

MULTIMODAL MANAGEMENT OF REFRACTORY OSTEOARTICULAR AND JOINT PAIN IN EDERLY PATIENTS

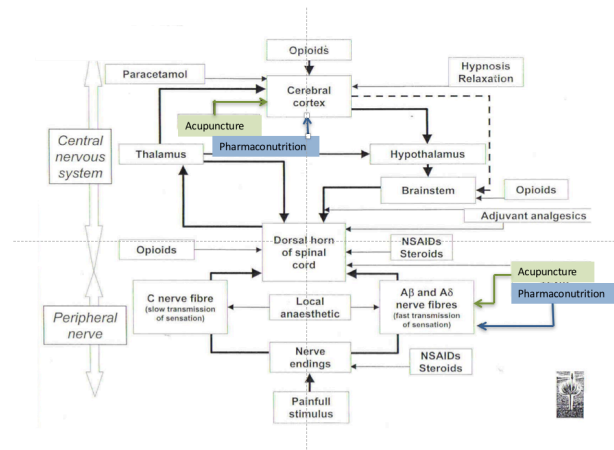
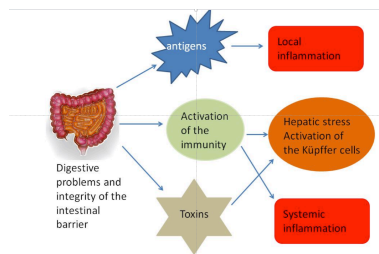
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Summary

Treatment of severe pain in elderly is complicated by comorbidities and drug side effects, due to polypharmacy

Cases: Pts > 80 years; osteoarthritis + comorbidities.
polypharmacy: opioid, NSAID, TCA + medication for underlying pathology.
Refractory pain, sleep disturbances, incapacity > 70%.major side effects

treatment evaluation 3 sessions
acupuncture + pharmaco-nutritional strategy focused on liver and gastrointestinal mucosis



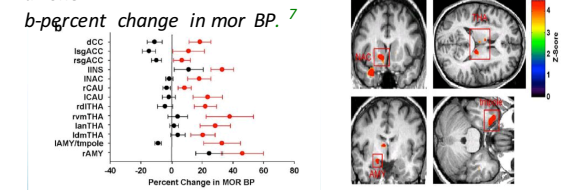
Results: pain reduction 50%, sleep improved >70%, QoL > 60%, daily reduction of analgesic intake 50%

Discussion

OA → continuous, intense nociceptive input → central sensitization due to nociceptor stimulation and modification of central pain-transmitting neurons clinically associated with NP qualities.
Genetic and epigenetic factors alter gene expression and drug responses.

A strategy that integrates pharmacological, nutritional and *acupuncture close to analgesics* shows a significant improvement of factors involved in the vicious circle. The *peripheral sensitization* of the primary nociceptors depends on intra and extra cellular homeostasis. Acupuncture also *increases brain activity* in regions closely associated with a wider pain matrix modulating the sensation and affective pain perception → *central sensitization*

Differential Long-Term Effects on mu opioid receptor (MOR) a-zone



Conclusion

A focus on the drug metabolism is highlighted. acupuncture can play a useful role as a first-line treatment for refractory chronic pain in elderly;
this previous survey resulted in alleviation of pain lowering the dose and/or number of pain medications integrative medicine has a potential means for reducing the complications of polypharmacy.
However, further research with larger number of subjects is warranted to confirm

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