INTRATHECAL TREATMENT OF PATIENTS WITH CHRONIC NON ONCOLOGIC PAIN USING HYDROMORPHONE: RESULTS AT 24 MONTHS FOLLOW-UP

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Introduction:

Disability, societal, and health impact of chronic intractable pain secondary to a various of failed therapies is a major issue. This study describes the long term efficacy, safety and complications associated with the use of intrathecal hydromorphone for long-term management of chronic non cancer severe pain.

PRIMARY INDICATIONS	n.
SPINAL STENOSIS	3
OSTEOARTHITIS	5
FBSS	4

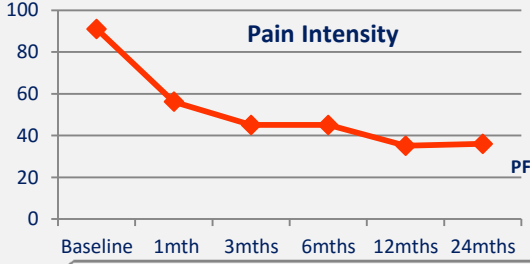
Materials and Methods:

Standardized psychological screening was used to determine treatment suitability. The primary outcome measure was long-term (24 mths) pain relief. Secondary outcome measure of improvement in functional status, psychological status, and quality of life were also used. Safety was assessed via adverse events (AEs).

Results:

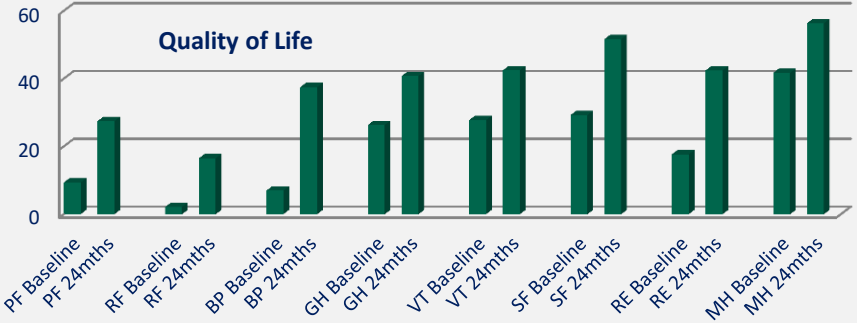
Twelve (12) patients with refractory non-oncologic chronic pain (FBSS, spinal stenosis and osteoarthritis) were enrolled. All patients received IT hydromorphone as starting therapy. During the observation period ziconotide was added to seven (7) patients. The mean hydromorphone dose at baseline was 0.12 mg/day that increased to 0.73 mg/day at twelve (12) months and to 0.92 mg/day at twenty-four (24) months. 3 patients experienced ziconotide related AEs included confusional state, hallucinations, mental status changes. No hydromorphone AEs were recorded.

IT treatment had a significant impact on pain, function and mood. In all treated population VAS of pain intensity improved at twenty-four (24) months (p.<.0001).



Pre and post treatment SF-36 measures showed a significant difference (p<.001) as well. No complications related to pump hardware were recorded.

PF: Physical Functioning **VT:** Vitality
RF: Role Physical **SF:** Social Functioning
BP: Bodily Pain **RE:** Role Emotional
GH: General Health **MH:** Mental Health



Conclusions:

Long-term administration of IT hydromorphone was efficient and well tolerated in carefully selected patients. Strict patient selection based on psychological screening may contribute to successful outcome. Therapy does not seem to be significantly inhibited by the development of tolerance.