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Chronic pain in primary health care – how do we diagnose and treat our patients?

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Background: Chronic pain is a major challenge in primary health care (PHC); a complaint in every 5th visit and a common cause of disablement. Diagnosing and treating these patients is challenging, improvement is wanted. Studies on chronic pain in PHC are lacking but needed to improve the care of tomorrow.

Aim: to describe chronic pain in PHC regarding diagnostics and treatment.

Method: Descriptive study of electronic medical records from seven Swedish PHC centres during 2011-2012. Adult patients with possible chronic pain were identified searching diagnoses and free-text (MedRave4 software). Records were read through in a random order until 700 patients with chronic pain primarily diagnosed and treated at the PCH centre were included.

Results: Patients were 60,1% women, mean age 50 years (SD 18,1). Mean number of pain-related visits was 2,5 (SD 2,2, range 1-20). Common pain sites were upper leg (41,5%), lower leg (37,1%) and lower back (37,2%). Mean duration of pain at first visit was 12 months (SD 26,1). Pain type was described in 50,6% of cases: nociceptive 42,8%, neuropathic 4,0%, mixed 3,9%. Clinical examination included palpation of painful area in 90,9%, general examination in 32,7%, local neurological examination in 28,1% and general neurological examination in 8,9% of cases. X-ray was performed in 37,2%, laboratory workup in 32,8%, MRI in 16,2%, CT-scan in 3,9%, ultrasonography in 6,2%, structured pain analysis (VAS or pain drawing) in 2,6% of cases. Referrals were commonly made to physiotherapist (52,3%) and orthopaedist (20,4%). Pharmacological treatment was prescribed in 68,3% of cases, commonly NSAIDs (41,8%), paracetamol (17,7%) and opioids (16,3%).

Conclusions: Our study confirms that chronic pain in PHC is a heterogeneous condition. No gold standard management exists for the group as a whole, however neurological status and structured pain analysis are recommended. We show that they are not routinely used.