Pain management survey in adult patients with severe hemophilia

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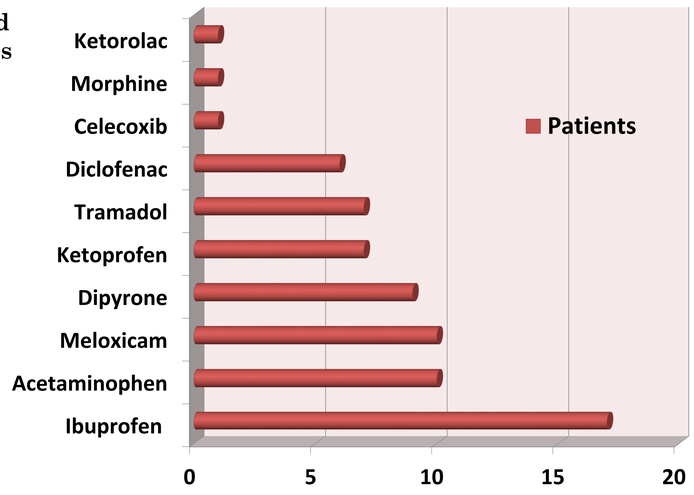
Introduction and objectives

Pain is a critical aspect in the lives of patients with congenital hemophilia.
This patients experience acute pain during joint bleeds and chronic pain from hemophilic arthropathy. At present, there is limited evidence on managing pain in patients with hemophilia, and information on its impact on overall health, physical activity and quality of life. Current guidelines emphasize a team approach for managing patients, but specific, well-established guidelines are necessary for properly managing episodic and chronic pain in the hemophilia population.
The objective of this study was to assess the prevalence of chronic pain and describe the pain management strategies used by our patients.

Methods

A descriptive survey study was conducted between October and December 2015.
All consecutive adult patients with a diagnosis of severe hemophilia attending our center were interviewed using a pre-designed questionnaire.
The survey investigated the presence of acute and chronic pain, approaches to pain management, use of pain medication and knowledge about side effects.

Fig. 1 - Reported use of analgesics



Results

A total of 21 patients were included, 18 with hemophilia A and 3 with hemophilia B.
The median age was 38 years (range: 18-67). At the time of the interview, 66% of the patients reported feeling pain. Chronic pain was present in 33%, defined as continuous and/or intermittent pain occurring more than once a week and lasting 3 months or more. All subjects had used a pain strategy, during the last year. All of them reported good pain relief with the pain medication.
All using NSAIDs, most commonly used being ibuprofen, meloxicam, dipyrone and ketoprofen.
Half of the subjects had used acetaminophen. Opiates were used in 7 subjects (Figure 1).
A quarter of patients were reluctant to use opiates as analgesics for fear of drug dependency.
Controversy surrounding opiate usage makes it difficult or unappealing for practitioners to prescribe and patients to use; however, contrary to popular beliefs, the risk of dependence of opiate usage to treat chronic pain is low. Marijuana as a pain strategy was not used at all.
Four patients admitted use of factor replacement for analgesic purposes.
Most frequently mentioned non-pharmacologic approaches for pain management were: ice, rest, compression, elevation, fitness, physiotherapy and homeopathic medicine (Figure 2).

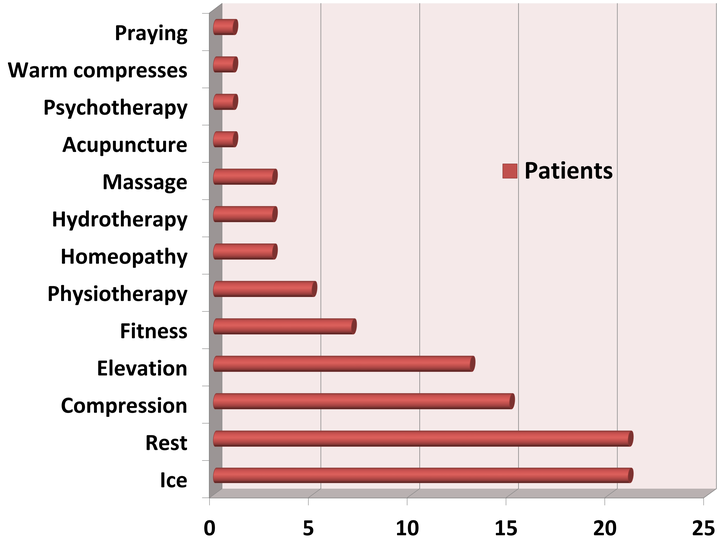


Fig. 2 - Non-pharmacologic approaches for pain management

Conclusions

Pain assessment is an essential component of adequate care among hemophilia patients.
Perhaps the most important limitation in the treatment of hemophilia-associated pain is the absence of evidence based treatment guidelines or best practices. With the information obtained in our study we can now put into effect better assessment tools, treatment protocols and educational activities.
A call to action is needed to standardize treatment approaches and to develop protocols for the management of pain in hemophilia patients.

References

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