

# SCD-Related Acute and Chronic Pain



## What it covers

- Evidence-based guidelines for the management of sickle cell disease (SCD)-related acute and chronic pain in children and adults.



## Why it matters

- Severe pain is the most common complication of SCD and affects individuals' quality of life. Acute pain episodes are the leading cause of emergency department visits and hospitalizations for individuals living with SCD. Further, chronic pain develops as individuals age and affects them daily.
- Acute and chronic pain management is a common clinical challenge for health care providers. This is in part due to the lack of strong evidence to support clinical decision-making.
- Health care providers may be unaware of all the available tools that can be used to manage acute and chronic SCD pain. These tools include both medications and treatments that are not medications.



## Who it affects

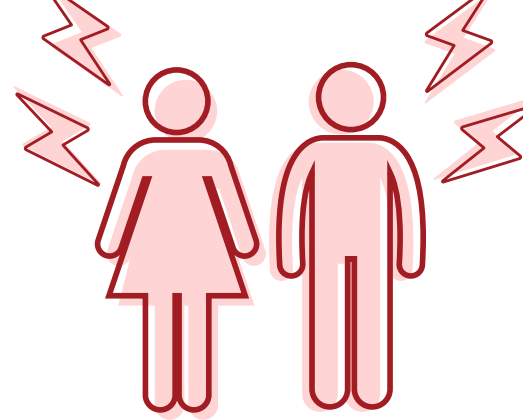
- **Hematologists and other clinicians providing pain management care:** Clinicians will have access to guidelines based on the best available scientific evidence to improve their understanding of how to look for, treat, and manage acute and chronic SCD pain.
- **Emergency room physicians:** The guidelines make important recommendations for how quickly individuals living with SCD experiencing acute pain should receive medical attention.
- **Primary Care and Family Physicians:** Care of individuals living with SCD is often the responsibility of primary care and family physicians. This physician community has expressed a strong need for guidance and tools to help inform their care.
- **Individuals living with SCD and their family members:** These guidelines provide an opportunity to make shared decisions with their health care providers regarding the management of their pain.
- **Policymakers:** Policymakers will be informed of the knowledge gaps that exist in SCD evidence so they can direct research funding to fill in the gaps. In this regard, these guidelines may help shape policy.

For more information on the 2019-2021 ASH Clinical Practice Guidelines on Sickle Cell Disease, visit [www.hematology.org/SCDguidelines](http://www.hematology.org/SCDguidelines).

ASH guidelines are reviewed annually by expert work groups convened by ASH. Resources derived from guidelines that require updating are removed from the ASH website.

The American Society of Hematology (ASH) ([www.hematology.org](http://www.hematology.org)) is the world's largest professional society of hematologists dedicated to furthering the understanding, diagnosis, treatment, and prevention of disorders affecting the blood. For more than 60 years, the Society has led the development of hematology as a discipline by promoting research, patient care, education, training, and advocacy in hematology.





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### What are the highlights

- **Acute pain:** Individuals seeking care for the treatment of acute pain should have their pain assessed and medication administered within one hour of their arrival at the acute care facility. Individuals should then be frequently reassessed every 30-60 minutes for consideration of additional doses of pain medication to optimize their pain control.
- **Chronic pain:** Individuals who experience chronic pain may benefit from a tailored treatment plan when starting or ending chronic opioid therapy. Treatment decisions should balance the risks and benefits of opioids and consider the individual's function, goals, and durability of benefit over time.
- **Chronic pain:** Medications that treat pain that are not opioids can be considered for individuals who experience chronic pain as part of a comprehensive pain treatment plan.
- **Pain management approaches beyond and in addition to prescription medicines:**
  - Clinicians treating individuals with SCD and acute pain can consider approaches including massage, yoga, virtual reality, and guided audiovisual relaxation in addition to medications (e.g., opioids, NSAIDs).
  - Clinicians treating individuals living with SCD and chronic pain can consider Cognitive Behavioral Therapy and other integrative approaches (e.g., acupuncture, massage therapy) in addition to medications as part of a comprehensive disease and pain management plan.
- **Transfusion:** Individuals living with SCD who have recurrent acute pain may not benefit from chronic monthly transfusions as a first-line strategy to prevent or reduce future acute pain episodes.

**Total number of panel recommendations: 18**

### REFERENCE

Brandow AM, Carroll CP, Creary S, et al. [American Society of Hematology 2020 guidelines for sickle cell disease: management of acute and chronic pain](#). Blood Adv. 2020;4(12):2656-2701.

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