

Kliiniline küsimus nr 13

Kas kroonilise venoosse haavandiga patsientidel kasutada tulemuslikuks valuraviks kindlaid valuvastaseid ravimeid vs mitte?

Kriitilised tulemusnäitajad: ravisoostumus, ravi tulemuslikkus, haavandi paranemine, haavandi retsidiivi teke, sotsiaalne isolatsioon, depressioon, patsiendi elukvaliteet, patsiendi rahulolu, hospitaliseerimine, elulemus, üldsuresuse vähenemine

Süstemaatilised ülevaated

Süstemaatilise ülevaate tulemusena leiti, et kuigi valu on tavalisim põhjus liikumise piiranguteks, ei määrata kõigile patsientidele valuravimeid. Arstid alahindasid valu kroonilise venoosse haavandiga patsientidel. Patsiendid kogesid valu nii ägeda kui kroonilise valuna. (Herber et al 2007)

Süsteemse valuravi kohta süstemaatilisi ülevaateid või RCT-sid ei leidunud.

Paikne valuravi:

Cochrane süstemaatiline ülevaade 2012 – statistiliselt oluline erinevus valu osas kasutades debridementiks EMLA-t pool tundi enne protseduuri vs platseebo või mitte üldse valuravi. Ibuprofeeni sisaldavate vahtplaastrite kasutamisel leiti mõningal määral vähem valu vs. ilma ravimita vahtplaastrite, statistiliselt olulist erinevust ei leitud. Kõik kaasatud uuringud olid tootjafirma poolt rahastatud.

Viited

Kokkuvõtte (abstract või kokkuvõtlikum info)	Viide kirjandusallikale
<p>Objectives: To determine the effects of topical agents or dressings for pain in venous leg ulcers.</p> <p>Search methods: For this third update the following databases were searched: Cochrane Wounds Group Specialised Register (searched 9 May 2012); The Cochrane Central Register of Controlled Trials (CENTRAL) (<i>The Cochrane Library</i> 2012, Issue 4); Ovid MEDLINE (2009 to April Week 4 2012); Ovid MEDLINE (In-Process & Other Non-Indexed Citations May 08, 2012); Ovid EMBASE (2009 to 2012 Week 18); and EBSCO CINAHL (2009 to May 2 2012). No date or language restrictions were applied.</p> <p>Selection criteria: Published or unpublished randomised controlled trials (RCTs) that evaluated the effects of topical agents or dressing for the treatment of pain in venous ulcers were included.</p> <p>Data collection and analysis: Two review authors</p>	<p>Briggs M, Nelson EA, Martyn-St James M.</p> <p>Topical agents or dressings for pain in venous leg ulcers.</p> <p>Cochrane Database of Systematic Reviews 2012, Issue 11. Art. No.: CD001177.</p> <p>DOI: 10.1002/14651858.CD001177.pub3.</p>

<p>independently performed trial selection, data extraction and risk of bias assessment.</p> <p>Main results: Six trials (343 participants) evaluated Eutectic Mixture of Local Anaesthetics (EMLA): lidocaine-prilocaine cream for the pain associated with ulcer debridement. The between-group difference in pain measured on a 100 mm scale was statistically significant in favour of EMLA (MD -20.65, 95% CI -12.19 to -29.11). No significant between-group differences in burning or itching were observed.</p> <p>Two trials (470 participants with venous leg ulcers) evaluated ibuprofen slow-release foam dressings for persistent venous leg ulcer pain. Compared with local best practice, significantly more participants in the ibuprofen dressing group achieved the outcome of >50% of the total maximum pain relief score between day 1 and day 5 than participants in the local best practice group (RR 1.63, 95% CI 1.24 to 2.15). The number needed to treat was 6 (95% CI 4 to 12). In the second trial, compared with an identical non-ibuprofen foam dressing, there was no statistically significant difference in the proportion of participants experiencing slight to complete pain relief on the first evening of treatment. Limited data were available to assess healing rates or adverse events.</p> <p>Authors' conclusions</p> <p>There is some evidence to suggest that ibuprofen dressings may offer pain relief to people with painful venous leg ulcers. EMLA (5%) appears to provide effective pain relief during the debridement of venous leg ulcers. Further research should consider standardised pain assessment methods and assess both the effect on ulcer healing and the impact of long term use of these treatments.</p>	
<p>Background: A systematic review was conducted to analyse journal articles that describe or measure the impact of leg ulceration on patients' quality of life (QoL) in order to improve the content of an educational programme that aims to enhance self-care agency in leg ulcer patients.</p> <p>Method: Original articles published in English and German between 1990 and 2006 were included if the findings were analysed at the level of patients. Articles were excluded if (1) they investigated the impact of specific treatments or settings on QoL or (2) focused mainly on arterial ulcers or diabetic foot ulcers.</p> <p>Results: Twenty-four original research articles met the inclusion criteria; 11 studies used a quantitative, 11 studies a</p>	<p>Oliver R Herber*1, Wilfried Schnepf2 and Monika A Rieger3</p> <p>A systematic review on the impact of leg ulceration on patients' quality of life</p> <p>Health and Quality of Life Outcomes 2007, 5:44 doi:10.1186/1477-7525-5-44</p>

qualitative, and 2 used a mixed method approach. The findings were collapsed into 5 core domains. Quantitative studies commonly investigated the parameters of pain, sleep, social isolation, and physical mobility. Patients had significantly more pain, more restrictions regarding social functioning, less vitality, and limitations with respect to emotional roles compared to the respective controls. Other problem areas identified were restrictions in work capacity, recreation, social interaction, psychological well-being, as well as problems caused by treatment regimes. Inconclusive results were obtained regarding pain intensity, physical restrictions, and gender effects.

Limitations: Numerous original studies neither undertook a differentiation of participants by ulcer aetiology nor did they analyse the results according to gender differences.

[Type text]

Ravijuhendid

Kokkuvõtte ravijuhendites leiduvast

Süsteemne valuravi:

SVS ei käsitle

SIGN ütleb, et vahel võib vaja minna tugevat analgeesiat, kuid valuravi kompleksne ravi ei kuulu selle ravijuhendi käsitlusalasse.

Leg ulcers are frequently painful, particularly if they have an arterial component or are associated with cellulitis or deep infection and strong analgesics are likely to be required. Assessment of pain is complex and outwith the remit of this guideline, but a structured discussion and frequent re-assessment are important.

AWMA – ekspertarvamus – tuleb tagada piisav valuravi.

Recommendation

Provide adequate pain management to promote QOL and VLU healing. (CBR)

Paikne valuravi:

Kõik kaasatud ravijuhendid (peale RNAO, mis ei käsitle valu) soovivad kasutada enne haavandi rusutustamist EMLA-t.

SVS, SIGN, RNAO ei maini ibuprofeeni.

AWMA:

Recommendation

When there are no contraindications, apply EMLA® cream to reduce pain associated with the debridement of VLUs. (Grade A)

Skin sensitivity may result from topical products used for extended periods. Side effects from EMLA® cream may include local itching, burning sensation, swelling, paleness or redness.⁵⁰ However, in the trials reported in the literature, local side effects were not more common in patients treated with EMLA® cream compared with placebo cream. The manufacturer reports that rarely a serious allergic reaction can occur, and when used in large doses there is a risk of methaemoglobinaemia.

Ibuprofen dressings should not be used to relieve pain associated with VLUs. (Grade A)

The recommendation that ibuprofen dressings have no effect in reducing pain associated with VLUs is underpinned by a good-quality meta-analysis of two trials at moderate risk of bias that had consistent findings.

(chronic[All Fields] AND ("varicose ulcer"[MeSH Terms] OR ("varicose"[All Fields] AND "ulcer"[All Fields]) OR "varicose ulcer"[All Fields] OR ("venous"[All Fields] AND "leg"[All Fields] AND "ulcer"[All Fields]) OR "venous leg ulcer"[All Fields])) AND ("pain"[MeSH Terms] OR "pain"[All Fields]) AND ((Meta-Analysis[ptyp] OR Randomized Controlled Trial[ptyp] OR systematic[sb]) AND ("2005/01/01"[PDAT] : "2015/08/31"[PDAT])) AND

[Type text]

((systematic[*sb*] OR Randomized Controlled Trial[*ptyp*] OR Meta-Analysis[*ptyp*]) AND ("2005/01/01"[*PDAT*] : "2015/03/31"[*PDAT*]))

Leitud 49, kasutatud 2

(chronic[*All Fields*] AND "varicose ulcer"[*MeSH Terms*]) AND ("pain management"[*MeSH Terms*] OR ("pain"[*All Fields*] AND "management"[*All Fields*]) OR "pain management"[*All Fields*]) AND ((systematic[*sb*] OR Randomized Controlled Trial[*ptyp*] OR Meta-Analysis[*ptyp*]) AND ("2005/01/01"[*PDAT*] : "2015/03/31"[*PDAT*]))

Leitud 15, kasutatud 0