PAIN ASSESSMENT AND MANAGEMENT IN HAEMOPHILIA: A SURVEY AMONG ITALIAN PATIENTS AND SPECIALIST PHYSICIANS

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INTRODUCTION AND MAIN OBJECTIVES

Few clinical studies have investigated the adverse effects of pain on the health and quality of life in person with haemophilia (PWH). Detailed algorithms or guidelines for pain management in these patients are an unmet need for haemophilia community.
This survey describes the current situation of pain management for PWH in Italy.

METHODS

Patients and haemophilia specialist physicians were interviewed by phone call and on-line, respectively. The survey was focused on:

- pain characteristics
- pain assessment
- pharmacological and non-pharmacological treatments
- therapy modification for pain-related issues.

RESULTS

A total of 44 physicians and 119 patients filled the questionnaire.

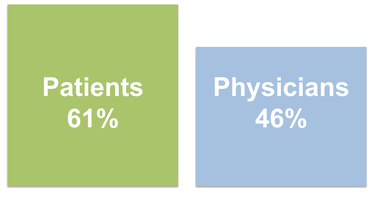
Sixty-one percent of patients experienced episodes of pain (**Figure 1**); among patients who did not report pain, 70% were younger than 17 years on prophylaxis.
In a pain scale from 0 to10 (0= no pain), 65% of patients rated their pain ≥ 6 with an overall mean pain score of 6.25. For physicians, the prevalence of pain was 46% (**Figure 1**).

Table 1. Baseline characteristics of patients

BASELINE CHARACTERISTICS	
Age of patients	
≤17 years	39%
18-35 years	18%
36-50 years	26%
>50 years	17%
Haemophilia A	88%
Haemophilia B	12%
Mild	17%
Moderate	7%
Severe	76%
Treatment on-demand	36%
Prophylaxis	59%
Other (Immunotolerance)	5%

According to patients' response, the frequency of pain investigation during check-up visits was sporadic (**Figure 2**). According to the physicians' response, both patients and physicians (48%), prevalently patients (34%) or prevalently physicians (18%) started talking about pain. Half of the physicians stated to use a scale to assess pain. There were some discrepancies in pain classification among patients and physicians, in particular concerning the proportion of acute pain (**Figure 3**).

Figure 1. Prevalence of reported pain



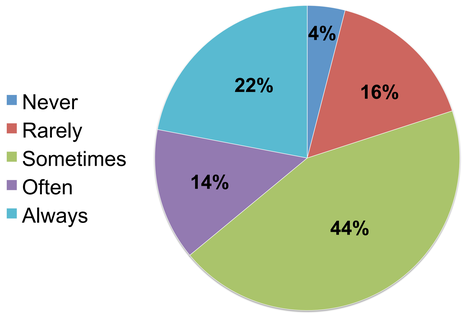


Figure 2. Frequency of pain investigation during check-up visits (patients' response)

PAIN THERAPY

The survey revealed a discrepancy between prescribed and employed therapy.

PATIENTS	
Paracetamol	51%
NSAIDs	24%
Weak opioids	24%
COX-2 inhibitors	21%
Corticosteroids	6%
Strong opioids	2%

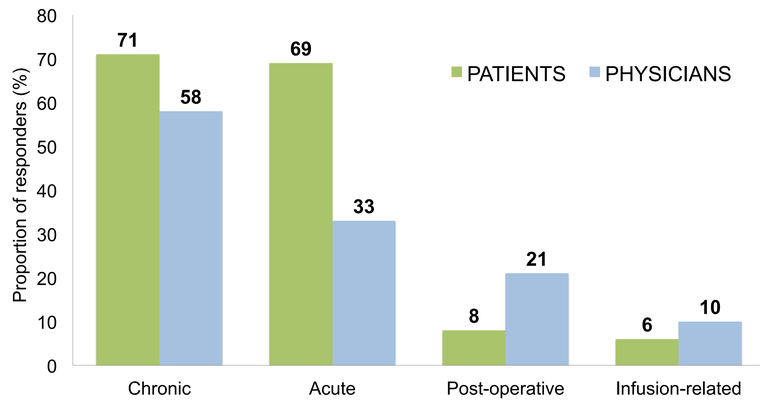
PHYSICIANS	
First line	
Paracetamol	89%
NSAIDs	7%
COX-2 inhibitors	4%
Second line	
Weak opioids	39%
Paracetamol	30%
Corticosteroids	16%
NSAIDs	9%
COX-2 inhibitors	4%
Oxycodone + naloxone	2%

NON-PHARMACOLOGICAL TREATMENT

Physicians proposed physiotherapy to 79% of patients and 29% of patients with pain did it. Almost 23% of patients performed other non-pharmacological treatments, prevalently swimming.

In 52% of patients, physicians switched from on-demand therapy to prophylaxis for haemophilic arthropathy related pain.

Figure 3. Pain classification



PAIN MANAGEMENT

The majority of physicians managed pain in collaboration with other specialists such as pain specialists (61%), orthopedists (55%), and physiotherapists (64%).
37% of physicians personally managed pain and only 2% directly addressed to other specialists.

CONCLUSION

- This survey reveals discrepancies in awareness of pain issues in haemophilia among patients and clinicians.
- Patients tend to tolerate pain and rarely communicate it
- Physicians need more standardized procedures for pain management and specific educational programs on the topic.

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