



SAHLGRENSKA AKADEMIN

# DEN SVÅRA BUKSMÄRTAN

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*Sammanfattning av SBU:s rapport om:*

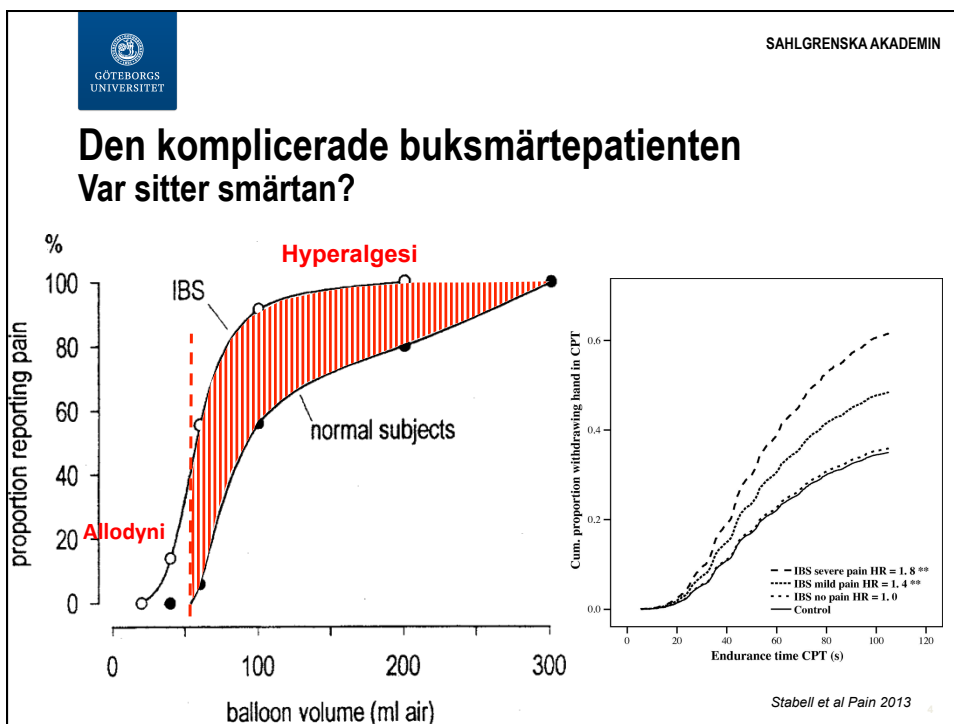
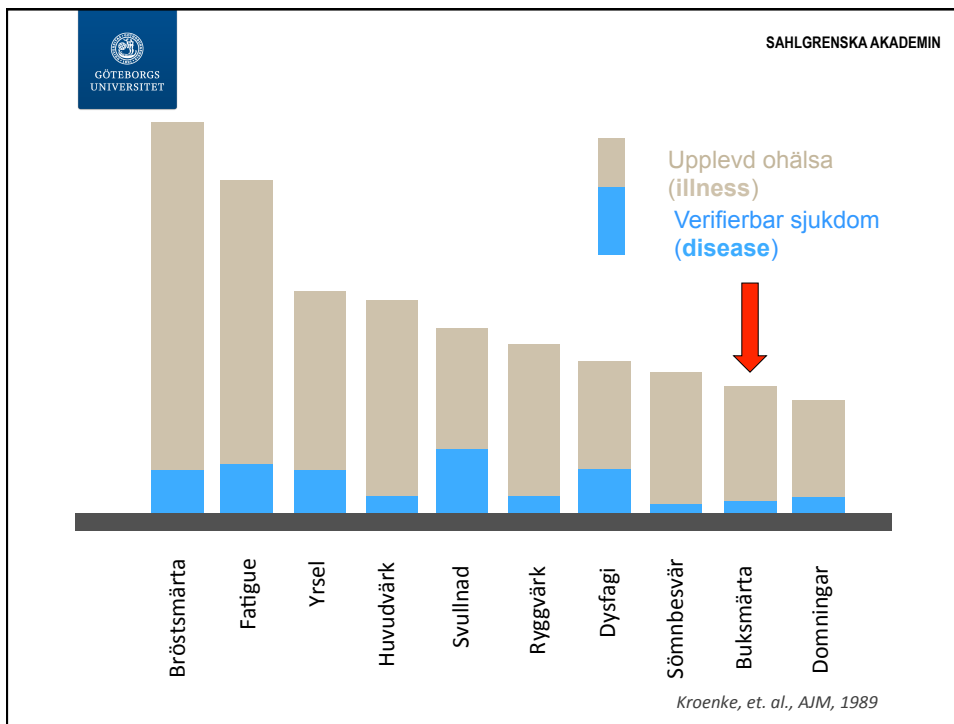
## Metoder för behandling av långvarig smärta

En systematisk litteraturöversikt

April 2006

Behandling av smärta vid cancer, migrän, smärtor i kvinnans underlivsorgan och bröstsmärtor, andra än angina pectoris har inte inkluderats.

Buksmärta??



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**Den komplicerade buksmärtepatienten  
Var sitter smärtan?**

(a) **IBS-Ascending Visceral Pain Pathway**

Labels: Insula, MCC, Primary somatosensory cortex, Reticulospinal, Thalamus, Spinothalamic, Spinothalamic, Spinothalamic, Dorsal reticular nucleus, Spinal cord, Colon.

(b) **Descending Visceral Pain Pathway**

Labels: Thalamus, PAG, Locus coeruleus, Caudal raphe nucleus, Amygdala, Rostral ventral medulla, Oloidergic, Noradrenergic Serotonergic, Spinal cord, Colon.

*Törnblom, Drossman Neurogastroenterol Motil 2015*

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**Den komplicerade buksmärtepatienten  
Var sitter smärtan?**

**Meta-analysis – IBS vs. kontroller**

Tillisch et al Gastroenterology 2011

**IBS – Hyper- vs. normosensitiva**

Larsson et al Gastroenterology 2012

## Den komplicerade buksmärtepatienten Neurodegeneration/lägre neurondensitet

- Kronisk somatisk smärta
  - ACC, PCC, VMPFC

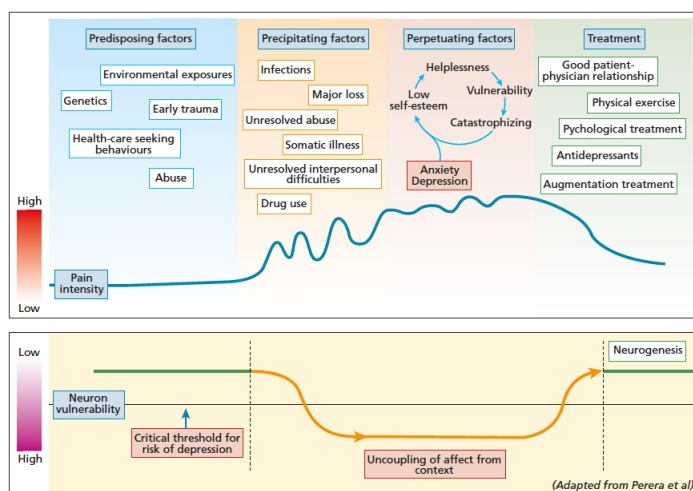
*Valet et al, Psychos Med 2009*
- Irritable Bowel Syndrome
  - dACC (aMCC)

*Blankstein et al, Gastroenterology 2010*
- Kronisk pankreatit
 

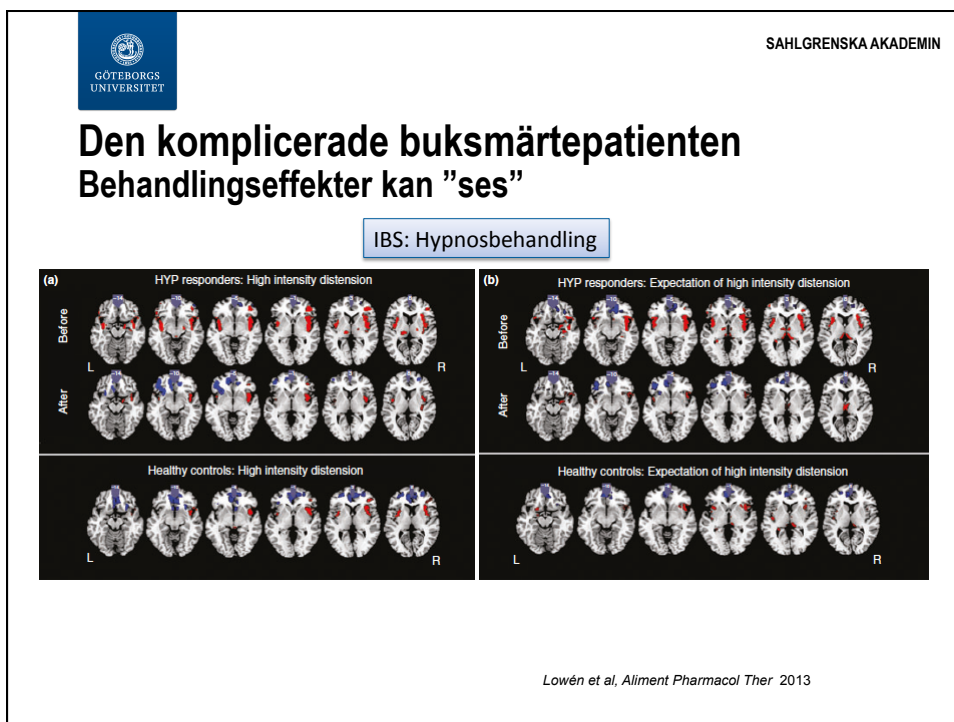
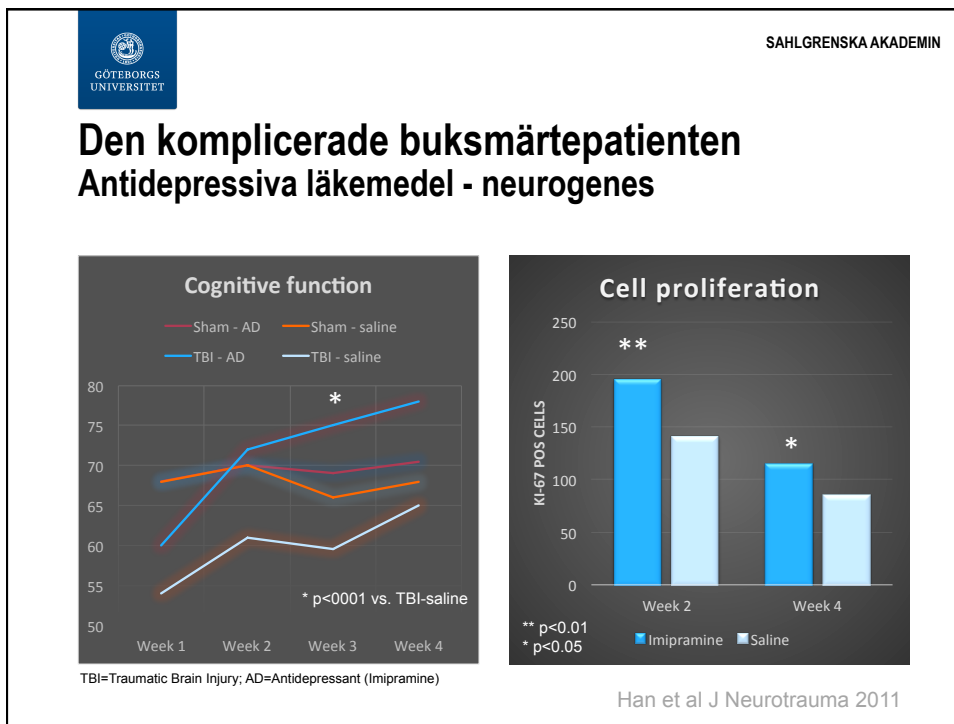
*Frøkjær et al, Clin Gastroenterol Hep 2012*
- Depression och bipolär sjukdom
  - ACC and orbitofrontal cortex

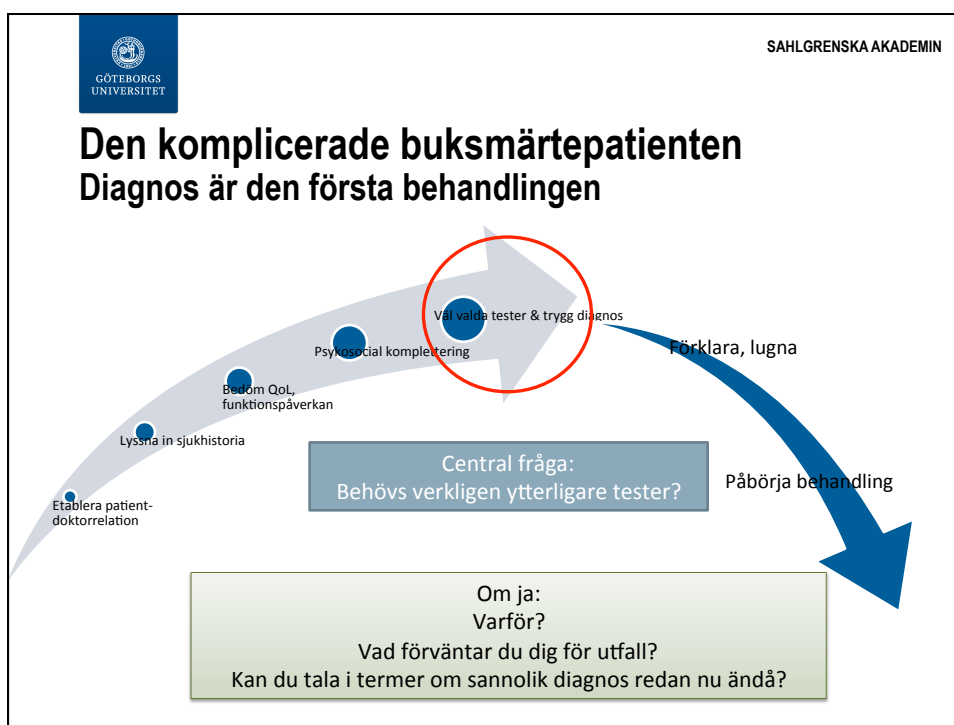
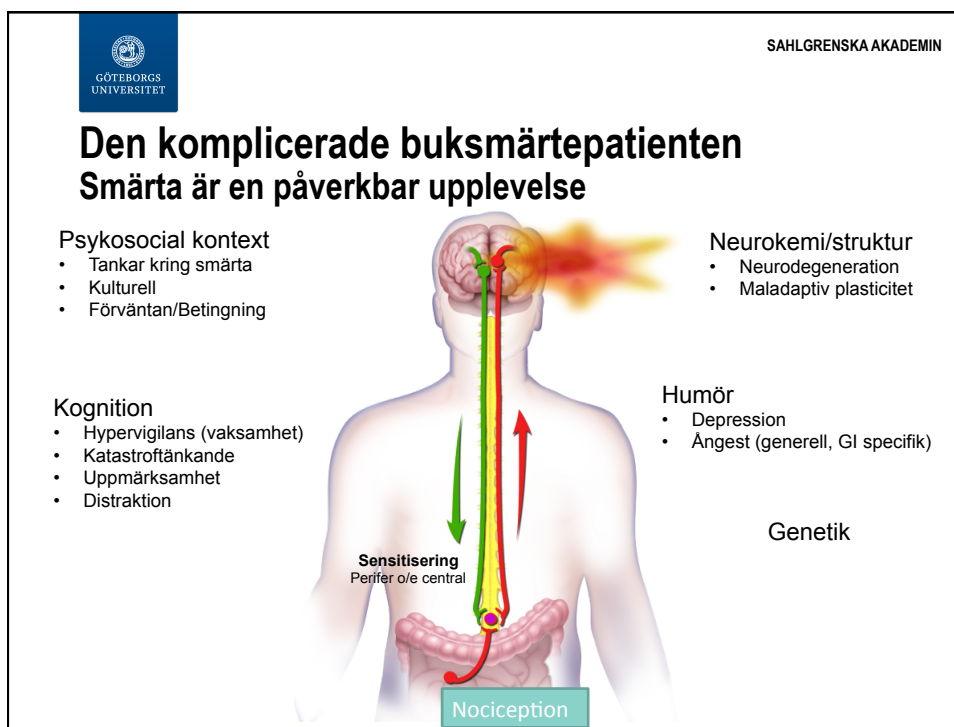
*Konarski et al, Bipolar Disorders 2008*
- Sexual/Physical abuse
  - Hippocampus

*Bremner et al, Biol Psychiatry 1997*



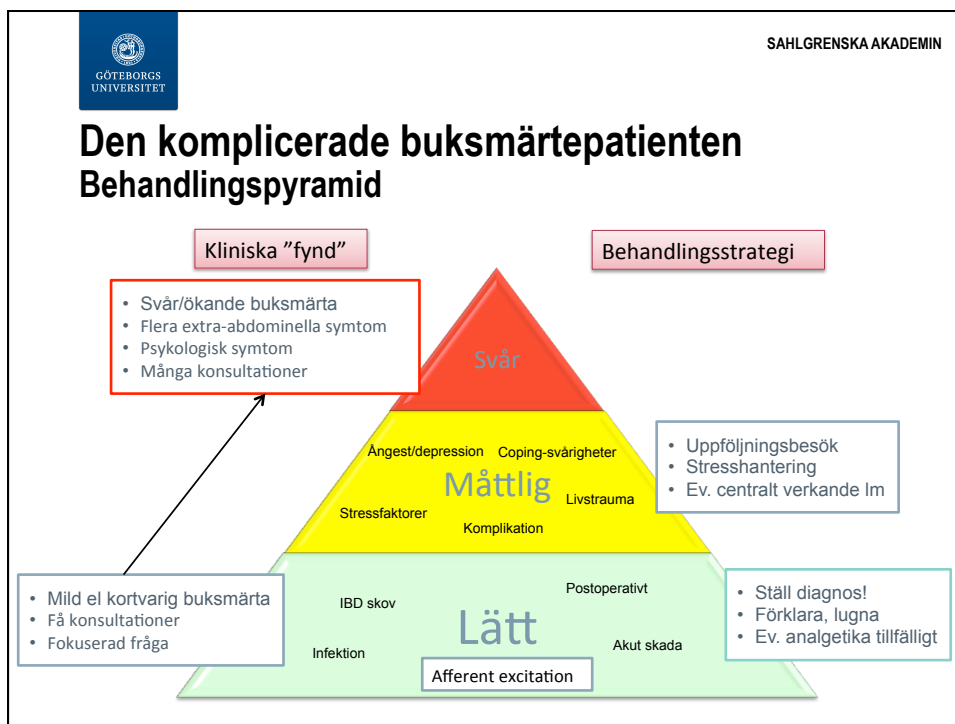
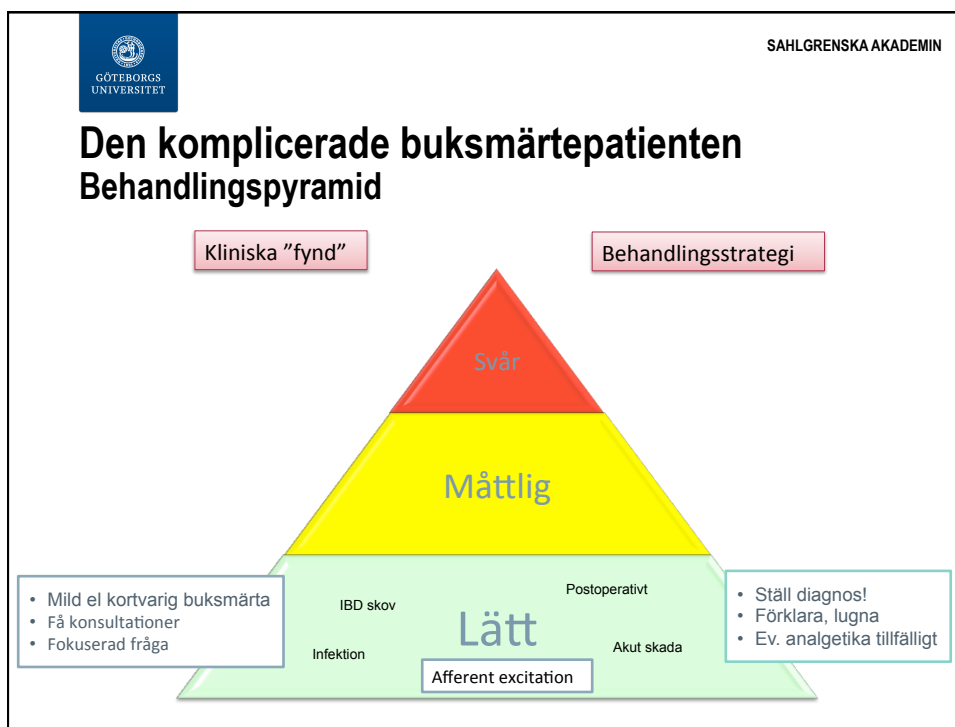
Törnblom, Drossman NGM 2015



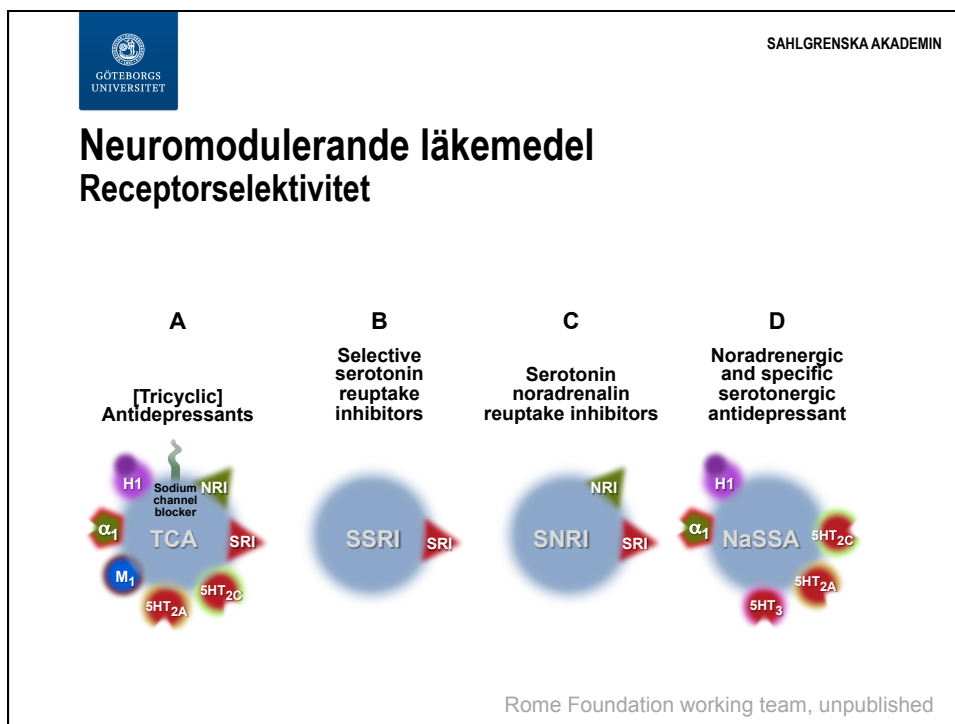
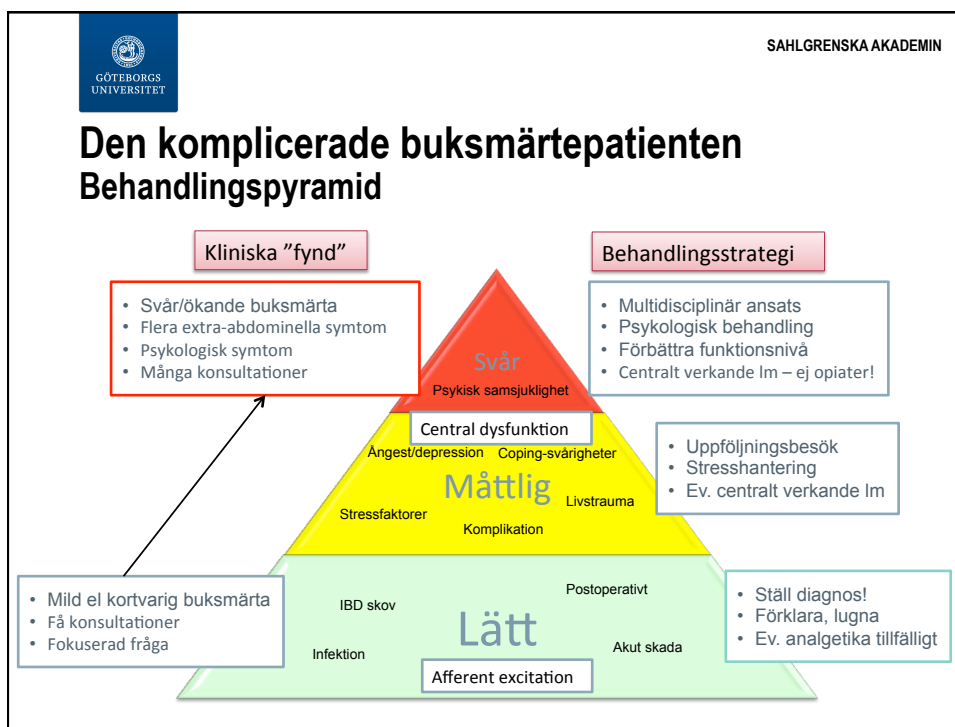


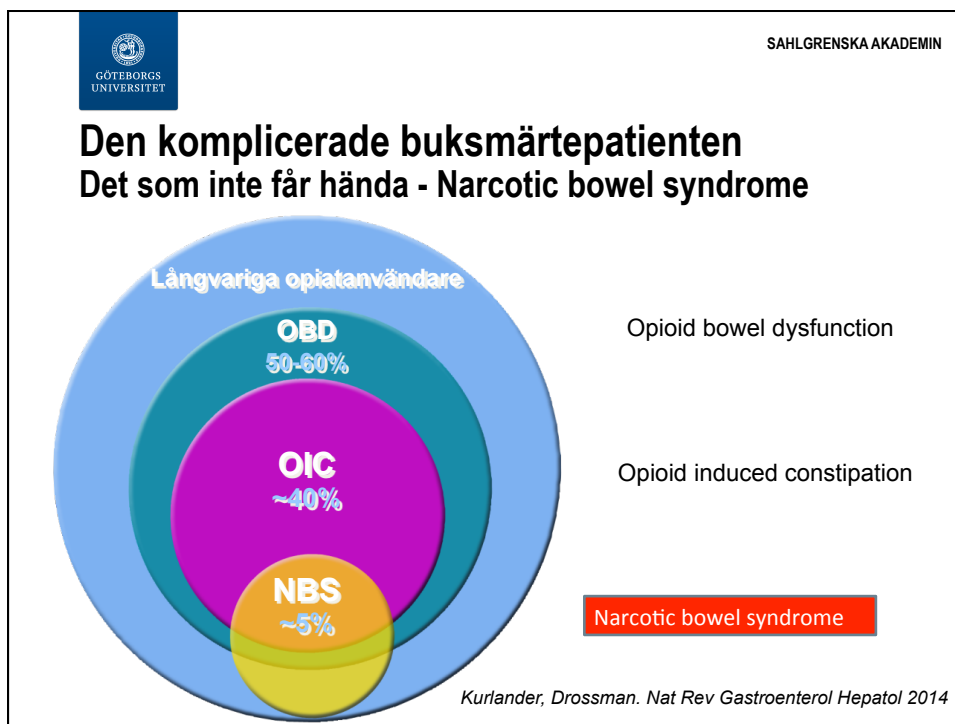
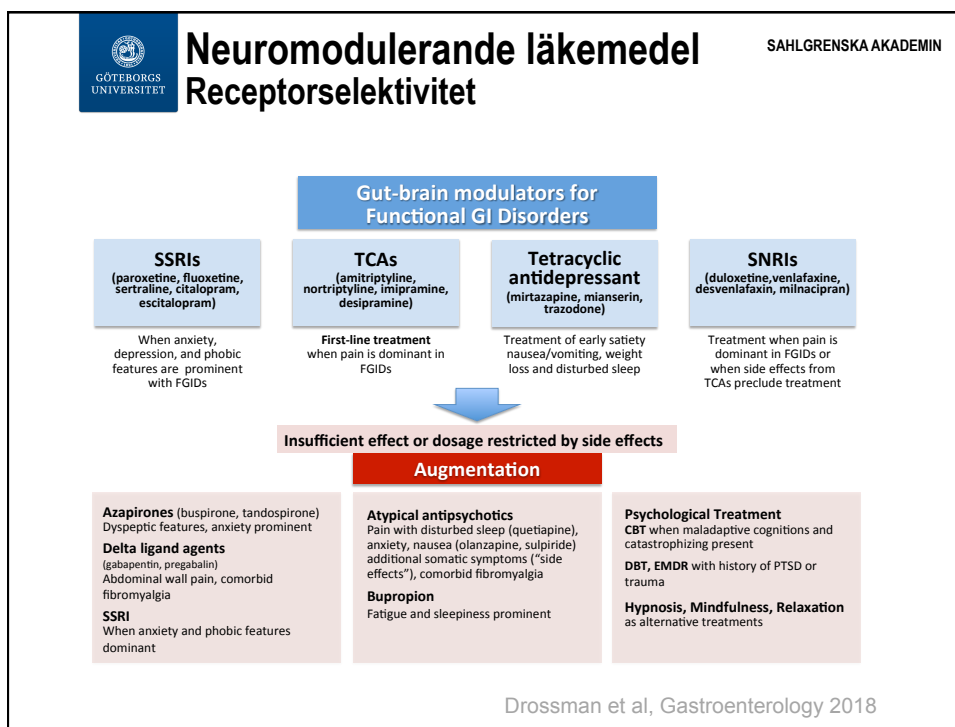


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- ## Den komplicerade buksmärtepatienten Vad utmärker en god patient-doktor relation?
- ✓ Patientens oro adresseras
    - "Berätta för mig det som du tycker känns viktigt att jag ska veta!"
    - "Finns det något speciellt som du funderar på?"
    - "Vad har ni pratat om hemma?"
    - "Vilka besked har du fått tidigare?"
  - ✓ Bedömning sker varför patienten behöver hjälp (alla med buksmärta behöver ju inte det...)
  - ✓ Psykosociala faktorer tas med i bedömningen
  - ✓ Involvera patienten
    - Vilka undersökningar eller inte och varför
    - Vilka behandlingar eller inte och varför
  - ✓ Erbjud kontinuitet
  - ✓ Sätt realistiska mål
    - "Hitta en väg leva med smärta"
  - ✓ Fortsätt lugna, ge stöd och kunskap om diagnosen









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**Centrally mediated disorders of GI pain (Rome IV)**

**D1. Diagnostic Criteria<sup>a</sup> for Centrally Mediated Abdominal Pain Syndrome<sup>b</sup>**

Must include all of the following:

- Continuous or nearly continuous abdominal pain
- No or only occasional relationship of pain with physiological events (eg, eating, defecation, or menses)<sup>c</sup>
- Pain limits some aspect of daily functioning<sup>d</sup>
- The pain is not feigned
- Pain is not explained by another structural or functional gastrointestinal disorder or other medical condition

<sup>a</sup>Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis.

<sup>b</sup>CAPS is typically associated with psychiatric comorbidity, but there is no specific profile that can be used for diagnosis.

<sup>c</sup>Some degree of gastrointestinal dysfunction may be present.

<sup>d</sup>Daily function could include impairments in work, intimacy, social/leisure, family life, and caregiving for self or others.

**D2. Diagnostic Criteria<sup>a</sup> for Narcotic Bowel Syndrome/ Opioid-Induced Gastrointestinal Hyperalgesia**

Must include all of the following:

1. Chronic or frequently recurring abdominal pain<sup>b</sup> that is treated with acute high-dose or chronic narcotics
2. The nature and intensity of the pain is not explained by a current or previous GI diagnosis<sup>c</sup>
3. Two or more of the following:
  - a. The pain worsens or incompletely resolves with continued or escalating dosages of narcotics
  - b. There is marked worsening of pain when the narcotic dose wanes and improvement when narcotics are re-instituted (soar and crash)
  - c. There is a progression of the frequency, duration, and intensity of pain episodes

<sup>a</sup>Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis.

<sup>b</sup>Pain must occur most days.

<sup>c</sup>A patient may have a structural diagnosis (eg, inflammatory bowel disease, chronic pancreatitis), but the character or activity of the disease process is not sufficient to explain the pain.

Keefer et al Gastroenterology 2016

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**Den komplicerade buksmärtepatienten  
Centralt verkande läkemedel**

**Val av läkemedel:**

Symtom profil:  
GI  
Psykiatrisk  
Kostnad  
Tid erfarenhet

✓ Överenskom om en behandlingsplan

✓ Starta med en låg dos

✓ Titra långsamt (1-2 v)

✓ Uppföljning (biefekter, följsamhet, effekt)

**Dåligt svar**

Omvärdera patientens oro/farhågor  
Byte till annan klass?  
Kombination ("augmentation therapy")  
Psykiatrisk konsultation?

**Tillfredsställande svar**

- Fortsätt med minsta effektiva dos i 6-12 månader
- Långtidsbehandling?
- Nedtrappning för att undvika abstinens/ utsättningssymtom

Grover & Drossman Curr Opin Pharmacol 2008  
Törnblom & Drossman Neurogastroenterol Motil 2015



## Den komplicerade buksmärtepatienten Organisation påverkar resultatet

**Table 3.** Number of Days in Hospital Care for Patients With CID During Different Health-Care Delivery Systems

No. of days in hospital care per patient-year and period	Period I (n = 43)	Period II (n = 48)	Period III (n = 43)
Mean	39.7	21.4	3.3
Median	15.6	1.8	0
Range	0–204	0–344	0–30

NOTE. Data are given per patient-year and period times as mean, median, and range.

Period I: Ostrukturerad kontakt med den mottagning "man hamnat på" (87-96)

Period II: Mottagning dedikerad för patientgruppen (97-99)

Period III: Specialiserad dagvårdsenhet med samarbetsnätverk (00-02)

Iwarzon et al *Clin Gastroenterol Hepatol* 2008



## Den komplicerade buksmärtepatienten Organisation påverkar resultatet

**Table 4.** Care Costs for Patients With CID During 3 Different Health-Care Delivery Systems

	Period I (n = 43)	Period II (n = 48)	Period III (n = 43)
<b>Total cost per patient-year</b>			
Mean	32,698	18,781	9,681
Median	15,275	4,792	4,998
Range	1,191–152,420	221–268,641	3,640–51,254
<b>Cost for in-hospital care per patient-year</b>			
Mean	29,587	16,300	2,935
Median	11,616	1,739	0
Range	0–152,278	0–270,520	0–23,355
<b>Cost for home care and TPN per patient-year</b>			
Mean	400	143	1,507
Median	0	0	0
Range	0–17,189	0–2,584	0–37,249
<b>Cost for outpatient visits per patient-year</b>			
Mean	2,711	2,338	1,687
Median	1,481	1,602	947
Range	103–21,247	0–12,065 <sup>a</sup>	44.2–6,795
<b>Cost for specialized day-care unit per patient-year</b>			
Mean			3,552 <sup>b</sup>

NOTE. Data are given as cost per patient-year and period times as mean, median, and range. Costs are given in US dollars (\$1 = 9.70 Swedish kronor) at 2002 prices.

<sup>a</sup>One patient who died during period II spent the whole time in hospital care.

<sup>b</sup>Costs for care at the specialized day-care unit included all costs for that unit (total \$439,372), irrespective of whether it was used by patients.

Iwarzon et al *Clin Gastroenterol Hepatol* 2008



## Den komplicerade buksmärtepatienten



Är det värt ansträngningen?



JAVISST!!