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3 – Proposals for Pain Management in the Context of Family Medicine in Mexico and Latin America

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About 10 years ago two Spanish physicians proposed to open a debate on the paradox of the unquestionable strengthening of conservative treatment of pain and the underutilization of the immense therapeutic arsenal which it currently has. Not counting of course the work that is performed in "pain clinics"; in fact they are handled exclusively by algologists that originally were anaesthesiologists. This underutilization of therapeutic resources has resulted in the inevitable and dramatic corollary of the high incidence of severe chronic pain especially in cases of "chronic non-cancer pain"; which generates dramatic consequences that could be alleviated particularly in developing countries (as in the case of Mexico) and could be supported by interdisciplinary collaboration of family physicians and algologists.¹

Suppose that Family Physicians Interact More Actively with Algologists in "Pain Clinics"

First we should explain: which role do the "pain clinics" have? The mission of pain clinics is to provide relief, not only from the pain but also of symptoms that are associated with it, based on comprehensive care to improve the quality of life of patients, covering their main bio-psycho-social needs. It is important to note that besides algologists a "pain clinic" is composed of psychologists, social workers and nurses; likewise, you can count on the support of other specialists who will be required. This situation ensures that patient management has a multidisciplinary approach.²

Forms of Approach to Patients with Pain

The diversity of approaches that we can provide to the patient with pain include: pharmacological and non-pharmacological management, and interventional approach to rehabilitation. Patients and their families should consult with their relatives to be channelled to these centres or specialists in this area, so that together their living conditions are improved.

The solution to the specific problems of patients with chronic non-communicable diseases, in the final stage of their disease, is a major problem in hospitals and clinics which can be seen from the following dimensions:

- From the complexity of pain itself
- From the social burden of their management
- From the welfare impact (time and financial resources)

The Pain Proposal Initiative

According to Torralba, currently chronic pain does not adhere to a particular medical specialty, addressing in most cases primary care. This situation leads frequently to a situation that after the patient receives the diagnosis until treatment started, he must go through a tortuous and very expensive path. The situation is serious in countries like Spain, and in developing countries such as Latin America, the situation is even more desolating. It is important to clarify that chronic pain, in addition to significantly affecting the labour, social and family environment of the patient, represents a significant economic burden on the healthcare system.^{3,4} According to the *Pain Proposal initiative*, the chronic pain patients do not feel they are understood by society. Approximately two thirds of respondents (62%), expressed a lack of awareness and knowledge of the disease in their environment, and 47% believed that the rest of the people around them doubted the real existence of their pain.

We suggest a substantial effort in Pain Initiative Proposal³⁻⁴. This Requires the creation of a greater number of pain clinics. Many of our patients have to move great distances to get to available pain clinics.

Improve university teaching in the treatment of pain. As Collado¹ mentions it is clear that young physicians have an "equivalent level of ignorance regarding the treatment of pain, as we suffered" .

Inform patients themselves and their families the right to health, including receiving adequate pain relief and to warn them of the seriousness of the current situation. Indeed the treatment of pain is an inalienable human right.¹

Encourage rotation periods of family medicine residents in Pain Clinics. Currently, residents of family medicine and rheumatology, perform rotations in pain clinics.

These rotations should be extended beyond many other specialties related to the treatment of pain as: Oncology, Pneumology, Internal Medicine, Vascular Surgery, etc. We should make efforts both at universities and teaching commissions of each hospital, tending to solve this problem. So Nosocomial commissions could be established inter-specialties for the treatment of pain. According to Collado¹ there are still specialists who think that pain clinics are places "where they stuff morphine to cancer patients to die between unconsciousness and delirium" which obviously is a wrong view.

Enhance coordination of Family Medicine with Algology. To convince Latin American ministries of health about the goodness of the sum of efforts among two or more specialties for effective treatment of patients with chronic pain. The unfortunate experience has been disclosed that after forming family physicians for months to contact pain clinics, after a while the same authorities that allowed its rotation do not provide them the minimum means to exercise the important complementary role for which they were trained.¹

What Can We Expect in the Near Future, Particularly in the Latin American Context?

A sprinkle of hope that the situation will improve is in the case of Colombia where it has been established for the institutions providing health services and as a requirement to have a space for chronic and incurable patients, and qualified human resources for that attention.³ The quality of life of these patients without a good program of palliative- medicine is very low, considering that 11% of these patients with chronic end stage of their disease die in their first hospital admission, 30% die in the first year after its first admission and 70% of the remaining group died in the hospital re-admission thereafter. Therefore, palliative medicine is an essential part of integrated management between each of hospitalizations and in the event of terminal hospitalization. Although efforts are being made, one of the main drawbacks to provide proper palliative care to patients with chronic diseases in final stages of their illness in ICUs, is the difficulty in identifying the situation as terminal. The role they could play – Schools, professional organizations, academia, medically associations - in the development and dissemination of guidelines for the management of chronic pain from family medicine is essential.^{5,6}

Take Home Message

- Establish a broad debate among Latin American family physicians on the urgent need for a comprehensive approach to the problem of chronic pain in primary care.
- To encourage strong communication between family physicians and algologists for a more humane and efficient treatment.
- For patients with chronic pain increase consultation time at least 4 to 5 minutes.
- Use assessment tools faster and easier to use.
- Establish the management of opioid treatment in family medicine.

Original Abstract

<http://www.woncaeurope.org/content/ab896-%C2%A0-%C2%A0-%C2%A0-%C2%A0-multi-dimensional-approach-chronic-pain>

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