



XXXI Congreso de la  
**SOMAMFYC**



# ¿QUÉ ES ESO DEL DOLOR PERSISTENTE?

GRUPO DE TRABAJO ABORDAJE DEL DOLOR PERSISTENTE

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# ¿QUÉ ES EL DOLOR?



2020 - “El dolor es una experiencia sensorial y emocional desagradable asociada o similar a la asociada a una lesión tisular real o potencial”

**AGUDO**

**CRÓNICO**

# ¿QUÉ ES EL DOLOR?

*El dolor es una **opinión** cerebral sobre el estado de salud del organismo en lugar de una mera respuesta refleja a una lesión*

**V. Ramachandran**



**PERO ES QUE... YO NO LE PUEDO MENTIR**

**¿CÓMO NO LE VA A DOLER LA ESPALDA  
CON LO MAL QUE LA TIENE?**

# REFRAMING MRI ABNORMALITIES AS A NORMAL PART OF AGEING



## WHAT DO WE KNOW?

- MRI findings of joint deterioration are often interpreted as causes of pain triggering costly medical treatments and surgery.
- But many of these MRI changes do not cause pain - they are instead part of normal ageing.

## WHAT DO WE SEE?

MRI findings are common in asymptomatic people >40 years

**SPINE**

Cervical (n=663)  
5-35% disc herniation/bulge

Lumbar (n=3,110)  
68-96% disc degeneration  
50-84% disc bulge

**SHOULDER** (n=53)  
55-72% labral tear

**HIP** (n=1,007)  
54% labral tear\*  
12% cartilage lesion\* (n=749)

**KNEE** (n=3,231)  
43% cartilage lesion  
19% meniscal tear  
37% osteophytes

All prevalence rates from systematic reviews

**KNEE**

43% cartilage lesion (n=3,231)  
19% meniscal tear (n=2,776)  
37% osteophytes (n=2,881)

## WHAT SHOULD WE DO?

- 1 **Treat the patient, not the scan!**
- 2 **Recognise** that many so-called "abnormal" findings are just a normal part of ageing and don't need "fixing"
- 3 **Discuss MRI findings with patients** in the context of asymptomatic populations to minimise fear of damage
- 4 **Language matters** - shift from "degenerative" labels to "normal age-related changes"

\* More evidence is needed to confirm if points 3 & 4 improve outcomes



Designed by  
M Pazzinatto  
A Culvenor  
J Heerey

### References:

- Cervical Spine: D'Antoni & Croft, J Whiplash Rel Dis 2006  
Lumbar Spine: Brinjikji et al., AJNR Am J Neuroradiol 2015  
Shoulder: Schwartzberg et al., Orthop J Sports Med 2016  
Knee: Culvenor et al., Br J Sports Med 2019  
Hip: Heerey et al., Br J Sports Med 2018 (\*includes data from adults of all ages)



Imaging is useful for the differential diagnosis of many conditions, including ruling out serious diseases that can present as musculoskeletal pain, and should be used with appropriate clinical reasoning

# ¿QUÉ EVIDENCIA CIENTÍFICA TIENE EL TRATAMIENTO FARMACOLÓGICO?

PARACETAMOL

AINES  
METAMIZOL

OPIOIDES

ADYUVANTES

The background of the image consists of a repeating pattern of white, circular pills scattered across a light peach or orange-toned surface. The pills are slightly raised, creating a subtle shadow effect. The overall aesthetic is clean and clinical.

**OPIOIDES**

# OPIOIDES

## CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022

*Recommendations and Reports* / November 4, 2022 / 71(3);1–95

Deborah Dowell, MD<sup>1</sup>; Kathleen R. Ragan, MSPH<sup>1</sup>; Christopher M. Jones, PharmD, DrPH<sup>2</sup>; Grant T. Baldwin, PhD<sup>1</sup>; Roger Chou, MD<sup>3</sup> ([VIEW AUTHOR AFFILIATIONS](#))

### Recommendation 1


Nonopioid therapies are at least as effective as opioids for many common types of acute pain. Clinicians should maximize use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient and only consider opioid therapy for acute pain if benefits are anticipated to outweigh to the patient. Before prescribing opioid therapy for acute pain, clinicians should discuss with patients the realistic benefits and known risks of opioid therapy (recommendation category: B; evidence type: 3).

### Implementation Considerations

- Nonopioid therapies are at least as effective as opioids for many common acute pain conditions, including low back pain, neck pain, pain related to other musculoskeletal injuries (e.g., sprains, strains, tendonitis, and bursitis), pain related to minor surgeries typically associated with minimal tissue injury and mild postoperative pain (e.g., simple dental extraction), dental pain, kidney stone pain, and headaches including episodic migraine.




# OPIOIDES

 **FREE ACCESS** | Clinical Guidelines | 18 August 2020

## Nonpharmacologic and Pharmacologic Management of Acute Pain From Non–Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline From the American College of Physicians and American Academy of Family Physicians FREE


 This article has been corrected. [VIEW CORRECTION](#)

**Authors:** Amir Qaseem, MD, PhD, MHA , Robert M. McLean, MD, David O'Gurek, MD, Pelin Batur, MD, Kenneth Lin, MD, and Devan L. Kansagara, MD, MCR for the Clinical Guidelines Committee of the American College of Physicians and the Commission on Health of the Public and Science of the American Academy of Family Physicians | [AUTHOR, ARTICLE, & DISCLOSURE INFORMATION](#)

**Publication:** Annals of Internal Medicine • Volume 173, Number 9 • <https://doi.org/10.7326/M19-3602>

# OPIOIDES

 **FREE ACCESS** | Clinical Guidelines | 18 August 2020

**Nonpharmacologic and Pharmacologic Management of Acute Pain From Non–Low Back, Musculoskeletal Injuries in Adults: A Clinical Guideline From the American College of Physicians and American Academy of Family Physicians** 

*Recommendation 3: ACP and AAFP suggest against clinicians treating patients with acute pain from non–low back, musculoskeletal injuries with opioids, including tramadol (Grade: conditional recommendation; low-certainty evidence).*

High-certainty evidence showed that acetaminophen plus opioids reduced pain at 1 to 7 days and improved symptom relief; it also reduced pain at less than 2 hours, but this effect was small and not clinically important. On the other hand, none of the other 4 opioid interventions (transbuccal fentanyl, tramadol, and acetaminophen plus ibuprofen plus codeine or oxycodone) were associated with improvements in more than 1 outcome. Moreover, moderate- to high-certainty evidence indicated that opioid interventions were associated with large increases in risk for neurologic and GI adverse effects.

# OPIOIDES

## Opioids No Better Than Placebo at Relieving Back Pain

Emily Harris


*JAMA*. 2023;330(5):401. doi:10.1001/jama.2023.12536

Opioids were no more effective than placebo at reducing acute lower back or neck pain after 6 weeks of treatment, according to **results** from a randomized clinical trial that enrolled 347 adults who reported up to 12 weeks of pain. All participants also received guideline therapy—which included reassurance as well as advice to avoid

# OPIOIDES

Cochrane Database of Systematic Reviews | [Review - Overview](#)

## **Adverse events associated with medium- and long-term use of opioids for chronic non-cancer pain: an overview of Cochrane Reviews**

Charl Els, Tanya D Jackson, Diane Kunyk, Vernon G Lappi, Barend Sonnenberg, Reidar Hagtvedt, Sangita Sharma, Fariba Kolahdooz,  Sebastian Straube Authors' declarations of interest

### **Authors' conclusions**

A number of adverse events, including serious adverse events, are associated with the medium- and long-term use of opioids for CNCP. The absolute event rate for any adverse event with opioids in trials using a placebo as comparison was 78%, with an absolute event rate of 7.5% for any serious adverse event. Based on the adverse events identified, clinically relevant benefit would need to be clearly demonstrated before long-term use could be considered in people with CNCP in clinical practice. A

# OPIOIDES

## **Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain**

NICE guideline [NG193] Published: 07 April 2021

### **Opioids for chronic primary pain**

No evidence was identified on the effectiveness of opioids for chronic primary pain. Although there were limitations, evidence from non-randomised studies on the long-term use (more than 6 months) of opioids for chronic pain suggested an increased risk of dependence. Based on their experience, the committee agreed that even short-term use of opioids could be harmful for a chronic condition. The evidence of long-term harm, along with lack of evidence on effectiveness of opioids, persuaded the committee to recommend against starting opioid treatment for people with chronic primary pain.

The background of the image consists of a repeating pattern of white, circular pills scattered across a light green surface. The pills are slightly raised, creating a subtle shadow effect. The overall aesthetic is clean and clinical.

**ANTIÉPILÉPTICOS**

## A systematic review and meta-analysis of the effectiveness and adverse events of gabapentin and pregabalin for sciatica pain



María Soledad Giménez-Campos<sup>a</sup>, Pedro Pimenta-Fermisson-Ramos<sup>b,\*</sup>,  
Jose Israel Díaz-Cambronero<sup>a</sup>, Rafael Carbonell-Sanchís<sup>c</sup>, Eduardo López-Briz<sup>a</sup>,  
Vicente Ruíz-García<sup>a</sup>

*Conclusiones:* Esta revisión sistemática ofrece evidencia clara de la falta de pruebas sobre la efectividad de pregabalina o gabapentina para el manejo del dolor derivado de la ciática. Por tanto, su uso clínico rutinario no está avalado.

## Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain

NICE guideline [NG193] Published: 07 April 2021

1.2.10 Do not initiate any of the following medicines to manage chronic primary pain in people aged 16 years and over:

- antiepileptic drugs including gabapentinoids, unless gabapentinoids are offered as part of a clinical trial for complex regional pain syndrome (see the [recommendation for research on pharmacological interventions](#))



## Antiepileptics for chronic primary pain

Evidence suggested a lack of benefit of gabapentinoids for chronic primary pain. No evidence was identified on the long-term safety of gabapentinoids, however the committee were aware of reports of harm and risk of misuse and dependence highlighted by the MHRA notification of the reclassification of gabapentinoids as a class C substance controlled under the Misuse of Drugs Act 1971 and scheduled under the Misuse of Drugs Regulations 2001 as Schedule 3. There was no evidence identified for any other antiepileptics for chronic primary pain. Because antiepileptics are associated with known harms, particularly gabapentinoids which carry a risk of substance misuse and dependence, the committee agreed that they could not recommend starting antiepileptics for chronic primary pain. They applied this recommendation across all types of chronic primary pain and all antiepileptics (although there was evidence for only some types) because of their knowledge of the harms associated with these drugs. They were aware

# ANTIEPILEPTICOS

## Pregabalin and gabapentin for pain

*BMJ* 2020 ; 369 doi: <https://doi.org/10.1136/bmj.m1315> (Published 28 April 2020)

Cite this as: *BMJ* 2020;369:m1315

### What you need to know

- Pregabalin and gabapentin can be effective as first line treatment for some people with neuropathic pain such as post-herpetic neuralgia and diabetic peripheral neuropathy
- They are not effective for low back pain, sciatica, spinal stenosis, or episodic migraine, and their off-label use for these conditions is not advised
- Ask patients to report side effects such as dizziness, sleepiness, and gait problems, which may require the drugs to be tapered and stopped



## #25 Gabapentin & Chronic Pain: Missing Evidence and Real Effect?

### CLINICAL QUESTION

What is the evidence to support gabapentin (or pregabalin) in chronic peripheral neuropathic pain?

### BOTTOM LINE

The apparent benefit of gabapentin in chronic pain was exaggerated by publication and reporting biases. In carefully selected patients with peripheral neuropathic pain, gabapentin may offer moderate or more pain relief for 1 in every 6-8 patients but causes adverse events in a similar number. There is no trial evidence pregabalin is superior to gabapentin.

# ANTIÉPILEPTICOS



Government  
of Canada

Gouvernement  
du Canada



[Canada.ca](#) > [Health](#) > [Recalls and safety alerts](#)

## Recalls and safety alerts

Information update

### **Health Canada advises Canadians to exercise caution when taking gabapentin or pregabalin with opioids**

**September 17, 2019**

#### **For Immediate Release**

OTTAWA – Health Canada is advising Canadians about the increased risk of opioid overdose and serious side effects when taking gabapentin (e.g., Neurontin) or pregabalin (e.g., Lyrica) with an opioid.

When used with opioids, gabapentinoids increase the risk of opioid overdose. Serious side effects of using gabapentinoids and opioids at the same time include respiratory depression (slowed breathing), increased sedation (sleepiness), dizziness, fainting, and death.

PERO TAMBIÉN HAY  
**BUENAS NOTICIAS**

### Abordaje no farmacológico del dolor

Iñaki Aguirrezabal Bazterrica<sup>a,\*</sup>, Miguel Ángel Galán Martín<sup>b</sup> y Federico Montero Cuadrado<sup>b</sup>

## BMJ Open Pain education to prevent chronic low back pain: a study protocol for a randomised controlled trial

Adrian C Traeger,<sup>1,2</sup> G Lorimer Moseley,<sup>2,3</sup> Markus Hübscher,<sup>2</sup> Hopin Lee,<sup>1,2</sup> Ian W Skinner,<sup>1,2</sup> Michael K Nicholas,<sup>4</sup> Nicholas Henschke,<sup>5</sup> Kathryn M Refshauge,<sup>6</sup> Fiona M Blyth,<sup>7</sup> Chris J Main,<sup>8</sup> Julia M Hush,<sup>9</sup> Garry Pearce,<sup>10</sup> James H McAuley<sup>1,2</sup>

Review > [Physiother Theory Pract.](#) 2016 Jul;32(5):332-55. doi: 10.1080/09593985.2016.1194646.

Epub 2016 Jun 28.

## The efficacy of pain neuroscience education on musculoskeletal pain: A systematic review of the literature

Adriaan Louw<sup>1</sup>, Kory Zimney<sup>2</sup>, Emilio J Puentedura<sup>3</sup>, Ina Diener<sup>4</sup>

Cochrane Database of Systematic Reviews | [Review - Overview](#)

## Actividad física y ejercicio para el dolor crónico en adultos: un resumen de revisiones Cochrane

✉ Louise J Geneen, R Andrew Moore, Clare Clarke, Denis Martin, Lesley A Colvin, Blair H Smith Authors' declarat

## Efecto de la educación en neurociencia del dolor en pacientes con fibromialgia: intervención grupal estructurada en atención primaria

María Jesús Barrenengoa-Cuadra<sup>a,b</sup>, Luis Ángel Angón-Puras<sup>b,c</sup>, José Ignacio Moscosio-Cuevas<sup>d,e</sup>, Jesús González-Lama<sup>e,f,g,h,\*</sup>, Marian Fernández-Luco<sup>b,i</sup> y Rafael Gracia-Ballarín<sup>b,j</sup>

## Pain Neuroscience Education and Physical Therapeutic Exercise for Patients with Chronic Spinal Pain in Spanish Physiotherapy Primary Care: A Pragmatic Randomized Controlled Trial

Miguel Angel Galan-Martin<sup>1,2</sup>, Federico Montero-Cuadrado<sup>1</sup>, Enrique Lluch-Girbes<sup>3,4,5</sup>, María Carmen Coca-López<sup>6</sup>, Agustín Mayo-Iscar<sup>7</sup>, Antonio Cuesta-Vargas<sup>8,9,10</sup>

PRIMUM,  
NON NOCERE