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Guidelines and consensus

Colombian adaptation of guidelines for the use of neurostimulation in the management of chronic pain and ischemia[☆]



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ABSTRACT

Introduction: Management of chronic pain by conventional means is usually insufficient, but the enhanced knowledge of the neurobiology of pain has led to the development of new treatments like spinal neurostimulation, with optimal short- and long-term results.

Objectives: To integrate and update clinical practice guidelines on the effectiveness and safety of spinal neurostimulation in the management of chronic pain.

Materials and methods: Search of practice guidelines, systematic reviews and clinical trials in the main databases (Cochrane, EMBASE, LILACS and MEDLINE), and assessment of their quality and level of evidence in order to propose recommendations for the management of chronic painful syndromes and cardiac and lower-limb ischemia.

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Results: Sufficient evidence was found to support the use of spinal neurostimulation for pain relief in cases of persistent pain after back surgery and also for complex regional pain syndrome. Growing evidence was found for the use of spinal neurostimulation in refractory angina pectoris and in painful ischemic lower limbs.

Conclusions: Neurostimulation is a minimally invasive technique useful for the management of persistent pain after back surgery and for complex regional pain syndrome.

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Adaptación colombiana de las guías de neuroestimulación espinal en el manejo del dolor crónico e isquémico

R E S U M E N

Palabras clave:

Dolor
Estimulación eléctrica
Dolor crónico
Angina de pecho
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Introducción: El manejo del dolor crónico por medios convencionales a menudo es insuficiente, es por eso que con el mayor conocimiento de la neurobiología del dolor se han desarrollado nuevos tratamientos como la neuroestimulación espinal, con resultados óptimos a corto y largo plazo por parte de los médicos tratantes.

Objetivos: Integrar y actualizar guías de práctica clínica sobre la efectividad y seguridad de la neuroestimulación espinal en el manejo del dolor crónico.

Materiales y métodos: Se realizó una búsqueda de guías de práctica, revisiones sistemáticas y ensayos clínicos en las principales bases de datos (Cochrane, EMBASE, LILACS y MEDLINE) evaluando su calidad y grado de evidencia para proponer recomendaciones en el manejo de síndromes dolorosos crónicos, y en isquemia cardíaca y de miembros inferiores.

Resultados: Se encontró evidencia suficiente para soportar el uso de la neuroestimulación espinal para el alivio del dolor que persiste después de cirugía de espalda y también para síndrome doloroso regional complejo. Se encontró evidencia en ascenso para el uso en angina de pecho refractaria y en extremidad inferior isquémica dolorosa.

Conclusiones: La neuroestimulación es una técnica mínimamente invasiva útil para el manejo de dolor persistente posterior a cirugía de columna y para síndrome regional complejo.

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Introduction

Chronic pain is a world pandemic. As such, it is a public health problem with emotional repercussions for the patient, and repercussions for the family, the workplace, society, and the economy. Multidisciplinary teams have been set up to develop research programs and education in pharmacology and minimally invasive techniques to meet the needs of the affected patients.¹⁻⁴

According to the 2014 survey by the Colombian Association for the Study of Pain (ACED), the prevalence of chronic pain in the Colombian population is 47%,⁵ an alarming figure when compared with the 15–50% range reported in the world, with a mean of 25% according to the International Association for the Study of Pain (IASP), and of 19% for Europe.^{3,6-8}

Among Europeans, 38% perceive that traditional medical therapy is insufficient for controlling pain.⁶ Moreover, the Pain in Europe survey reports that patients have experienced pain for an average of seven years and almost 20% have had pain for 20 years.⁷ Disability and loss of work is around 20%.⁸

Chronic pain accounts for 53% of all causes of total absence from work, 18% of absolute disability, and 15% of temporary absences from work.⁹ The Colombian 2014 pain survey shows that 32% of the respondents have been absent from work because of pain, and the prevalence of pain in the emergency services is 27.5%, and 72.5% in outpatient clinics.⁵

The goal of treatment in chronic pain is to increase tolerability and improve quality of life.⁹⁻¹² The mainstay of physical pain management has been pharmacological therapy. However, invasive techniques such as neurostimulation – introduced more than 40 years ago – have become more relevant in recent years. Neurostimulation is based on principles of electrical stimulation, magnetic stimulation and radiofrequency, and it is used mainly when there is no response to conventional therapies.¹¹⁻¹³

This paper is the result of a search in the literature of the best evidence supporting the use of neurostimulation, together with the experience of Colombian experts who have indicated and implanted neurostimulators, and who have long-term follow-up of their patients.

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