

Letter to the Editor: Chronic Pain Management in Coronavirus Pandemic

Ataullah AHM¹, Sabrina Rahman², Md Nazmul Huda Ridoy³, Nilyufar Turaeva⁴, Ivan David Lozada-Martinez⁵, Luis Rafael Moscote-Salazar⁶ and Md Moshir Rahman⁷

¹Medical Officer, Sher-E-Bangla Medical College Hospital, Barishal, Bangladesh

²Department of Public Health, Independent University- Bangladesh, Dhaka, Bangladesh

³Jahurul Islam Medical College, Bajitpur, Bangladesh

⁴Resident Doctor, Republican Scientific Centre of Neurosurgery, Uzbekistan

⁵University of Cartagena Cartagena, Colombia

⁶Center for Biomedical Research (CIB), Faculty of Medicine, University of Cartagena, Cartagena, Colombia

⁷Neurosurgery Department, Holy Family Red Crescent Medical College, Dhaka, Bangladesh

*Correspondence to: Md Moshir Rahman, Neurosurgery Department, Holy Family Red Crescent Medical College, Dhaka, Bangladesh, E-mail: dr.tutul@yahoo.com

Received: 17 December 2020; **Accepted:** 19 December 2020; **Published:** 26 December 2020

Copyright: © 2020 Md Moshir R, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Chronic Pain severely compromises patient's Daily activity, Quality of Life, Sleep and causes sufferings in personal, social, economic life [1]. In the UK, more than 50% of old populations expressed chronic pain as one of the important causal factors for affecting Quality of Life [2].

Elderly patients with comorbidities & chronic pain increase risk of COVID 19 by immune suppression. Almost 88% of chronic pain patients have comorbidities for example cardiovascular diseases, Lung Diseases, Diabetes, Cancers, depression etc. Posttraumatic nervous system sensitisation and Autonomic dysfunction with inflammatory changes causes Complex regional pain syndrome (CRPS) [3-6].

Chronic pain is a common symptom in the elder age group. According to ICD 11, chronic pain puts into 7 categories, Primary pain, Cancer related, Post-surgical, Post-traumatic, Neuropathic, Musculoskeletal, visceral, orofacial. Most chronic pains are Musculoskeletal in nature (e.g., Low back pain, neck pain & joint pain etc) [7-9].

During this pandemic, routine care & follow up and pain-reducing medications, regular activity, psychosocial, behavioural modifications can improve Chronic Pain management.

Following recommendations should be noted: [10-12]

1. Infection Control: CDC recommends Temperature check, Face Mask, Gloves, Hand Hygiene, cleaning of surfaces of caregiver areas. Triage and screening of patient for covid-19.
2. Immune suppressor Pain Modulation: Significant Immune Response changes increase the risk of mortality in comorbid patients.

3. Opioids: causes immune suppression, endocrine changes, respiratory suppression and increase secondary infection rate.
4. Steroid: Oral or injections formula widely used for musculoskeletal pain. Steroid causes Adrenal insufficiency, myopathy, osteoporosis, immune response alteration, increased influenza risks etc. Oral has more side effects than topical. Any new addition of steroid medication should be discussed with Infectious disease expert.
5. NSAIDS: should be used if needed, strict stepladder pain modulation, appropriate medications should be used, and monitoring should be done for adverse effects.
6. Neuropathic Pain: Tricyclic antidepressants, Gabapentin, Pregabalin, SNRI (venlafaxine, duloxetine) are used as first line for neuropathic pain and assessed for side effects.
7. Psycho-Social Therapy: Chronic pain increases anxiety, depression, suicidal tendency etc. Patient with chronic pain should be evaluated psychologically, Socially and appropriate action (psycho-social support) should be taken.
8. Follow-up: Follow up visit increase patient's compliance with the medication and reduces pain burden. Telemedicine and Telehealth play important rule here by avoiding unnecessary hospital visit.

References

1. Brevik H, Eisenberg E, O'Brien T. "The individual and societal burden of chronic pain in Europe: The case for strategic prioritisation and action to improve knowledge

- and availability of appropriate care.” *BMC Public Health* 13 (2013): 1229.
2. Parker L, Moran GM, Roberts LM, Calvert M, McCahon D. “The burden of common chronic disease on health-related quality of life in an elderly community-dwelling population in the UK.” *Family Practice* 31 (2014): 557-563.
 3. Shahid Z, Kalayanamitra R, McClafferty B, Kepko D, Ramgobin D, et al. “COVID-19 and Older Adults: What we know.” *J Am Geriatr Soc* 68(2020): 926-929.
 4. van Hecke O, Hocking LJ, Torrance N. “Chronic pain, depression and cardiovascular disease linked through a shared genetic predisposition: Analysis of a family-based cohort and twin study.” *PloS One* 12(2017): e0170653.
 5. Zis P, Daskalaki A, Bountouni I. “Depression and chronic pain in the elderly: links and management challenges.” *Clin Interv Aging* 12(2017): 709-720.
 6. Shim H, Rose J, Halle S, Shekane P. “Complex regional pain syndrome: A narrative review for the practising clinician.” *Br J Anaesth* 123(2019): e424-e433.
 7. Treede RD, Rief W, Barke A, Aziz Q, Bennett MI. “A classification of chronic pain for ICD-11.” *Pain*. 156 (2015): 1003-1007.
 8. Murray CJ, Atkinson C, Bhalla K, et al. “The state of US health, 1990-2010: Burden of diseases, injuries, and risk factors.” *Journal of the American Medical Association* 310 (2013): 591-608.
 9. Del Giorno R, Frumento P, Varrassi G. “Assessment of chronic pain and access to pain therapy: A cross-sectional population-based study.” *J Pain Res* 10 (2017): 2577–2584.
 10. Shanthanna H, Strand NH, Provenzano DA, Lobo CA, Eldabe S, et al. “Caring for patients with pain during the COVID-19 pandemic: Consensus recommendations from an international expert panel.” *Anaesthesia* 75(2020): 935-944.
 11. Puntillo F, Giglio M, Brienza N, Viswanath O, Urits I, et al. “Impact of COVID-19 pandemic on chronic pain management: Looking for the best way to deliver care.” *Best Pract Res Clin Anaesthesiol* 34(2020): 529-537.
 12. Gierthmühlen J, Baron R. “Neuropathic Pain.” *Semin Neurol* 36(2016): 462-468.

Citation: Ataullah AHM, Sabrina Rahman, Md Nazmul Huda Ridoy, Nilyufar Turaeva, Ivan David Lozada-Martinez, Luis Rafael Moscote-Salazar and Md Moshir Rahman. “Letter to the Editor: Chronic Pain Management in Coronavirus Pandemic.” *J Sports Med Pain Manage* (2020): 002 doi: 10.47755/J Sports Med Pain Manage 2020.1.002