

First clinical guidelines in Canada for pain following spinal cord injury

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Researchers at Lawson Health Research Institute are the first in Canada to develop clinical practice guidelines for managing neuropathic pain with patients who have experienced a spinal cord injury (SCI).

Neuropathic <u>pain</u> is complex and chronic, and is the most common complication reported by people following SCI. The research team worked with care providers at Parkwood Institute, part of the St. Joseph's Health Care London family, and an international panel to address the complex and unique challenges for managing pain during recovery and rehabilitation.

In 2003, Dan Harvey sustained a spinal injury after falling off a trampoline. Using his personal experience, as well as his experiences meeting with newly injured people, Harvey contributed to the development of the new guidelines.

"Neuropathic pain - and pain in general - affects every person with a <u>spinal cord</u> injury very differently. Some people have it, some people don't. But for those who do have it, it can make rehabilitation and recovery much more difficult," explains Harvey. "On top of just learning how to use your body again, you also have to deal with various forms of physical pains, which can make it challenging to mentally adapt to an injury."

For those with <u>chronic pain</u>, it may be hard to just get out of bed in the morning, feel well enough to leave the house, or even fall asleep. "I have



fairly extensive <u>neuropathic pain</u>, so I'm well aware of how difficult it can be to get a full night's sleep, or show attentiveness at work or at school when it literally feels like your legs are on fire," says Harvey.

Dr. Eldon Loh, Lawson Researcher and Physical Medicine and Rehabilitation Specialist at St. Joseph's, and his team recognized that pain can be an overlooked part of a spinal cord injury and plays a major factor in the success of rehabilitation. It's difficult for someone in pain to participate fully in their own recovery, and so long-term disability becomes more likely. Pain is difficult to manage and it often takes multiple approaches to find something that works for each person.

"This is a starting point for us to standardize how we approach pain in the clinic. We have identified gaps and offered recommendations to not only manage the pain, but also ensure that our patients can fully benefit from rehabilitation," says Dr. Loh.

The results of the three-year process led to recommendations for screening and diagnosis, treatment and models of care. Important clinical considerations accompany each recommendation.

"For those in hospital following an injury, it's about making sure they can be as independent as possible before discharge. Over time, we want to keep pain levels under control so that they are able to live life to the fullest," adds Dr. Loh. The research will inform new tools and resources for <u>care providers</u> and patients.

Harvey believes the guidelines will have a tremendous impact for patients whose pain may have been overlooked. "Pain can be created through many different avenues and the effects can snowball after a person is discharged and sent home. If you don't check all of the boxes, you might be missing a very important item."



The new guidelines have been published in the international journal *Spinal Cord*.

Provided by Lawson Health Research Institute

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