J Signa Vitae

Evidence based Interventional pain medicine techniques

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Interventional pain management techniques have a definite place in the management of chronic pain. Inclusion of interventional pain management techniques in the patient's treatment plan should be guided by the best available evidence on efficacy and safety with respect to the diagnosis.

Between 2009 and 2011 a series of 26 articles on evidence-based medicine for interventional pain medicine according to clinical diagnoses were published but during the last years the high number of publications justified an update. These new data were published in Pain Practice on 2019.

For 28 different pain indications a total of 113 interventions were evaluated. Twenty-seven (24%) interventions were new compared to the previous guidelines and the recommendation changed for only 3 (2.6%) of the interventions.

The quality of evidence may seem rather low and the strength of the recommendations weak. However, this must be viewed in the context of guideline methodology. The fact that the quality of the evidence is rather low does not mean that the effect of the treatment is minimal; it indicates the need for clinical research. However, performing RCTs for (interventional) pain management techniques have many difficulties.

When the quality of the evidence is low, this does not mean that the intervention is not effective. And the quality of the evidence may be high, indicating that the intervention is not effective. When the recommendation is very low, there is a high need for more research.

The recommendations formulated in guidelines are valid for a specific patient population; however, they may not be valid for the individual patient with comorbidities.

The correct application of interventional pain management techniques requires an excellent knowledge of the neuroanatomy, experience in the interpretation of the images obtained during the procedure, and adequate training. Therefore, it is preferred that such interventions be performed in specialized centers.

References

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