



A Rapid Review of Evidence for Management of Patients that Frequently Attend Emergency Departments with Chronic Pain

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Background

- Frequent attenders (FAs) are individuals attending Emergency Departments (ED) more than 5 times a year.
- FAs reportedly account for 13% of the total ED attendance.¹

Purpose

- To critique evidence for case management of patients that frequently attend ED with chronic pain.
- To utilise the evidence to support an innovative rapid access pathway to a pain rehabilitation service.

Method

- A literature search conducted in Medline, PubMed and Cinahl.
- A rapid review approach was used whereby a Systematic Review methodology is streamlined and used to inform healthcare decisions in a timely manner.
- The Oxford Centre for Evidence Based Medicine criteria were assigned to papers included in this review.

Results

Eleven studies were included in the review
Interventions were classified into the following categories -

- Multidisciplinary Review
- Referrals to primary care, pain services, mental health, psychological support, physiotherapy, social workers
- Behavioural care +/- addiction care package
- Case management including advice on medical, behavioural and social issues
- Medication restriction, care plans in notes
- Chronic pain care plan or pain management programme

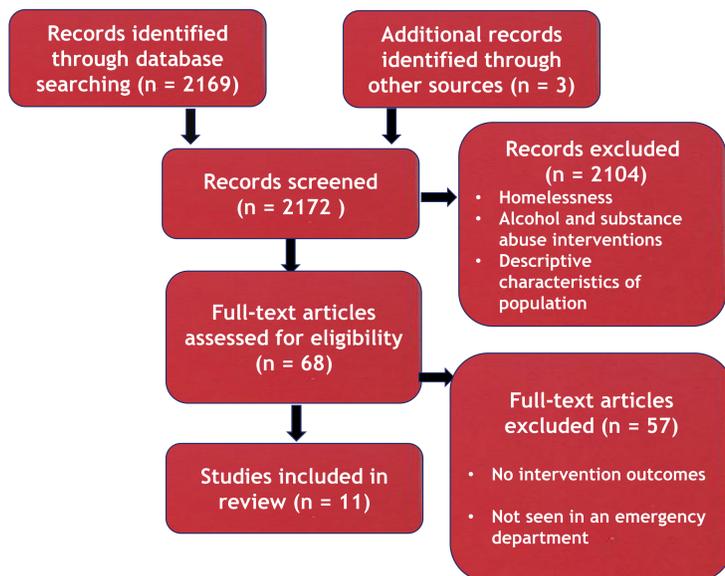
Grade A and B Evidence

2 studies suggest that multidisciplinary teams offering a care package, including referral to specialists in both chronic pain and mental health, reduced attendances.

Grade C Evidence

Multidisciplinary case management, prescription restriction or a pain management programme were effective in reducing attendances.

PRISMA flow diagram



Conclusion

- There is low to moderate evidence suggesting that MDT case management and treatment with pain management specialists and mental health specialists is effective in reducing ED frequent attenders.
- The grade C evidence was often based on real world data, with an inclusion criterion only related to attendances, making results widely generalisable.
- Ethical considerations in this vulnerable population limited the number of Randomised Controlled Trials.

Implications

Future research should focus on -

- More adequately defining the interventions and dose response relationship.
- Calculating a rate ratio to aid policy makers and clinicians in decision making.

References

1. Royal College of Emergency Medicine - RCEM, 2017

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