

III CONGRESSO NAZIONALE

**PRESIDENTE
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ROMA 16-18 SETTEMBRE 2021

HOTEL SHERATON PARCO DE' MEDICI



III CONGRESSO NAZIONALE SI-GUIDA

16-18 SETTEMBRE 2021

SESSIONE VIII

LA SOCIETÀ ITALIANA GUIDA ED IL TERRITORIO

Giovanni Antonio Checchia

Marta Favero

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Referenti Triveneto

**Pandemia COVID-19 e
Approccio al Dolore
Muscolo-Scheletrico**

Risultati preliminari di una survey

L'epidemia da COVID 19 ha profondamente modificato l'organizzazione delle attività sanitarie in tutti i setting di cura.

In questa emergenza pandemica l'attenzione verso la dimensione dolore da patologie muscolo-scheletriche a decorso cronico ha subito un radicale cambiamento e questo ha richiesto adattamenti sia di tipo procedurale, sia di tipo organizzativo per garantire un corretto follow up dei pazienti.



KNOW THE STATS & FACTS

- A US Pain Foundation 2020 survey found that chronic pain patients:
 - are experiencing increased pain
 - are facing barriers to treatment – including coverage for telemedicine and prescribed medications
 - consider themselves to be at high risk for serious COVID-19.
- Pain-related conditions that may put people at higher risk of COVID-19 infection and complications include:
 - inflammatory disorders* such as rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, systemic lupus erythematosus, inflammatory bowel disease, Sjogren's syndrome
 - connective tissues diseases* such as systemic sclerosis and vasculitis
 - neurological disorders* such as multiple sclerosis
- At-Risk individuals should:
 - wash their hands often.
 - have adequate supplies on hand.
 - keep space between themselves and others, especially in public.
 - avoid crowds and non-essential travel.



COMPARE YOUR SYMPTOMS



NEW CHEST PAIN

Chest pain can occur as a result of an anxiety disorder (eg, a panic attack), a cardiac event (eg, a heart attack), or a non-cardiac event. Note that chest pain is a rare symptom of COVID-19 and usually does not occur as the sole symptom. Shortness of breath and/or signs of upper respiratory infection (eg, coughing, phlegm) may also be present, but this is not always the case.

No matter the cause, any type of chest pain warrants immediate medical attention.

NEW/ENHANCED MUSCLE OR JOINT PAIN

Chronic muscle and joint pain may be exacerbated during times of increased stress, such as in the pandemic environment. COVID-19-related muscle pain is more likely to occur in multiple muscles and to be associated with fever, chills, insomnia, headache, and sore throat.

OTHER CONCERNING SYMPTOMS?

Use the CDC self-checker at www.cdc.gov/coronavirus

Anaesthesia 2020

doi:10.1111/anae

Original Article

Caring for patients with pain during the COVID-19 pandemic: consensus recommendations from an international expert panel

H. Shanthanna,¹ N. H. Strand,² D. A. Provenzano,³ C. A. Lobo,⁴ S. Eldabe,⁵ A. Bhatia,⁶ J. Wegener,⁷ K. Curtis,⁸ S. P. Cohen⁹ and S. Narouze¹⁰

18/5/2020

EFIC COVID-19 Survey



EFIC COVID-19 Survey

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at your experience

EULAR Recommendations: Recommendations for management

This page lists the EULAR Recommendations for management dating back to the year 2000. Scroll to the bottom of the page to start the year 2000, scrolling upwards through the years to the present day.

Each authors lists the following: The authors, the title, the publication citation, publication date and link to the final, published recommendation text.

2020

Robert BM Landewé, Pedro M Machado, Feline Kroon, Hans WJ Bijlsma, Gerd R Burmester, Loreto Carmona, Bernard Combe, Massimo Galli, Laure Gossec Annamaria Iagnocco, John D Isaacs, Xavier Mariette, Iain McInnes, Ulf Mueller-Ladner, Peter Openshaw, Josef S Smolen, Tanja A Stamm, Dieter Wiek, Hendrik Schulze-Koops

EULAR provisional recommendations for the management of rheumatic and musculoskeletal diseases in the context of SARS-CoV-2

Annals of the Rheumatic Diseases Published Online First: 05 June 2020. doi: 10.1136/annrheumdis-2020-217877

[Read recommendation](#)

Related Information

[Recommendations Archive 2000–2010](#)

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THE BRITISH PAIN SOCIETY
EXPERTISE WHERE IT MATTERS

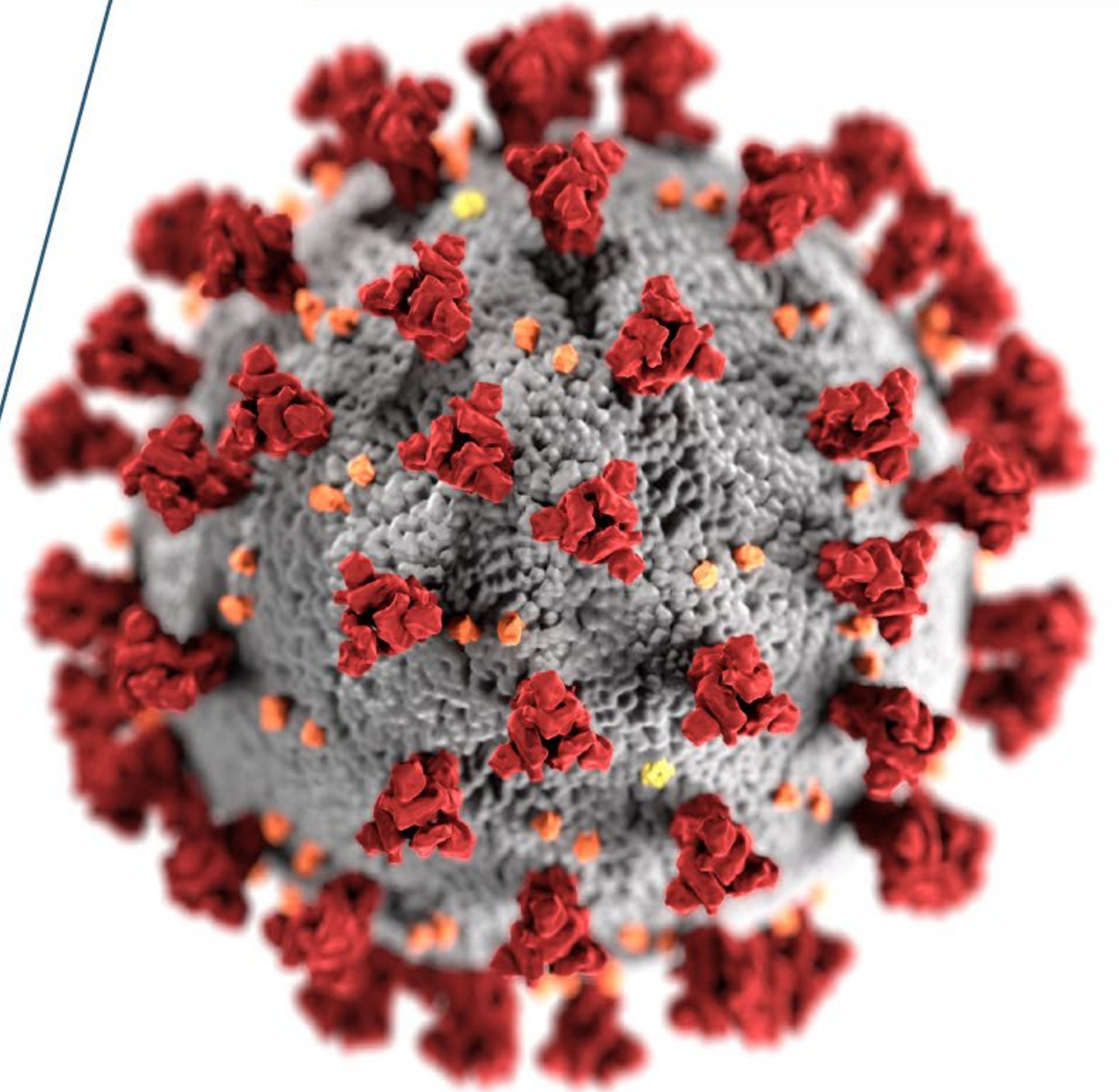
[Pain Management during COVID-19 viral infection:](#)

Varie esperienze sono già state portate avanti anche in forma di surveys per valutare:

- Come la pandemia ha modificato l'organizzazione della presa in cura dei soggetti con dolore cronico da patologie muscolo-scheletriche**
- Quali sono i problemi emergenti nella valutazione del dolore cronico nei soggetti post covid**
- Quali sono state le conseguenze per i pazienti affetti da sindromi dolorose croniche correlate alla pandemia ed ai lockdown**
- Come utilizzare le nuove tecnologie nella presa in cura dei soggetti con dolore cronico**

THE EFFECTS OF COVID-19 ON PAIN MANAGEMENT THROUGHOUT EUROPE

Nell' Aprile 2020 è stata condotta una survey da parte di EFIC per valutare l'impatto della pandemia sull'organizzazione dei servizi che si occupano di valutazione e trattamento del dolore cronico



First results of the COVID-19 Survey 2020

Analoga survey rivolta ai pazienti con dolore cronico è stata condotta da PAE nella fase più grave della prima ondata pandemica

COVID-19 AND
YOUR CHRONIC
PAIN

SURVEY



Conducted by PAE with the kind support of EFIC (Kevin Vowles) and sponsored by Grünenthal

La pandemia ha richiesto nuovi approcci nel trattamento del dolore cronico anche in relazione alla presenza di particolari comorbilità

Table 1

Chronic pain patients' features and challenges of pain treatment outside and during COVID-19 pandemic.

Features of patients with chronic pain	Usual therapeutic challenges	Challenges during COVID-19 pandemic
Elderly patient	Pain assessment and treatment Greater risk of side effects with NSAIDs and opioids	Greater risk of infection Caution using opioids or steroids NSAID and non-NSAIDs (paracetamol, dipyrrone), can mask fever and myalgias COVID-19 related
Disabled patient	Need of a caregiver to take him to the hospital	Risk of infection for him and his caregiver
Multi-morbidity	Risk of side effects or less pain control	Difficulties with multi-disciplinary team' evaluation
Multi-treatments	Risk of side effects or less pain control	Drugs prescription and storage
Cognitive disorders	Pain assessment and treatment evaluation	Difficulty in remote treatment
Emotional disorders	Needing of a biopsychosocial model of pain management. Patient compliance and adherence to therapy	Worsening of emotional disorders Worsening compliance to therapy Adding pandemic-related disorders
High dosages and long-term opioids	Risk of endocrine imbalance Risk of immunosuppression Risk of respiratory depression	Drugs prescription and storage Greater risk of infection Greater risk of respiratory depression during lung infection and with fentanyl patch during fever
Intrathecal Drug Delivery System (ITDDS)	Programming pump refill to avoid opioid abstinence syndrome.	Need to pump refill to avoid abstinence or to optimize infusion therapy
Neurostimulation implants	Periodic checks and programming	Need to change exhausted internal battery or surgery for complications or for stage 2 of implant of external leads



Managing patients with chronic pain during the COVID-19 outbreak: considerations for the rapid introduction of remotely supported (eHealth) pain management services

Christopher Eccleston^{a,b,*}, Fiona M. Blyth^c, Blake F. Dear^d, Emma A. Fisher^{a,b}, Francis J. Keefe^e, Mary E. Lynch^f, Tonya M. Palermo^{g,h}, M. Carrington Reidⁱ, Amanda C de C Williams^j

Fin dall'inizio della pandemia le nuove tecnologie e la telemedicina hanno trovato largo impiego nel management del dolore cronico

Table 1

Definitions and terminology used in remotely supported pain management.

Term	Definition
Telehealth and Telemedicine	Telemedicine is the older term used more narrowly to refer to "...the use of technologies and telecommunication systems to administer health care to patients who are geographically separated from providers." ⁸ Telehealth is a more modern broader term referring to all possible health and social care use of technology: "Telehealth is defined as the delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies. Live video conferencing, mobile health apps, "store and forward" electronic transmission, and remote patient monitoring (RPM) are examples of technologies used in telehealth." ⁸
eHealth	Electronic health (eHealth) is the "...cost-effective and secure use of information and communications technologies in support of health and health-related fields, including health-care services, health surveillance, health literature, and health education, knowledge and research." ⁵⁰
mHealth	Mobile health (mHealth) refers to "...healthcare applications and programs patients use on their smartphones, tablets, or laptops. These applications allow patients to track health measurements, set medication and appointment reminders, and share information with clinicians." ⁸
Virtual reality	Virtual reality uses 2- or 3-dimensional technology to allow patients to access and interact within an often immersive "virtual world." Virtual reality requires multisensory input to create this world. ²⁹
Augmented reality	Augmented reality involves a transparent screen or projection or a virtual image being overlaid onto the physical world around us. It involves maintaining intact perception of the real world with a digital object or presence inserted into the world. ³⁸
Remote treatment or therapy	Meeting with a patient through telephone, cellular phone, the internet, or other electronic media in place of or in addition to conventional face-to-face visits to deliver treatment (term is most often used in psychotherapy).
DTx	"Digital therapeutics (DTx) deliver evidence-based therapeutic interventions to patients that are driven by high quality software programs to prevent, manage, or treat a medical disorder or disease. They are used independently or together with medications, devices, or other therapies to optimize patient care and health outcomes. DTx products incorporate advanced technology best practices relating to design, clinical validation, usability, and data security." ¹⁶

La proposta che stiamo portando avanti è quella di perfezionare una survey sui cambiamenti che l'epidemia da COVID 19 ha generato nelle modalità cliniche di valutare e trattare le patologie dolorose croniche dell'apparato muscolo scheletrico, da un punto di vista farmacologico, ortopedico e riabilitativo, aggiornata alla luce della attuale situazione epidemiologica.

La proposta vede in campo le realtà fisiatriche, reumatologiche ed ortopediche dapprima del Triveneto e, se ritenuto di interesse, potrà essere estesa al territorio nazionale.

ALCUNI DATI PRELIMINARI

234 SOGGETTI

Maschi/Femmine

146 (62.9%)/86 (37.1%)

Età

- < 30 anni: 3.4%,
- 30-49 anni: 45.5%
- 50-69 anni 48.5%
- > 70 anni: 2.6%

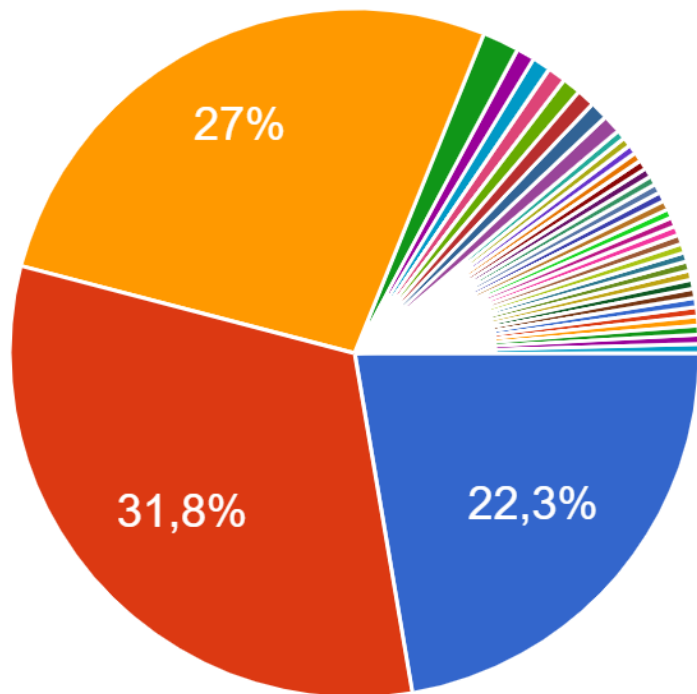
Regime lavorativo

- Dipendente pubblico 127 (54.5%)
- Libero professionista 44 (18.9%)
- Convezionato 49 (21%)
- Specializzando 13 (5.6%)

Struttura Lavorativa

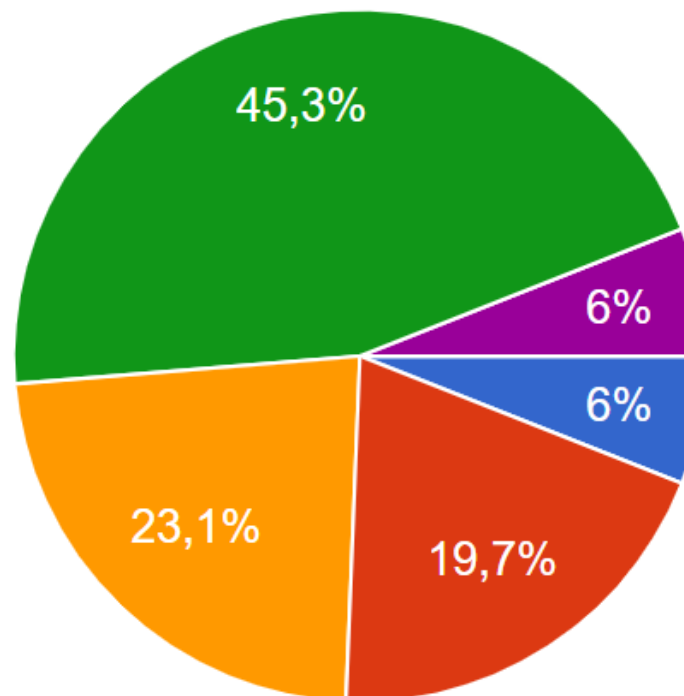
- Ospedale Universitario 42 (18.2%)
- Ospedale territoriale 101 (43.7%)
- Ambulatorio ASL 37 (16%)
- IRCSS 4 (1.7%)
- Casa di cura privata convenzionata 28 (12.1%)
- Struttura non convenzionata 19 (8.2%)

SPECIALIZZAZIONE



- Reumatologia
- Ortopedia
- Fisiatria

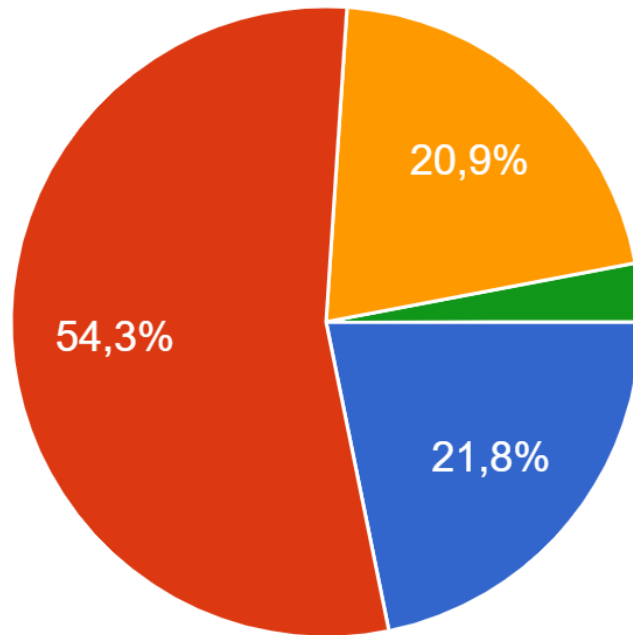
QUANTO TI OCCUPI DI DOLORE MUSCOLO-SCHELETRICO



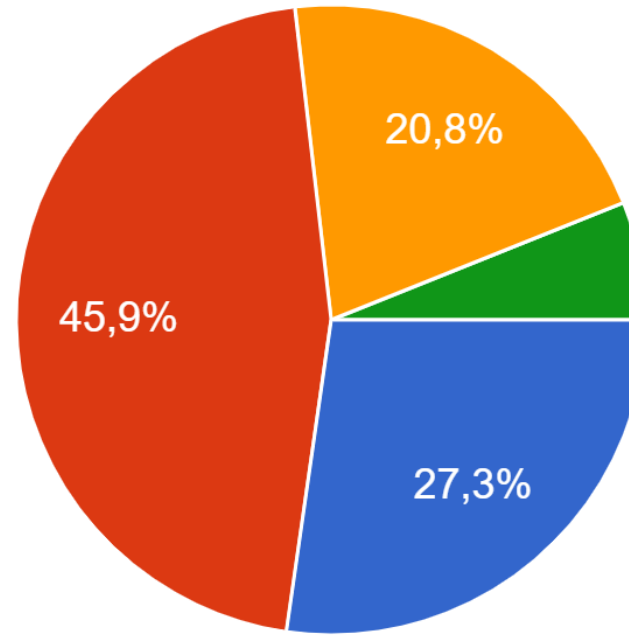
- 0% (non mi occupo di tali pazienti)
- < 25%
- 25-50%
- 50-75%
- 100% (mi occupo solo di questi pazienti)

Durante la pandemia da COVID-19 la tua attività clinica ha subito una riduzione?

GLOBALE

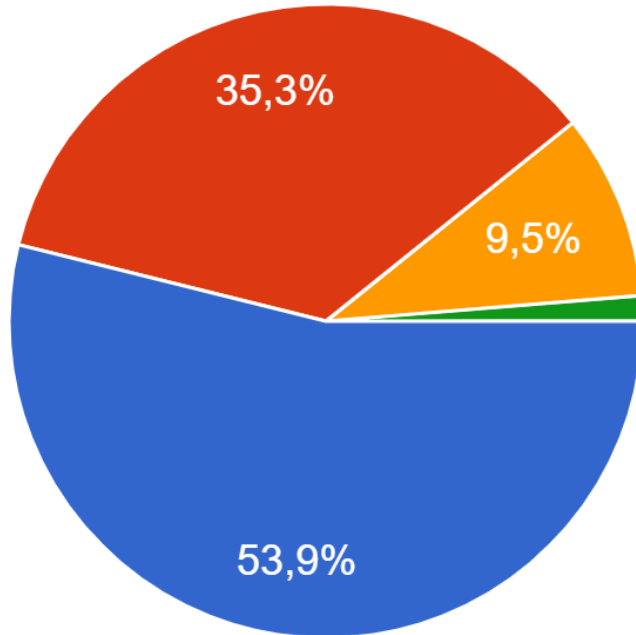


PATOLOGIA MUSCOLO-SCHELETRICA



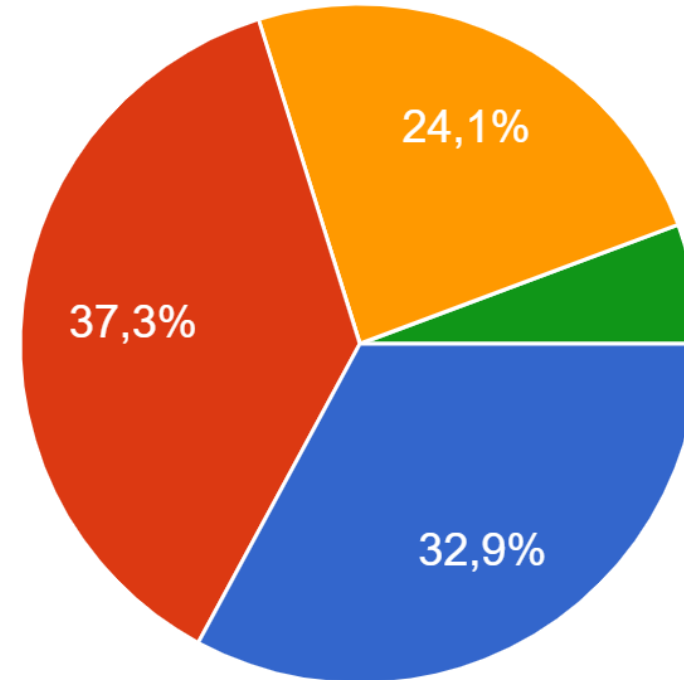
- Nessuna riduzione
- Riduzione inferiore al 50%
- Riduzione superiore al 50%
- La mia attività clinica è stata completamente bloccata

TELEMEDICINA



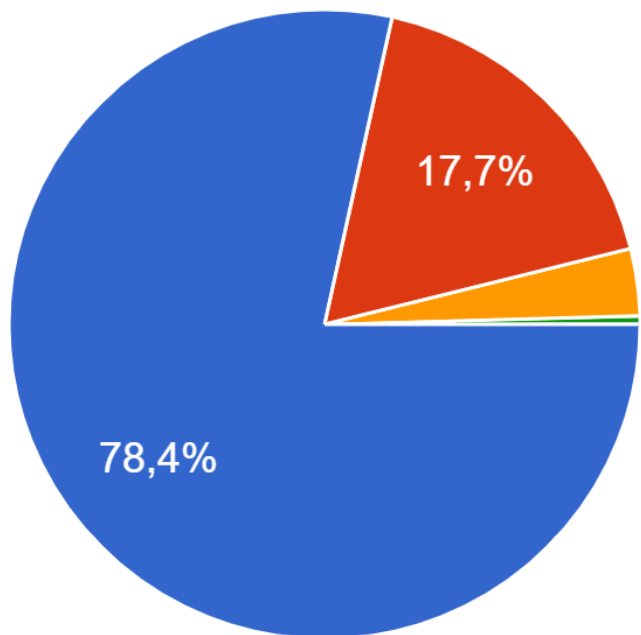
- Non ho mai utilizzato queste modalità
- Ho utilizzato queste modalità in meno del 50% dei casi
- Ho utilizzato queste modalità in più del 50% dei casi
- Ho utilizzato queste modalità in tutti i casi

RIDUZIONE APPROCCIO MULTIDISCIPLINARE

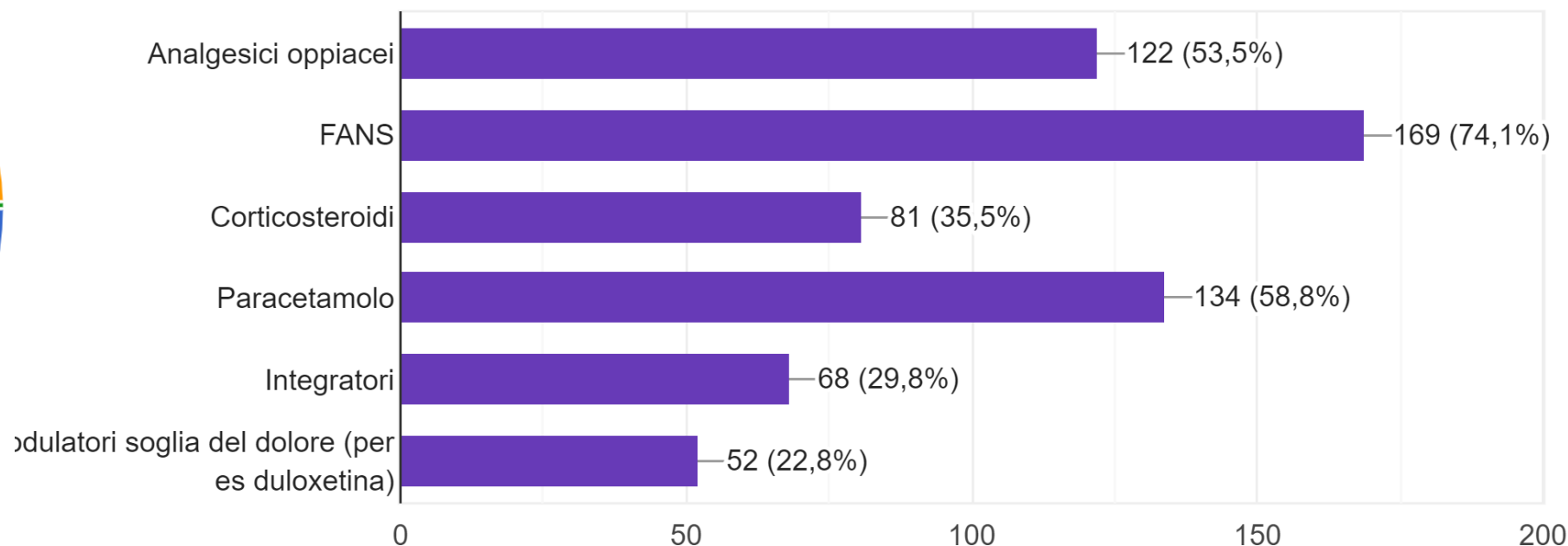


- Nessuna riduzione
- Riduzione inferiore al 50%
- Riduzione superiore al 50%
- Tale attività clinica è stata completamente bloccata

Durante la pandemia da COVID-19 hai modificato il tuo utilizzo dei farmaci analgesici e antidolorifici?

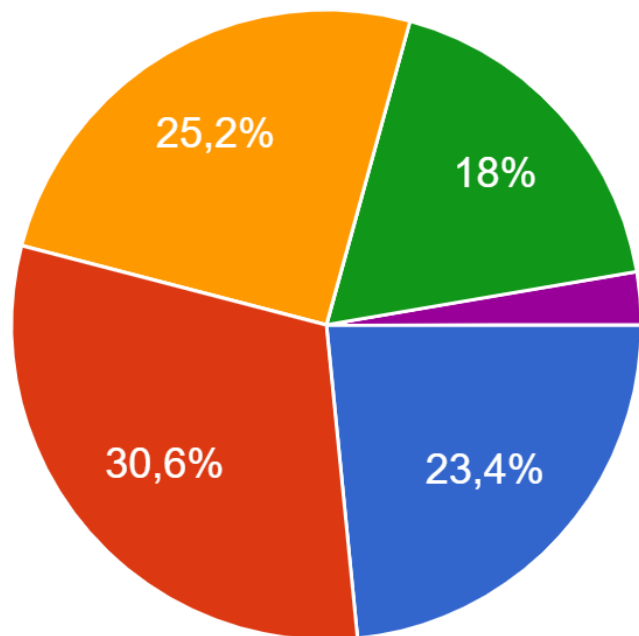


- Nessuna variazione
- Variazione inferiore al 50%
- Variazione superiore al 50%
- Variazione superiore al 70%

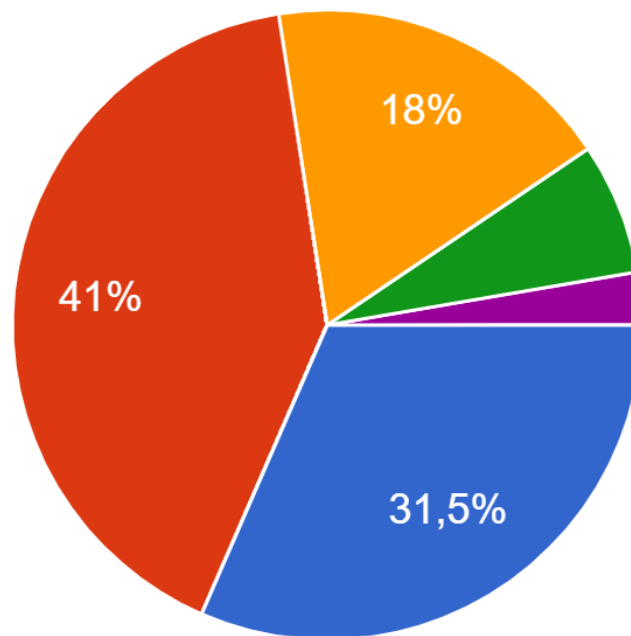


In quanti pazienti hai riscontrato un aumento della sintomatologia dolorosa muscolo-scheletrica?

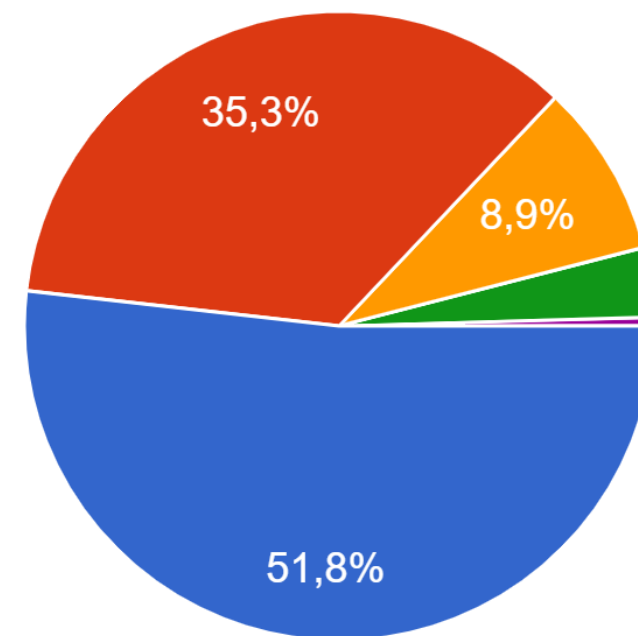
COVID BREVE TERMINE



COVID LUNGO TERMINE



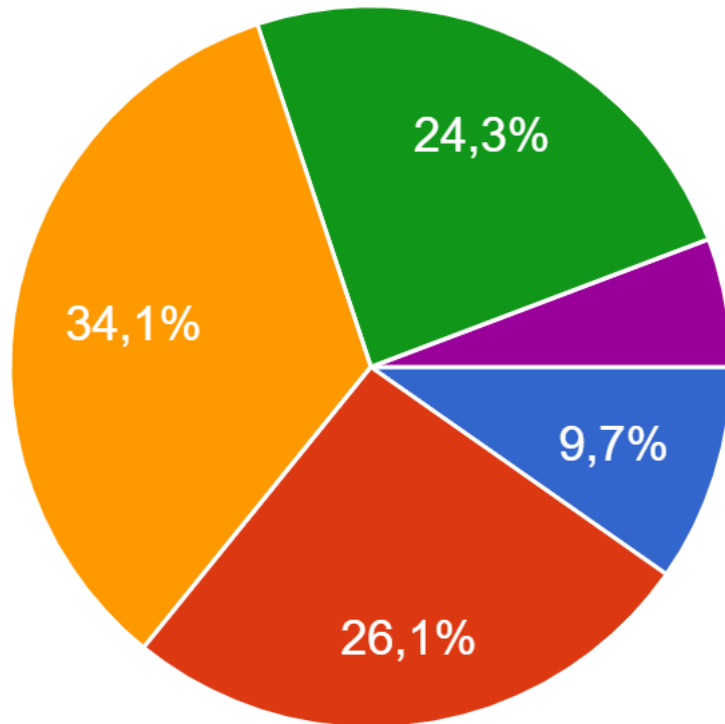
VACCINO



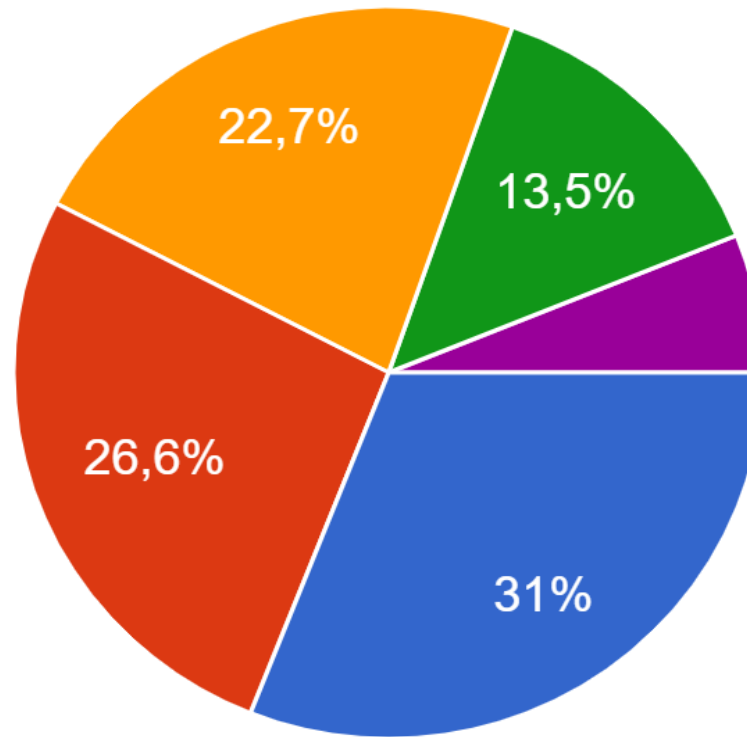
- In meno del 10% dei pazienti
- Dal 10% al 30% dei pazienti
- Dal 30% al 50% dei pazienti
- Dal 50% al 70% dei pazienti
- In più del 70% dei pazienti

Durante la pandemia da COVID-19, hai notato un aumento delle problematiche ansioso-depressive e psico-comportamentali?

PAZIENTI



OPERATORI SANITARI



- In meno del 10% dei pazienti
- Dal 10% al 30% dei pazienti
- Dal 30% al 50% dei pazienti
- Dal 50% al 70% dei pazienti
- In più del 70% dei pazienti

GRAZIE

