

The current paper provides specific guidelines for treating chronic non-malignant pain syndrome patients. The guidelines were developed from an extensive review of existing literature on practice guidelines, the research literature, and common clinical practice across major pain treatment facilities in the USA. They are intended for application to all chronic pain syndrome patients (other than cancer pain) regardless of specific site or etiology of pain. They advocate goal directed treatment to reduce medication misuse and invasive medical procedures, maximize and maintain physical activity, return to productive activity, increase the patient's ability to manage pain, reduce subjective pain intensity, reduce or eliminate the use of healthcare services for primary pain complaint, provide useful information for case settlement, and minimize treatment cost without sacrificing quality. The guidelines recommend interdisciplinary integrated evaluation and treatment on a time limit basis with a focus on conservative medical, psychological behavioral, physical, and vocational interventions based upon the patient's needs. There is emphasis on increasing the patient's level of function and ability to manage pain and related problems. Outpatient care is strongly recommended, with specific upper limits regarding treatment intensity and the use of trigger point injections and nerve blocks delineated. The guidelines also recommend that the long term use of opioid or sedative-hypnotic medications, surgery, implantable spinal devices, or brain stimulation techniques be avoided with chronic pain syndrome patients. These guidelines are intended to serve as a starting point to effectively extend and complement those released by the Agency for Health Care Policy and Research for other types of pain problems such as cancer and acute low back pain ¹⁾.

1)

Sanders SH, Rucker KS, Anderson KO, Harden RN, Jackson KW, Vicente PJ, Gallagher RM. Clinical practice guidelines for chronic non-malignant pain syndrome patients. J Back Musculoskelet Rehabil. 1995 Jan 1;5(2):115-20. doi: 10.3233/BMR-1995-5204. PubMed PMID: 24572192.

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