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# The changing face of acute pain

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**Aims** To distinguish the risk factors associated with uncontrolled and problematic pain by prospectively assessing the current acute pain service (APS) activity in an academic hospital and the effects of this activity on both surgical and medical pain intensity.

**Method** This prospective cohort study was conducted at Uppsala University Hospital (a Swedish tertiary and quaternary care hospital) during one year. A standardized data collection template of demographic data, medical history, pain diagnosis, associated diseases, duration of treatment, number of visits by the APS team and type of treatment was employed. The primary outcomes were pain scores before and after treatment. The patients were visited by APS at regular intervals and divided by the number of visits by APS team into several groups: group 1 (one visit and up to 2 follow ups); group 2 (3 to 4 follow-ups); group 3 (5 to 10 follow-ups); group 4 (10 to 20 follow-ups); group 5 more than 20 follow-ups. The groups and the difference between groups were analyzed. The association of age, sex, type of pain, mental diseases, opioid addiction and abuse with the number of follow-ups was studied with ordinal logistic regression analyses.

**Results** Patients (n=730) were distributed by service to medical (41%) and surgical (58%). The patients who required more follow-ups demonstrated an increased prevalence of psychiatric diseases (from 10% in group 1 to 42% in group 5), opioid dependency (13% in group 1 to 100% in group 5) and chronic pain. Surgical patients with a history of chronic pain, mental diseases, opioid addiction and younger age were associated with frequent follow-ups and higher pain intensity.

Variable: Yes vs No	Crude OR(95%CI)	P-value
Acute Pain	1.65(1.19 -2.29)	0.002
Medical pat vs Surgical pat		.
Acute Surgery	1.79(1.22 -2.65)	0.003
Elective Surgery	0.71(0.50 -1.02)	0.060
Neuropathic Central NP	1.93(1.18 -3.16)	0.009
Neuropathic Peripheral NP	1.20(0.81 -1.78)	0.355
Musculoskeletal	1.52(1.03 -2.24)	0.037
Cancer Pain	1.34(0.94 -1.92)	0.110
Visceral Pain	1.81(1.27 -2.58)	0.001
Chronic Nociceptive Pain	1.53(1.15 -2.05)	0.004
Chronic Neuropathic Pain	1.96(1.34 -2.85)	<.001
No dx	1.12(0.52 -2.41)	0.772
Mental Health dg	2.95(2.04 -4.27)	<.001
Abuse	1.72(1.02 -2.92)	0.043
Opioid addiction	4.26(3.03 -5.99)	<.001
ASA >2	0.88(0.65 -1.21)	0.436
Age per 10 year	0.86(0.80 -0.93)	<.001
female	1.37(1.01 -1.85)	0.040

**Conclusions** The focus of APS has been shifted from the traditional treatment of acute surgical pain to the clinical challenges of treating hospitalized patients who suffer adverse effects from pain treatment and have a high comorbidity of psychiatric diseases, opioid dependency and non-surgical chronic pain.