

CADTH RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS

Treating and Assessing Chronic Pain Patients who have Suffered Physical Trauma: Clinical Evidence and Guidelines

Service Line: Rapid Response Service
Version: 1.0
Publication Date: August 23, 2018
Report Length: 6 Pages

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Cite As: *Treating and Assessing Chronic Pain Patients who have Suffered Physical Trauma: Clinical Evidence and Guidelines*. Ottawa: CADTH; 2018 Aug. (CADTH rapid response report: summary of abstracts).

Acknowledgments:

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Research Questions

1. What is the clinical evidence regarding the usefulness of taking medical history for trauma when treating and assessing chronic pain patients who have suffered physical trauma?
2. What are the evidence-based guidelines regarding treating and assessing chronic pain patients who have suffered physical trauma?

Key Findings

One systematic review and one non-randomized study were identified regarding treating and assessing chronic pain patients who have suffered physical trauma.

Methods

A limited literature search was conducted on key resources including Medline, the Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. Methodological filters were applied to limit retrieval to systematic reviews, randomized controlled trials, non-randomized controlled trials, and guidelines. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2013 and August 16, 2018. Internet links were provided, where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

Population	Patients who are suffering chronic/complex/ongoing/persistent/recurrent pain following physical trauma (e.g., any event where there is disruption to the integrity of the skin or soft tissues as a result of injury [singular event or repetitive strain], surgery [iatrogenic trauma], infection [chicken pox scars], immunization, inflammation [coalesced cystic acne scars])
Intervention	Treatment, history taking, assessment
Comparator	Q1: Any comparator; No comparator Q2: No comparator
Outcomes	Q1: Accuracy, efficacy Q2: Guidelines
Study Designs	Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, evidence-based guidelines

Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

One systematic review and one non-randomized study were identified for treating and assessing chronic pain patients who have suffered physical trauma. No relevant health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, or evidence-based guidelines were identified.

Additional references of potential interest are provided in the appendix.

Overall Summary of Findings

One systematic review¹ and one non-randomized study² were identified for treating and assessing chronic pain patients who have experienced physical trauma.

One systematic review¹ evaluated patient history and physical examination data to identify athletes with low back pain who had spondylolysis/spondylolisthesis. Researchers determined the specificity and sensitivity of patient history components (age, gender, difficulty falling asleep, and chronic pain duration) relating to spondylolysis/spondylolisthesis. They concluded that no recommendations could be made regarding the use of patient history and physical examination data in athletes with low back pain who had spondylolysis/spondylolisthesis due to the lack of studies with low risk of bias.¹

One non-randomized, prospective analysis study² examined chronic pain in patients undergoing abdominal free flap breast reconstruction. One hundred and forty-nine women were enrolled in the prospective study and had long-term follow-up. Debilitating and chronic body pain was experienced in 17% of patients while those with chronic pain had higher pre-operative pain scores than those who did not experience chronic body pain after surgery. Additionally, patient satisfaction was significantly lower in those patients experiencing pre-operative chronic pain. The authors reiterated the importance of screening for chronic pre-operative pain as it may lead to higher chances of patients experiencing post-operative pain, thus reducing quality of life and overall patient satisfaction.²

References Summarized

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

1. Grodahl LH, Fawcett L, Nazareth M, et al. Diagnostic utility of patient history and physical examination data to detect spondylolysis and spondylolisthesis in athletes with low back pain: a systematic review. *Man Ther.* 2016;24:7-17.
[PubMed: PM27317501](#)

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

2. Nelson JA, Fischer JP, Pasick C, et al. Chronic pain following abdominal free flap breast reconstruction: a prospective pilot analysis. *Ann Plast Surg.* 2013;71(3):278-282.
[PubMed: PM23788145](#)

Guidelines and Recommendations

No literature identified.

Appendix — Further Information

Qualitative Studies

3. Jackson KA, Glyn-Jones S, Batt ME, Arden NK, Newton JL, Delphi P. Assessing risk factors for early hip osteoarthritis in activity-related hip pain: a Delphi study. *BMJ Open*. 2015;5(9):e007609.
[PubMed: PM26419679](#)

Clinical Practice Guidelines – Methods Not Systematic

4. Guy SD, Mehta S, Casalino A, et al. The CanPain SCI clinical practice guidelines for rehabilitation management of neuropathic pain after spinal cord: recommendations for treatment. *Spinal Cord*. 2016;54 Suppl 1:S14-23.
<https://www.nature.com/articles/sc201689.pdf>. Accessed 2018 Aug 22.
5. Rees J, Abrahams M, Doble A, Cooper A, Prostatitis Expert Reference Group. Diagnosis and treatment of chronic bacterial prostatitis and chronic prostatitis/chronic pelvic pain syndrome: a consensus guideline. *BJU Int*. 2015;116(4):509-525.
[PubMed: PM25711488](#)

Review Articles

6. Trauma-informed care (childhood trauma, PTSD & chronic pain). Medford (OR): Oregon Pain Guidance group; 2018:
<https://www.oregonpainguidance.org/guideline/trauma-informed-care-childhood-trauma-ptsd-chronic-pain/>. Accessed 2018 Aug 22.
7. Hadjipavlou G, Cortese AM, Ramaswamy B. Spinal cord injury and chronic pain. *BJA Education*. 2016;16(8):264-268.
[https://bjaed.org/article/S2058-5349\(17\)30098-7/pdf](https://bjaed.org/article/S2058-5349(17)30098-7/pdf). Accessed 2018 Aug 22.
8. Crosby SS. Primary care management of non-English-speaking refugees who have experienced trauma: a clinical review. *JAMA*. 2013;310(5):519-528.
[PubMed: PM23925622](#)