Acute pain treatment on postoperative and medical non-surgical wards
Korczak D, Kuczera C, Rust M

Background
Acute pain treatment in German hospitals is still insufficient, this can lead to serious effects such as chronic pain. An insufficient acute pain treatment has as well an major impact on patient satisfaction.

Objectives
The Health Technology Assessment (HTA)-report deals with questions about the effectiveness of acute pain treatment in hospital as well as the effectiveness of the organisation of acute pain service (APS) and the quality assurance of inpatient acute pain treatment.

Methods
A systematic electronic database search has been conducted in 32 databases (e.g. MEDLINE, EMBASE, Cochrane), complemented by hand search. Studies and reviews covering the years 2005 to 2012 and published in German or English are included in the report. The evidence classification of the Oxford Centre of Evidence-based Medicine was used for the evidence judgement.

Results
16 medical and five economic studies with a high evidence level were analysed in the HTA-report. The situation in Germany is described well with ten studies. The number of patients with moderate or severe pain at rest (around 30 % patients on surgical and 37 % on medical non-surgical hospital wards) has decreased compared to the year 2000. The number of insufficient treated patients suffering from pain has not declined, 56 % of all patients suffer from non-acceptable pain which is defined as being above a specified limit of pain tolerability. Patients with pain on medical non-surgical wards are undercared, 41 % of the patients (without cancer) suffering from non-acceptable pain get no analgesic treatment.

The majority of the studies attests a significant pain relief by acute pain treatment. The large variation regarding the pain medication, application as well as the causative diseases makes it difficult to give clear statements in favour of individual therapies. On the whole the patient satisfaction with acute pain treatment is high.

There are no current figures available on the prevalence of APS, around 12 % of the hospitals are certified concerning acute pain treatment. Economically the acute pain treatment is covered by the diagnosis-related groups. The financial allocation between the care providers still needs to be solved. 17.4 % of the costs can be saved per case by APS.
Discussion
The number of available studies about acute pain treatment regarding the postoperative pain treatment is satisfying, but inadequate with regard to pain treatment on medical non-surgical wards reflecting the inadequate provision with APS on these wards. It is becoming clear that acute pain treatment has still not found its way into the routine procedures of hospitals. Looking at the used scales to measure the intensity of pain it is striking that the margin of interpretation of the obtained pain relief is large. This is a hindrance for a standardisation of acute pain treatment. Interface problems are too seldom considered and analysed in the studies.

Conclusion
Acute pain treatment on postoperative and medical non-surgical wards is (cost) effective (by reducing the stays in hospital), but still has to be improved.
Recommendations are a further systematic expansion of APS, regular trainings on acute pain treatment for the staff, a comprising and regular documentation of the pain monitoring and medical treatment including side effects, written guidelines about standardised pain treatment, solutions for the interface problems between care providers as well as a performance-related cost allocation.
Psychological aspects (e.g. anxiety) are covered insufficiently. Gaps in research in the outpatient postoperative acute pain treatment have to be filled.
The treatment of acute pain on medical non-surgical wards is in urgent need of improvement.