

Syntheses of the Evidence on Two Aspects of Pain Finds Little to Guide Clinicians

The HSR&D [Evidence-Based Synthesis Program \(ESP\)](#) was established to provide timely and accurate syntheses of targeted health care topics of particular importance to VA managers and policymakers – and to disseminate these reports throughout VA. Recently, investigators at the Portland VA Medical Center conducted two systematic and comprehensive literature reviews focusing on pain.

Pain in Patients with Polytrauma

In a review of the literature (published 1950 – July 2008), and a survey of active research, investigators sought to: address the assessment and management of pain in patients with polytraumatic injuries, identify factors associated with outcomes in these patients, and describe current or planned research that will address these issues. Overall, they found that the literature provides very limited evidence to guide clinicians in treating patients with polytrauma and pain, and that research specific to polytrauma and pain is needed. For example –

- There were no published studies that assessed measures of pain intensity or pain-related functional interference among patients with cognitive deficits due to traumatic brain injury (TBI).
- There were no studies that tested the efficacy or effectiveness of specific pain treatment approaches among patients with polytrauma.
- Contrary to what is often reported in the literature, there was limited evidence to support the contention that patients with mild TBI are more likely to have headache or other pain than patients without TBI.
- Factors found to be associated with worse pain-related outcomes in patients with polytrauma were: multiplicity of injury, head injury or cognitive disability, and lower limb injuries. Limited evidence showed that factors associated with better outcomes were: younger age, higher education, and having a white collar job.
- There was almost no evidence that addresses provider and system barriers to the treatment of pain among patients with polytrauma.

The authors note numerous areas that require further research, such as the study of associations between comorbid psychiatric conditions and pain, as well as comparisons of veterans with headache presumed to be blast-related to veterans with headache not known to be blast-related.

Please feel free to forward this information to others!

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Pain in Acute Care Setting

In this literature review (1950 – July 2007), investigators focused on the delivery of effective pain care in the acute care setting and, again, found a paucity of evidence. Overall, they found that current practice in managing inpatients with acute medical pain is based largely on experience in post-surgical patients and on expert opinion. Other findings include:

- Compared with post-surgical pain, cancer pain, and chronic pain, evidence about acute pain in medical conditions requiring hospitalization is sparse.
- There are no good quality studies that compare the different pain assessment methods in the general medical inpatient setting.
- Almost no evidence exists to guide the management of pain in delirium.
- Evidence about treating pain in medical inpatients with substance use disorders or chronic opioid use is weak.

The lack of evidence suggests that the VA should characterize current practice, avoid overuse of patient controlled analgesia or other related technologies until there is stronger evidence about safety in VA medical ward settings, and emphasize a robust research agenda. Several research recommendations are included in the report, such as research that would evaluate different initial treatment intensities including the clinical effectiveness and safety of patient-controlled analgesia.

information to policy makers, managers, clinicians, and researchers working to improve the health and care of veterans.

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