PAIN MANAGEMENT IN MENTAL HEALTH

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BACKGROUND

In mental health, pain management = difficult:

- psychiatric diseases \rightarrow may alter pain perception
- drug interactions (DI): psychotropic and analgesic.

AIM & OBJECTIVES



- (2) Realize a current state of analgesic prescriptions in our psychiatric units.

MATERIALS & METHODS

National data base: HAS, ANSM

International Psychiatry Guidelines: OMS, NICE...

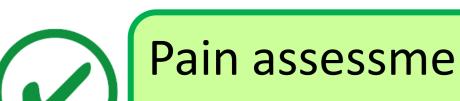
(1) Bibliographic search

(2)Observational audit of analgesic prescriptions

National Psychiatry / Pain Guidelines: FFP, Réseau PIC, ANP3SM, CNRD...

Articles, publications, thesis: Pubmed, ScienceDirect, Google Scholar, etc

RESULTS

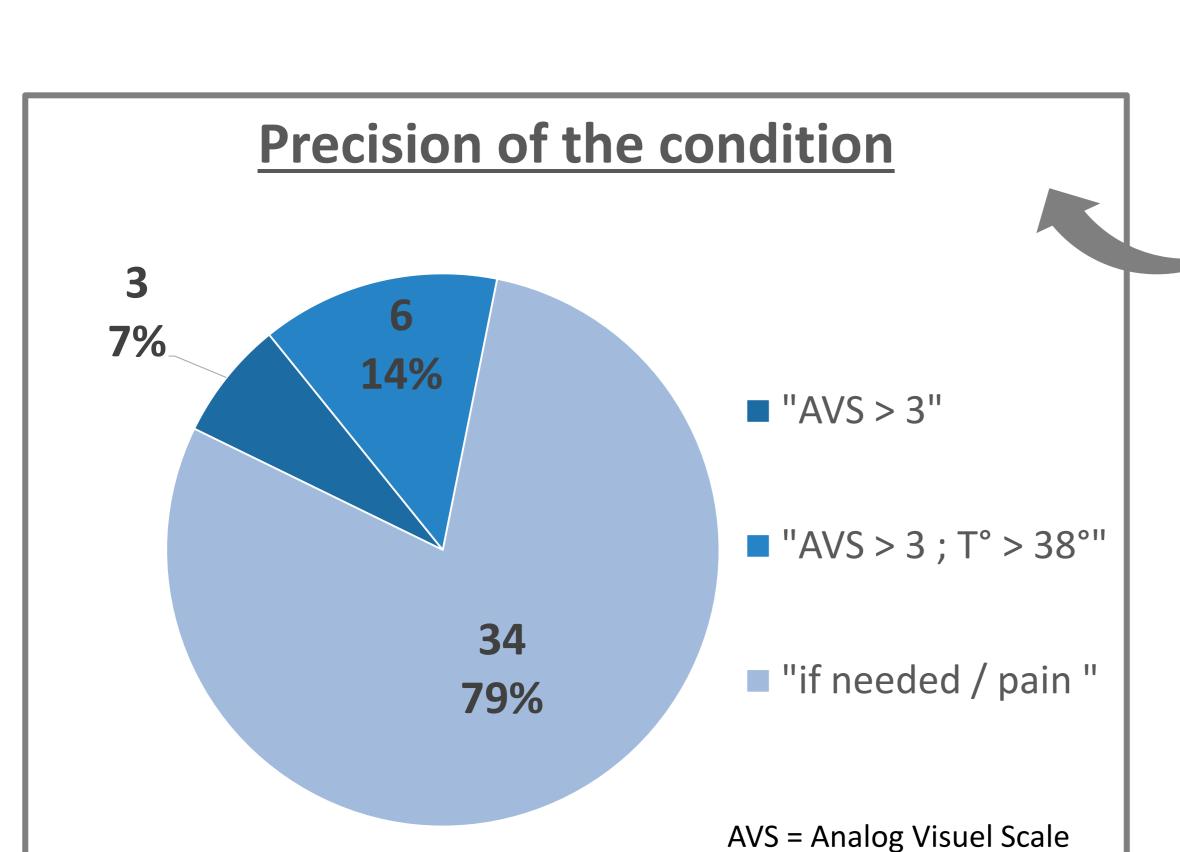


Pain assessment scales in psychiatry **BUT** not specific to this population.

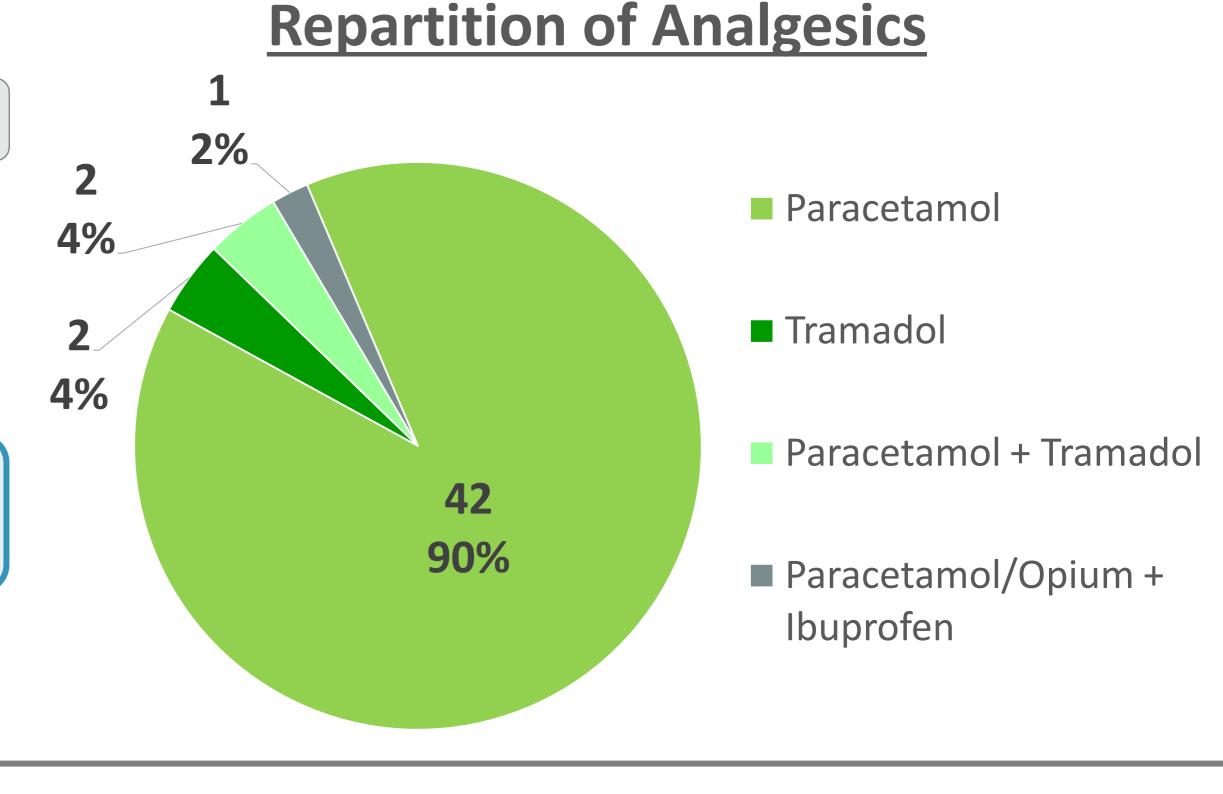
<u>AUDIT</u>: 88 patients \rightarrow 47 with analgesic (53 %):

- Sex ratio men / women = 1.04
- 50 ± 17 years old

NO consensus (national or international) on the therapeutic management of pain in mental health.



90% « if needed / pain » Paracetamol in 96% of prescriptions



- NO drug interaction with psychotropics.
- NO contraindications.

1 prescription tramadol / paroxetine = association not recommended.

CONCLUSION

- cross-referenced table between analgesics/psychotropics realized alternative was and treatment in case of DI was proposed
- This table, the scales that can be used in psychiatry to asses pain and the possibilities of treatment according to the mental disorder, were presented to psychiatrists during a session.
- (3) New audit afterwards to observe the evolution of practices after the implementation of the internal prescription guide.

