



Smjernice za liječenje bola u porodičnoj medicini

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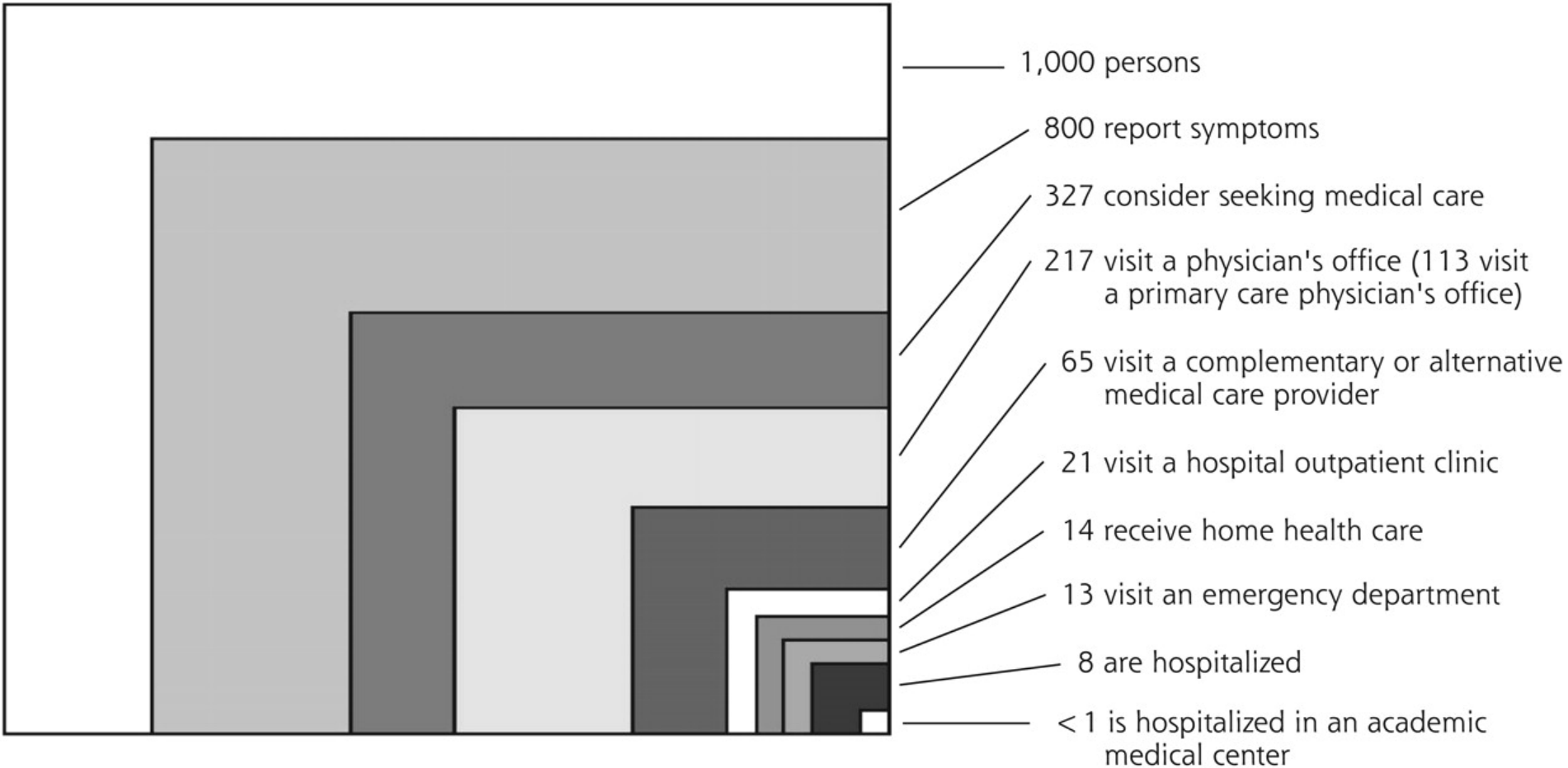
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Zašto je ova tema značajna za doktore u PZZ?

- jedan od najčešćih simptoma zbog kojih se pacijenti javljaju svom ID
- peti vitalni znak (temperatura, disanje, puls, pritisak, bol)
- simptom mnogih akutnih i hroničnih bolesti, posebno lokomotornog sistema.

Subjektivna je senzacija i javlja se pri oštećenju tkiva, sa ciljem da podstiče reakciju kako bi se uklonio taj bolni podražaj.

Ko su pacijenti ljekara porodične medicine?



Green LA, Fryer GE Jr, Yawn BP, Lanier D, Dovey SM. The ecology of medical care revisited. *N Engl J Med.* 2001;344:2021–2025.

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Ko su pacijenti sa bolom u ambulantama PZZ?

- 30% pacijenata dolazi u ambulantu PZZ zbog bola (ili imaju zdravstveni problem u kome se bol mora liječiti)
- 50% pacijenata dobije od nas lijek protiv bola
- Najčešći uzrok bola leži u mišićno-koštanom sistemu (2/3)
- Neuropatski bol čini 7-10% bola u populaciji, često ostaje neprepoznat, iako je prisutan kod mnogih hroničnih oboljenja
- Maligna bolest često rezultira bolom
- Bol poslije traume

Procjena naučne zasnovanosti smjernica

- Smjernice se oblikuju na osnovu istraživanja i iskustva dobre kliničke prakse
- Cilj je poboljšanje dostupnosti najboljih stručnih informacija, uključujući i informacije o lijekovima u svim zemljama
- Crna Gora još nema nacionalne smjernice za liječenje bola na nivou PZZ
- Nama su dostupne smjernice Hrvatskog društva za liječenje bola HLZ (za akutni, kancerski i neuropatski bol)

<https://www.hdlb.org/publikacije/publikacije-za-zdravstvene-djelatnike/smjernice-hrvatskog-drustva-za-lijecenje-boli/>

- Ove smjernice su u skladu sa smjernicama Evropskog udruženja za palijativnu njegu, IASP i NICE.

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Prednosti primjene smjernica u porodičnoj medicini u ambulantama PZZ

Jedan od osnovnih zadataka svakog ljekara u PZZ je ublažavanje patnje, odnosno bola.

Suština:

1. Smjernice za liječenje bola daju vrlo dobar okvir za izbor najboljeg liječenja bola, prilagođen svakom bolesniku.
2. Porodični doktor (ID) dobro poznaje bolesnika
3. Trajno i sveobuhvatno brine o njegovom zdravlju

Izbor lijekova na listi je širok, pa se može odabrati odgovarajući modalitet liječenja.

Osnovni principi propisivanja analgetika:

P-lijek prema uzroku i vrsti bola:

- Procjena stanja pacijenta, sa posebnim osvrtom na komorbiditet
- Odgovarajuća doza u odnosu na intenzitet bola
- Individualno titriranje doze
- Stalno praćenje učinka lijeka i drugih postupaka liječenja
- Korigovanje plana liječenja po potrebi

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Vrste bola – podsjećanje na karakteristike

1. nociceptivni bol: somatski i visceralni
2. neuropatski bol
3. miješani bol

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Nociceptivni somatski bol

- Nastaje podražajem perifernih nociceptora u oštećenom tkivu (u kostima, zglobovima, vezivnom tkivu, mišićima)
- Najčešće je **kontinuiran i može se dobro lokalizovati**
- Može da se javlja i intermitentno, **pri pokretima ili spazmu mišića, tad je po karakteru štipajući ili gnječeći**
- Najčešće se **sporo razvija, mukao je, može da bude žareći ili režući**

Nociceptivni visceralni bol

- Nastaje oštećenjem **unutrašnjih organa**
- Posljedica je spazma ili distenzije glatkih mišićnih slojeva u zidovima šupljih organa ili distenzijom ovojnica parenhimnih organa
- Difuzan je, **slabo lokalizovan**, može biti **iradrajuci** i može da stimuliše senzorni, motorni ili autonomni nervni sistem
- **Preneseni bol** provodi se visceralnim nervnim vlaknima u zadnje rogove kičmene moždine, ali se dio prenosi i u udaljene dijelove tijela putem drugih nervnih vlakana koja pripadaju istom segmentu

Neuropatski bol

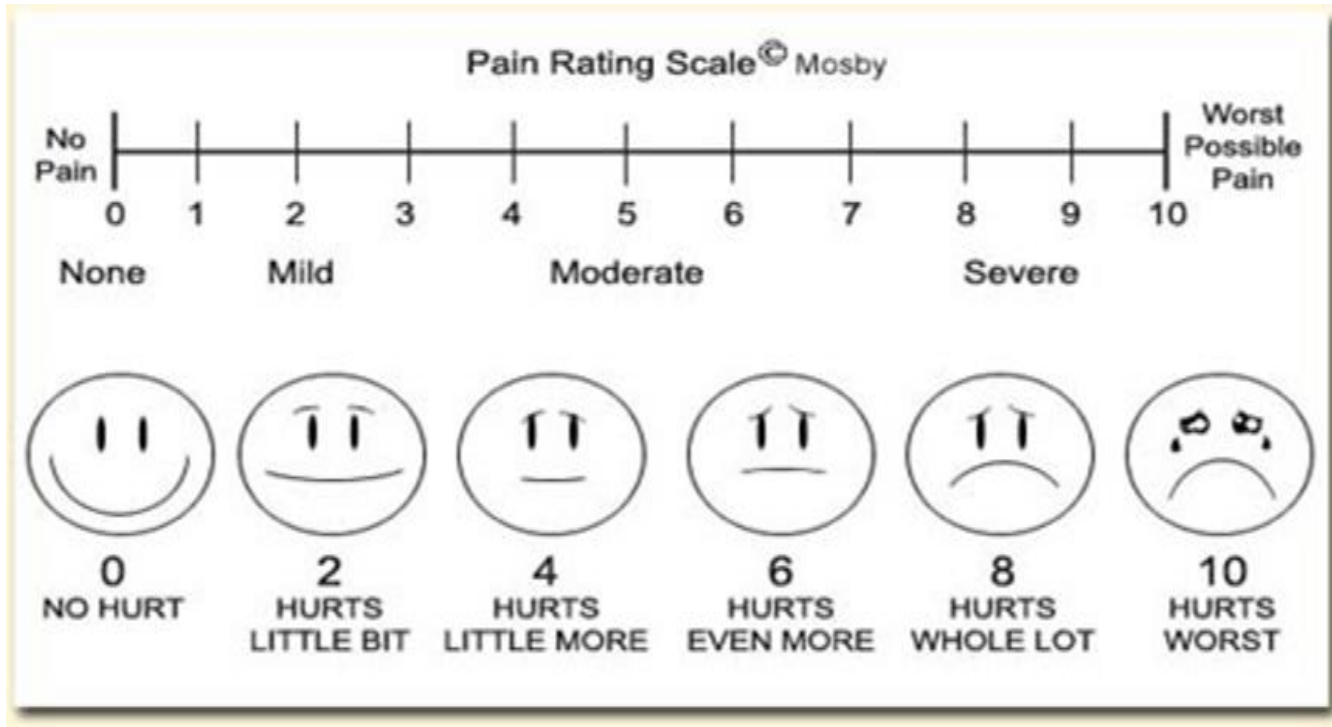
- Nastaje kao rezultat oštećenja perifernog ili centralnog nervnog sistema
- Pacijenti ga opisuju kao **žarenje, pečenje, trnce, mravinjanje**, ponekad iznenadni napadi **kao udari struje („fiskovi“)**, **bolni odgovori na primjenu toplote**, umrtvljenost na primjenu hladnoće

Smjernice za dijagnostiku bola u PZZ

Anamneza:

- Važno je ono što pacijent kaže, jer „...njega boli onoliko koliko on/ona kaže da ga/je boli“
- Značajni podaci o uzroku, vrsti, karakteru, lokaciji, intenzitetu, pojačavanju i ublažavanju bola
- Treba da koristimo ljestvice za procjenu bola, u skladu sa uzrastom i kognitivnim sposobnostima pacijenta
- Najčešće ljestvice: VIZUELNO-ANALOGNA i NUMERIČKA

Vizuelno – analognna skala bola



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Numerička skala bola

Potpuna odsutnost bola

Najjači mogući bol



NRS - Numeric Rating Scale



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Upitnik za otkrivanje bola (*Pain Detect Questionnaire*)

- Pomaže da se predvidi vjerovatnoća neuropatskog bola i prvi je upitnik koji bol uzima kao glavnu komponentu
- Sadrži 7 pitanja koja se odnose na simptom neuropatskog bola
- Koristi se: kod bola u krstima, kod RA, osteoartritisa, nakon torakotomije, kod malignih bolesti, fibromijalgije, bola u vratu, koljenima, u drugim zglobovima
- Preveden na hrvatski jezik (od strane HDLB HLZ) za potrebe PZZ

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paInDETECT PAIN QUESTIONNAIRE

Date: _____ Patient: _____ Last name: _____ First name: _____

How would you assess your pain now, at this moment?
0 1 2 3 4 5 6 7 8 9 10
none max.

How strong was the strongest pain during the past 4 weeks?
0 1 2 3 4 5 6 7 8 9 10
none max.

How strong was the pain during the past 4 weeks on average?
0 1 2 3 4 5 6 7 8 9 10
none max.

Mark the picture that best describes the course of your pain:

	Persistent pain with slight fluctuations	<input type="checkbox"/>
	Persistent pain with pain attacks	<input type="checkbox"/>
	Pain attacks without pain between them	<input type="checkbox"/>
	Pain attacks with pain between them	<input type="checkbox"/>

Please mark your main area of pain

Does your pain radiate to other regions of your body? yes no
If yes, please draw the direction in which the pain radiates.

Do you suffer from a burning sensation (e.g., stinging nettles) in the marked areas?
never hardly noticed slightly moderately strongly very strongly

Do you have a tingling or prickling sensation in the area of your pain (like crawling ants or electrical tingling)?
never hardly noticed slightly moderately strongly very strongly

Is light touching (clothing, a blanket) in this area painful?
never hardly noticed slightly moderately strongly very strongly

Do you have sudden pain attacks in the area of your pain, like electric shocks?
never hardly noticed slightly moderately strongly very strongly

Is cold or heat (bath water) in this area occasionally painful?
never hardly noticed slightly moderately strongly very strongly

Do you suffer from a sensation of numbness in the areas that you marked?
never hardly noticed slightly moderately strongly very strongly

Does slight pressure in this area, e.g., with a finger, trigger pain?
never hardly noticed slightly moderately strongly very strongly

(To be filled out by the physician)

never	hardly noticed	slightly	moderately	strongly	very strongly
<input type="checkbox"/> x 0 = 0	<input type="checkbox"/> x 1 = <input type="text"/>	<input type="checkbox"/> x 2 = <input type="text"/>	<input type="checkbox"/> x 3 = <input type="text"/>	<input type="checkbox"/> x 4 = <input type="text"/>	<input type="checkbox"/> x 5 = <input type="text"/>

Total score out of 35

Development/Reference: R. Freytragen, R. Baron, U. Gockel, T. R. Tolle / Curr Med Res Opin, Vol 22, No. 10 (2006)
paInDETECT questionnaire, ©2005 Pfizer Pharma GmbH, used with permission. ©2005 Pfizer Pharma GmbH

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painDETECT[®] SCORING OF PAIN QUESTIONNAIRE

Date: _____ Patient: Last name: _____ First name: _____

Please transfer the total score from the pain questionnaire:

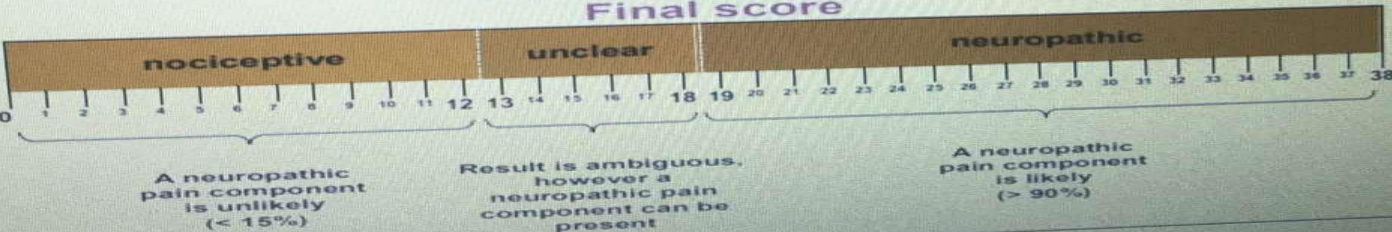
Total score

Please add up the following numbers, depending on the marked pain behavior pattern and the pain radiation. Then total up the final score:

	Persistent pain with slight fluctuations	<input style="width: 40px;" type="text" value="0"/>	
	Persistent pain with pain attacks	<input style="width: 40px;" type="text" value="-1"/>	if marked, or
	Pain attacks without pain between them	<input style="width: 40px;" type="text" value="+1"/>	if marked, or
	Pain attacks with pain between them	<input style="width: 40px;" type="text" value="+1"/>	if marked
	Radiating pains?	<input style="width: 40px;" type="text" value="+2"/>	if yes
Final score		<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	

Screening Result

Final score



A neuropathic pain component is unlikely (< 15%)
Result is ambiguous, however a neuropathic pain component can be present
A neuropathic pain component is likely (> 90%)

This sheet does not replace medical diagnostics.
 It is used for screening the presence of a neuropathic pain component.
 Development/Reference: R. Freynhagen, R. Baron, U. Gockel, T.R. Tölle / Curr Med Res Opin. Vol.22, No. 10 (2006)
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Za bolju procjenu bola potrebno je još:

- **Klinički pregled** pacijenta značajno doprinosi ocjeni funkcionalnog oštećenja koje je izazvalo bol
- **Podaci iz medicinske dokumentacije** za objektivizaciju bola
- **Poznavanje pacijenta kao osobe** i njegovih karakteristika
- **Uvažavanje** bolesnikovih vjerovanja, mišljenja i konteksta

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Smjernice za liječenje bola u PZZ

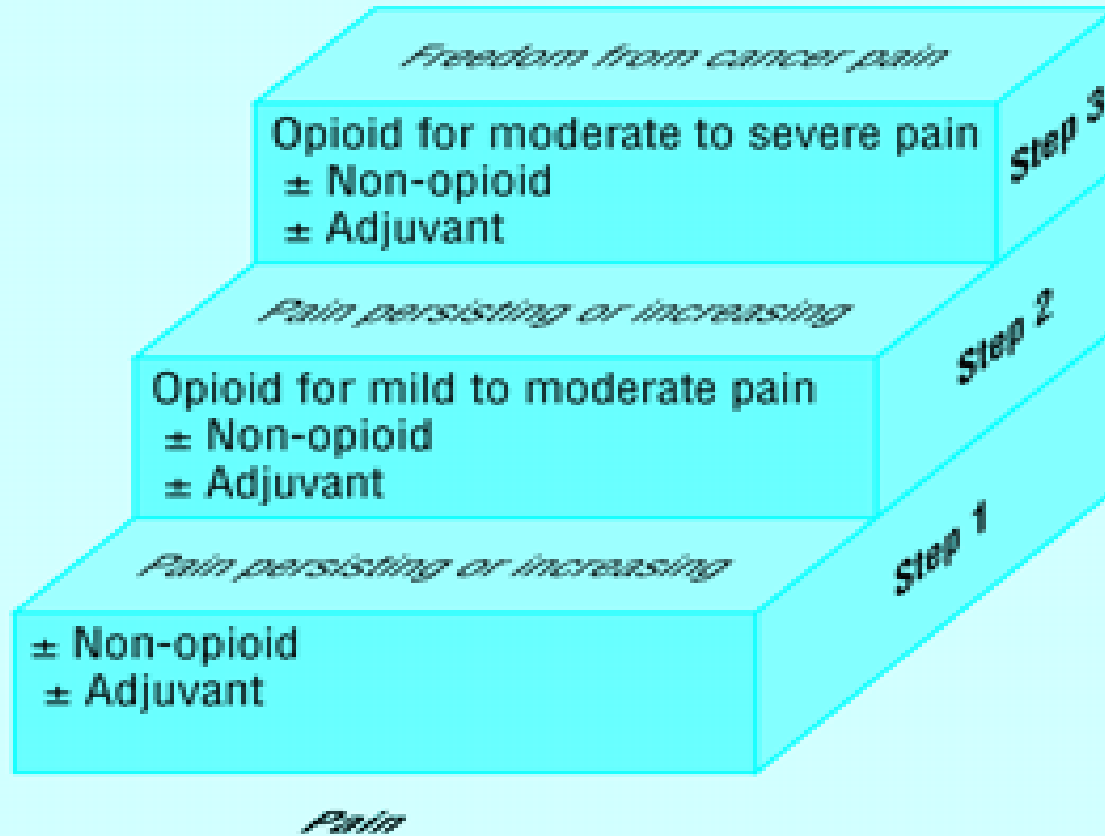
Redosljed postupaka:

1. Odrediti uzrok, karakter bola, intenzitet i trajanje
2. Odabrati odgovarajući lijek

Poznate smjernice **SZO** iz 1986: **TROSTEPENA LJESTVICA LIJEČENJA BOLA**

- Pomogle su doktorima da povećaju svijest o kancerskom bolu svojih pacijenata i da pravilno uvode i primjenjuju opijate u terapiju.
- Podstakle su edukaciju doktora o upotrebi, korisnim učincima i nuspojavama opijata kao analgetika.
- Vrstu lijeka određuje **INTENZITET BOLA**, a ne stadijum bolesti!!!
- Osnova: **lijekovi se daju u standardnim dozama, u pravilnim intervalima i postepeno se uvode sve jači lijekovi.**
- Govore o korisnim i lošim, kao i štetnim kombinacijama lijekova.

Stepenice liječnja bola prema Svjetskoj zdravstvenoj organizaciji (WHO analgesic ladder)



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Uobičajeni trostepeni pristup

1. stepenica: **paracemol i NSAIL**, ako se bol ne može kupirati
2. stepenica: **slabi opioid**, ako nije dovoljan
3. stepenica: **jaki opioid**

Adjuvantni lijekovi:

Liječenje bola nije njihova primarna indikacija, ali djeluju analgetski na neka bolna stanja, bilo sinergistički sa opioidima, bilo zato što podižu prag bola ili specifično djeluju na neke vrste bola.

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Modifikovana ljestvica IASP* - analgeski lift

Kod pacijenata kojima se jak bol pojavi već u početku bolesti ili je progresija vrlo brza:

Jačin bola	Terapijski postupak
blag	Počinje se neopioidnim analgetikom Po potrebi se dodaju niske doze jakih opioida
srednje jačine	Počinje se niskim dozama jakih opioida Po potrebi se dodaje neopioidni analgetik
jak	Jaki opioid i neopioidni analgetik

* IASP- Međunarodno udruženje za istražvanje bola (International Association for the Study of Pain)

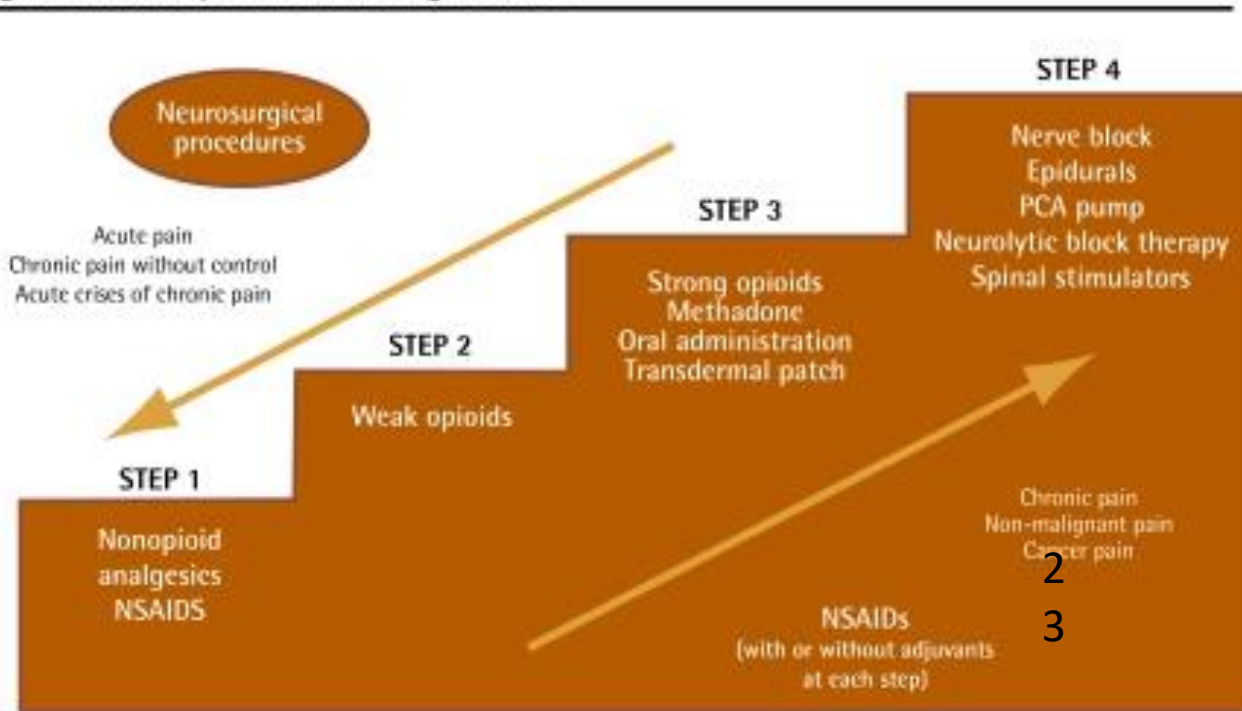
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SZO nova četvorostepena ljestvica za liječenje jakog bola

Uključuje dodatne hirurške, radioterapijske i druge postupke (za optimalnu analgeziju i minimalne nuspojave)

Figure 2. New adaptation of the analgesic ladder



NSAID—nonsteroidal anti-inflammatory drug, PCA—patient-controlled analgesia.

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Multidisciplinarni pristup

Kad je u pitanju pacijent sa neuropatskim bolom i/ili hroničnim nemalignim bolom i/ili malignim bolom koji ne odgovara na standardnu terapiju, izabrani doktor treba da saraduje sa drugim stručnjacima, koji su specijalizovani za liječenje bola:

- anesteziolozima,
- neurolozima,
- kliničkim farmakolozima,
- fizijatrima i td.

Zahvaljujem za vašu pažnju!

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