

RElievinG patient burden with Integrated pain ManagEmeNt (REGIMEN) 2019

Date: 13-14 JULY 2019

Venue: WEIL Hotel, Ipoh

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According to PRECISION CONSLUSION (Trial investigation, 2016)

PRECISION – CV Risk, Renal and GI risk

Celecoxib vs. Ibuprofen

- In Intention to treat (ITT) analyses, Ibuprofen compared with celecoxib, was associated with: higher rate of gastrointestinal and renal adverse events
- In the on treatment sensitivity analysis, Ibuprofen showed:
- Higher rate of MACE, cardiovascular death, all cased mortality and major gastrointestinal and renal events.

Celecoxib vs. Naproxen

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PRECISION – on ABPM

- Significantly more patients developed hypertension on naproxen and ibuprofen compared to celecoxib
- Ibuprofen raise mean and systolic ABP significantly more than celecoxib.
- May have clinical importance in the elderly, who have a high prevalence of arthritis and hypertension

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DIFFERENT NSAIDs HAVE DIFFERENT LEVEL OF CVS ADVERSE EFFECT,
DIFFERENT EFFECT ON BP LEVEL

DIFFERENT PATIENTS HAVE DIFFERENT LEVEL OF CVS RISK

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- Short term PCM use probably has a negligible effect on BP
- Risk of hypertension greater in patients with CAD
- Frequent use increase risk of hypertension and the risk of CV events: 2mmHg rise in systolic BP is associated with a 7% and 10% increased risk of mortality from IHD and stroke, respectively.
- PCM is INEFFECTIVE in the treatment of low back pain and provides minimal short term benefit for people with osteoarthritis

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FOR KNEE JOINT PROBLEM

- SHOULD DO THROUGH EXAMINATION INCLUDING MANOEUVERS LIKE ANTERIOR DRAWER TEST

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FOR PROLAPSE INTERVERTEBRAL DISC

- Treatment initially with rest, traction and anti-inflammatory painkiller
- 70% will recover within a few days to weeks
- 20% will take a longer period, up to 6 weeks
- 10% may not improve and will need surgery
- About 10% may continue to have some back pain due to spinal instability or recurrent disc problems

