



CHAPTER OF PAIN MEDICINE PHYSICIANS
ACADEMY OF MEDICINE, SINGAPORE

POSITION STATEMENT

PAIN PROCEDURES DURING COVID-19 PANDEMIC

There is a need to recognize that many patients suffering from pain may deteriorate functionally should pain not be addressed in a timely and appropriate manner. With the rapidly evolving COVID-19 pandemic situation, there is a need to weigh the risks and benefits of performing a pain procedure should the patient require it medically [1]. The general aims should be to alleviate severe pain, avoid significant deterioration of function and avoid unnecessary reliance on opioids or emergency department (ED) visits/admissions which would increase risk of exposure to COVID.

BASIS FOR DECISIONS

The decision to postpone or perform a pain procedure must be made in the context of numerous considerations (both medical and logistical) and individualized to the particular patient's condition.

- The medical necessity for a given procedure should be established by the pain specialist taking into account the patient's condition and prognosis; and the time sensitivity and benefit of the procedure to function and quality of life.
 - Factors to consider include
 - Severity of pain and its effect on function
 - Responsiveness to analgesia and alternative methods of treatment

- Patient's risk factors for complications from COVID infection
- Risks and benefits of the pain procedure
- Logistical feasibility for performing a given procedure should be determined taking into consideration facility resources (infection control resources and other equipment, supplies, etc.) and provider and community safety and well-being.

WEIGHING AND MITIGATING RISKS OF STEROIDS

It has been suggested that chronic pain patients may be more susceptible to COVID-19 with the majority of pain patients being elderly with multiple comorbidities. A statement by Faculty of Pain Medicine of Royal College of Anaesthetists [3] addressed the potential harm of steroids injection to individuals who may be incubating or later develop COVID-19.

However, the uncertain effects or even benefits of anti-inflammatory agents and steroids in COVID-19 remain unknown. If the avoidance of pain management interventions causes significant deterioration of function and necessitate use of long-term opioids or NSAIDs, these could also compromise the patient's immune status. Prolonged use of Opioids and NSAIDs may also pose severe systemic risks to patients. In a recent published review article, Beth Russell et al [4] found no published evidence for or against the use of NSAIDs and steroids in COVID-19 patients.

Meanwhile, there appeared to be some evidence that corticosteroids may be beneficial if utilised in the early acute phase of infection [5]. However, conflicting evidence from the World Health Organisation surrounding corticosteroid use in certain viral infections means this evidence is not conclusive. Given the current availability of literature, these agents can be used until further definitive evidence emerges surrounding the use of NSAIDs and corticosteroids in COVID-19 patients.

Hence, carefully balancing risks and benefit and engaging patients in the decision-making process, with accurate documentation is advised.

- Consider risk mitigation strategies in high risk patients if the interventions are unavoidable for medical or humanitarian reasons:
- Consider evaluating risks/benefits of steroid injections and use a decreased dose especially in high-risk patient populations
- In the choice of steroids, it is useful to note that particulate steroids e.g. triamcinolone has a more prolonged duration
- Use lowest dose possible
- Stagger injections adequately to reduce drug dose

- Consider non-steroid requiring alternatives whenever possible (e.g. pharmacological strategies, radiofrequency ablation (RFA)), considering if additional risks if any are justifiable.

COUNSELLING AND CONSENT

Patients should be counselled on the risks and benefits of pain interventions, alternative treatments and the potential increased risk of steroid use but current lack of clear evidence associated with increased risk of poor outcome with COVID-19 infection, and be engaged in decision making. The discussion and decision should be clearly documented.

CONCLUSION

The COVID-19 pandemic is placing severe evolving challenges to our healthcare system. The **Chapter of Pain Medicine Physicians, AMS, Singapore** recognises many new challenges, including lack of multidisciplinary members of pain services, lack of continuity of care for patients crossing different health cluster and potentially increased risks of pain intervention procedures. However, such procedures are often medically necessary to avoid worsening medical conditions and unnecessary suffering. Options, benefits and risks must be individualised and where indicated and benefits outweigh risks, these procedures should still be considered. Whilst pain may not be an indication of a medical emergency, it can lead to significant functional loss and emotional distress that demands rapid relief, even in a pandemic situation. Pain relieving procedures therefore must not be denied if the attending specialist deems it appropriate.

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