



Pain Management during COVID-19 viral infection:

The British Pain Society (BPS) is a multidisciplinary organisation representing people living with pain and the professionals who care for themⁱ.

The British Pain Society acknowledges that these are unprecedented times and that we are dealing with a global emergency. People may feel extremely anxious, especially when they suspect they are developing symptoms, but the healthcare system and the government are taking appropriate steps to deal with the situation.

We recommend that the general public always follows the up-to-date guidance from the government and from their local authorities if they have suspected symptoms of COVID-19 infection.

Pain symptoms related to COVID-19 infection

The early symptoms of COVID-19 include generalised muscle and body-aches, as well as fever, continuous dry cough and other flu-like symptoms. The BPS recommends people with possible symptoms of COVID-19, who require further advice about pain symptoms, seek advice via the NHS 111 coronavirus serviceⁱⁱ. People should not contact their GP, local pain clinic or other healthcare professional directly in the first instance.

Ibuprofen and COVID-19

Following media reports that started on 14 March 2020ⁱⁱⁱ there continues to be ongoing uncertainty about the use of ibuprofen and other non-steroidal anti-inflammatory drugs (NSAIDs) for managing fever and pain in people with suspected COVID-19. It has been suggested that NSAIDs may increase complications from simple respiratory infections or delay recovery from the infection.

At the current time there is currently no strong evidence confirming that ibuprofen increases the likelihood of contracting the virus or worsening the symptoms^{iv v}; however, its anti-inflammatory and anti-pyretic effects may mask the symptoms and signs of COVID-19 infection. The MHRA and NICE are reviewing the evidence urgently. At present, patients who have confirmed COVID-19 infection, or believe they have COVID-19 infection, should take paracetamol in preference to ibuprofen^{vi}.

If people have been prescribed ibuprofen or another NSAID and are taking them regularly then they should not stop without taking advice from a healthcare professional.

SPECIFIC ISSUES RELATED TO COVID-19 AND TREATMENTS FOR PERSISTENT PAIN

There are a number of specific issues related to the treatment of persistent pain which are relevant to COVID-19 related symptoms^{vii}.

Exacerbation of persistent pain

A continuous dry cough may exacerbate some types of persistent pain (including neck pain, back pain, orofacial pain, headaches and cervical/ lumbar radicular pain like sciatica and brachialgia). Management of the underlying cough and associated symptoms according to national guidelines are advised rather than just the symptomatic pain relief.

People with fibromyalgia and other persistent pain conditions may experience exacerbation of their existing pain symptoms and should be managed similarly to other COVID-19 cases, but additionally should include supportive management as their analgesic requirements may increase due to pre-existing painful conditions and long-term analgesic use.

Transdermal opioids and medicines for neuropathic pain

A high temperature or fever is often associated with COVID-19 infection and this may increase absorption from transdermal opioid patches and could increase opioid side-effects. Patients who are prescribed transdermal opioids who become increasingly drowsy or somnolent may require the patch strength to be reduced, or alternatively replaced with short-acting opioid formulations, until the person is feeling better and the fever lowered.

Opioids are also cough-suppressants and this may mask or delay the initial presenting symptoms of COVID-19 infection. Tiredness, nausea and gastrointestinal symptoms that are associated with COVID-19 infection could be worsened by prescribed opioids and other medicines for neuropathic pain.

Corticosteroids and interventions

Corticosteroids are often used in pain injection procedures including trigger point injections, and they may reduce immune function. The effect of corticosteroids on the immune system in people with COVID-19 is unknown, but possible concerns have been raised regarding reduced survival benefit and possible harms, including avascular necrosis, psychosis, diabetes, and delayed viral clearance^{viii}. Complications related to COVID-19 and mortality are higher in some groups of people, particularly older people and those with comorbidities.

In such cases the possible benefit of corticosteroids has to be judged against any possible adverse effect upon the individual's capacity to fight COVID-19 infections, and an individual decision made together with the person about whether to proceed. Corticosteroids should not be administered if a person has COVID-19 infection, or if there is a possibility he/she may have COVID-19, even if there are no symptoms at the time.

This is an uncertain and rapidly evolving area of medical knowledge. In line with the Supreme Court judgement of Montgomery 2015 a detailed record of the discussion and the obtaining of consent with the patient should take place prior to any such injections proceeding.

Elective pain procedures

In order to minimise the number of people attending hospitals at present, many hospitals have limited or stopped the number of injection procedures being performed. This is to free up capacity, both in terms of healthcare professional time and beds, and to better address the urgent requirement to treat patients with COVID-19 related symptoms. Hence, it is highly likely there will be unavoidable delays in the treatment of non-urgent patients with persistent pain.

Outpatient, new patient and follow-up consultations

Many colleagues in pain clinics are being redeployed as part of contingency planning to the COVID-19 emergency. Due to the government guidelines on restricting interactions, many pain clinics may consider replacing face to face routine outpatient-based consultations with telephone or telemedicine consultations.

The British Pain Society continues to commit to supporting both the healthcare professionals and those people living with pain as much as possible during these difficult times.

Last reviewed 26 March 2020

REFERENCES:

ⁱ <https://www.britishpainsociety.org/>

ⁱⁱ NHS Coronavirus service. <https://111.nhs.uk/covid-19>

ⁱⁱⁱ www.bmj.com/content/368/bmj.m1086

^{iv} <https://www.ema.europa.eu/en/news/ema-gives-advice-use-non-steroidal-anti-inflammatories-covid-19>

^v <https://www.gov.uk/government/news/ibuprofen-use-and-covid19coronavirus>

^{vi} www.gov.uk/government/news/ibuprofen-use-and-COVID19coronavirus

^{vii} <https://www.practicalpainmanagement.com/resources/news-and-research/managing-pain-related-symptoms-during-coronavirus>

^{viii} <https://www.who.int/docs/default-source/coronaviruse/clinical-management-of-novel-cov.pdf>