A3

Pain treatment in rural Ghana—A qualitative study

Desmond Ayim-Aboagye[1], Torsten Gordh[2]

[1] *University of Ghana, Accra, Ghana*
[2] *Uppsala University Hospital, Uppsala, Sweden*

Aims: We investigated how treatment of pain was functioning among a rural population in African context.

Methods: The investigation employed the observation approach and in-depth interview approach in a rural population of about 5000 inhabitants. However, at the zenith of the study 10 patients were selected for the in-depth interview, having serious conditions, which had rendered them immobile, received a major focus in the study. With qualitative methods, we were capable of procuring rich information through narratives.

Results: The patients employ both biomedical practitioners and traditional practitioners in the culture who have potent knowledge of culture specific disabilities. Even when patients had received satisfactory treatments leading to pain relief from the former practitioners, they still cherish some psychological pain, which demand that they consult other practitioners in the culture for further treatments. Those that only receive help from the mainstream hospitals or speciality clinics show improvement, but usually assailed by fear and excessive worry that their pains will not disappear entirely. While the younger generation patients are reluctant to reveal these consultations with traditional practitioners openly, the older group felt more positive about it and brag of having endured their ordeal because of these consultations with those who could offer them additional protection.

Conclusion: The employment of different practitioners' treatments alleviated these patients' pain disabilities and psychological symptoms, which were that of pain relief, psychological pain, and death fear. Traditional treatment of pain has a social function, and therefore must be given attention to and recognition by biomedical-trained doctors.

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A4

Pain psychology specialist training 2012–2014

P. Soini[1], A. Valjakka[2], S. Tuurinkoski[3], M. Elomaa[4], T. Väänänen[5], V. Hägg[6]

[1] *Oulu University Hospital, Oulu, Finland*
[2] *Raisio Substance Abuse and Mental Health Unit, Raisio, Finland*
[3] *The Hospital District of South Ostrobothnia, Seinäjoki, Finland*
[4] *Helsinki University Central Hospital Pain Clinic, Helsinki, Finland*
[5] *Tuusula Health Care Center, Occupational Health Care, Tuusula, Finland*
[6] *Private Psychotherapy Practice, Espoo, Finland*

Aims: The training includes learning the practical skills related to the psychological examination, treatment and rehabilitation of pain patients. The completion of the training prepares for work in multiprofessional teams as a specialist in pain psychology. A joint project of the Finnish Association of the Study of Pain and the Psychology Institute since 2008.

Participants: Psychologists working in public, private or occupational health care, in rehabilitation or psychiatric clinics. The fourth training group of 20 psychologists started in the spring of 2012. More than 40 psychologists have already been trained in 1998–2010.

The structure and content of the training:

Seminars: Eight seminars include 12 days of training on the topics of pain as a psychosocial phenomenon, psychological assessment, treatment and rehabilitation of pain patients, interaction and multiprofessional teamwork.

Tutorial groups: Eight tutorial meetings of 5 students and one tutor in each group gather together in different parts of Finland to discuss selected scientific articles, work on their professional identity as pain psychologists and receive supervision of clinical and diploma work.

Literature: Getting acquainted with scientific research reports on pain psychology and with vocational literature.

Diploma work: Written article or a short research report on a development project, experiment or a phenomenon related to pain psychology.

Optional studies: Giving a lecture or training on the topic of pain psychology to other professionals or patients, participating in a pain education organized by others, writing a report on a research, treatment or rehabilitation experiment or a book review to be published.

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A5

Pain assessment, documentation, and management in a university hospital

S. Zoëga[1,2], T. Aspelund[2], G. Sigurdsson[1,2], S.E. Ward[3], H. Sveinsdóttir[1,2], S. Gunnarsdóttir[1,2]

[1] *Landspítali – The National University Hospital of Iceland, Reykjavík, Iceland*
[2] *University of Iceland, Reykjavík, Iceland*
[3] *University of Wisconsin, Madison, USA*

Aims: To determine if pain is assessed, documented, and treated in a university hospital according to recommended practice.

Methods: A cross-sectional descriptive study, conducted in 23 medical and surgical wards in a university hospital. Participants were patients hospitalized for at least 24 hours, ≥18 years of age, and able to participate. Data were collected from patients with a questionnaire (APS-POQ-R), from their medical records, and from Therapy®, the hospital medication system.

Results: The response rate was 73%. Participants ($N = 308$) mean age was 67.5 years (SD = 17.4), 50.5% were women. Pain prevalence in the past 24 h was 83.1% and severe pain was experienced by 34.5%. Descriptions of pain were documented for 60.7%. Standardized methods of assessment were used in 11.6% of patients, other forms of documentation included descriptions as "no pain-complaints", and "patient received 2 Panodil". The majority of patients (66.8%) were prescribed pain medications and 34.0% of patients used non-pharmacological methods to treat their pain. The pain management index (PMI = prescribed pain medication – worst pain severity) was negative for 38.6% indicating insufficient treatment. The PMI was more favorable in surgical compared to medical patients, $\chi^2(6, N = 306) = 17.81$, $p = 0.007$.

Conclusions: Pain was both prevalent and severe. Although some form of documentation of pain was recorded for the majority of patients, pain was rarely assessed with standardized methods. Many patients did not receive adequate treatment. There is a need

to improve the pain management practices in the hospital, with an initial emphasis on pain assessment.

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A6

Promising effects of donepezil when added to patients treated with gabapentin for neuropathic pain

A. Basnet[1], S. Butler[2], P. Hartvig Honoré[1], M. Butler[2], T.E. Gordh[2], K. Kristensen[3], O.J. Bjerrum[1]

[1] *Department of Drug Design and Pharmacology, University of Copenhagen, Denmark*
[2] *Multidisciplinary Pain Centre, Uppsala University Hospital, Sweden*
[3] *Novo Nordisk A/S, Måløv, Denmark*

Aims: The clinical relevance of adding the acetylcholinesterase inhibitor donepezil to existing gabapentin treatment in patients with post-traumatic neuropathic pain was explored in this open-label study. The two drugs have previously shown synergism following co-administration in nerve-injured rats [1,2].

Methods: The study comprised two consecutive periods of minimum six weeks: (1) titration of gabapentin until highest tolerable dose or maximum 2400 mg daily; and (2) addition of donepezil 5 mg once daily to the fixed gabapentin dose. Efficacy and tolerability were assessed by ratings of pain intensity, questionnaires for pain and health-related quality of life, and reporting of adverse events and analgesic rescue medication. Pain scores were also analyzed using mixed-effects analysis (i.e. incorporating inter-subject variability) with the software NONMEM.

Results: Eight patients commenced treatment with donepezil upon the gabapentin titration period, of which two withdrew due to adverse events. Addition of donepezil reduced pain by >35% in four of six patients compared to gabapentin monotherapy. Mixed-effects analysis revealed that pain scores were significantly lower during co-administration ($p < 0.05$ combination vs. monotherapy). Donepezil was well tolerated in combination with gabapentin. At the end of study, three patients wished to continue combination therapy with gabapentin and donepezil.

Conclusion: Donepezil may provide additional analgesia to neuropathic pain patients with insufficient pain relief from gabapentin as monotherapy. Further confirmation in controlled clinical trials is justified. Mixed-effects analysis was sensitive enough to detect statistically significant effects, showing its usefulness in small-scale trials and/or when data is associated with high variability.

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A7

A pediatric patients' pain evaluation in the emergency unit

Anette Lemström

Helsinki University Central Hospital, Hospital for Children and Adolescents, Helsinki, Finland

Aims: Helsinki University Hospital for Children and Adolescents treats 0- to 16-year old pediatric and surgical patients. The patients arrive to the emergency unit by ambulance, referral or by decision of the triage nurse. The most common reason for visit is pain. VAS pain scale should be used, but pain is not evaluated properly. The aim of this study was to review literature on evaluation and treatment of pain in pediatric emergency unit.

Methods: A search from Cinahl and Finnish Medic-database covering last 10 years was performed using: pain, child, trauma, documentation, evaluation, emergency and assessment as keywords.

Results: Multiple pain scales are used in pediatric emergency units. A scale possibly useful for us is the CEM, College of Emergency Medicine tool. Non-medical procedural pain treatment: physical methods (e.g. cold, warm, massage), emotional support and cognitive-behavioral methods (e.g. relaxation, mental imagery and information) was found to be as useful in children. The aim of cognitive-behavioral methods is to decrease fear, stress and pain and improve self-determination. Non-medical treatment was found to be cost efficient and decrease the need of analgesics. It was also found that a child in pain should be raised in triage. Educated staff usually means that children get pain medication quicker.

Conclusions: Research on the effects of systematic use of a pain scales on pain treatment, pain and fear in pediatric patients would be interesting.

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B2

Proteomic analysis of cerebrospinal fluid gives insight into the pain relief of spinal cord stimulation

Anne-Li Lind[1,2], Magnus Wetterhall[1], Marcus Sjödin[1], Torsten Gordh[2]

[1] *Analytical Chemistry, Department of Chemistry-BMC, Uppsala University, Sweden*
[2] *Department of Surgical Sciences, Pain Research, Uppsala University, Sweden*

Aims: Neuropathic pain is caused by a lesion or disease of the somatosensory nervous system affecting approximately 2% of the population. Current pharmacological treatments are ineffective for more than 50% of the patients and often give much adverse effects. Spinal cord stimulation (SCS) is an alternative cost-effective treatment with high efficacy, prolonged pain relief, few side effects. We have compared the cerebrospinal fluid (CSF) proteomes from neuropathic pain patients during pain relief induced by SCS and during pain sensation without SCS, to gain further insights into the mechanisms behind the obtained analgesia.

Methods: Paired CSF samples were taken from SCS-responsive neuropathic pain patients after the SCS had been turned off for 48 h and when the SCS had been used normally for three weeks. Thus, each patient acted as their own control. The corresponding pro-