Adequate analgesia for acute pain

Controversy surrounds the appropriate use of analgesia for patients with acute abdominal pain of uncertain aetiology.[1] We investigated the extent to which severe abdominal pain, with no contraindication to analgesia, goes untreated in a receiving surgical unit.

Patients, methods, and results

Over one month 103 patients with acute abdominal pain were admitted to the Western Infirmary. Criteria for entry to the study were: (1) no contraindication to the use of potent analgesia or antacid treatment (which might mask important clinical signs); (2) a pain score ≥6 on a visual analogue scale ranging from 0 to 10[2]; and (3) no medical contraindication to the use of potent analgesia. Fifty one patients were included in the study and followed up prospectively during their first 24 hours in hospital. Provisional diagnosis, time of initial examination, and pain score two hours after the initial examination were recorded. In patients who underwent operation the interval between the decision to operate and the time of operation was also recorded. Four surgical teams managed patients during the study period and were unaware that the study was being conducted. All recordings were made by a single observer and results expressed as mean (SD).

The 51 patients (31 women, 20 men; mean age 48 (24·6) years) had a variety of conditions causing their pain (table). Twenty seven (eight treated by operation, 19 treated conservatively; six men, 21 women) received no analgesia in the first 24 hours of their stay in hospital while 24 did (six treated by operation, 18 treated conservatively; 14 men, 10 women). The mean pain scores of the two groups were 8·8 (1·2) and 8·1 (1·4) respectively and the mean ages 40·7 (22·2) and 55·3 (27·4) years respectively. Fifty two patients were excluded because of inadequate pain scores (38), contraindications to analgesia (six), or difficulty in obtaining their history (eight).

Of the 14 patients who required surgery (table), six received preoperative analgesia and eight did not. Mean pain scores were 9·0 (1·0) and 8·6 (1·3) respectively. All patients received sedation immediately before operation. The mean preoperative waiting time was 70·0 (22·2) and 137·0 (50·4) minutes in the treated and non-treated groups respectively.

Thirty seven patients with no contraindication to analgesia were treated conservatively without surgery. Eighteen patients received analgesia and 19 did not. Mean pain scores were 8·8 (1·3) and 8·0 (1·4) respectively, and the mean time to receive analgesia was 41·3 (29·7) minutes after examination by the attending physician.

Diagnoses, pain scores, and use of analgesia in 51 patients who fulfilled the criteria for study

Case No	Diagnosis	Pain score*	Analgesia†
	Operative management		
1	Pancreatic pseudocyst	10	Yes
2	Appendicitis	10	No
3	Appendicitis	10	No
4	Intestinal obstruction	8	No
5	Appendicitis	9	No
6	Appendicitis	8	Yes
7	Appendicitis	10	Yes
8	Perforated ulcer	8	Yes
9	Appendicitis	8	No
10	Perforated ulcer	10	Yes
11	Testicular torsion	8	Yes
12	Gall stone ileus	8	No
13	Brachial embolus	6	No
14	Appendicitis	10	No
	Conservative management		
15	Intestinal obstruction	6	No
16	Diverticulitis	8	No
17	Salpingitis	6	No
18	Cholecystitis	10	Yes
19	Intestinal obstruction	10	Yes
20	Gastroenteritis	10	No
21	Peptic ulcer	9	Yes
22	Oesophagitis	10	Yes
23	Renal colic	10	No
24	Urinary tract infection	8	No
25	Menstrual pain	8	No
26	Salpingitis	8	No
27	Gastroenteritis	7	No
28	? Perforation, ? cholecystitis	10	Yes
29	Intestinal obstruction	10	No
30	? Cholecystitis, ? diverticulitis	8	No
31	Cholecystitis	10	Yes
32	Ovarian carcinoma	8	Yes
33	Peptic ulcer	9	No
34	Renal colic	7	Yes
35	Renal colic	8	Yes
36	Chest infection	8	No
37	Peripheral vascular disease	8	Yes
38	Intestinal obstruction	9	Yes
39	Urinary tract infection	6	No
40	Disseminated carcinoid	7	No
41	Pancreatitis	10	Yes
42	Diverticular disease	6	No
43	Crohn's disease	6	Yes
44	Pancreatitis	10	Yes
45	Renal colic	10	Yes
46	Intestinal obstruction	10	No
47	Urinary tract infection	8	Yes
48	Fractured ribs	7	Yes
49	Cholecystitis	10	Yes
50	Cholecystitis	8	No
51	Chest infection	7	No

*Maximum score 10.
†Use of analgesia preoperatively in those managed by operation and in first 24 hours in those managed conservatively.

Comment

This study shows that acute abdominal pain with no contraindication to analgesia is often untreated in hospital. This may be due to reluctance to prescribe analgesia for patients with abdominal conditions or simply neglect to treat this symptom. The underuse of analgesia cannot be attributed to the relative inexperience of junior staff as all patients were seen by the consultant in charge. Many patients experienced considerable delay before undergoing operation (mean 137 (50·4) minutes) and did not receive preoperative analgesia despite receiving sedative premedication.

Patients with abdominal pain awaiting surgery should receive analgesia as it can no longer be said to mask clinical signs. The policy of withholding analgesia was formulated many years ago when large quantities of morphine (15-30 mg) were used.[3] Nowadays 10 mg morphine provides satisfactory analgesia for four to six hours with minimal side effects in 70% of adult patients with moderate to severe pain, and it is unlikely to alter clinical signs.[4] This, along with the availability of specific opiate antagonists and the ability to review patients regularly, supports the policy of giving analgesia to patients with severe undiagnosed abdominal pain. There is interest in the use of on demand self administered analgesia postoperatively.[5] This intravenous method of treatment has proved reliable and cheap, and its use preoperatively and in patients with a positive diagnosis would be worth investigating.

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Cephalgia fugax: a momentary headache

We describe a common benign headache that can be diagnosed on the basis of history alone and about which little has been written. A suitable name for the headache would help teaching and diagnosis. Over the years we have moved from calling it momentary headache to cephalgia fugax and believe that this is preferable to the term "ice pick pain" used by Raskin and Schwartz.[1] The pain is reminiscent of proctalgia fugax.

Patients, methods and results

Momentary headache or cephalgia fugax was recorded 40 times during 11 years from 1972 in one outpatient diagnostic index, and probably an equal number of unregistered cases were seen. Follow up was by postal questionnaire and when