

Firenze 26-28 novembre 2015 Palazzo dei Congressi

Progetto SIMG-SIMEU sul dolore acuto: i dati del Pronto Soccorso

Andrea Fabbri, Gian Alfonso Cibinel
Società Italiana di Medicina d'Emergenza Urgenza



32°
congresso
nazionale
SIMG

Società Italiana di Medicina Generale e delle Cure Primarie



Il Progetto Confronto Diagnosi ICD9-CM

Colica renale

788.0* (“colica renale” OR “uretere”)

Cefalea, Eemicrania

346.2/36-37 (“cefalea a grappolo” OR “cefalea da istamina”)

307.81 (“cefalea da tensione”)

784.0 (“cefalea” OR “dolore testa” OR “dolore facciale”)

784 (“cefalea”)

346* (“emicrania”)

Lombalgia, Lombosciatalgia

720.1* (entesopatia spinale, OR “disordine legamento periferico” OR “disordine inserzioni muscolari colonna vertebrale” OR “ligamentite ileolombare”)

720.2* (“sacroileite”, “infiammazione articolazione sacroiliaca”)

724.2* (“lombalgia” OR “rachialgia lombare”)

724.3* (“sciatalgia” OR “nevralgia” OR “neurite nervo sciatico” OR “cruralgia”)

724.8* (“ossificazione legamento longitudinale posteriore” OR pannicolite sacrale OR interessante dorso” OR “fibrosite dorsale” OR “sindrome faccette dorsali” OR “fibrosite lombare” OR “sindrome faccette lombari”)

846.0* (“distorsione lombosacrale” OR “distrazione lombosacrale”)

I Centri Partecipanti SIMEU

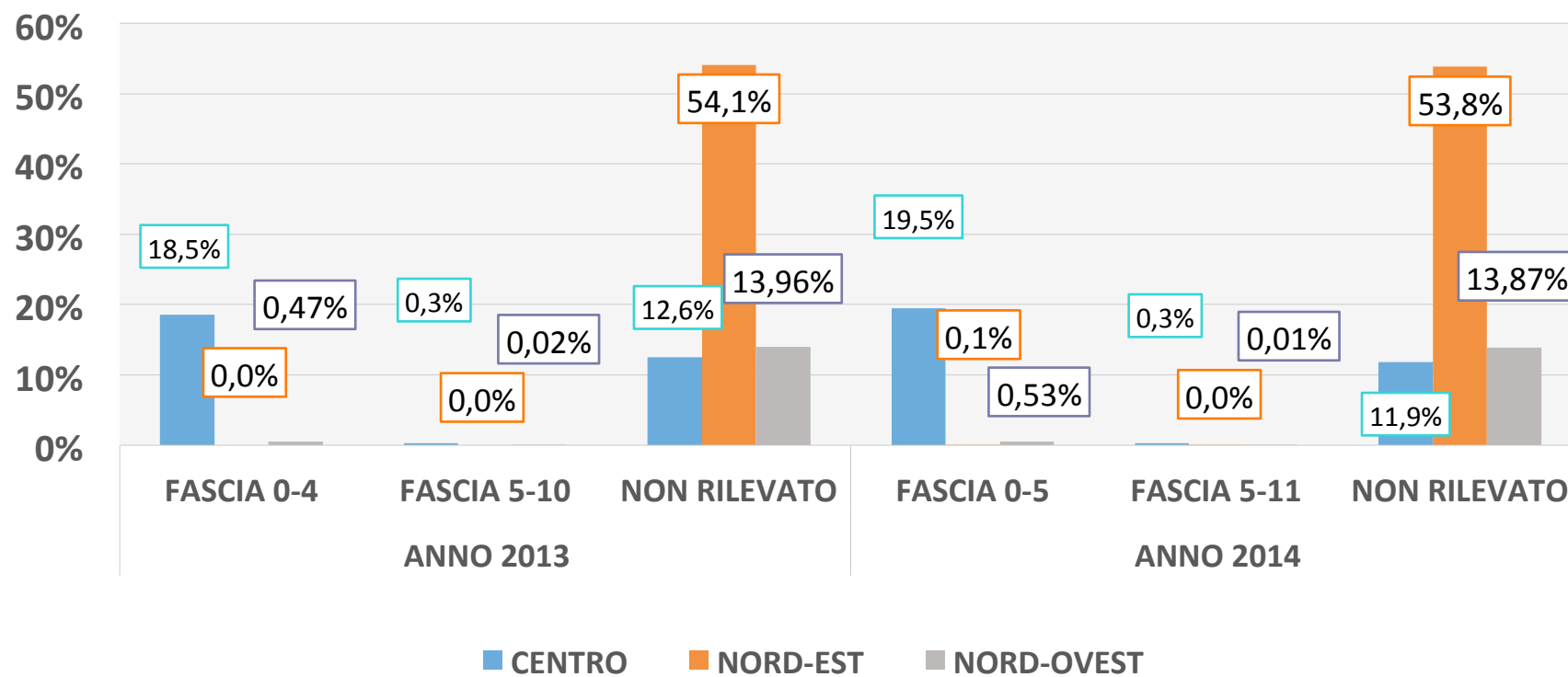
16 Pronto Soccorsi, anni 2013-14

Totale diagnosi 865.000

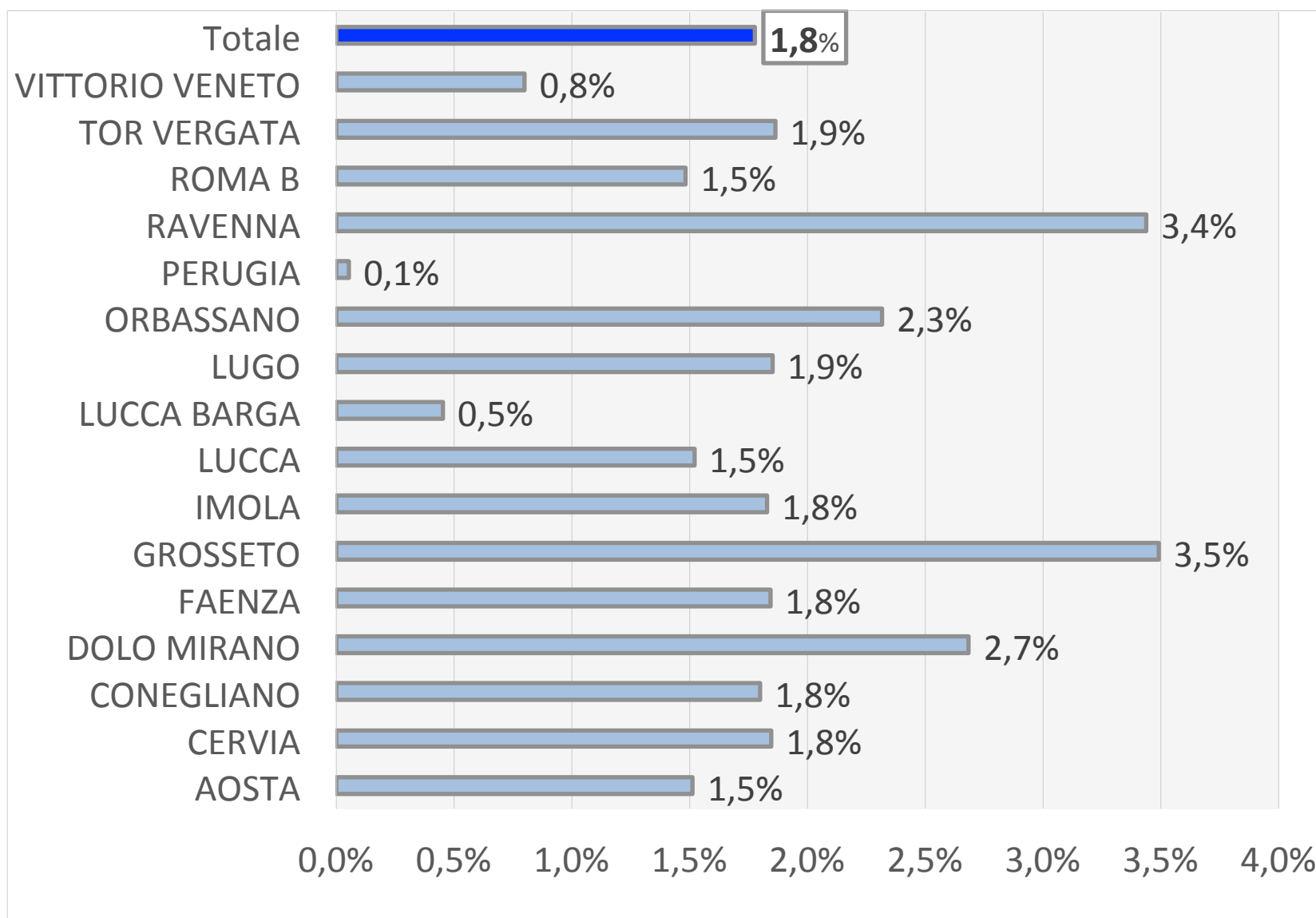
1. Aosta – Osp. Generale Regionale (AO)
2. Orbassano (TO)- ASL 3 Torino (TO)
3. Conegliano Veneto (TV)
4. Vittorio Veneto (TV)
5. Mirano - (VE)
6. Imola (BO) –
7. Ravenna (RA)
8. Lugo (RA)
9. Faenza (RA)
10. Cervia (RA)
11. Grosseto – (GR)
12. Lucca (LU)
13. Perugia (PG)
14. Roma – Ospedale S. Pertini (RM)
15. Roma – Ospedale San Giovanni (RM)
16. Roma - Aosp Universitaria Tor Vergata (RM)



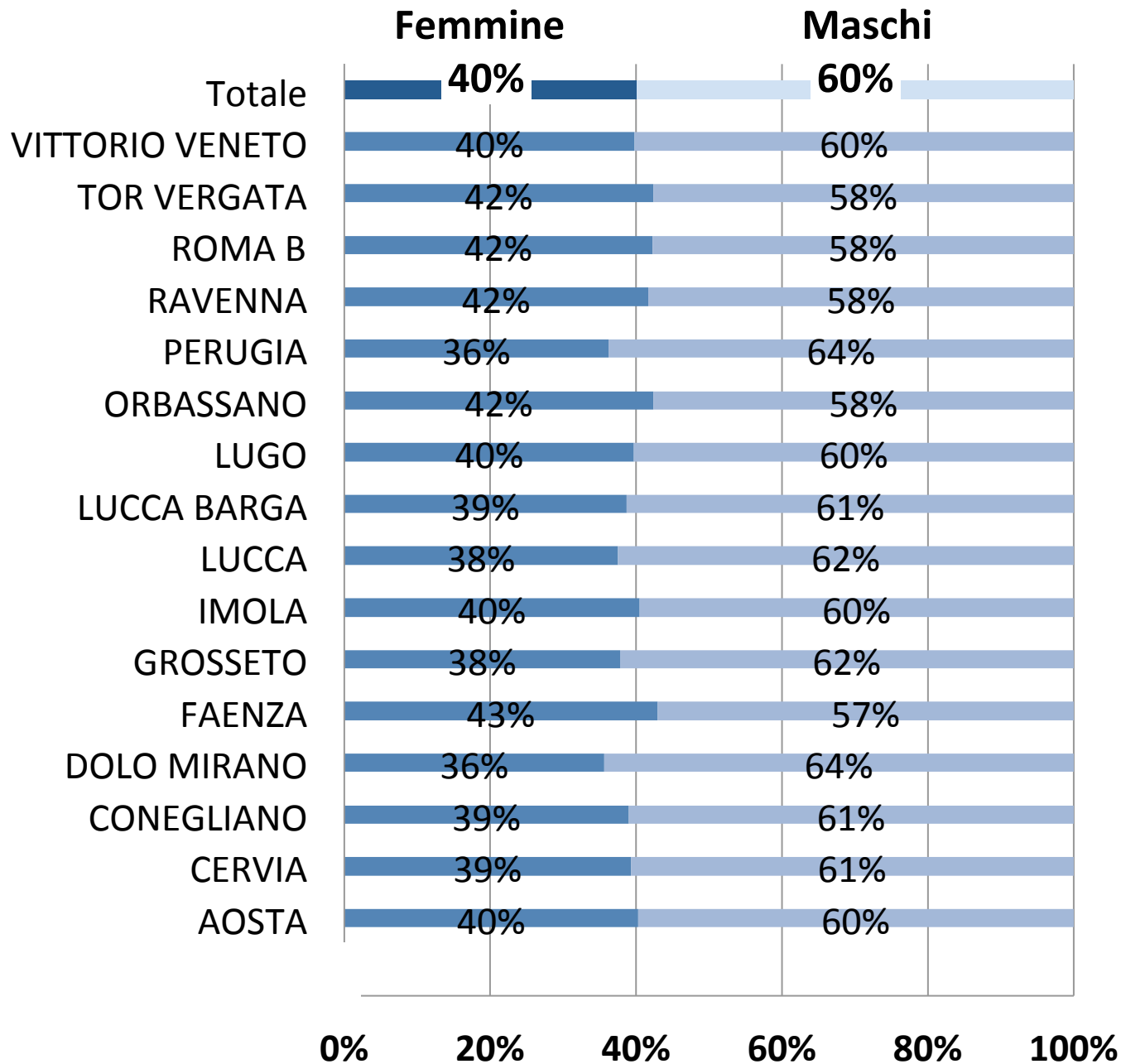
La Rilevazione Media del Dolore è risultata....



Colica renale: percentuale accessi di Pronto Soccorso



Colica Renale: Prevalenza Maschile



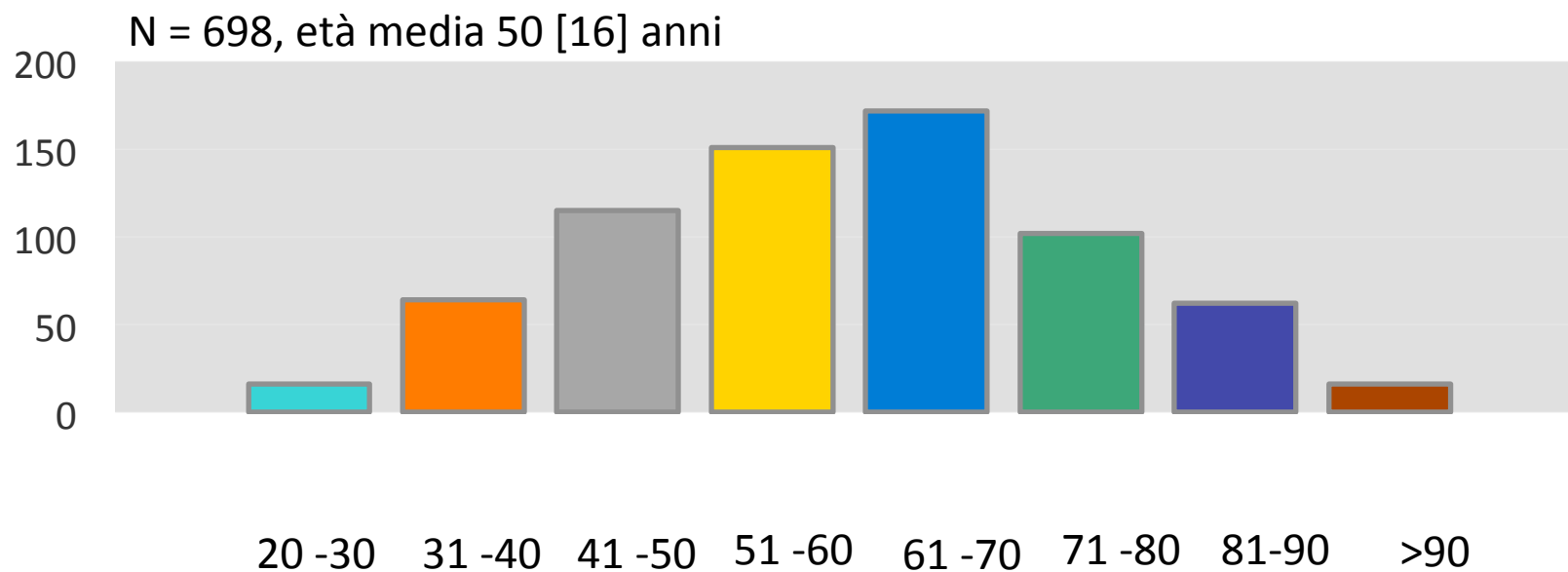
Colica Renale

AUSL Romagna - Forlì

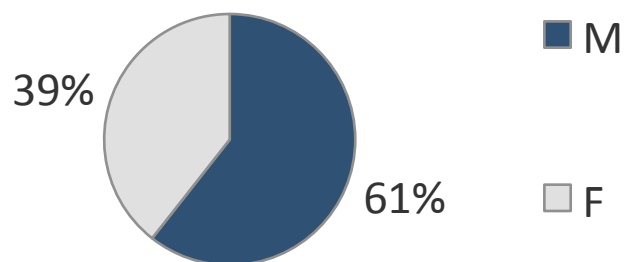
2014	47.500 accessi	(1.5%)
Modalità di accesso	N casi = 698	
Altro ospedale	7	1%
118	113	16%
MMG con richiesta	1	0%
MMG senza richiesta	3	0%
MMG per visita	22	3%
Continuità Assistenziale con richiesta	18	3%
Continuità Assistenziale senza richiesta	6	1%
Specialista esterno	4	1%
Se Stesso	524	75%

183.000 abitanti / area	47.500 accessi	4 casi *1000 ab /anno
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Colica Renale: Distribuzione Età e Sesso

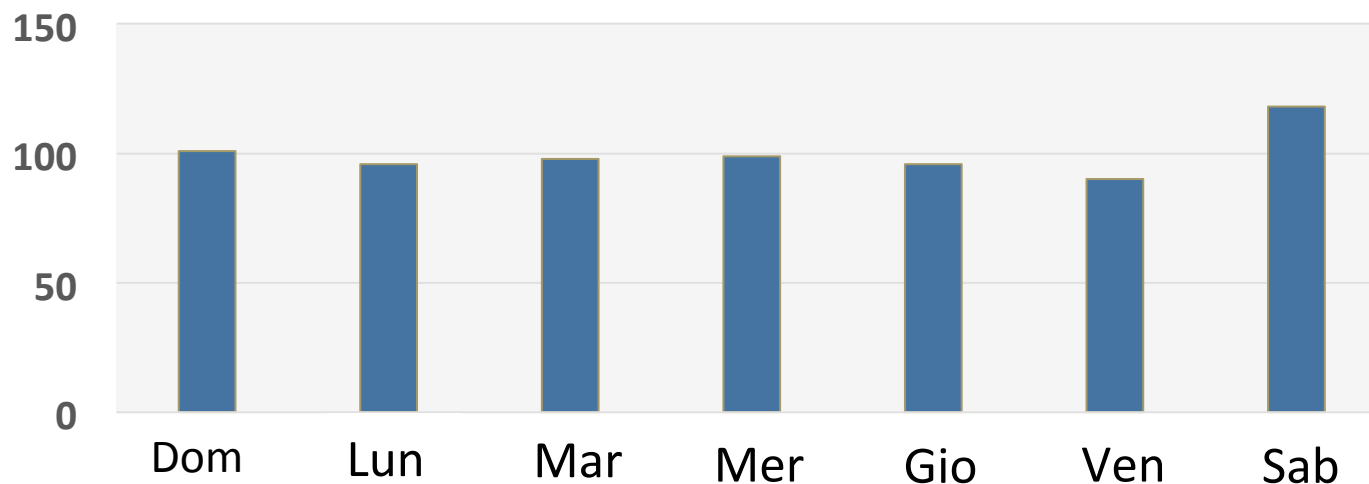


Distribuzione per Sesso

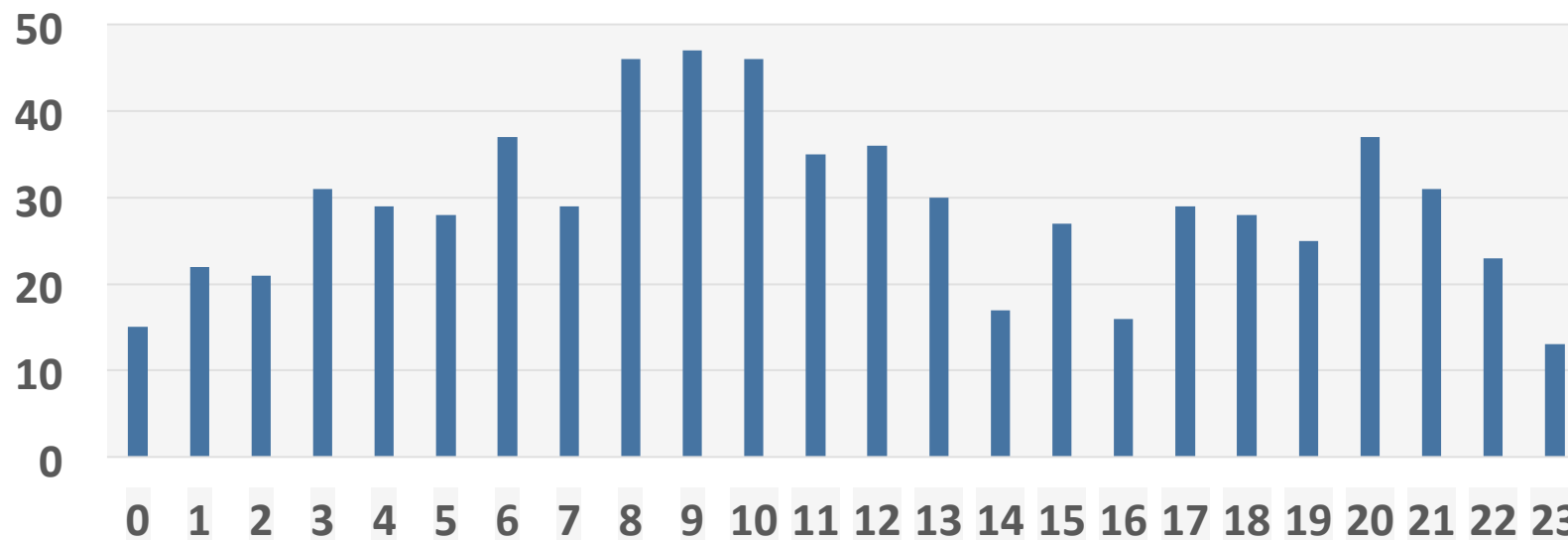


Colica Renale

Giorno della settimana

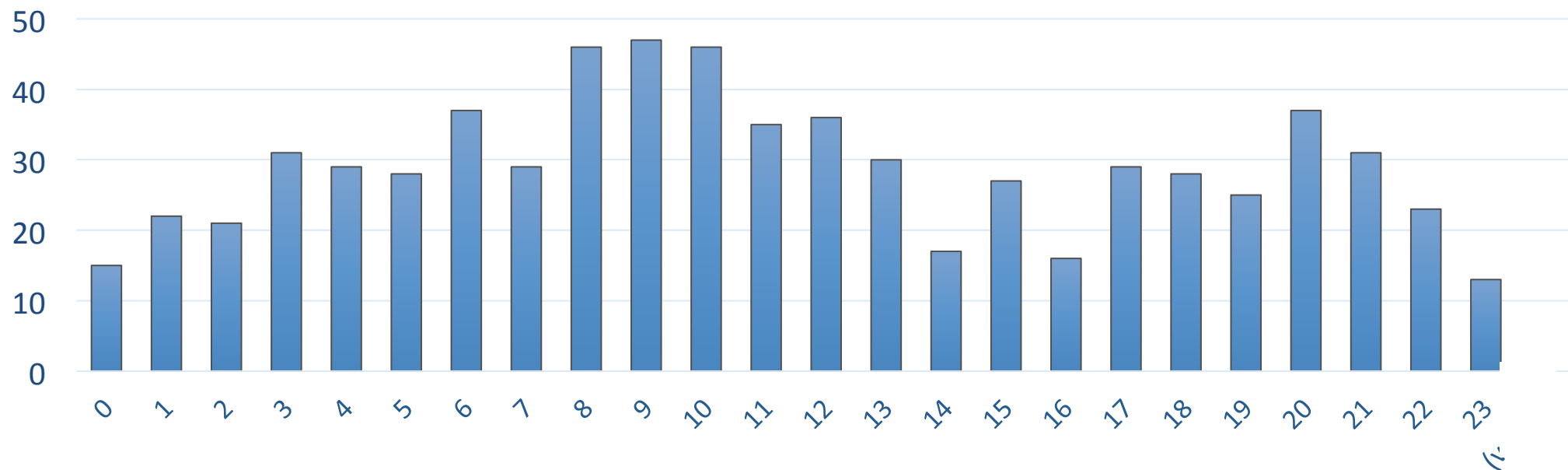


Ora di Arrivo

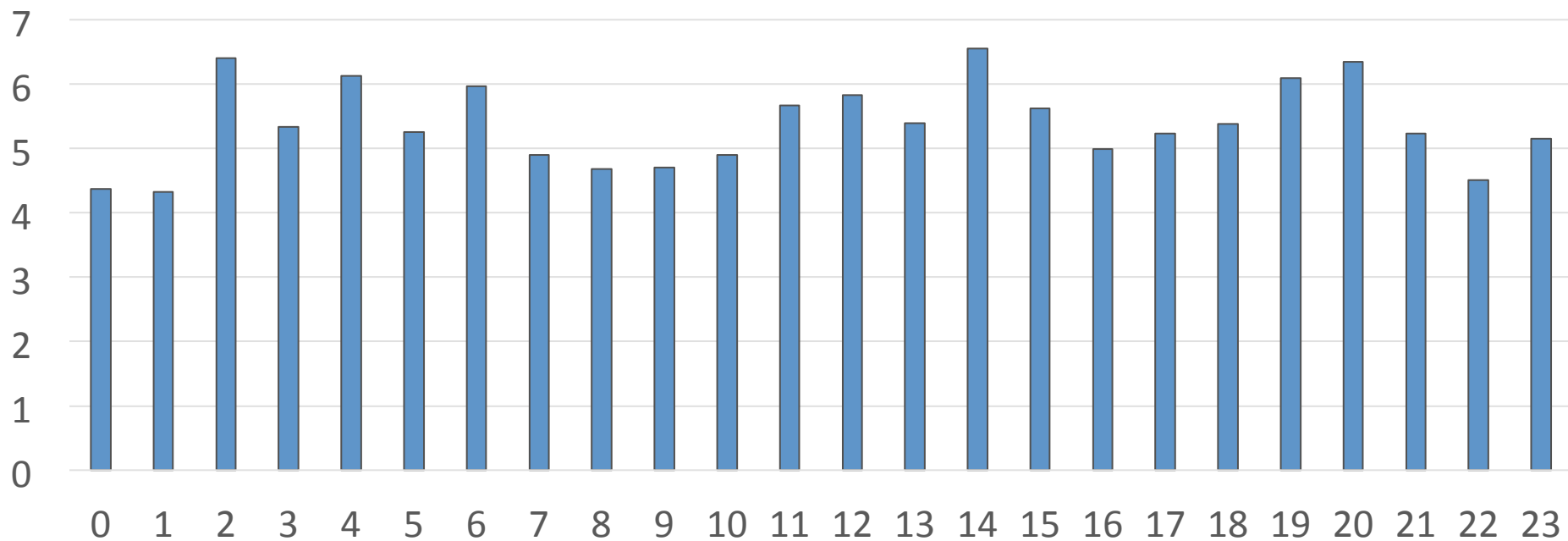


Colica renale AUSL Forlì

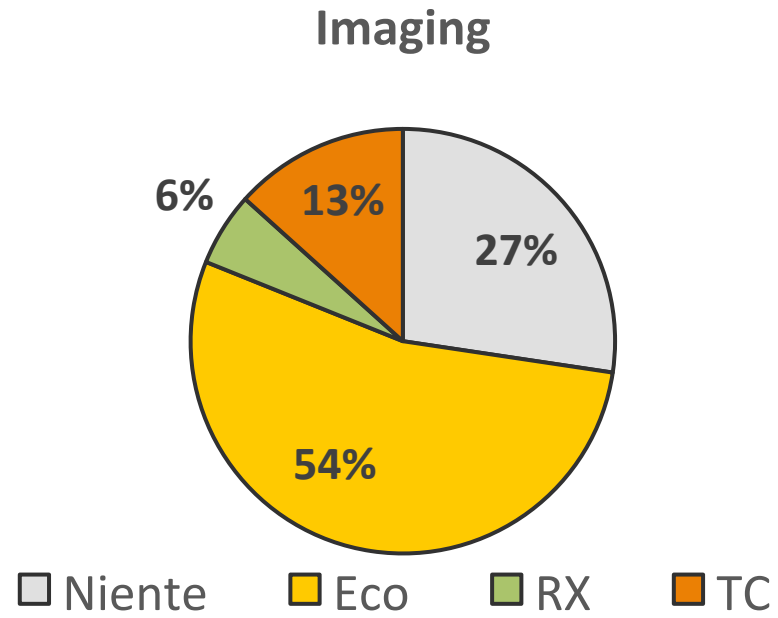
Minuti di attesa alla visita (media 80 min)



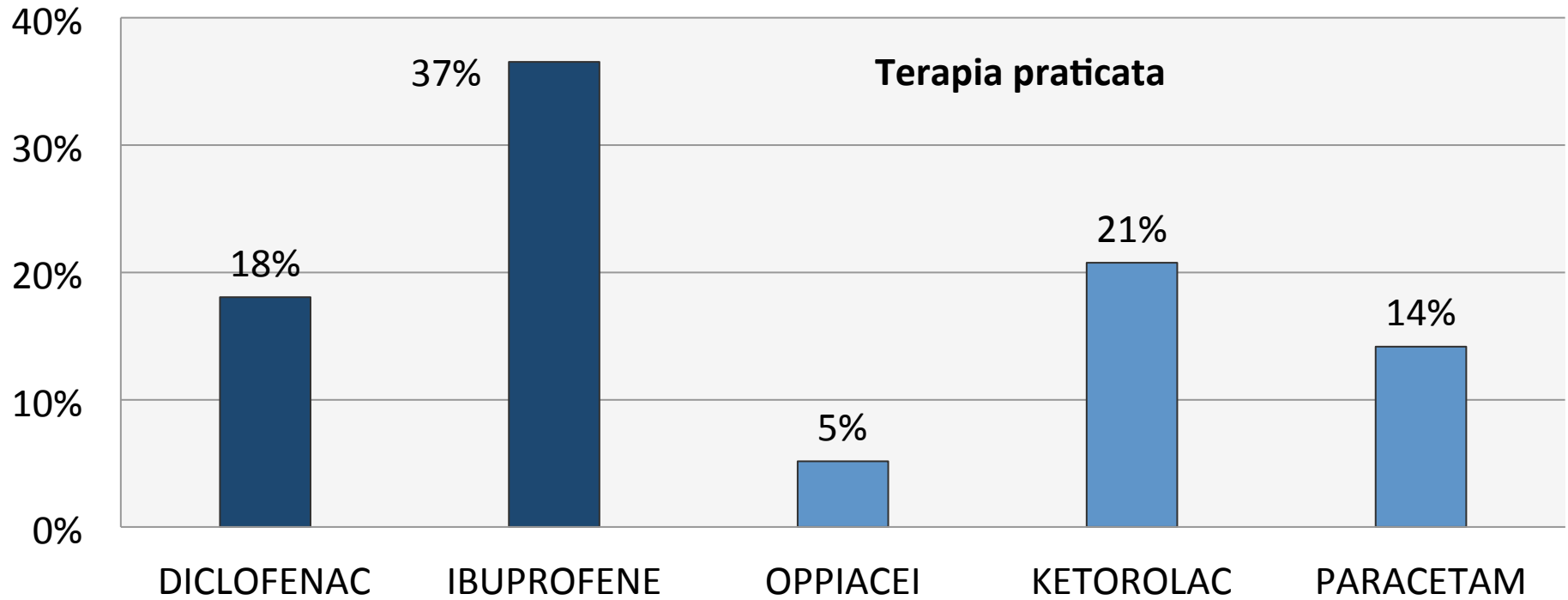
Media Ore di permanenza



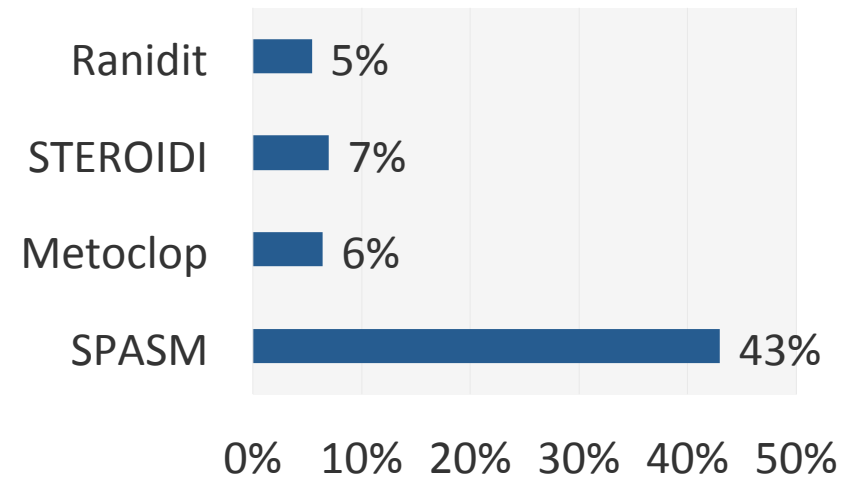
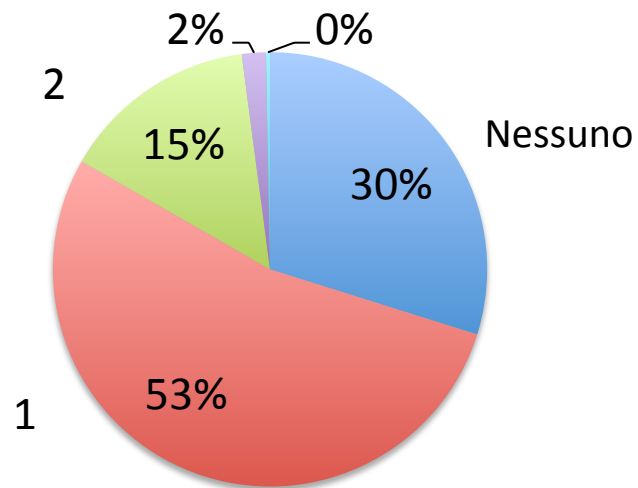
Colica Renale: la Diagnostica



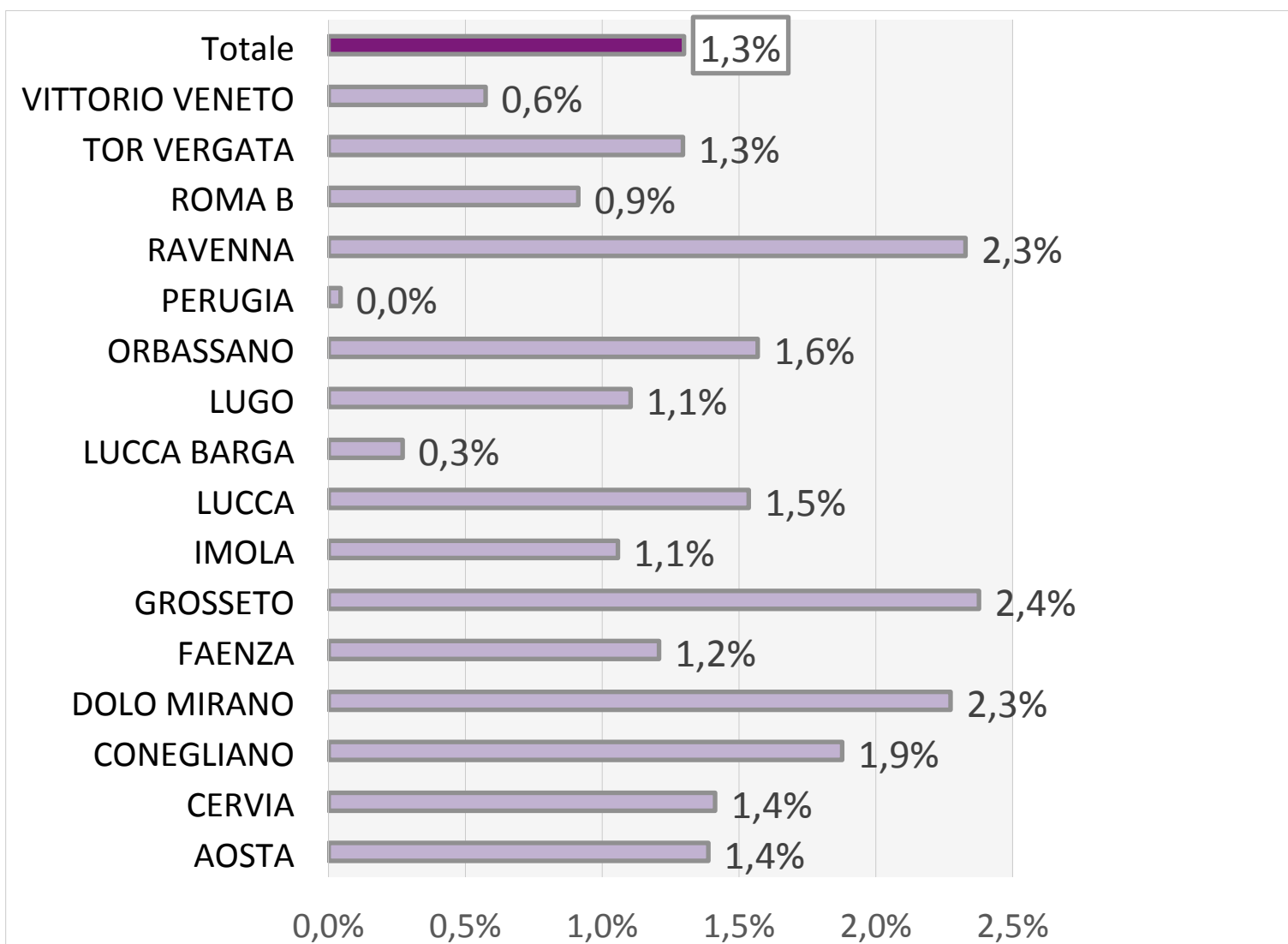
Colica Renale: La Terapia



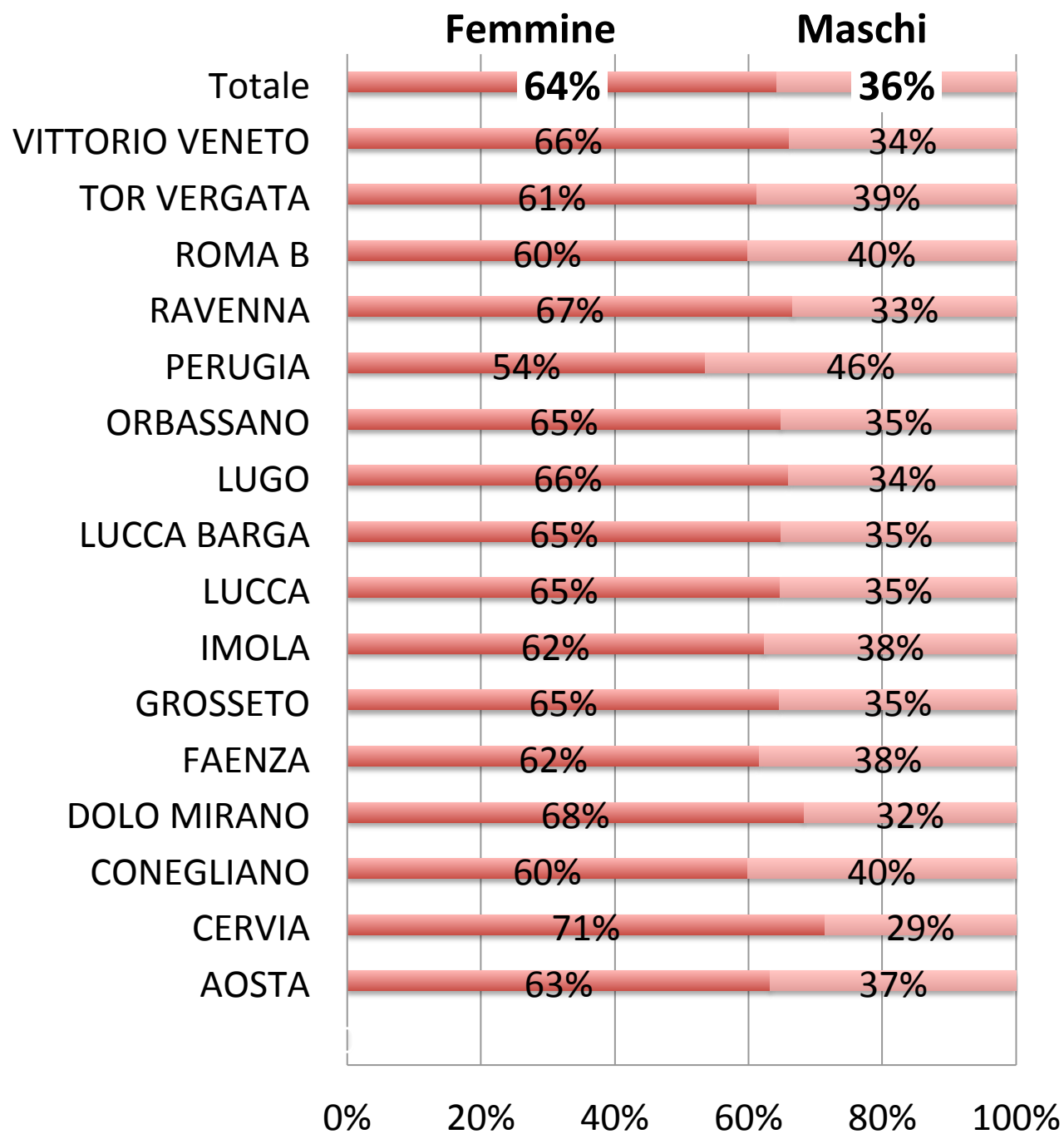
Numero di Farmaci



Cefalea-Emicrania: Percentuale degli Accessi di Pronto Soccorso

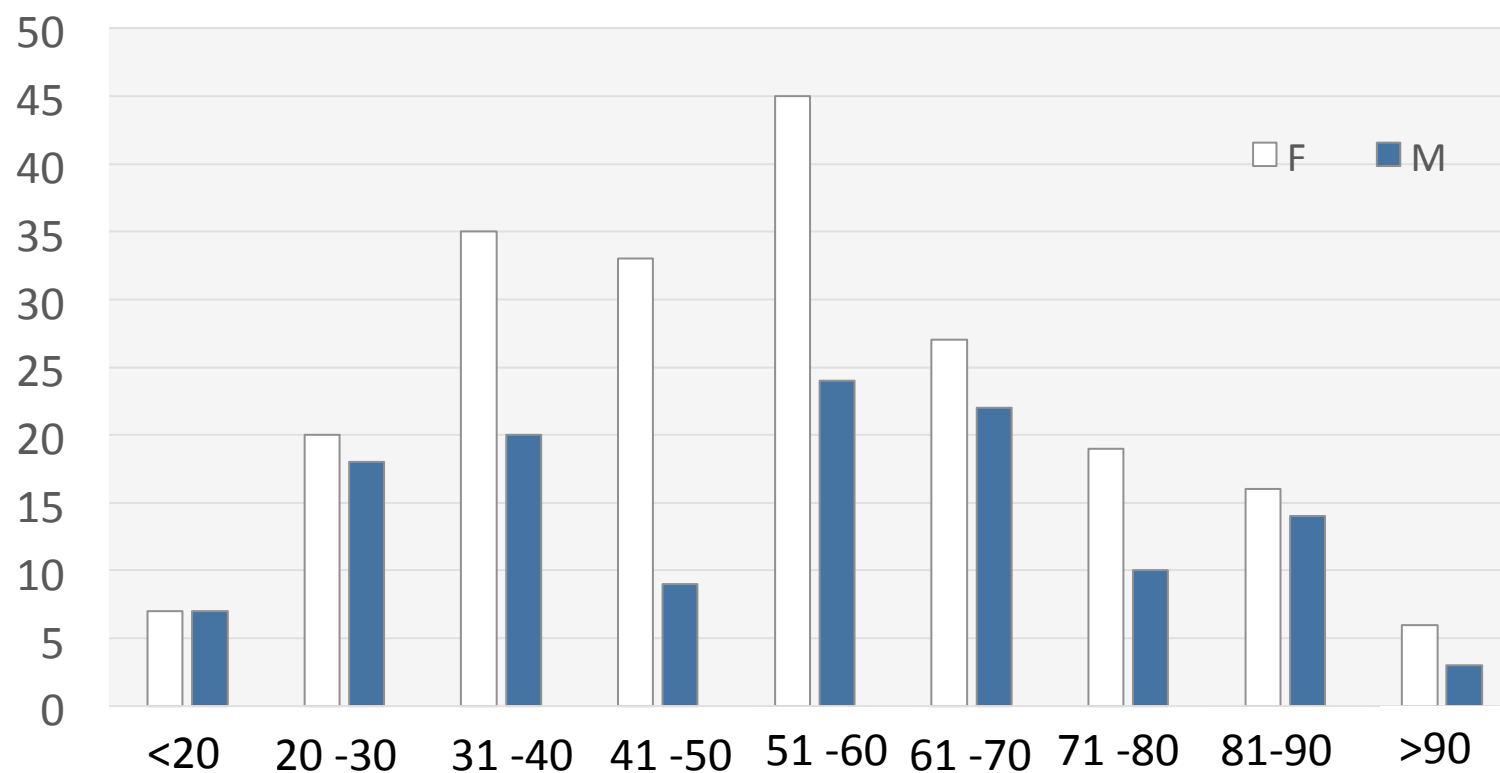


Cefalea-Emicrania: *“Patologia femminile”*



Cefalea-Emicrania: distribuzione sesso per decenni

(N casi 335, età media 43 [20] anni).

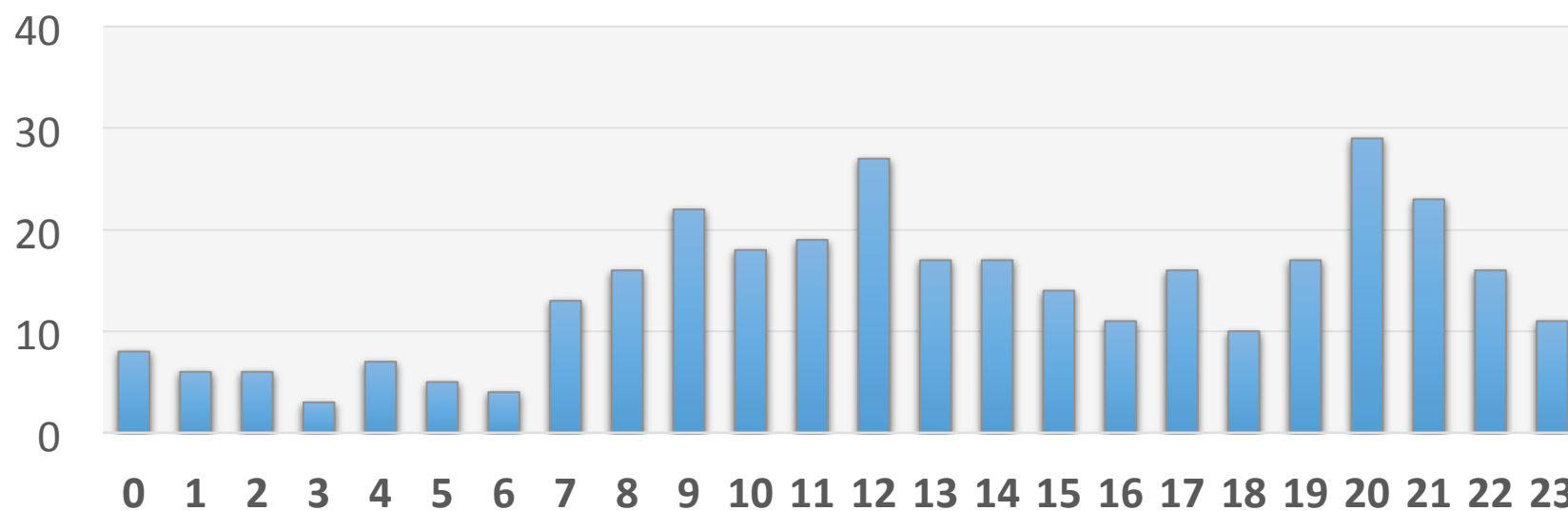
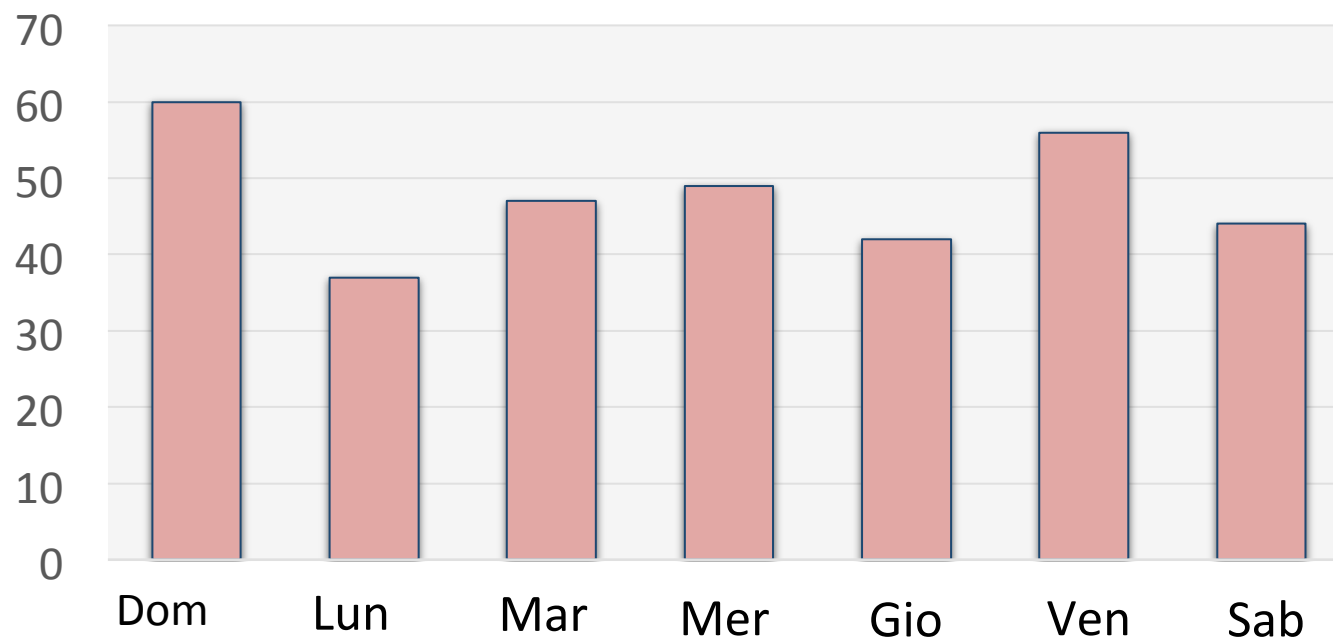


Cefalea-Emicrania

AUSL Romagna - Pronto Soccorso di Forlì		
2014	N = 47.500	0,7%
Modalità di Accesso	N casi = 335	
Altro ospedale	6	9%
118	64	19%
MMG con richiesta	3	1%
MMG per visita	21	6%
Continuità Assistenziale con richiesta	9	3%
Continuità Assistenziale senza richiesta	6	2%
Specialista esterno	3	1%
Se Stesso	223	67%

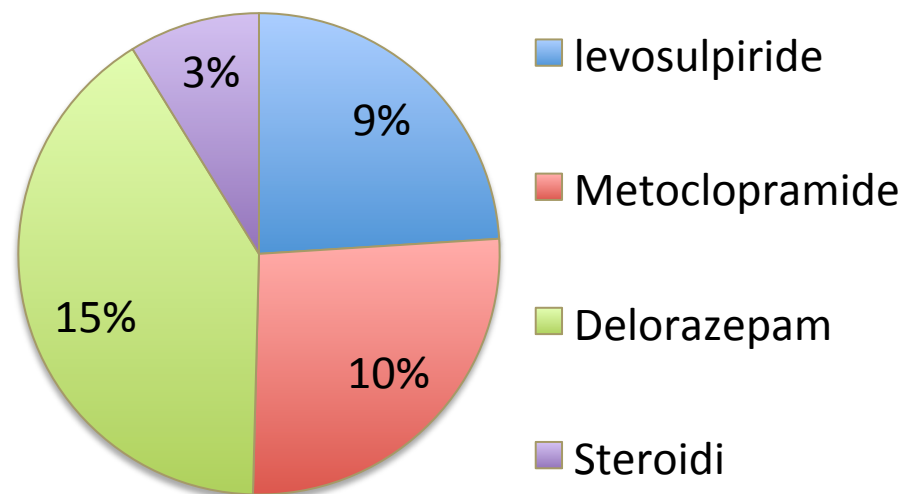
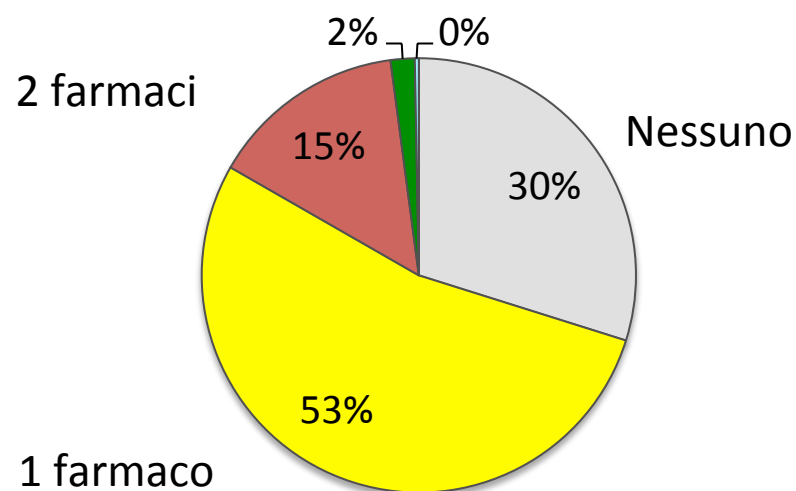
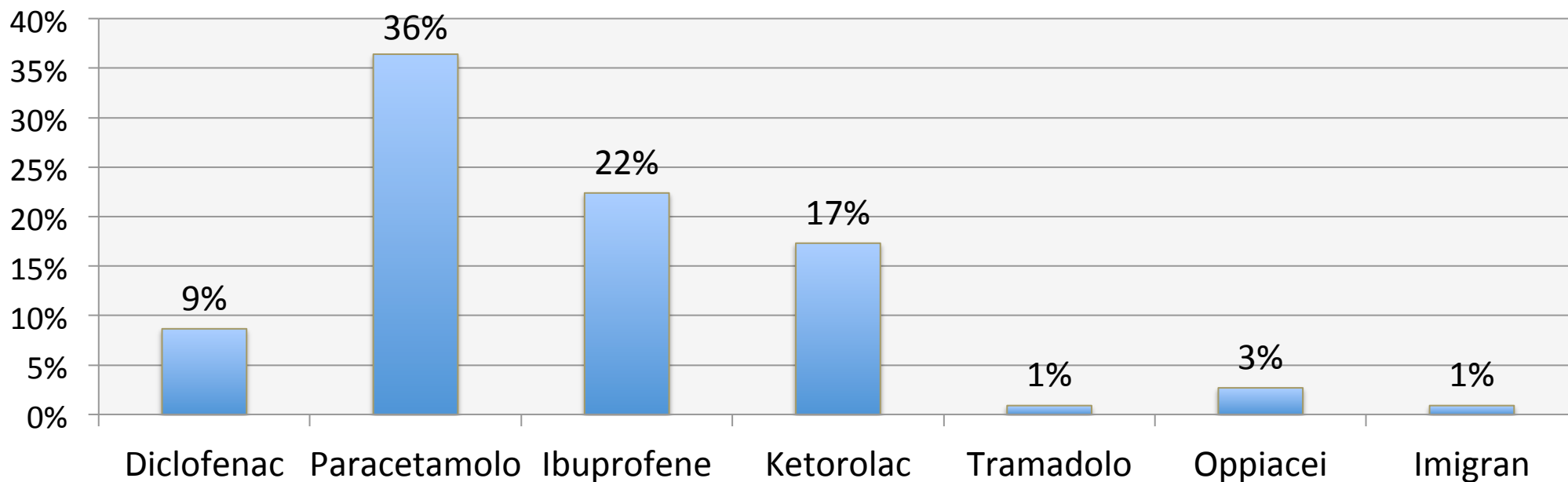
183.000 abitanti / area	47.500 accessi	2 casi *1000 ab /anno

Cefalea-Emicrania: Giorno settimana, Ora del giorno

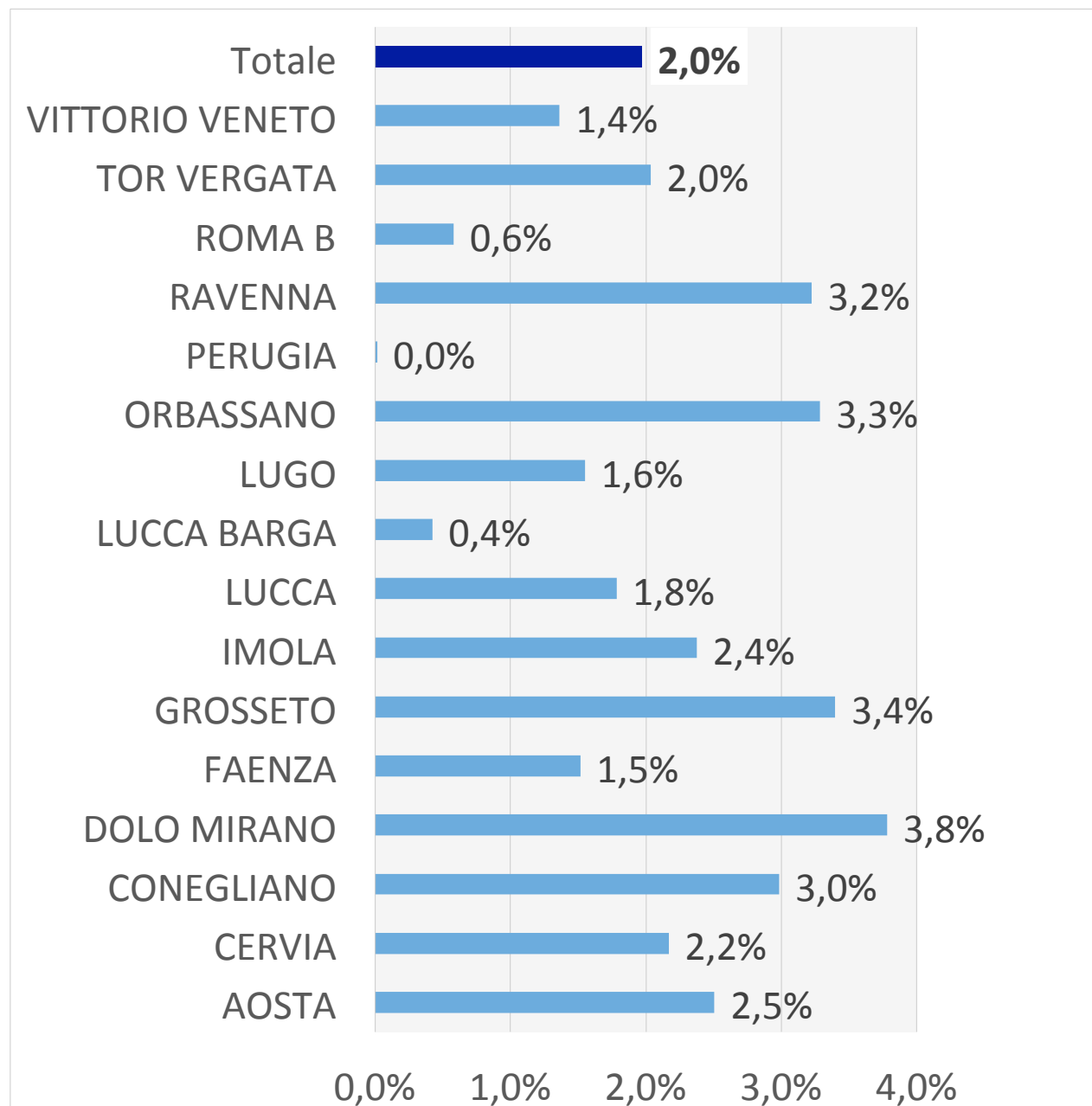


Cefalea / Emicrania

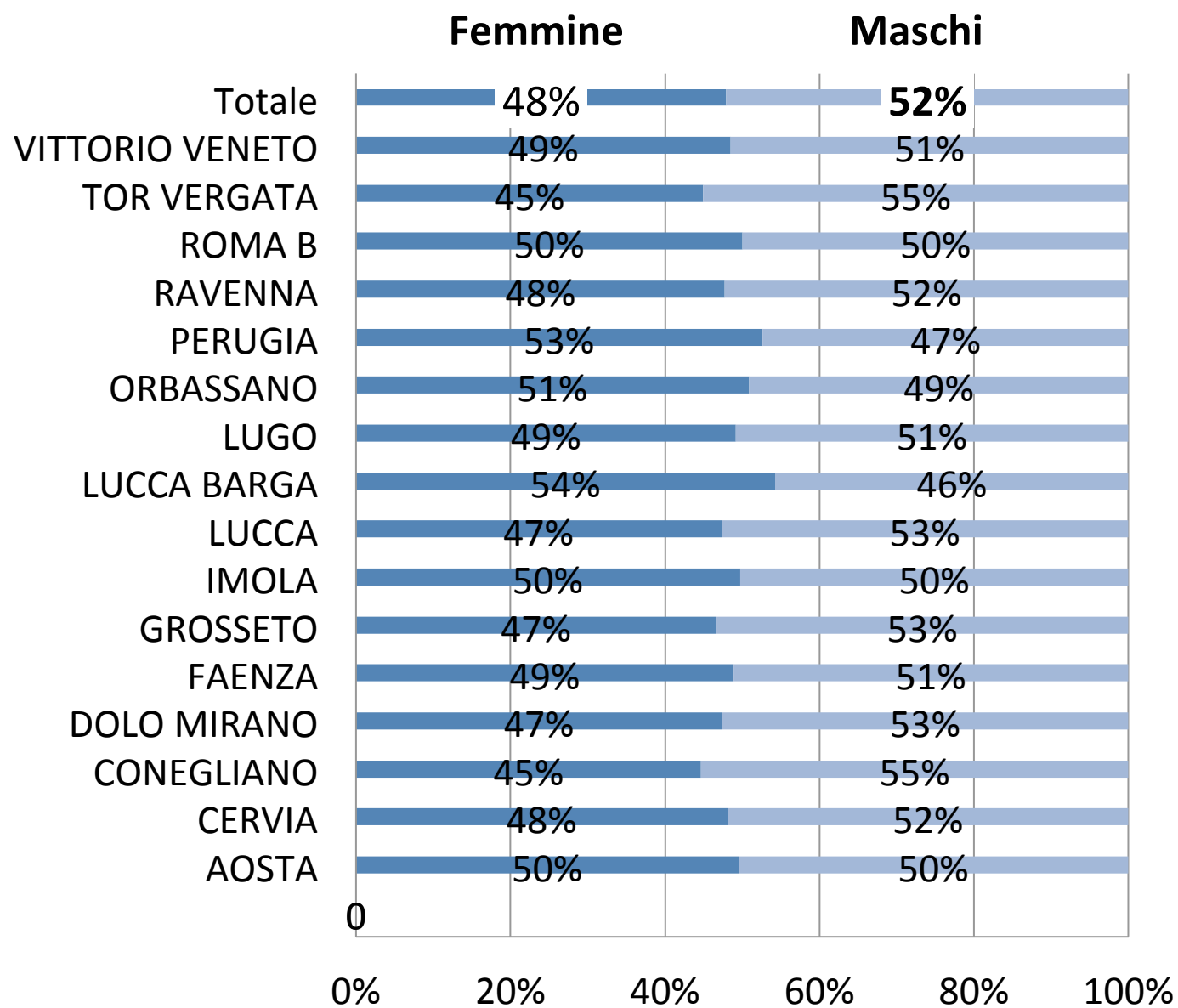
Imaging – TC encefalo 39% dei casi



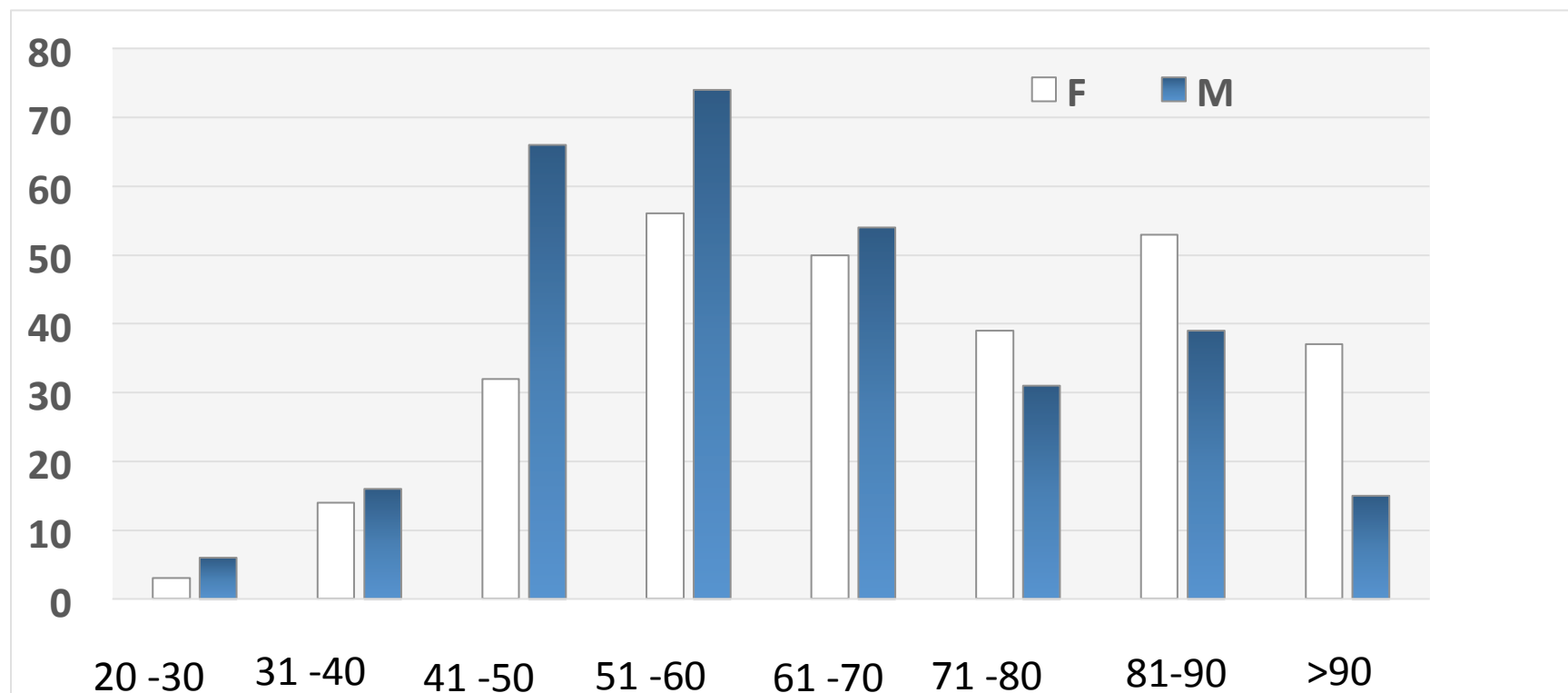
Lombalgia-Lombosciatalgia: percentuale degli accessi di Pronto Soccorso



Lombalgia-Lombosciatalgia: Rapporto sessi



Lombalgia, Lombo-sciatalgia a Forlì



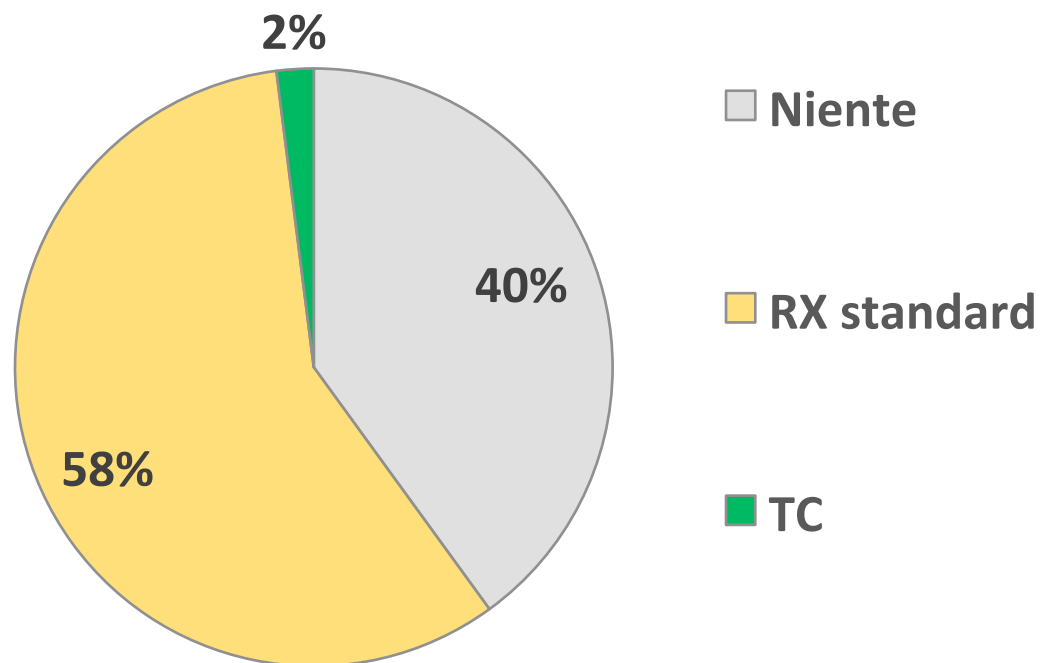
Lombalgia, Lombo-sciatalgia

AUSL Romagna - Pronto Soccorso Forlì		
Anno 2014	N = 47.500	1,2%
Modalità di accesso	N casi = 585	
Altro ospedale	3	1%
118	115	20%
MMG con richiesta	6	1%
MMG senza richiesta	5	1%
MMG per visita	21	4%
Continuità Assistenziale con richiesta	5	1%
Continuità Assistenziale senza richiesta	9	2%
Specialista esterno	6	1%
Se Stesso	415	71%

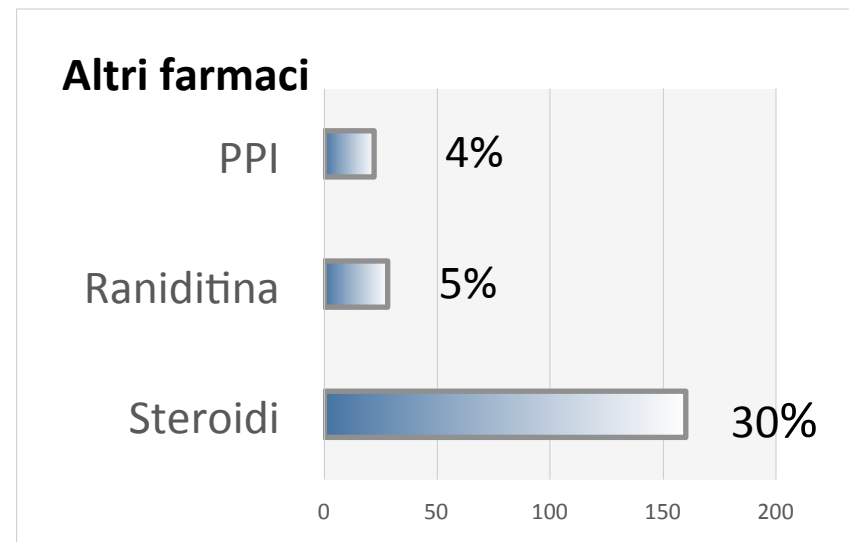
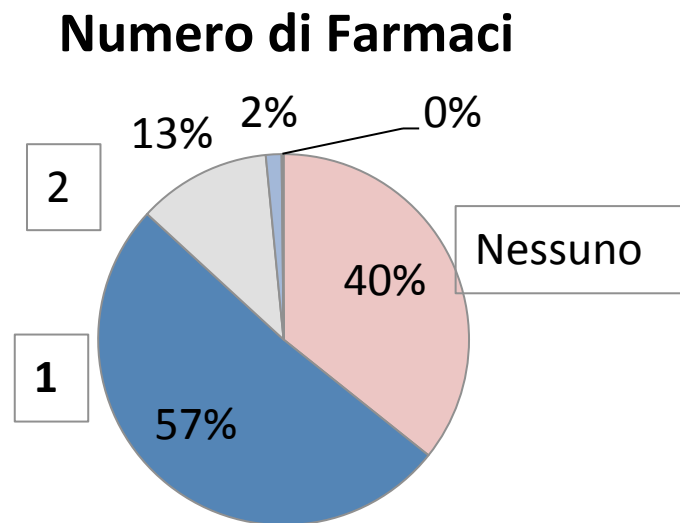
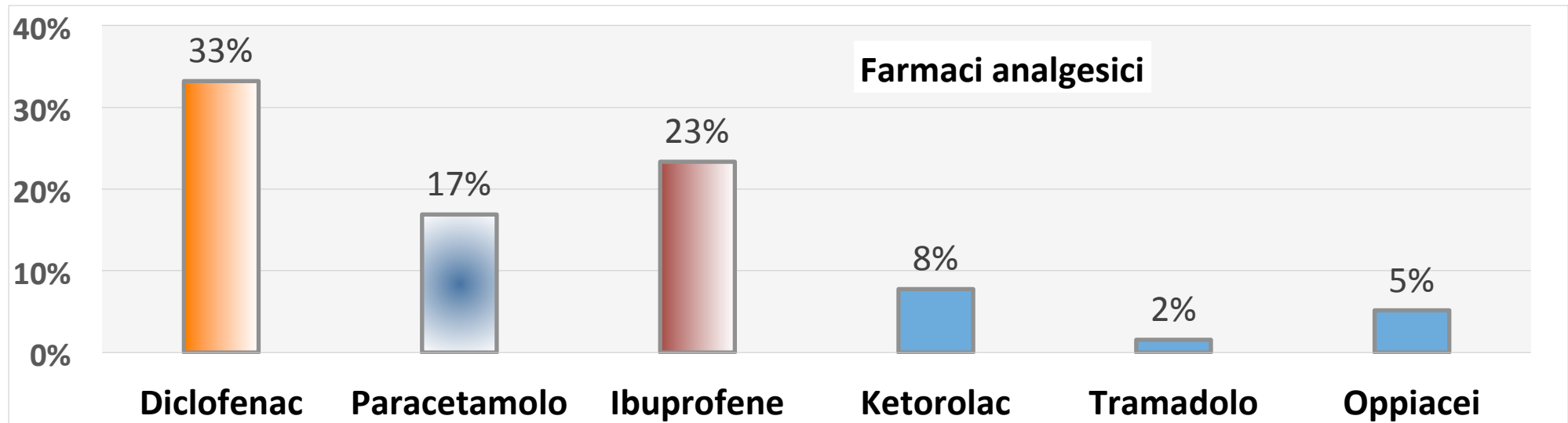
183.000 abitanti / area	47.500 accessi	3 casi *1000 ab /anno

Lombalgia, Lombo-sciatalgia (N = 585)

Imaging



Lombalgia, Lombo-sciatalgia



Conclusioni

Rilevazione SIMEU sul Dolore Acuto

- ✧ La rilevazione del dolore in Pronto Soccorso risulta **insufficiente** a descrivere il problema.
- ✧ Queste 3 diagnosi rappresentano il **5%** della casistica di Pronto Soccorso.
- ✧ Colica renale prevalenza maschile, cefalea prevalenza femminile, sciatalgia lieve prevalenza maschile.
- ✧ Un **trattamento anticipato** del dolore contribuirebbe ad un significativo miglioramento della prognosi (i.e. *riduzione di complicanze*)

Patologie	Stima in Italia (casi * anno)	Stima Incidenza in Italia	Anticipo Terapia	Risparmio ore dolore
Colica renale	432.000	7 casi * 1000 ab /anno	20 '	4.333
Cefalea / emicrania	312.000	5 casi * 1000 ab /anno	20 '	6.000
Lombalgia	480.000	8 casi * 1000 ab /anno	20 '	6.667

Diagnostic and treatment patterns for renal colic in US Emergency Departments

5 casi * 1000 ab/anno

Abstract. *Purpose:* To describe the epidemiology, imaging and treatment patterns of acute renal colic in US emergency departments. *Materials and methods:* Data on 25,622 visits representing 108 million emergency department visits were obtained from the 2000 National Hospital Ambulatory Medical Care Survey. Demographic and clinical information are presented descriptively. *Results:* There were a total of 259 records representing 1,139,257 visits with a primary ED diagnosis of renal calculus or colic. The majority of patients are young males, presenting with moderate to severe flank pain. Patients received an average of two medications from a pharmacopoeia of several dozen. The most commonly used medications were ketorolac, promethazine and morphine. Antibiotics were prescribed in over 20% of cases. Just under half of all patients had a radiographic test, and a similar number had one or more blood tests. Fewer than 10% were admitted. *Conclusions:* Renal colic is a common emergency department presentation and but there is widespread variation in the type of ancillary testing obtained. Patients may not obtain those radiological tests required to ensure prompt urological follow-up. Further work should be aimed at developing protocols for the emergent management of patients with renal colic.

Cost and Predictors of Lost Productive Time in Chronic Migraine and Episodic Migraine: Results from the American Migraine Prevalence and Prevention (AMPP) Study

5 casi * 1000 ab/anno

Objective: To quantify the cost differences and predictors of lost productive time (LPT) in persons with chronic migraine (CM) and episodic migraine (EM). **Methods:** The American Migraine Prevalence and Prevention (AMPP) study is a US national longitudinal survey of severe headache. Cost estimates were obtained via U.S. Census income data. To elucidate the unique predictors of LPT, the optimal distribution for modeling was determined. Zero inflation models for LPT were predicted from sociodemographics, headache features, characteristics and disability, medication use, and depression. The interaction between headache status and age was the primary effect of interest. **Results:** The eligible sample included 6329 persons with EM and 374 persons with CM. Men with CM aged 45 to 54 years cost employers nearly \$200 per week more than do their EM counterparts. Likewise, for women, costs were higher for CM, with the cost differential between EM and CM being \$90 per week. After comprehensive adjustment, increases in LPT with age were significantly higher in CM than in EM (rate ratio 1.03; 95% confidence interval 1.01–1.05). When age was recoded to a decade, metric rates of LPT increased 25% more per decade for CM than for EM (rate ratio 1.25; 95% confidence interval 1.004–1.5). **Conclusions:** LPT is more costly and increases more rapidly for those with CM than for those with EM as age increases.

Diagnostic Testing and Treatment of Low Back Pain in United States Emergency Departments

A National Perspective

*4 casi * 1000 ab /anno*

Study Design. This study is an analysis of the National Hospital Ambulatory Medical Care Survey (NHAMCS), a large sample representative of all emergency department (ED) visits throughout the United States.

Objective. To use NHAMCS to describe the frequency of ED visits for the treatment of low back pain, and the diagnostic and therapeutic strategies employed by emergency clinicians.

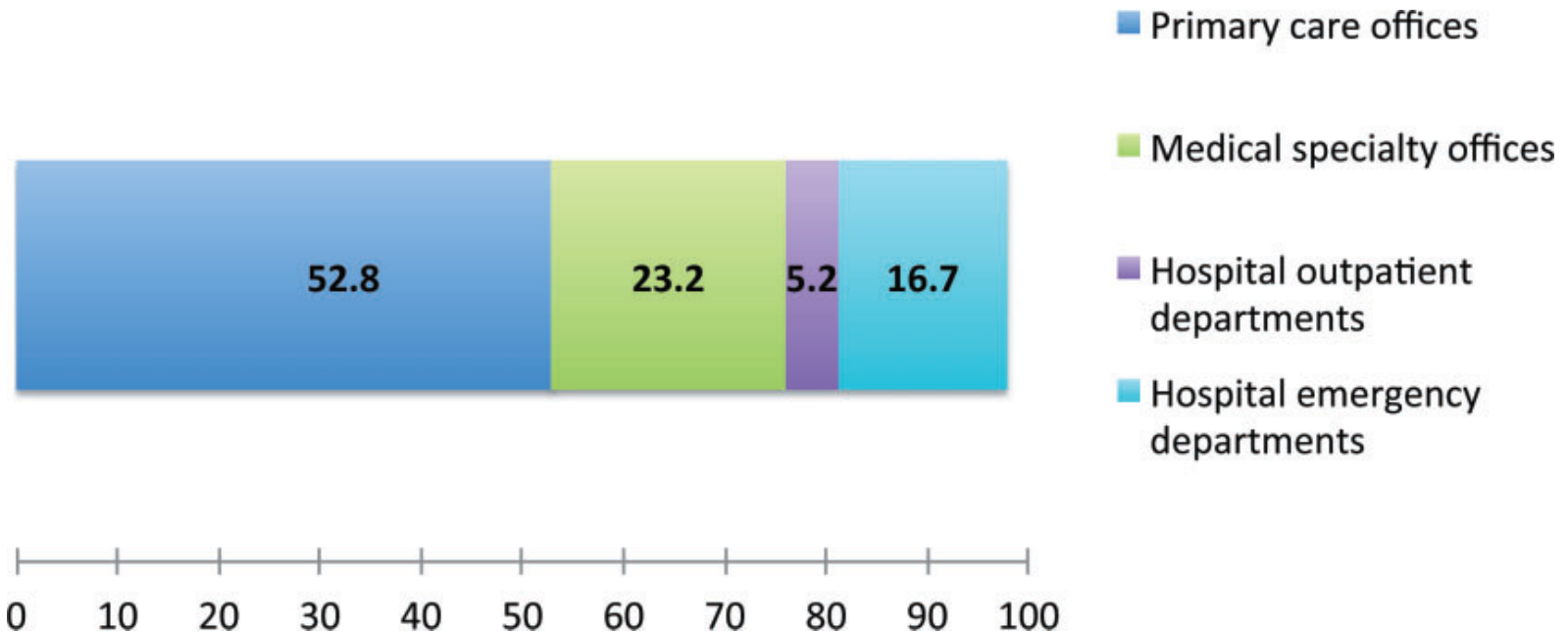
Summary of Background Data. Low back pain is common in the general population. While it accounts for 2.5% of all outpatient office visits, the role of the ED has yet to be described.

Methods. We included cases if they had both a reason for visit related to back pain and a primary ED discharge ICD9 code consistent with low back pain. The outcomes included frequency of ED use, and frequency of various diagnostic and therapeutic strategies. Individual patient visits are weighted so that data can be extrapolated to all ED visits throughout the United States.

Results. Low back pain related disorders caused 2.63 million (95% CI: 2.32, 2.93 million) annual ED visits in the US. Of all patients with low back pain, 30.5% (28.1, 32.9) had a plain radiograph; 9.6% (95% CI: 7.2, 12.6) had a CT or MRI in 2006 compared with 3.2% (95% CI: 2.0, 5.1) in 2002 (P for trend <0.01). Age and type of insurance were associated with advanced imaging, though geographic region was not. Of medications either administered in the ED or prescribed at discharge, the most frequently used classes were opioids (61.0%, 95% CI: 58.4, 63.5), followed by nonsteroidal anti-inflammatory drugs (49.9%, 95% CI: 47.2, 52.7) and muscle relaxants (43.1%, 95% CI: 40.4, 45.8).

Conclusion. Low back pain related disorders are a frequent cause of ED visit. Diagnostic imaging is performed in one-third of all patients. There was a strong secular

The Prevalence and Burden of Migraine and Severe Headache in the United States: Updated Statistics From Government Health Surveillance Studies



Canadian Headache Society systematic review and recommendations on the treatment of migraine pain in emergency settings

We strongly recommend the use of **prochlorperazine** based on a high-level of evidence, **lysine acetylsalicylic acid, metoclopramide and sumatriptan**, based on a moderate-level of evidence, and **ketorolac**, based on a low level of evidence.

We weakly recommend the use of chlorpromazine based on a moderate level of evidence, and ergotamine, dihydroergotamine, lidocaine intranasal and meperidine, based on a low level of evidence. We found evidence to recommend **strongly against the use of dexamethasone**, based on a moderate level of evidence, and granisetron, haloperidol and trimethobenzamide based on a low level of evidence.

Based on moderate-quality evidence, we recommend weakly **against the use of acetaminophen and magnesium sulfate**.

Based on low-quality evidence, we recommend weakly **against the use of diclofenac, droperidol, lidocaine intravenous, lysine clonixinate, morphine, propofol, sodium valproate and tramadol**.

The Prevalence and Burden of Migraine and Severe Headache in the United States: Updated Statistics From Government Health Surveillance Studies

