

Pain and Chronic Kidney Disease

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Pain and patients with ESKD – Symposium
St George Hospital
July 30 2016

- Renal Supportive Care Service, Department of Nephrology, St George Hospital
- Department of Pain Medicine, St George Hospital - Dr Anica Vasic and Dr Peter Cox
- Michael J Cousins Centre for Pain Management and Research – Dr Charles Brooker, Professor Paul Glare

The nature of pain

- Pain is a perfect misery, the worst of evils.
John Milton (1608-1674)
- Pain is a more terrible lord of mankind than even death itself.
Albert Schweitzer (1875-1965)
- Pain lengthens time.
Anita Hart Barter 1990.

Epidemiology of pain in CKD

Epidemiology of pain in CKD

Dialysis patients – 58 %

Mean weighted prevalence over 36 studies

Davison S, Konicki H, Brennan F. Pain in Chronic Kidney Disease : A Scoping Review. *Seminars in Dialysis* 2014; 27(1): 188-204.

49 % reported the pain as moderate to severe

Data on PD and conservatively managed patients is more limited but shows similar prevalence and severity figures.

Impact on function and QOL

Impact on QOL

Davison (2002)
69 dialysis patients

62% stated that pain interfered with their ability to participate and enjoy recreational activities.

51 % stated that pain caused them "extreme suffering"

41 % stated that pain caused them to consider ceasing Dialysis

Positive correlation with depression

Davison S, Jhangri GS. J Pain Symptom Management 2005; 30(5): 465-473

Causes of Pain

ESRD and its treatment Co-morbidities

- 1. Pain related to the disease:**
- Polycystic Kidney Disease
 - Renal Bone Disease
 - Amyloid
 - Calciphylaxis

- 2. Pain secondary to treatment :**
- PD pts with recurrent abdominal pain
 - AV Fistulae > 'Steal syndrome'
 - Cramps
 - Intradialytic headaches

- 3. Pain related to co-morbidities**
- OA
 - Diabetic peripheral neuropathy
 - PVD / IHD
 - Malignancy

- Pain etiquette**
- ENQUIRE REGULARLY
 - RESPOND COMPASSIONATELY
 - TREAT COMPETENTLY
 - REFER WISELY

Pain management
in patients with CKD

One approach to the pharmacological
management of pain
has been to use the WHO Analgesic Ladder.

Certainly, the WHO Ladder
has been validated in the context of ESKD
and it remains a useful construct.

Barakovsky AS et al. J Am Soc Nephrol 2006; 3198-3203

Could the WHO Analgesic Ladder be used as
part of a broader perspective
in pain management
in the specific context of CKD ?

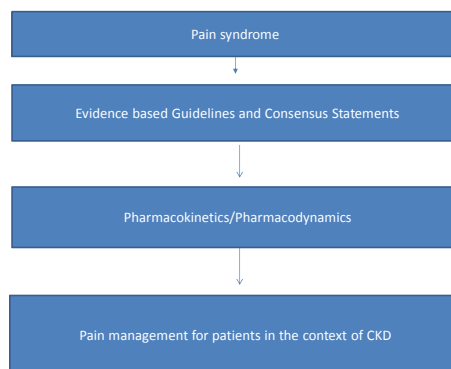
Towards a strategic approach to pain
management
in patients with CKD

1. There are very few studies
examining pain management
in the specific context of CKD

2. There are international evidence based guidelines and consensus statements on pain management of specific pain syndromes for the whole population.

- Osteoarthritis
- Painful diabetic peripheral neuropathy
- Cancer pain

3. These recommendations could be filtered through the known pharmacology of medications in the context CKD and their dialysability



Pain Management in patients with ESKD – an Evidence Based Symposium

July 30 2016

Pharmacology in the context of ESKD

Olly Zekry, Clinical Specialist Pharmacist
Dr Maria Cigolini, Palliative Care Consultant

Davison S, Koncicki H, Brennan F.

Pain in Chronic Kidney Disease : A Scoping Review.

Seminars in Dialysis 2014; 27(2): 188-204.

Koncicki H, Brennan F, Vinen K, Davison SN.

An approach to pain management in End Stage Renal Disease – Considerations for General Management.

Seminars in Dialysis. April 11 2015