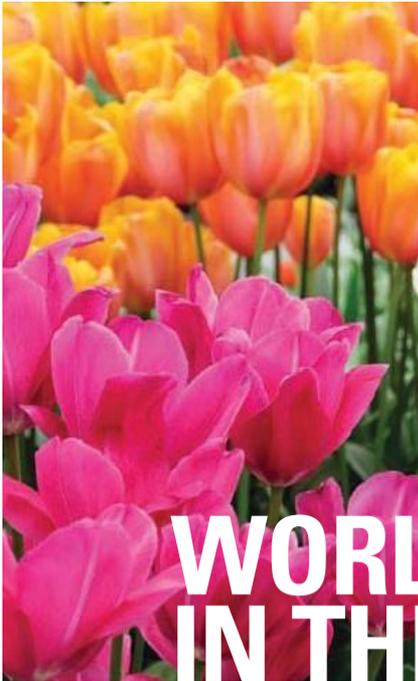




7<sup>TH</sup> WORLD CONGRESS  
WORLD INSTITUTE OF PAIN



# WORLD PAIN CONGRESS IN THE HEART OF EUROPE

## WIP 2014 Abstract Book

**Maastricht The Netherlands**  
**May 7-10 2014**

[www.kenes.com/wip2014](http://www.kenes.com/wip2014)

1-3 Rue de Chantepoulet, P.O. Box 1726, CH-1211 Geneva 1, Switzerland  
Tel: +41 22 908 0488 Email: [wip@kenes.com](mailto:wip@kenes.com)

Scan this code with your smart phone:



[www.kenes.com/wip2014](http://www.kenes.com/wip2014)  
Need a code reader for your phone?  
<http://get.neoreader.com>

in pain scores recorded on visual analogue scale (VAS) before and after the treatment, treatment related complications.

Results: Patients (n = 350) (mean age 55 ± 4.3, female 56%, men 44%) were distributed as follow: medical 24%, psychiatric 3%, children 2%, oncology 13%, orthopedics 26%, surgical 25%, neurosurgical 9%. Of these, 48% of patients reported a pain score of moderate to severe pain on the first assessment by the specialist pain team, and 27% reported severe pain. After pain treatment on the last examination before discharge, they reported 25–30% less pain (P = 0.002). The median VAS scores decreased significantly from 96 (95% confidence interval, 34–53) to 63 (10–20) for the severe pain (p < 0.000), from 38 (31–38) to 24 (22–24) for the slightly pain. The APS treated cognitive deficits in 9% of the patients, recognized and treated opioids overdose in 4% of the patients and abstinence in 3% of the patients.

Conclusion: This study validates the importance of an APS in the reduction of pain intensity with a simultaneous decrease in analgesia related side-effects.

#### WIP-0302 OLIGOANALGESIA AND THE EFFECTIVENESS OF PAIN MANAGEMENT IN ACUTE MUSCULOSKELETAL PAIN PATIENTS

J.G.J. Pierik<sup>1</sup>, M.J. IJzerman<sup>1</sup>, S.A. Berben<sup>2</sup>, M.I. Gaakeer<sup>3</sup>, A.B. van Vugt<sup>4</sup>, C.J.M. Doggen<sup>1</sup>

<sup>1</sup>Health Technology & Services Research, University of Twente MIRA Institute for Biomedical Technology and Technical Medicine, Enschede, <sup>2</sup>Regional Emergency Healthcare Network, Radboud University Nijmegen, Nijmegen,

<sup>3</sup>Emergency Department, Admiraal De Ruyter Ziekenhuis, Goes, <sup>4</sup>Emergency Department and Department of Surgery, Medisch Spectrum Twente, Enschede, The Netherlands

Objectives: While acute musculoskeletal pain is a frequent complaint in the Emergency Department (ED), its management is often neglected, placing patients at risk of oligoanalgesia. Our aim is to investigate how often pain management is provided and how this affects pain relief.

Methods: This prospective cohort study (PROTACT) includes 697 adult patients presenting with acute musculoskeletal pain to the ED. Data regarding pain and pain management were collected using registries and questionnaires.

Results: Despite a high pain prevalence (98.9%), only 35.7% of all patients received analgesics and 12.5% received adequate analgesic pain management. Of those who received inadequate treatment, 72.3% did not receive analgesics while in pain and 38.7% received inappropriate analgesics. More than two-third of the patients had moderate-to-severe pain at discharge: 60.5% due to lack of analgesics and 39.5% due to insufficient dose of analgesics. Pain relief was higher in patients who received analgesics (difference: 0.83; 95% CI 0.53–1.11). Clinical relevant pain relief (~33%) was achieved in 19.7% of all patients and was higher in patients who received analgesics (difference: 8.8%; 95% CI 2.7–14.9). Non-pharmacological treatment was provided to a high percentages (78.9%) of patients.

Conclusion: Oligoanalgesia is a large problem in musculoskeletal patients. An insufficient proportion of patients receives analgesics and pain relief remains unsatisfactory. The importance of pain management, especially the use of analgesics in the ED is reflected by the relevant higher reduction of pain and in the proportion of patients with clinical effective pain reduction.

#### WIP-0210 POLYGRAPHY IN COMPARATIVE EVALUATION OF POSTSTIMULUS PAIN AND OTHER SENSATIONS IN HEALTHY SUBJECTS AND PATIENTS UNDER HEMODIALYSIS

E. Tsurulnikov<sup>1</sup>, E. Titkov<sup>2</sup>, N. Shestakova<sup>1</sup>, A. Smirnova<sup>1</sup>, D. Belinskaya<sup>1</sup>, N. Vanchakova<sup>3</sup>, E. Vatskel<sup>3</sup>

<sup>1</sup>Laboratory of Comparative Physiology of Sensory Systems, Sechenov Institute of Evolutionary Physiology and Biochemistry, <sup>2</sup>Laboratory of Comparative Somnology and Neurocrinology, Sechenov Institute of Evolutionary Physiology and Biochemistry, <sup>3</sup>Chair of Pedagogics and Psychology of Faculty of Postdegree Education, The State Pavlov Medical University, Saint-Petersburg, Russia

Objectives: The search of objective sensory characteristics in healthy volunteers as the answers after different modality stimulation and modification of these characteristics in patients under hemodialysis.

Methods: For the first time the complex registration was used on-line for physiological reactions in connection with some sensations triggered by focused ultrasound: the electroencephalogram (EEG), evoked brain potentials, nystagmoid eye movements, electrocardiogram (ECG), amplitude and rhythm of breath, blood oxygen level.

Results: It was shown that poststimulus somatic, hearing, olfactory sensations and pain were accompanied by changes in electrical activity on EEG, nystagmoid eye movements, amplitude and rhythm variants of breath. Latency of near threshold ultrasound stimuli for EEG deflection and tops of nystagmoid eye movements in healthy volunteers was about 500 ms. Patients under hemodialysis have more high thresholds of sensations, more long latency and lesser the amplitude of electrical activity and eye movements. Amplitude and rhythm of breath changing also were registered and had individual character.

Conclusion: The complex polygraphic registration can be used for practical evaluation of patient status according to changing of sensitivity. In some cases the method could be restricted by some polygraphic fragments, for example, by evoked potentials or nystagmoid eye movements only.

Acknowledgement: Supported by RHSF grant N 01201268178.

#### WIP-0575 VALIDATION OF HYBRID SPECT-CT IN IDENTIFYING THE PAIN PHENOTYPE IN PATIENTS WITH CHRONIC LOW BACK PAIN

E. Van de Kelft<sup>1</sup>, D. Van der Planken<sup>1</sup>, A. Van de Kelft<sup>2</sup>, K. Melis<sup>3</sup>

<sup>1</sup>Neurosurgery, AZ Nikolaas, Sint Niklaas, <sup>2</sup>Faculty of Medicine, University Ghent, Ghent, <sup>3</sup>Medical and Molecular Imaging, AZ Nikolaas, Sint Niklaas, Belgium

Objectives: Regardless of the high prevalence of chronic low back pain (CLBP), the pain phenotype is unknown in >80% of these patients despite medical imaging. Recently, hybrid SPECT-CT was suggested to narrow this diagnostic imaging knowledge gap. This test is not validated for CLBP. We prospectively assessed the sensitivity of SPECT-CT.

Methods: The study received ethical committee approval. Patients with daily LBP during ≥3 months, with MRI not conclusive about the pain phenotype, were referred for SPECT-CT. The control group consisted of patients referred for SPECT-CT for other pathologies, if they had no LBP during the previous 3-months. All patients provided informed consent. Results: Of the 200 included patients (94 CLBP and 103 control), the gender distribution was comparable in both groups. The SPECT-CT showed “hot spots” in 76.6% in the CLBP-group and 36.9% in the control group. Increased bone metabolism in facet joints and endplates was seen in 42.5% and 46.8% respectively in the CLBP patients and in 21.3% and