

## ED Pain Management Research and Advocacy

Knox H. Todd, MD, MPH, FACEP  
 Director, Pain and Emergency Medicine  
 Initiative

### SWOT Analysis

<ul style="list-style-type: none"> <li>• <b>Strengths</b> <ul style="list-style-type: none"> <li>• Pain prevalence and severity</li> <li>• Momentum of efforts</li> </ul> </li> <li>• <b>Opportunities</b> <ul style="list-style-type: none"> <li>• Novel therapies</li> <li>• National initiatives</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Weaknesses</b> <ul style="list-style-type: none"> <li>• Inferior education</li> <li>• Failing academic business model</li> </ul> </li> <li>• <b>Threats</b> <ul style="list-style-type: none"> <li>• Resources</li> <li>• Industry marketing forces</li> </ul> </li> </ul>
--	--

Knox H. Todd, MD, MPH

### Strengths

- **Increasing recognition**
- **High prevalence of pain**
- **High levels of pain intensity**
- **Increasing number of collaborators**
- **Increasing number of activities**

Knox H. Todd, MD, MPH

### EM Pain Literature

Year	Searches
90	7
91	10
92	6
93	6
94	18
95	11
96	37*
97	26
98	20
99	17
00	36
01	34
02	43
03	38

Knox H. Todd, MD, MPH

### ED Analgesia Use: 1997 & 2001

Category	1997	2001
Narcotic analgesics <sup>1</sup>	~10	~12
Nonnarcotic analgesics	~18	~22
Antispyrhetics <sup>1</sup>	~1	~1
NSAIDs <sup>2</sup>	~15	~20
Other pain relievers	~1	~1

<sup>1</sup>Significant change since 1997 (p<0.05).  
<sup>2</sup>NSAIDs are nonsteroidal anti-inflammatory drugs.  
 National Hospital Ambulatory Care Survey Data – ED Summary, NCHS 2001.

Knox H. Todd, MD, MPH

### Weaknesses

- **Lack of training**
- **Scarcity of mentors**
- **Cracks in the peer review process**
- **Inferior resident and continuing education**
- **Large service demands**
- **Failing academic business model**

Knox H. Todd, MD, MPH

### Education

- From Emergency Medicine, 6<sup>th</sup> Edition (Tintinalli, page 565)
  - *“Patients presenting with biliary colic and emesis are best treated with antispasmodic agents (glycopyrrolate),...”*
  - *“Meperidine is the analgesic of choice because it produces significantly less spasm of the sphincter of Oddi...”*

Knox H. Todd, MD, MPH 


### Opportunities

- New therapeutic modalities
- National initiatives
- Pain and Emergency Medicine Initiative

Knox H. Todd, MD, MPH 

### JCAHO Standards

- Patients have the right to appropriate assessment and management of pain
- Patients can expect:
  - that reports of pain will be believed
  - information about pain and pain relief measures
  - that staff will be concerned
  - that health professionals will respond quickly
  - to receive effective pain management

Comprehensive Accreditation Manual for Hospitals. JCAHO. 1999. 

### ACEP Pain Policy - 2004

- ED patients should receive expeditious pain management.
- Hospitals should develop unique strategies that will optimize ED patient pain management.
- ED policies and procedures should support the safe utilization and prescription writing of pain medications.
- Effective physician and patient educational strategies should be developed.
- Ongoing research in the area of ED patient pain management should be conducted.

Ann Emerg Med. 2004;44:198. 


### Organized Support for Pain Treatment

#### National Organizations Issue Guideines

- U.S. Agency for Health Care Policy and Research (AHCPH)—1992
- U.S. Department of Health and Human Services—1994
- AAPM/APS Consensus Statement—1996
- American Society of Anesthesiologists—1997
- WHO; FSMB—1998
- AMA; APS (sickle-cell anemia)—1999
- American Pain Society: Clinical Guideline for Arthritis—2002

#### State-Led Initiatives

- Legislation in form of Intractable Pain Acts (>10 states by 1999)
- Guidelines for pain management (>18 states by 1999)
- State Cancer Pain Initiatives

(AAPM/APS, 1996; AMA, 2001; ASA, 1997; FSMB, 1998; JCAHO, 1999; WHO, 1996) 

### Guidelines

- Wisconsin Medical Society's Guidelines for the Assessment and Management of Chronic Pain (2004)
  - [http://www.wisconsinmedicalsociety.org/uploads/wm/pain\\_manageguides.pdf](http://www.wisconsinmedicalsociety.org/uploads/wm/pain_manageguides.pdf)
- American Geriatrics Society Guideline on the Management of Persistent Pain in Older Persons (2002)
  - <http://www.americangeriatrics.org/products/positionpapers/JGS5071.pdf>

Knox H. Todd, MD, MPH 

### APS Clinical Practice Guidelines Program

Comprehensive, evidence-based, peer-reviewed



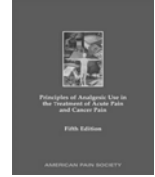
To order: <http://www.ampainsoc.org/pub/infoform.htm>

Knox H. Todd, MD, MPH



### Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain

- APS, 5th Edition (2003)
- Compiled and written by a committee of experts
- Up-to-date information on how to use recently approved analgesics
- <http://www.ampainsoc.org/pub/principles.htm>



Knox H. Todd, MD, MPH



### APS Annual Scientific Meeting

- 2005 - 24th Annual APS Meeting  
Hynes Convention Center  
Boston, MA  
March 29-April 4, 2005



Knox H. Todd, MD, MPH



### APS EM Scholars

2003	2004
Cameron S. Crandall	Mary Ann Cooper
David Fosnocht	Matt Lewin
Sam McLean	Barbara Lock
Martha Neighbor	John McManus
Basmah Safdar	Gerard Rebegliati
	Scott Rohrbeck
	Sachin Shah
	Leslie Zun

Knox H. Todd, MD, MPH



### Mayday Pain & Society Fellowship A Media & Policy Initiative

- Goals and content:
  - train advocates for change
  - 18 fellows over three years
  - communications and leadership training in Washington DC
  - work with communications professionals to develop strategies
  - commit 10 percent time over a 6 month period
  - develop a communications strategic plan
- Goal possibilities include:
  - Advancing the pain management in your institution
  - Educating patients and the public about pain treatment
  - Educating the public about alternative to medications
  - Developing improved pain management curriculum
  - Educating the public about pain

Knox H. Todd, MD, MPH



### Threats

- Marketing forces
- Lack of financial support
- Lack of FDA/JCAHO involvement
- Lack of creative research

Knox H. Todd, MD, MPH



**Lack of Federal Funding**

- *“Although pain costs the United States \$79 billion annually in lost productivity and results in more than 20% of visits to all physicians and 70% of visits to EDs, only 0.6% of the current National Institutes of Health budget is devoted to basic and clinical pain research.”*

Todd KH. *Ann Emerg Med.* 2004;43:504-506.

Knox H. Todd, MD, MPH



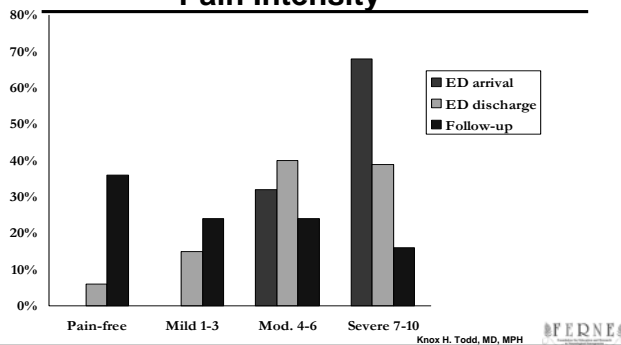
**The Pain and Emergency Medicine Initiative**

**Supported by The Mayday Fund through a grant to The Emergency Medicine Foundation**

Knox H. Todd, MD, MPH



**Pain Intensity**



Knox H. Todd, MD, MPH



**Time to Analgesic**

- Total ED time (triage to discharge):  
 Mean 192 minutes  
 Median 159 minutes
- Time to first analgesic (triage to analgesic):  
 Mean 110 minutes  
 Median 88 minutes

Knox H. Todd, MD, MPH



**Assessment**

- Proportion receiving initial ED pain assessment: 79%
- Proportion receiving >1 ED pain assessment: 17%

Knox H. Todd, MD, MPH



**Chronic Pain and the ED**

- 134 subjects (44%) with chronic pain
- Median duration of symptoms - 2 years
- % reporting at least 1 ED visit within the past year:
 

Chronic Pain:	79%
No Chronic Pain:	40%
- Mean # ED visits per person within past year
 

Chronic Pain:	4.3
No Chronic Pain:	1.3

Knox H. Todd, MD, MPH



