



Summary of Evidence-Based Recommendations

Recommendation #1: All patients have the right to an adequate pain assessment including documentation of pain location, intensity, quality onset/duration/variations/rhythms, manner of expressing pain, pain relief, what makes it worse, effects of pain, and a pain plan

- Source: Institute for Clinical Systems Improvement (ICSI). Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2007.
http://www.guidelines.gov/summary/summary.aspx?doc_id=12998
- Strength of evidence: B,C,D,R

Recommendation #2: Patient self report is the “most reliable indicator of the existence and intensity of pain” (National Institutes of Health) and is a key component of chronic pain assessment. Tools to assess chronic pain should:

- Identifying significant areas of impairment or disability
- Establishing specific functional outcome goals within a care plan
- Measuring the effectiveness of the care plan or treatment interventions
- Source: Institute for Clinical Systems Improvement (ICSI). Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2007.
http://www.guidelines.gov/summary/summary.aspx?doc_id=12998
- Strength of evidence: C,R

Recommendation #3: In management of neuropathic pain, the first principle guiding any therapy is to eliminate the underlying causes of pain to the greatest possible extent with disease-specific measures.

- Source: Institute for Clinical Systems Improvement (ICSI). Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2007.
http://www.guidelines.gov/summary/summary.aspx?doc_id=12998
- Strength of evidence: A,R



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Recommendation #4: A plan of care for patients with chronic pain should address all of the following major elements:

- Set personal goals
- Improve sleep
- Increase physical activity
- Manage stress
- Decrease pain
- Source: Institute for Clinical Systems Improvement (ICSI). Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2007.
http://www.guidelines.gov/summary/summary.aspx?doc_id=12998
- Strength of evidence: A,M,R

Recommendation #5: Opioids are effective for the treatment of long-term pain due to nerve damage.

- Source: Eisenberg E, McNicol E, Carr DB. Opioids for neuropathic pain. Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD006146. DOI: 10.1002/14651858.CD006146.

<http://www.cochrane.org/reviews/en/ab006146.html>

- Strength of evidence: Meta-analysis

Recommendation #6: Neuropathic pain can be treated with antidepressants and the effect is independent of any effect on depression.

- Source: Saarto T, Wiffen PJ. Antidepressants for neuropathic pain. Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD005454. DOI: 10.1002/14651858.CD005454.pub2.

<http://www.cochrane.org/reviews/en/ab005454.html>

- Strength of evidence: Meta-analysis



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Recommendation #7: Anticonvulsant drugs are effective for relieving pain caused by damage to nerves, either from injury or disease. Approximately two-thirds of patients who take either carbamazepine or gabapentin can be expected to achieve good pain relief.

- Source: Wiffen P, Collins S, McQuay H, Carroll D, Jadad A, Moore A. Anticonvulsant drugs for acute and chronic pain. Cochrane Database of Systematic Reviews 1998 Issue 2. Art. No.: CD001133. DOI: 10.1002/14651858.CD001133.pub2.
<http://www.cochrane.org/reviews/en/ab001133.html>. **Recommendation withdrawn Sept. 2009.**
- Strength of evidence: Meta-analysis

Recommendation #8: Cognitive-behavioral approaches to the rehabilitation of patients with persistent and unremitting chronic pain are considered to be among the most helpful available.

- Source: Source: Institute for Clinical Systems Improvement (ICSI). Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2007.
http://www.guidelines.gov/summary/summary.aspx?doc_id=12998
- Strength of evidence: M,R