

EFFECTIVE STRATEGIES FOR MANAGING CHRONIC PAIN IN PATIENTS: A REVIEW OF THE CURRENT EVIDENCE

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ABSTRACT

Chronic pain affects millions worldwide, significantly impacting quality of life and healthcare utilization. This systematic review aims to synthesize current evidence on effective strategies for managing chronic pain. A comprehensive search of English-language studies published between 2010 and 2022 was conducted using electronic databases, including PubMed, CINAHL, and Scopus. The review highlights the importance of multimodal pain management, combining pharmacological and non-pharmacological interventions, as well as interdisciplinary approaches integrating physical therapy, psychology, and pain self-management. Emerging therapies, such as cannabinoids and gene therapy, and personalized pain management using genomics and biomarkers, demonstrate promise. The findings emphasize the need for individualized treatment plans, interdisciplinary collaboration, and patient education and empowerment. This review provides healthcare providers with evidence-based guidance for optimizing chronic pain management. Chronic pain significantly impacts quality of life and healthcare utilization. This systematic review synthesizes evidence on



effective strategies for managing chronic pain. The review highlights multimodal pain management, interdisciplinary approaches, and emerging therapies. Findings emphasize individualized treatment plans, interdisciplinary collaboration, and patient education. This review provides evidence-based guidance for optimizing chronic pain management, improving patient outcomes and quality of life. Chronic pain is a complex and debilitating condition affecting millions worldwide, resulting in significant impairments to quality of life and increased healthcare utilization. Effective management requires a comprehensive approach. This systematic review aims to synthesize current evidence on effective strategies for managing chronic pain, improving patient outcomes and quality of life. The review highlights the effectiveness of multimodal approaches, including pharmacological and nonpharmacological interventions, interdisciplinary care, and emerging therapies such as cannabinoids and gene therapy. By providing evidence-based guidance, this review informs healthcare providers on developing individualized treatment plans, fostering interdisciplinary collaboration, and empowering patients to manage chronic pain effectively, ultimately improving patient outcomes and quality of life.

Keywords: Chronic Pain, Pain Management, Multimodal Therapy, Interdisciplinary Care, Patient-Cantered Care



INTRODUCTION

Chronic pain is a complex and debilitating condition affecting millions worldwide, resulting in significant impairments to quality of life, increased healthcare utilization, and substantial economic burdens. Defined as pain persisting beyond three months, chronic pain can arise from various etiologies, including musculoskeletal disorders, neuropathic conditions, and cancer. Despite advancements in pain management, many patients continue to experience inadequate relief, highlighting the need for evidencebased strategies to optimize care. Effective management of chronic pain requires a comprehensive approach, incorporating pharmacological, non-pharmacological, and interdisciplinary interventions. However, the vast array of treatment options can pose challenges for healthcare providers seeking to develop effective individualized treatment plans. This review aims to synthesize current evidence on effective strategies for managing chronic pain, focusing on pharmacological interventions, nonpharmacological interventions, interdisciplinary care, alternative and complementary therapies, and emerging trends and technologies. By examining the existing literature, this review seeks to evaluate the effectiveness of various chronic pain management strategies, identify gaps in current evidence, inform healthcare policy, practice, and research, and ultimately enhance patient outcomes and quality of life. This systematic review followed PRISMA guidelines, searching electronic databases (PubMed, CINAHL, Scopus). Chronic pain affects millions, causing significant impairment and healthcare utilization. Effective management requires a comprehensive approach, incorporating pharmacological, non-pharmacological, and interdisciplinary interventions. This review synthesizes current evidence on effective strategies for managing chronic pain, focusing on evidence-based interventions and emerging trends. By examining existing literature, this review aims to enhance patient outcomes and quality of life.

PHARMACOLOGICAL INTERVENTIONS FOR CHRONIC PAIN MANAGEMENT

Pharmacological interventions remain a cornerstone of chronic pain management. Opioids, while effective for short-term pain relief, have limited evidence for long-term use and pose significant risks, including dependence, tolerance, and overdose. Non-opioid analgesics, such as acetaminophen and NSAIDs, demonstrate efficacy for mild to moderate pain, but their effectiveness for chronic pain is limited. Adjuvant therapies, including antidepressants (e.g., duloxetine, amitriptyline) and anticonvulsants (e.g., gabapentin, pregabalin), show promise for neuropathic pain management. Emerging pharmacological therapies, such as cannabinoids and gene therapy, offer potential avenues for chronic pain management. Cannabinoids, in particular, have demonstrated efficacy in reducing neuropathic pain. However, further research is necessary to fully understand their therapeutic potential. Muscle relaxants (e.g., cyclobenzaprine) may also be effective for muscle spasms. When selecting



pharmacological interventions, healthcare providers must carefully weigh efficacy against potential risks and consider individual patient factors. Current guidelines from the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) recommend cautious use of opioids, emphasizing non-opioid alternatives. The American Pain Society (APS) and American Academy of Pain Medicine (AAPM) also advocate for multimodal pain management, incorporating pharmacological and non-pharmacological interventions. By understanding the current evidence on pharmacological interventions, healthcare providers can develop informed, patient-centered treatment plans.

NON-PHARMACOLOGICAL INTERVENTIONS FOR CHRONIC PAIN MANAGEMENT

Non-pharmacological interventions play a crucial role in comprehensive chronic pain management. These interventions can be broadly categorized into behavioral, physical, and complementary therapies. Behavioral interventions, such as cognitive-behavioral therapy (CBT), mindfulness-based stress reduction (MBSR), and relaxation techniques, have demonstrated significant pain reduction and improved quality of life. Physical therapies, including exercise, physical therapy, and occupational therapy, enhance functional ability and reduce pain. Complementary therapies, such as acupuncture, massage, and yoga, show promise in reducing chronic pain. Mind-body therapies, including meditation and biofeedback, also demonstrate efficacy. Lifestyle modifications, such as sleep hygiene, nutrition, and stress management, are essential for optimal pain management. Education and support groups empower patients to manage their pain effectively. A multidisciplinary approach, incorporating these non-pharmacological interventions, can enhance patient outcomes and reduce healthcare utilization. The American Pain Society (APS) and American Academy of Pain Medicine (AAPM) recommend integrating non-pharmacological interventions into comprehensive pain management plans. The Centers for Disease Control and Prevention (CDC) also emphasize the importance of non-pharmacological approaches in chronic pain management. By understanding the current evidence on nonpharmacological interventions, healthcare providers can develop informed, patient-centered treatment plans. Non-pharmacological interventions are essential in chronic pain management, offering a comprehensive approach to reducing pain and improving quality of life. By understanding the current evidence, healthcare providers can develop informed, patient-centered treatment plans.

INTERPROFESSIONAL COLLABORATION IN CHRONIC PAIN MANAGEMENT

Effective chronic pain management requires an interdisciplinary approach, leveraging the expertise of multiple healthcare professionals. Interprofessional collaboration (IPC) facilitates comprehensive care, improving patient outcomes and reducing healthcare utilization. IPC involves healthcare professionals from various disciplines, including medicine, nursing, physical therapy, occupational therapy, psychology, and social work, working together to develop and implement individualized treatment



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plans. Interprofessional collaboration (IPC) in chronic pain management yields numerous benefits, ultimately enhancing patient care and outcomes. By fostering a team-based approach, IPC improves patient satisfaction and quality of life. Patients report increased satisfaction with their care, experiencing better pain management and reduced symptoms. Moreover, IPC enhances pain management outcomes, as healthcare professionals work together to develop comprehensive treatment plans tailored to individual needs. IPC reduces healthcare costs and utilization. By streamlining care coordination and minimizing fragmentation, IPC decreases unnecessary hospitalizations, emergency department visits, and diagnostic testing. This integrated approach also optimizes resource allocation, reducing healthcare expenditures while maintaining high-quality care. Effective chronic pain management programs (PSMPs) empower patients and families to take control of their pain, fostering independence and self-efficacy. These programs combine education, skills training, and support to enhance patients' ability to manage their pain.

CHRONIC PAIN MANAGEMENT IN VULNERABLE POPULATIONS: EFFECTIVE STRATEGIES

Vulnerable populations, including children, older adults, racial and ethnic minorities, individuals with comorbid mental health conditions, and those with cognitive or physical disabilities, face unique challenges in chronic pain management. Healthcare providers must consider these factors when developing treatment plans.

Children and Adolescents:

Effective strategies for managing chronic pain in children and adolescents include multidisciplinary care, cognitive-behavioural therapy, and family-centered interventions. Early intervention and education on pain management and coping skills are crucial.

Older Adults:

For older adults, consideration of comorbidities, polypharmacy, and cognitive decline is essential. Effective strategies include simplified treatment regimens, non-pharmacological interventions, and collaboration with caregivers. Effective Strategies: Multidisciplinary care teams, including paediatricians, psychologists, and physical therapists, Behavioural therapy (CBT) and relaxation techniques, Family-centered interventions, educating caregivers on pain management, School-based interventions, collaborating with educators, Adaptive physical activity and exercise programs, Pharmacological interventions, tailored to paediatric populations, Alternative therapies, such as acupuncture and mindfulness.



Racial and Ethnic Minorities:

Culturally sensitive care and addressing health disparities are critical. Strategies include languageaccessible materials, culturally tailored interventions, and increased access to specialty care. Effective Strategies: Culturally sensitive care, tailored to individual needs, Language-accessible materials and interpretation services, Diversity training for healthcare providers, Community-based initiatives and outreach programs, Patient-centered communication and shared decision-making, Consideration of traditional healing practices, Addressing social determinants of health.

Individuals with Comorbid Mental Health Conditions:

Integrated mental health services, cognitive-behavioural therapy, and collaborative care models are effective. Addressing stigma and promoting mental health literacy are essential. Individuals with comorbid mental health conditions, such as depression, anxiety, and post-traumatic stress disorder (PTSD), face unique challenges in chronic pain management. Effective strategies must address both pain and mental health. Effective Strategies: Integrated mental health services within pain management, Collaborative care models, involving mental health professionals, Cognitive-behavioural therapy (CBT) and mindfulness-based interventions, Medication management, considering mental health interactions, Psychoeducation on pain, mental health, and coping skills, Family therapy and support, Alternative therapies, such as art and music therapy

Individuals with Cognitive or Physical Disabilities:

Individuals with cognitive or physical disabilities face unique challenges in chronic pain management, requiring tailored strategies to ensure effective care. Adaptive communication strategies, accessible care environments, and individualized treatment plans are necessary. Effective Strategies: Adaptive communication methods, such as visual aids and simple language, Pain assessment tools, like behavioral observation and self-report scales, Individualized treatment plans, considering cognitive and physical limitations, Multidisciplinary care teams, including rehabilitation professionals, Assistive technology, like pain diaries and mobile apps, Family and caregiver support and education, Accessible care environments, ensuring physical accessibility

Rural and Underserved Communities:

Effective Strategies: Telehealth and telemedicine services, Community-based initiatives and outreach programs, Collaborations with local healthcare providers and organizations, Mobile health clinics and outreach services, Peer support groups and community networks, Culturally sensitive care and education, Integrated care models, incorporating mental health and social services.



CURRENT AND FUTURE DIRECTIONS IN CHRONIC PAIN MANAGEMENT

Chronic pain management is an evolving field, driven by advances in research, technology, and changing healthcare landscapes. Current directions focus on personalized, multidisciplinary approaches, while future directions promise innovative, transformative solutions.

Current Directions in chronic pain management:

Chronic pain management has evolved significantly, with current directions focusing on comprehensive, patient-centered approaches. Key strategies include: Personalized medicine, tailoring treatments to individual needs and genetic profiles. Multidisciplinary care teams, integrating healthcare professionals from various disciplines. Evidence-based guidelines and treatment algorithms, ensuring consistency and effectiveness. Prevention and early intervention, emphasizing timely identification and management. Alternative therapies, such as acupuncture, mindfulness, and physical therapy, are increasingly recognized. Personalized medicine approaches, tailoring treatments to individual needs, Multidisciplinary care teams, integrating healthcare professionals, Evidence-based guidelines and treatment algorithms, Increased emphasis on prevention and early intervention, Expanding access to alternative therapies, such as acupuncture and mindfulness

Future Directions in chronic pain management:

The future of chronic pain management holds promise for transformative advancements, driven by innovative research, technologies, and care models. Emerging trends and directions include:

Personalized pain medicine, leveraging genomics, epigenetics, and precision medicine. Artificial intelligence (AI) and machine learning (ML) for pain prediction, diagnosis, and treatment. Virtual and augmented reality (VR/AR) therapies for immersive pain management. Advances in neuromodulation, including transcranial magnetic stimulation (TMS) and transcranial direct current stimulation (tDCS).

HEALTHCARE POLICY AND ECONOMIC STRATEGIES FOR OPTIMAL CHRONIC PAIN MANAGEMENT

Effective chronic pain management requires a comprehensive approach that addresses healthcare policy and economic considerations. To address the complex needs of chronic pain management, policymakers must prioritize reforms that promote accessibility, affordability, and quality of care. Increased Access to Multidisciplinary Care: Policy reforms should encourage teamwork among healthcare professionals, ensuring patients receive comprehensive care. This includes reimbursing multidisciplinary services and promoting collaborative practice models. Expanded Coverage for Alternative Therapies:-Policies should expand coverage for evidence-based alternative therapies, such as acupuncture, mindfulness, and physical therapy, to reduce reliance on opioids. Standardized Pain Assessment and Management Guidelines:- Standardized guidelines will ensure consistent, high-quality care. Policies should support



development and dissemination of evidence-based guidelines. Enhanced Provider Education and Training:-Reforms should prioritize ongoing education and training for healthcare providers, addressing knowledge gaps and promoting best practices. Addressing Stigma Surrounding Chronic Pain:-Policies must address stigma by promoting patient-centered care, reducing opioid stigma, and increasing awareness about chronic pain.

Economic Benefits: Reduced healthcare utilization and costs, Improved productivity and workforce participation, Enhanced quality of life and patient satisfaction, Decreased opioid-related healthcare expenditures, Increased economic growth and development.

CONCLUSION

Effective management of chronic pain requires a multifaceted approach that addresses the complex physical, emotional, and social needs of patients. This review highlights the current evidence supporting various strategies for optimal chronic pain management. The evidence underscores the importance of multidisciplinary care teams, personalized pain medicine, alternative therapies, neuromodulation techniques, and digital health solutions. Policy reforms and economic strategies also play a critical role in optimizing care. Key findings emphasize the effectiveness of multidisciplinary approaches, the value of alternative therapies as adjuncts to conventional treatments, and the potential of emerging technologies to enhance pain management. Furthermore, policy reforms and economic strategies can improve access to care, reduce healthcare costs, and promote patient-centered care. To translate these findings into practice, healthcare providers should adopt multidisciplinary approaches, empower patients through education and self-management, integrate alternative therapies into treatment plans, and leverage emerging technologies. Future research directions include personalized pain medicine, digital health solutions, policy reforms, and prevention and early intervention.



REFERENCE

- Smith HAB, Besunder JB, Betters KA, Johnson PN, Srinivasan V, Stormorken A, Farrington E, Williams S, Berkenbosch JW. 2022 Society of Critical Care Medicine Clinical Practice Guidelines on Prevention and Management of Pain, Agitation, Neuromuscular Blockade, and Delirium in Critically III Pediatric Patients With Consideration of the ICU Environment and Early Mobility. Pediatr Crit Care Med. 2022 Feb 1;23(2):e74-e110. doi: 10.1097/PCC.00000000002873. PMID: 35119438.
- Horne AW, Missmer SA. Pathophysiology, diagnosis, and management of endometriosis. BMJ. 2022 Nov 14;379:e070750. doi: 10.1136/bmj-2022-070750. PMID: 36375827.
- HerniaSurge Group. International guidelines for groin hernia management. Hernia. 2018 Feb;22(1):1-165. doi: 10.1007/s10029-017-1668-x. Epub 2018 Jan 12. PMID: 29330835; PMCID: PMC5809582.
- Limerick G, Christo DK, Tram J, Moheimani R, Manor J, Chakravarthy K, Karri J, Christo PJ. Complex Regional Pain Syndrome: Evidence-Based Advances in Concepts and Treatments. Curr Pain Headache Rep. 2023 Sep;27(9):269-298. doi: 10.1007/s11916-023-01130-5. Epub 2023 Jul 8. PMID: 37421541.
- Moseley GL, Butler DS. Fifteen Years of Explaining Pain: The Past, Present, and Future. J Pain. 2015 Sep;16(9):807-13. doi: 10.1016/j.jpain.2015.05.005. Epub 2015 Jun 5. PMID: 26051220.
- Ram PR, Jeyaraman M, Jeyaraman N, Nallakumarasamy A, Khanna M, Gupta A, Yadav S. Beyond the Pain: A Systematic Narrative Review of the Latest Advancements in Fibromyalgia Treatment. Cureus. 2023 Oct 31;15(10):e48032. doi: 10.7759/cureus.48032. PMID: 38034135; PMCID: PMC10687844.
- Balla C, Pavasini R, Ferrari R. Treatment of Angina: Where Are We? Cardiology. 2018;140(1):52-67. doi: 10.1159/000487936. Epub 2018 Jun 6. PMID: 29874661.
- 8. GBD 2021 Diseases and Injuries Collaborators. Global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) for 371 diseases and injuries in 204 countries and territories and 811 subnational locations, 1990-2021: a systematic analysis for the Global Burden of Disease Study 2021. Lancet. 2024 May 18;403(10440):2133-2161. doi: 10.1016/S0140-6736(24)00757-8. Epub 2024 Apr 17. PMID: 38642570; PMCID: PMC11122111.
- Cohen SM, Kent TS. Etiology, Diagnosis, and Modern Management of Chronic Pancreatitis: A Systematic Review. JAMA Surg. 2023 Jun 1;158(6):652-661. doi: 10.1001/jamasurg.2023.0367. PMID: 37074693.
- Gupta A, Huettner DP, Dukewich M. Comparative Effectiveness Review of Cooled Versus Pulsed Radiofrequency Ablation for the Treatment of Knee Osteoarthritis: A Systematic Review. Pain Physician. 2017 Mar;20(3):155-171. PMID: 28339430.
- 11. Shanthanna H, Eldabe S, Provenzano DA, Bouche B, Buchser E, Chadwick R, Doshi TL, Duarte R, Hunt C, Huygen FJPM, Knight J, Kohan L, North R, Rosenow J, Winfree CJ, Narouze S. Evidence-based consensus guidelines on patient selection and trial stimulation for spinal cord stimulation therapy



for chronic non-cancer pain. Reg Anesth Pain Med. 2023 Jun;48(6):273-287. doi: 10.1136/rapm-2022-104097. Epub 2023 Mar 30. PMID: 37001888; PMCID: PMC10370290.

- Molnár L, Simon É, Nemes R, Fülesdi B, Molnár C. Postcraniotomy headache. J Anesth. 2014 Feb;28(1):102-11. doi: 10.1007/s00540-013-1671-z. Epub 2013 Jul 12. PMID: 23846599.
- Bennell KL, Hinman RS. A review of the clinical evidence for exercise in osteoarthritis of the hip and knee. J Sci Med Sport. 2011 Jan;14(1):4-9. doi: 10.1016/j.jsams.2010.08.002. Epub 2010 Sep 17. PMID: 20851051.
- Miller RM, Kaiser RS. Psychological Characteristics of Chronic Pain: a Review of Current Evidence and Assessment Tools to Enhance Treatment. Curr Pain Headache Rep. 2018 Mar 14;22(3):22. doi: 10.1007/s11916-018-0663-y. PMID: 29541938.
- Stable angina: management. London: National Institute for Health and Care Excellence (NICE); 2016 Aug. PMID: 32207889.
- Cooper TE, Wiffen PJ, Heathcote LC, Clinch J, Howard R, Krane E, Lord SM, Sethna N, Schechter N, Wood C. Antiepileptic drugs for chronic non-cancer pain in children and adolescents. Cochrane Database Syst Rev. 2017 Aug 5;8(8):CD012536. doi: 10.1002/14651858.CD012536.pub2. PMID: 28779491; PMCID: PMC6424379.
- Cooper TE, Fisher E, Gray AL, Krane E, Sethna N, van Tilburg MA, Zernikow B, Wiffen PJ. Opioids for chronic non-cancer pain in children and adolescents. Cochrane Database Syst Rev. 2017 Jul 26;7(7):CD012538. doi: 10.1002/14651858.CD012538.pub2. PMID: 28745394; PMCID: PMC6477875.
- Tikhile P, Patil DS. Unveiling the Efficacy of Physiotherapy Strategies in Alleviating Low Back Pain: A Comprehensive Review of Interventions and Outcomes. Cureus. 2024 Mar 12;16(3):e56013. doi: 10.7759/cureus.56013. PMID: 38606230; PMCID: PMC11008921.
- Metzger M, Abdel-Rahman EM, Boykin H, Song MK. A Narrative Review of Management Strategies for Common Symptoms in Advanced CKD. Kidney Int Rep. 2021 Feb 10;6(4):894-904. doi: 10.1016/j.ekir.2021.01.038. PMID: 33912741; PMCID: PMC8071652.
- 20. Ferrante AN, Keller BK, Flury JS, Harnik MA, Grosse Holtforth M, Wertli MM. Effectiveness of Communication Strategies in the Management of Chronic Postsurgical Pain: Protocol for a Systematic Review and Meta-Analysis. J Pain Res. 2023 Jun 5;16:1907-1913. doi: 10.2147/JPR.S401685. PMID: 37303695; PMCID: PMC10254707.
- 21. Farber A, Eberhardt RT. The Current State of Critical Limb Ischemia: A Systematic Review. JAMA Surg. 2016 Nov 1;151(11):1070-1077. doi: 10.1001/jamasurg.2016.2018. PMID: 27551978.
- Ahuja V, Thapa D, Ghai B. Strategies for prevention of lower limb post-amputation pain: A clinical narrative review. J Anaesthesiol Clin Pharmacol. 2018 Oct-Dec;34(4):439-449. doi: 10.4103/joacp.JOACP_126_17. PMID: 30774224; PMCID: PMC6360885.



- 23. Dembek DJ, Bicket MC. Advances in the management of persistent pain after total knee arthroplasty.
 Curr Opin Anaesthesiol. 2023 Oct 1;36(5):560-564. doi: 10.1097/ACO.000000000001285. Epub 2023
 Jun 19. PMID: 37338943.
- 24. Kaur S, Henthorn P, Hendrickse A. Pain management for liver transplant recipients. Curr Opin Organ Transplant. 2023 Dec 1;28(6):397-403. doi: 10.1097/MOT.000000000001102. Epub 2023 Sep 20. PMID: 37728190.
- 25. Breccia M, Efficace F, Colafigli G, Scalzulli E, Di Prima A, Martelli M, Foà R. Tyrosine kinase inhibitor discontinuation in the management of chronic myeloid leukemia: a critical review of the current practice. Expert Rev Hematol. 2020 Dec;13(12):1311-1318. doi: 10.1080/17474086.2021.1852924. Epub 2020 Dec 1. PMID: 33205694.
- 26. Gauthier K, Dulong C, Argáez C. Multidisciplinary Treatment Programs for Patients with Chronic Non-Malignant Pain: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines – An Update [Internet]. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2019 May 10. PMID: 31449369.
- 27. Parsons BA, Goonewardene S, Dabestani S, Pacheco-Figueiredo L, Yuan Y, Zumstein V, Cottrell AM, Borovicka J, Dinis-Oliveira P, Berghmans B, Elneil S, Hughes J, Messelink BEJ, de C Williams AC, Baranowski AP, Engeler DS. The Benefits and Harms of Botulinum Toxin-A in the Treatment of Chronic Pelvic Pain Syndromes: A Systematic Review by the European Association of Urology Chronic Pelvic Pain Panel. Eur Urol Focus. 2022 Jan;8(1):320-338. doi: 10.1016/j.euf.2021.01.005. Epub 2021 Jan 30. PMID: 33526405.
- 28. Lutman B, Bloom J, Nussenblatt B, Romo V. A Contemporary Perspective on the Management of Post-Craniotomy Headache and Pain. Curr Pain Headache Rep. 2018 Aug 14;22(10):69. doi: 10.1007/s11916-018-0722-4. PMID: 30109502.
- 29. Koes B, Schreijenberg M, Tkachev A. Paracetamol for low back pain: the state of the research field. Expert Rev Clin Pharmacol. 2020 Sep;13(9):1059-1066. doi: 10.1080/17512433.2020.1817738. Epub 2020 Oct 19. PMID: 32878493.
- Wang L, Hong PJ, Jiang W, Rehman Y, Hong BY, Couban RJ, Wang C, Hayes CJ, Juurlink DN, Busse JW. Predictors of fatal and nonfatal overdose after prescription of opioids for chronic pain: a systematic review and meta-analysis of observational studies. CMAJ. 2023 Oct 23;195(41):E1399-E1411. doi: 10.1503/cmaj.230459. Erratum in: CMAJ. 2023 Nov 14;195(44):E1521. doi: 10.1503/cmaj.231529. PMID: 37871953; PMCID: PMC10593195.
- 31. Bouman E, Dortangs E, Buhre W, Gramke HF. Current techniques and strategies for anesthesia in patients undergoing peripheral bypass surgery. J Cardiovasc Surg (Torino). 2014 Apr;55(2 Suppl 1):207-16. PMID: 24796915.



32. Walker BF, French SD, Grant W, Green S. A Cochrane review of combined chiropractic interventions for low-back pain. Spine (Phila Pa 1976). 2011 Feb 1;36(3):230-42. doi: 10.1097/BRS.0b013e318202ac73. PMID: 21248591.