

Putting Evidence Into Practice (PEP): What's New in Pain

Changes Since Prior Topic Update

Last Topic Update: March 30, 2017

Antidepressants as a co-analgesic were upgraded to Likely To Be Effective. Additionally, antidepressants were previously categorized as a single intervention. However, new evidence meets PEP criteria for Likely To Be Effective as a co-analgesic.

The PEP team reviewed intraoperative dexmedetomidine for acute pain as a new intervention. Evidence showed some efficacy for post-operative bladder pain and spasm. Overall this was categorized as Effectiveness Not Established.

The PEP team also evaluated medical clowning for acute pain in children and categorized it as Effectiveness Not Established.

Antihistamines for CSF induced bone pain were categorized as Effectiveness Not Established. This intervention was previously suggested in expert opinion, but current research evidence did not show efficacy.

Meditation for acute pain was newly categorized as Effectiveness Not Established.

Transmucosal opioids for acute pain was also categorized as Effectiveness Not Established. Transmucosal opioids are effective for breakthrough pain; however, this new evidence was for acute pain.

Nefopam for acute pain was categorized as Likely To Be Effective. Nefopam is a non-opioid analgesic that is not currently approved in the United States but is available in a number of other countries.

Steroids for bone flare pain associated with bone irradiation was categorized as Effectiveness Not Established.

The PEP team reviewed tanuzemab as a new intervention for chronic pain and categorized it as Effectiveness Not Established.

Dance and dance therapy for chronic pain, a new intervention, was categorized as Effectiveness Not Established.

Visual imagery was a new intervention for acute pain, and was categorized as Effectiveness Not Established.

Tapentadol and prolonged-release tapentadol was upgraded to Recommended for Practice.

Psychoeducation for chronic pain was downgraded to Likely to Be Effective. This intervention was previously recommended for practice. Most recent evidence shows some mixed findings for effect on pain.

Finally, the PEP team reviewed oxycodone/naloxone for chronic pain and was categorized as recommended for practice. This medication was previously considered mainly for effects on opioid-induced constipation. The team noted that this also has been shown to be effective for pain relief.