many of these treatment methods are used widely; we therefore encourage the execution of carefully designed studies to establish whether the further use of such methods is justified.
- Physical causes like trauma/injury to the back due to some accident or a fall, vertebral infection, osteoporosis are main reasons for acute low back pain while psychological factors like depression or pain due to some serious health conditions like cancer are the main causes for chronic low back pain.
- The intensity of pain is measured using various pain scales like Numerical rating scale, Visual analogue scale and questionnaires such as Roland Morris Disability questionnaire, McGill Pain questionnaire and Oswestry disability questionnaire.
- The other pharmacological and non-pharmacological therapies with supporting clinical evidences which can be used in treatment of low back pain.
- Osteoarthritis is stratified as per joint involved & co –morbidity associated conditions with diabetes; hypertension; CV disease; renal failure; gastrointestinal (GI) bleeding; depression; or physical impairment limiting activity, including obesity
- Randomized controlled trials (RCTs) of exercise interventions to treat osteoarthritis (OA) symptoms in obese adults have shown significant change in the pain scales
- In patient with CVD, treatment options with NSAIDs have to be changed & Naproxen has to be considered to reduce CV risk
- COX-2 selective NSAIDs, nonselective NSAIDs, and calcium channel  $\alpha$ -2- $\delta$  antagonists (gabapentin and pregabalin) should be considered as part of a postoperative.
- Morbidly obese patients management of post-operative pain is done by regional anesthesia, NSAIDs, NMDA anta-agonists, GABA pentenoids.

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## PHOTOS



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