

Nurses: the real sentinel of pain evaluation

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Abstract

Study Rationale

More than ten years have passed from the approval of the Italian Law38/2010, concerning guardianship of patients from pain. Yet, the only pain intensity expressed by patients, does not ensure a precise pain description. On the other hand, nurses, constantly cope with multidisciplinary assessment and effective management of pain¹. The aim of this study is to monitor several types of pain, detected by nurses during their daily practice and associated comorbidities, in different Italian geographical regions and the pharmacological treatment adopted.

Methods

An anonymous, online, cross-sectional questionnaire was administered to 696 registered nurses in Italy. The Paolo Procacci Foundation (FPP), Italian Association for the Study of Pain (AISD), and National Federation of Nurses Colleges (IPASVI), previously verified the contents. The form was composed by 34 multiple-choice questions and was available at the websites of the mentioned organizations and promoted on social network platforms: Facebook, Twitter, LinkedIn. The following factors were investigated: daily management of patients with pain, types of pain, types of drugs, administration routes, adjuvants, and comorbidities associated with the pain. Collected data were listed by geographical provenance: Northwest, Northeast, Central, and South Italy.

Results

There was a significant geographical difference between acute and chronic pain: acute pain was more frequent in the South (63.5%), while chronic pain was more frequent in the Central region (32.3%). Chronic oncological pain was more frequent in the Northeast (29.6%), while chronic nononcological pain was more frequently reported in the Central region (33.9%). Underlying pain disorders, were different among geographical regions; rheumatic pain (21.8%) and neurological pain (18.6%) were more frequent in the Central region, while musculoskeletal pain was significantly more frequent in the South (43.4%). Anxiety, sleep disorders, somatization were found in acute pain (60.82%, 43.56% and 53.12%), while depression and mood disorders were more frequent in chronic pain. There were no differences in using paracetamol or non-steroidal anti-inflammatory drugs (NSAIDs) between regions. Codeine + paracetamol was most frequently prescribed in the Northeast (67.6%), tramadol and fentanyl were more frequently prescribed in the South (27% and 18.2%, respectively), while morphine was more frequently used in the Central region (9.7%). Tramadol with paracetamol was more frequently prescribed in the South (69.5%) and codeine with paracetamol was more frequently prescribed in the Northeast (67.6%). The most frequently used adjuvants were the anticonvulsants gabapentin and pregabalin, followed by antidepressants (35.3%).

Conclusion

Perception of nurses in investigating pain evidenced a realistic, reliable epidemiological landscape of pain management, among different clinical settings and geographical regions. Promoting excellent nursing competences focused in pain management becomes mandatory in order to ensure the patient's quality of life². Therefore, our study builds the first step of a ten-year cadence monitoring research on the several types of pain and associated comorbidities investigated by nurses.

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Abstract

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