

# IMPLEMENTATION OF A CLINICAL PHARMACIST IN THE PAIN MANAGEMENT UNIT TEAM

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## What was it done?

The Pain Management Unit (PMU) is a multidisciplinary team responsible for the comprehensive treatment and management of patients with chronic pain.

The team includes representatives from various specialties: anesthesiologists, traumatologists, rehabilitation specialists, rheumatologists, internists, primary care physicians, and now a clinical pharmacist.

## Why was done?

A multidisciplinary approach is essential for addressing chronic pain from multiple perspectives, ensuring that treatment is personalized and effective for each patient.

This structure enables faster, more coordinated solutions for patients whose chronic pain is difficult to manage.

## How was it done?

When a physician is unable to adequately manage a patient's chronic non-oncologic pain, the patient is referred to the PMU. The unit holds weekly meetings to discuss cases and propose medical solutions, including interventional procedures such as injections or nerve blocks.

The clinical pharmacist plays a key role in this process by reviewing the patient's current analgesic therapy and chronic medications in advance, assessing their appropriateness, potential drug interactions, and considering alternative analgesic strategies.

Additionally, the pharmacist provides recommendations on the temporary suspension of antiplatelet and anticoagulant therapy for patients scheduled for procedures.

On a quarterly basis, the pharmacist also identifies patients with chronic non-oncologic pain who are prescribed high-dose opioids, facilitating a review by the treating physician to promote safer and more rational opioid use.

## What has been achieved?



- ★ Optimization of analgesic therapy: Through collaborative reviews with the team, analgesic treatments have been more precisely adjusted, reducing unnecessary opioid use and favoring safer, multimodal approaches.
- ★ Prevention of hemorrhagic and thromboembolic complications: Timely recommendations on the suspension of antiplatelet and anticoagulant therapy before invasive procedures have minimized risks.
- ★ Promotion of safe opioid use: The quarterly identification and review of patients on high-dose opioids has reduced the risk of overdose, dependence, and adverse effects, ensuring safer pain management.

## What next?

The integration of the clinical pharmacist into the PMU has shown a clear positive impact on the safety and effectiveness of chronic pain treatments.

Moving forward, it would be beneficial to evaluate, at six-month intervals, the interventions proposed by the pharmacist and accepted by the medical team. This evaluation would provide valuable insights into the long-term benefits of pharmacist involvement and help refine the collaborative approach to pain management.

Expanding the pharmacist's role in similar multidisciplinary teams could further enhance patient care and outcomes.

