



UNITED EUROPEAN
GASTROENTEROLOGY

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**European interdisciplinary guidelines on pain management in
Acute Pancreatitis: UEG, EPC, EDS, ESDO, EAGEN, ESPGHAN,
ESGAR and ESPCG evidence-based recommendations**

UEG Guideline Development Grant Meeting, Copenhagen

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Background

Incidence of AP increasing 3% annually

Pain is the most relevant dimensions of patient experience in AP

Pain a diagnostic criteria for AP based on Revised Atlanta Criteria



aga

American
Gastroenterological
Association



台灣胰臟醫學會
Taiwan Pancreas Society



bsg BRITISH SOCIETY OF
GASTROENTEROLOGY

NICE National Institute for
Health and Care Excellence

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

Guidelines for the diagnosis and treatment of acute pancreatitis in China (2021)

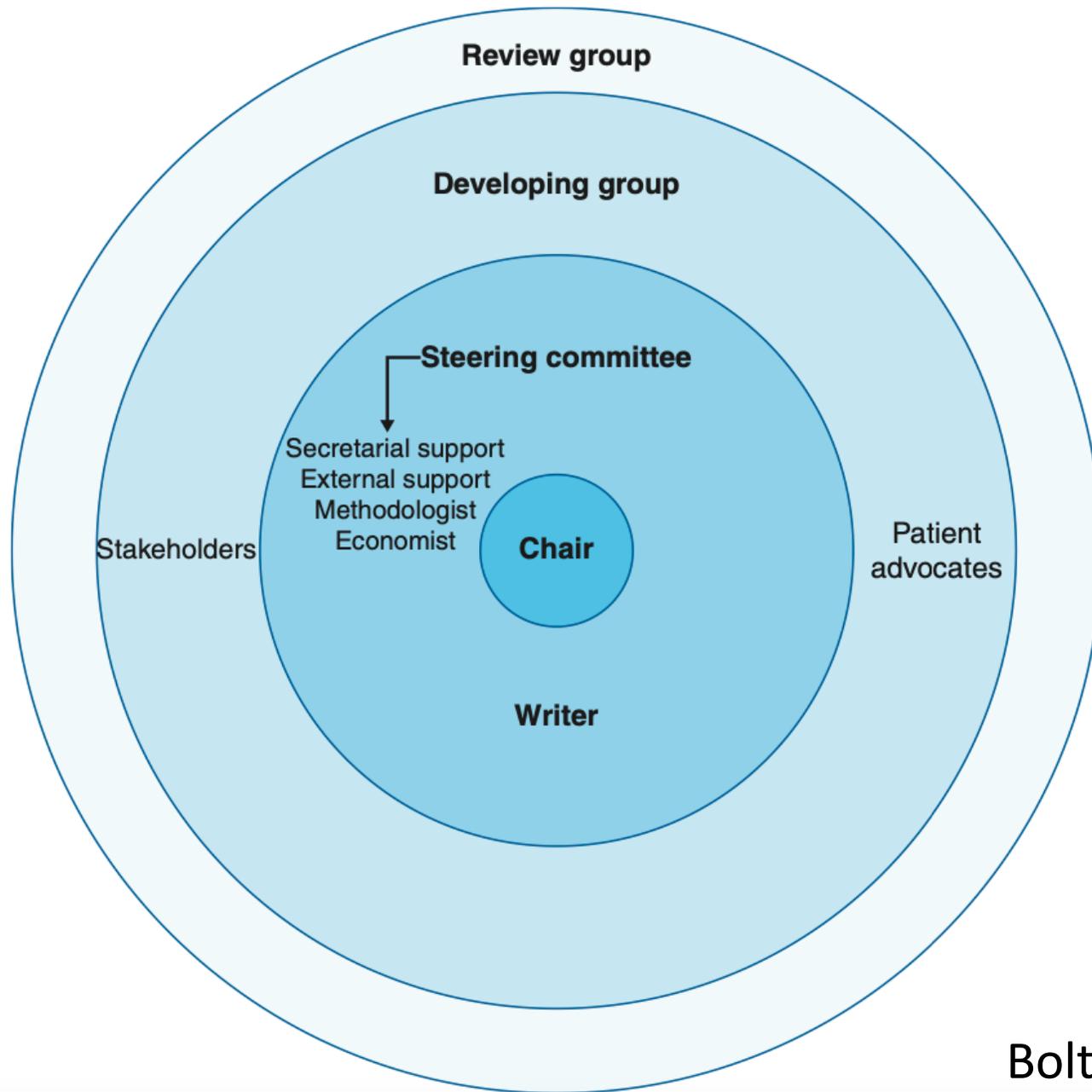
Recommendation 10: Analgesia is an important adjuvant therapy for AP, which can improve the prognosis of patients. Analgesic drugs and methods should be selected according to the condition of the disease (quality of evidence: moderate; strength of recommendation: weak).

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Pain Management in Acute Pancreatitis

UEG Guideline Development Grant



Steering group

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Methodologists



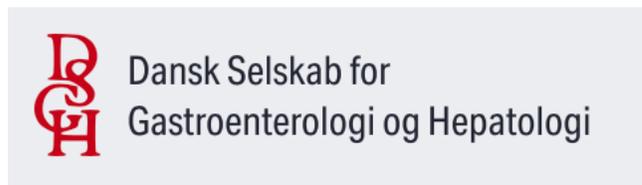
Daniele Piovani, PharmD, MSc, PhD

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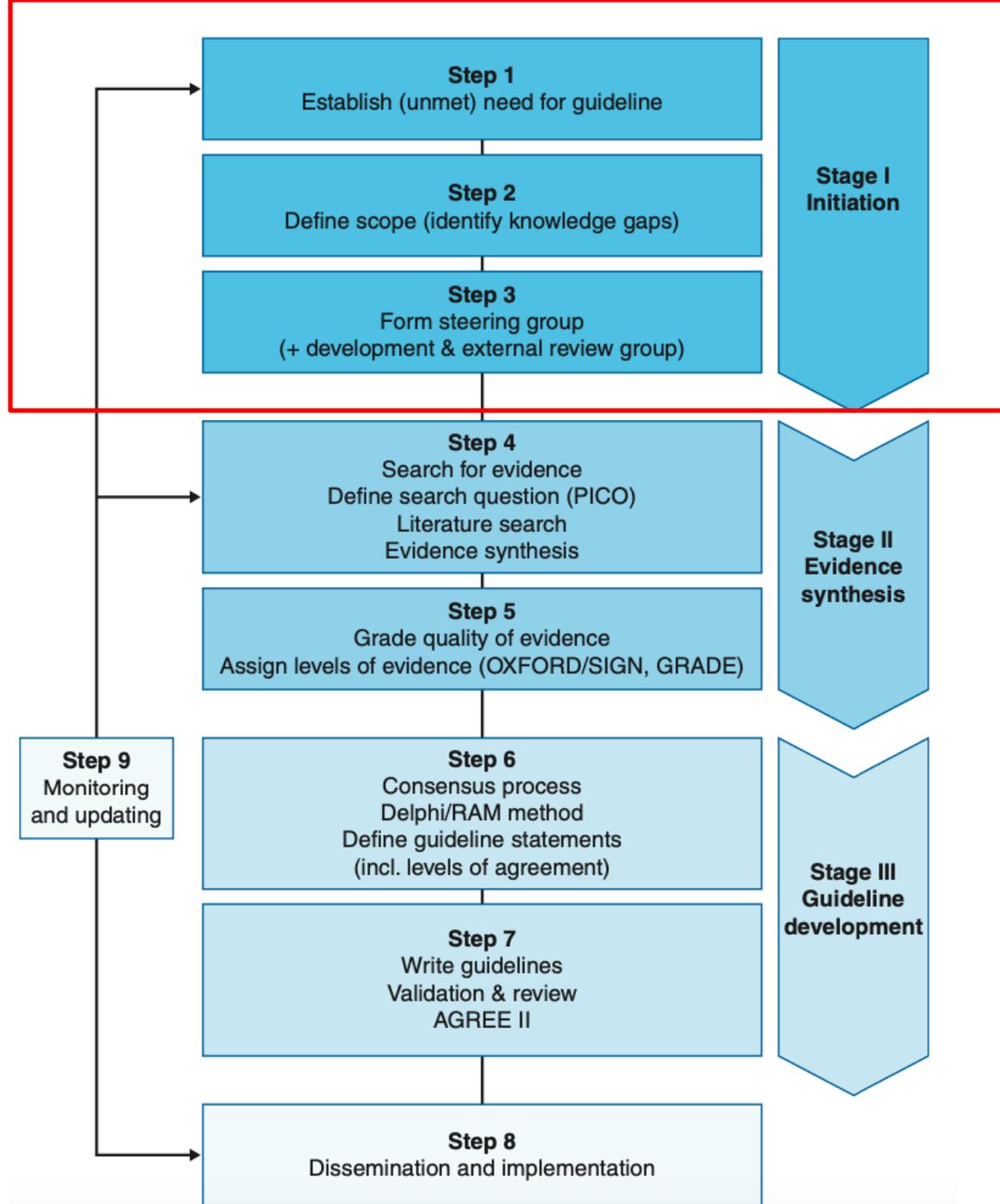


Stefanos Bonovas, MD, MSc, PhD

Associate Professor of Medical Statistics
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Work done so far !



Analgesia in the Initial Management of Acute Pancreatitis: A Systematic Review and Meta-Analysis of Randomised Controlled Trials



Navamayooran Thavanesan¹ · Sophie White² · Shiela Lee³ · Bathiya Ratnayake⁴ · Kofi W. Oppong³ ·
Manu K. Nayar³ · Linda Sharp⁵ · Asbjørn Mohr Drewes⁶ · Gabriele Capurso⁷ · Enrique De-Madaria⁸ ·
Ajith K. Siriwardena⁹ · John A. Windsor⁴ · Sanjay Pandanaboyana^{3,5}

<https://doi.org/10.1016/j.hpb.2022.12.004>

HPB

REVIEW ARTICLE

The safety and efficacy of epidural anaesthesia in acute pancreatitis: a systematic review and meta-analysis

Dhya Al-Leswas¹, Nesta Baxter¹, Wei B. Lim¹, Francis Robertson¹, Bathiya Ratnayake²,
Jayanta Samanta³, Gabriele Capurso⁴, Enrique de-Madaria⁵, Asbjørn M. Drewes⁶, John Windsor^{2,7} &
Sanjay Pandanaboyana^{1,8}



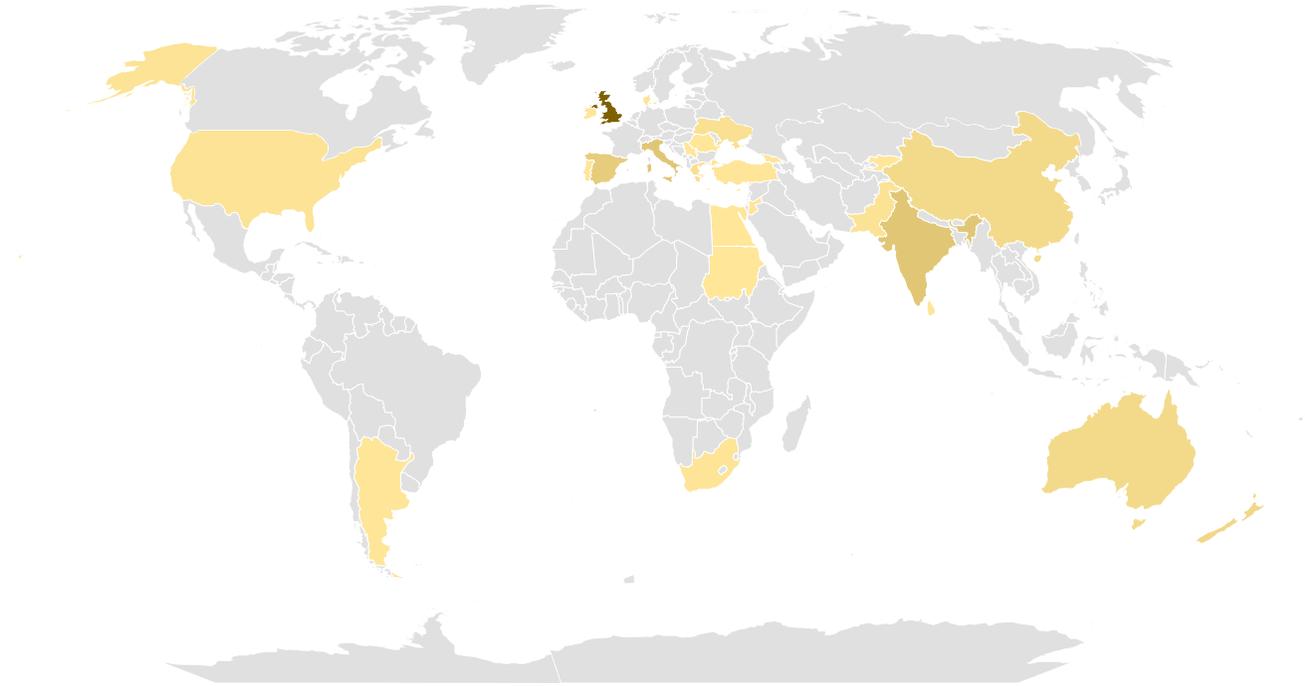
Update on pain management in acute pancreatitis

*Sanjay Pandanaboyana^{a,b}, Wei Huang^c, John A. Windsor^d,
and Asbjørn Mohr Drewes^e*



PAINAP STUDY

2200 patients
120 centers

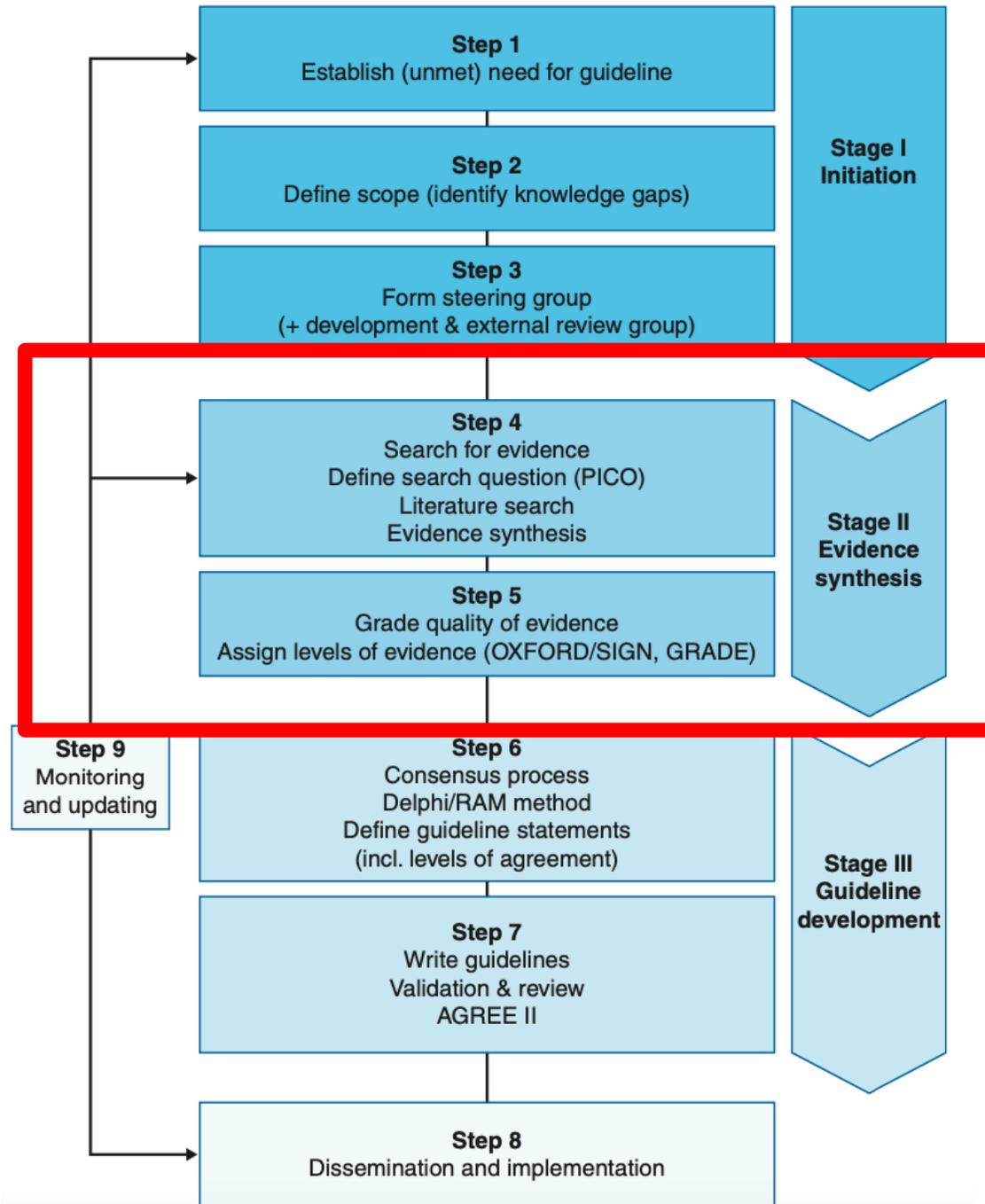


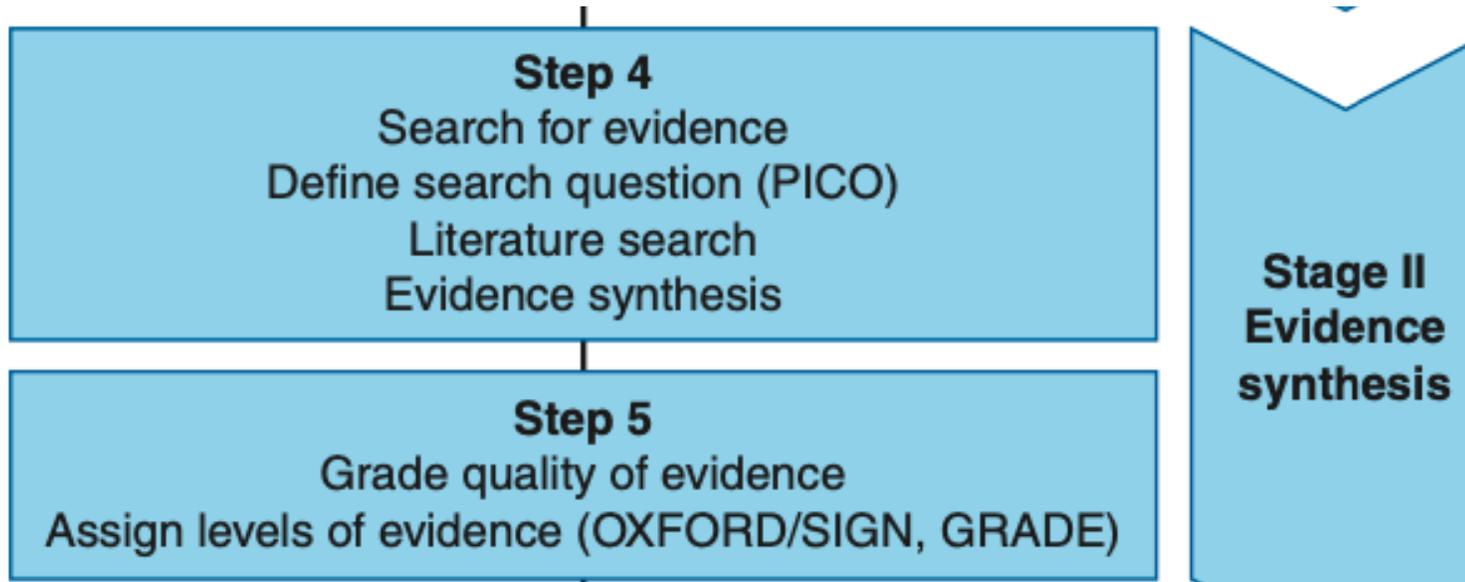
The top 10 research priorities for pancreatitis: findings from a James Lind Alliance priority setting partnership

Pancreatitis Top 10

1. Are there better ways to treat and manage acute and long-term pancreatitis pain, for example using non-opioid (painkillers) drugs?
2. What can be done to prevent pancreatitis becoming worse, and to stop or reverse the damage to the pancreas?
3. Are there better ways to reduce inflammation in people with pancreatitis, both in the pancreas and the rest of the body?
4. How can pancreatitis be diagnosed more quickly and accurately, especially on admission to hospital?
5. How can people with pancreatitis be helped to manage their condition post-diagnosis (after being diagnosed) e.g. by giving information about diet, medication and lifestyle changes?
6. Are there better ways to treat and manage flare-ups (when symptoms get worse) in people with chronic pancreatitis?
7. Can gene therapy (altering genes inside the body's cells) be used to treat people with pancreatitis?
8. How can multiple organ failure be prevented in those people with pancreatitis who become seriously ill? How can the care of those people with multiple organ failure be improved?
9. How can pancreatic cancer be diagnosed earlier in people with pancreatitis?
10. What are the psychological (mental and emotional) impacts of pancreatitis? What are the best ways to treat and support people (both young people and adults) with pancreatitis who experience mental health problems?

Next steps !





WORKING GROUPS

Scope of the guidelines / Working Group Leads

1. Acute pain management in general
2. Pathophysiology of Pain in AP
3. Assessment of pain in AP – [L. Kuhlmann Asferg](#)
4. Treatment (simple/adjuvant/strong analgesics) – [A. Drewes, C. Siggaard, S. Olesen](#)
5. Complimentary treatment, including acupuncture
6. Other treatments, including epidural analgesia – [E. de-Madaria](#)
7. Consequences for lacking treatment ("pajamas paralysis," central sensitization, and chronic pain) – [A. Drewes](#)
8. Paediatric AP pain management (*AP in pregnancy*) – [G. Oracz](#)
9. Timeline and flowchart for treatment and recommendations for pain management at discharge and follow up

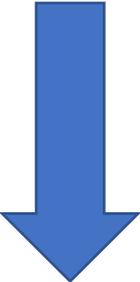
Step 4
Search for evidence
Define search question (PICO)
Literature search
Evidence synthesis

Step 5
Grade quality of evidence
Assign levels of evidence (OXFORD/SIGN, GRADE)

**Stage II
Evidence
synthesis**

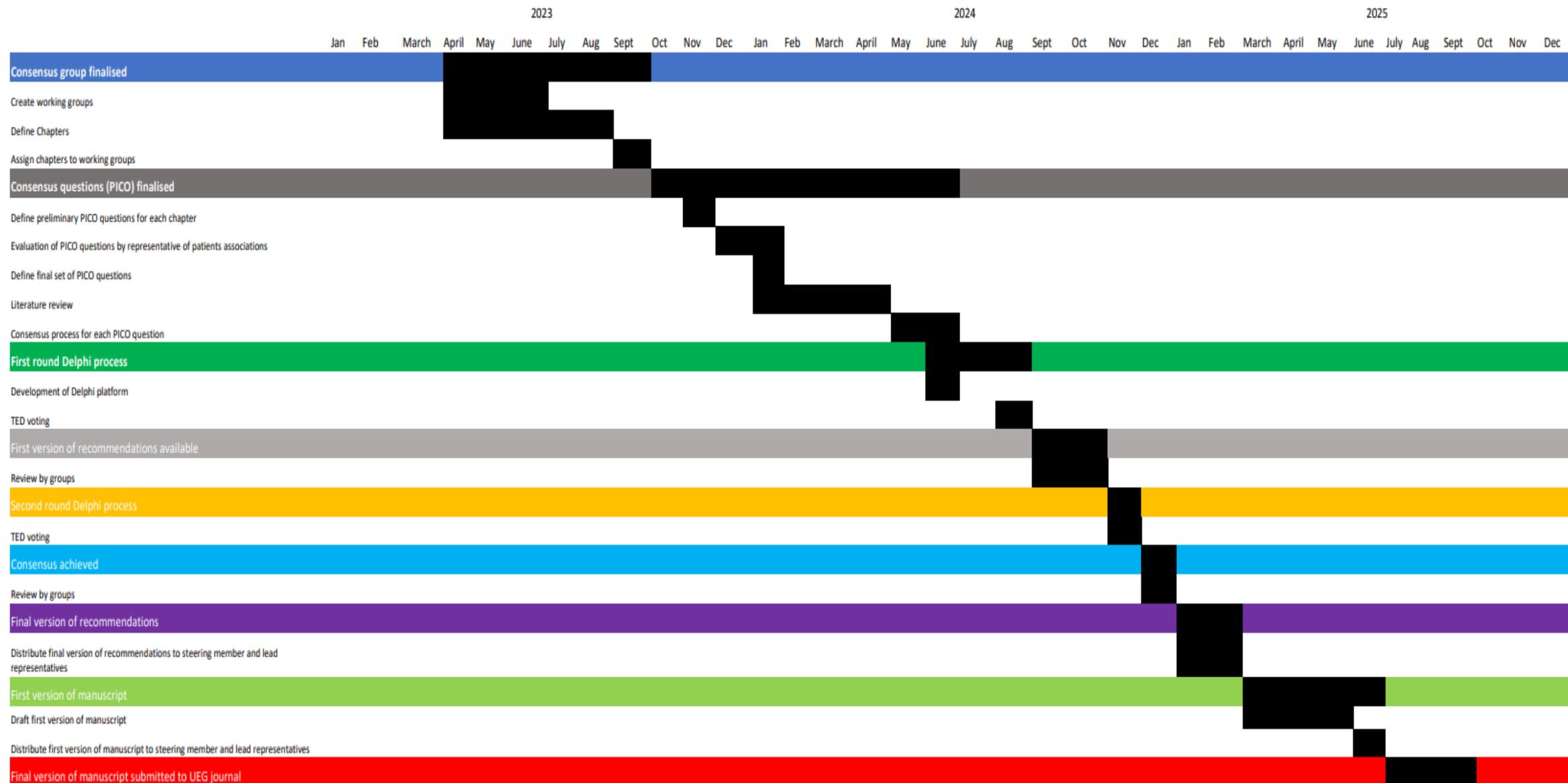


WORKING GROUPS

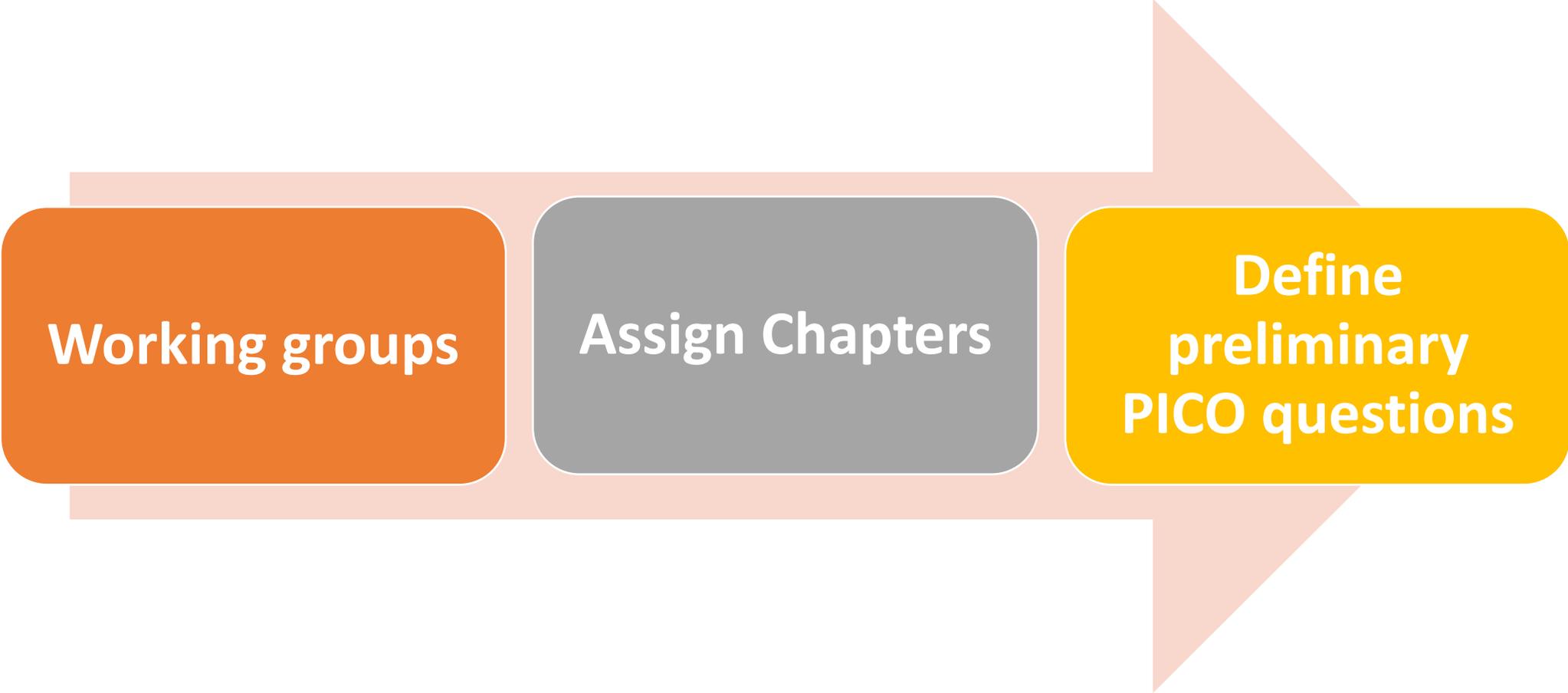


METHODOLOGISTS

European interdisciplinary guidelines on pain management in acute pancreatitis: UEG, EPC, ESD, EAGEN and ESPCG evidence-based recommendations



Next 3 months



Working groups

Assign Chapters

**Define
preliminary
PICO questions**



Thank you