WSAVA Global Pain Council 2013 Global Pain Survey: July 5, 2013

Background

Comprised of international leading experts in the field of small animal pain management, the GPC was struck to oversee the collation of pain assessment and management information into a Global Pain Treatise. Concurrent to this effort will be an inventory of the pain management needs in various regions around the globe and this, together with the Global Pain Treatise, will be used to design continuing education (CE) programs relevant in content and language to the intended recipients. This CE will be provided in a variety of venues, including regional CE events, the WSAVA Congress, WSAVA member association CE events, and online CPD concurrent with efforts to popularize the Global Pain Treatise.

GPC Global Pain Survey

The WSAVA is comprised of 93 member association representing national small animal veterinary medical association (SAVMAs) from around the world as well as international specialty associations with a focus on small animal veterinary care. The WSAVA member association representatives were invited to submit their responses to the global pain survey, which was disseminated through Survey Monkey, an online survey program.

The survey was made available in English, Spanish, Japanese, and Chinese, and sent out April 27, 2013 with a response deadline of May 31, 2013.

The survey requested input that covered information on the respondent association, general regional attitudes towards small animal pain and its treatment, regulatory and/or other issues restricting or limiting pain treatment modalities, and specific information on various analgesic modalities (opioids, NSAIDs, alpha-2 agonists, local anesthesia, general and dissociative analgesics/anesthetics, integrative modalities, neutraceuticals, and various adjunctive therapeutics. It also requested input on the availability and use of various euthanasia techniques.

A copy of the survey is attached; however, it differs slightly from the survey released via Survey Monkey as minor modifications/revisions were made to the online survey to ensure a user-friendly version was ultimately made available to respondents.

Results – General

Respondent profile: 32 responses were received (response rate of 34%) representing all WSAVA geographic regions (all continents except for Antarctica) and broken down into 29 national SAVMAs and 3 international specialty groups.
Specific respondents –

North America
• USA
• Canada

South America
• Ecuador

Western Europe
• Austria
• Denmark
• Italy
• Netherlands
• Norway
• Spain
• Sweden
• Switzerland
• UK

Middle East
• Iran
• Israel

Africa
• South Africa

Asia/Oceania
• Australia
• China – Beijing
• China – Shanghai
• India
• Japan
• New Zealand
• Philippines
• Singapore
• South Korea
• Vietnam

Affiliates
• American College of Veterinary Dermatology
• International Society of Feline Medicine
• Latin America Veterinary Emergency & Critical Care Society

General attitudinal and use questions

• Overall, respondents indicated that awareness of pain was moderate to high and that owners were more concerned about the occurrence/management of pain than veterinarians although this had regional diversity and was biased by the large number of responses from developed countries. In general, in developing countries, awareness was cited as moderate to low, often influenced by regionally unique attitudes, with the DVM more concerned than pet owners.

• 95% indicated that there were government regulations that governed the use of certain product classes, these generally dictated stringent use protocols rather than imposed restrictions or bans; however, this again was regionally influenced.

• When asked if there were entrenched attitudes in either DVMs or pet owners that restricted analgesic use, 2/3 of respondents answered yes.

• The 2 most commonly cited reasons for lack of pain management were lack of recognition of the occurrence and/or consequences of pain and fear of use and/or lack of proper use protocols. Cost was of moderate concern whereas product availability issues were cited low.

• From an attitudinal perspective, the previous bullet points were reinforced as well as raising concerns over the perpetuation of certain pain management myths (e.g., pain will restrict activity and promote healing, animals or certain breeds perceive pain less, etc.) and these seem to be generally attributed to the “older generation” of practicing veterinarians. While some responses had a regional trend (i.e., breed-specific pain perception), overall responses were essentially the same.

• NSAIDs were the most commonly used therapeutic class with OA being treated far more commonly than peri-operative pain, with the latter affected by attitudinal issues that restricted use (see above)
Responses to specific analgesic modalities – Opioids

- Opioids were listed as the second most commonly used analgesic modality, although well behind NSAIDs.
- While 100% of respondents indicated the availability of opioids for human use in their country, 91% stated that opioids were available for veterinary use. The countries that responded negatively were Bulgaria, China, India, Iran, LADECVS/some Latin American countries, and Vietnam.
- Only 66% indicated the availability of veterinary licensed products.
- Products most commonly cited were fentanyl, morphine, butorphanol, and buprenorphine.
- 80% indicating the availability of reversal agents.
- Governmental regulations and/or concerns over diversion were cited as the most common issue impacting opioid use, and ranged from strict access, storage, and use protocols, to the need for a special license to purchase. In some developing countries, access didn’t ensure availability.
- The second most commonly cited impediment to use were lack of product use/protocol information and concerns over safety.
- Where used, peri-op and acute trauma were cited as the most common clinical scenarios, followed by sedation and medical pain.

Responses to specific analgesic modalities – NSAIDs

- NSAIDs were by far the most commonly used analgesic modality cited.
- 100% of respondents indicated the availability of NSAIDs with 94% indicating veterinary licensed products.
- Products most commonly cited were carprofen, meloxicam, ketoprofen, firocoxib, and phenylbutazone.
- In general, there were no restrictions on the use of NSAIDs as a class, whether human or veterinary licensed, in veterinary medicine. That being said, the selection process was governed in the EU by the CSACADE system.
- While chronic and peri-op were the two most commonly cited clinical use scenarios, all other categories (acute trauma, medical, cancer, etc) also indicated high use patterns.
- The three predominant hurdles to use were concerns over safety, which was cited twice as much as lack of knowledge regarding proper use protocols and cost.

Responses to specific analgesic modalities – Local anesthetics

- 100% of respondents indicated the availability of local anesthetics in their country with 75% citing the availability of veterinary licensed products; however as an analgesic class, it was ranked as moderate use (5th of the 8 categories).
- Lidocaine was cited twice as commonly as the next ranked local anesthetic bupivacaine.
- Peri-op use was the most common use clinical scenario but medical and traumatic pain was also cited.
- Lack of protocols for use was the most commonly cited impediment to use, followed by safety and efficacy concerns. One comments was “generally an unknown analgesic by the majority of veterinarians.”
**Responses to specific analgesic modalities – alpha-2 agonists**

- 94% of respondents indicated the availability of alpha-e agonists, including veterinary licensed products.
- Xylazine was the most common, followed by medetomidine and dexmedetomidine.
- 91% indicated the availability of reversal agents, of which atepemazole was cited twice as commonly as yohimbine.
- Sedation and peri-op use were the two most common clinical use scenarios.
- The three commonly cited limiting factors were lack of knowledge over proper use protocols, concerns over safety, and cost.

**Responses to specific analgesic modalities – induction/dissociatives/inhalants**

- 100% of respondents indicated this product class availability with 97% stating that veterinary products were available.
- Products raised and responses given were:

  ![Dissociatives/anesthetics veterinary use: If yes - select all that apply](image)

  - Impediments to use mirror those raised under opioids, including the regional variability.
  - Sedation and peri-operative use were most commonly cited.
  - Aside from regulatory issues, the three commonly cited limiting factors were lack of knowledge over proper use protocols, concerns over safety, and cost.
Responses to specific analgesic modalities - Integrative
• This constellation of therapeutic modalities was available to 100% of respondents
• Its use was ranked as the lowest pain management category

Responses to specific analgesic modalities – Neutraceuticals
• Essentially mimicked the response to integrative modalities as above.
• In a use ranking, it was second from last of the various categories provided

Responses to specific analgesic modalities – Adjunctive
• 100% of respondents indicated the availability of products listed as adjunctive pain management modalities with 70% indicating veterinary licensed options
• Glucocorticoids were the most commonly cited (90%) followed distantly by TCA (26%), muscle relaxants (e.g., methocarbamol), amantadine, and gabapentin
• Chronic use predominated followed by cancer and medical pain
• Reasons limiting use included lack of proper use protocol knowledge, concerns over efficacy, and cost
Euthanasia

Which of the following methods is the most commonly used

- The following were cited under “other”: T61, embutramide, tetracaine, mebezonium chloride, magnesium sulphate, potassium chloride, succunyl cholie,
- Some countries indicated euthasia was illegal – Bulgaria, Slovenia, and Japan – specific were not given.

Regional issues
In reviewing the collated data, the most significant regional issues involved governmental regulations, product availability, and overall pain assessment/management attitudes. From a regulatory perspective, the issues were focused on opioids, and dissociative & induction anesthetics. For the most part, this ranged from access with oversight in most developed countries to significant regulatory hurdles and ultimately “bans” in some countries. These are detailed in the relevant sections above but it is of interesting note that the inability to use human products in veterinary medicine encompassed virtually all pharmacological modalities in India, certain Latin American countries, and Vietnam. These issues were further complicated by product availability issues. As can be anticipated, in countries where these were issues, a reliance on integrative modalities became far more common although with an overall concern over efficacy.
Survey weaknesses

The results provided need to be put into the perspective of a number of issues inherent to surveys in general:

- The response rate was poor for South America, only included one member from Africa, and there were no responses from Russia – as such, broad conclusions are difficult to generate in these regions.
- Not every question was filed out in every survey submitted.
- The WSAVA representative was responding on behalf of his/her national association and assumed that the responses were reflective of the national rather than individual use pattern.

Conclusions

Despite the potential weaknesses of this survey, it represents the first of its kind as far as the author is aware and provides a valuable snapshot of regional pain assessment and management practices, crucial to assessing the need and focus of CE, particularly in ensuring its regional relevance. Many of the findings reinforce commonly held beliefs as to the status of pain management in various regions of the world, based on the pragmatic recognition that more options exist for veterinarians practicing in developed countries. In raising issues that complicated the provision of pain management, developing countries selected the full range of impediments forwarded in the survey although issues specific to education and safety were the most common, and these were also common to responses from developed countries as well. In more developed countries, interest in CE was also skewed to more advanced care, including CRIs, difficult local blocks, and adjunctive analgesia.

Some of the findings were a surprise. While regulatory issues impact availability of some classes of medications (opioids, barbiturates, dissociative), they usually provide barriers rather than full restriction. By far the more relevant factors undermining analgesic use are attitudes, protocol information, and safety concerns, all of which have an educational solution. This was particularly relevant for opioids in the peri/post-operative setting – focusing on benefits and ease of use would likely overcome the administrative hurdles in accessing product.

Of additional surprise was the ready availability of local anesthesia yet its infrequent use, especially considering the recognition of this analgesic class as a very cost-effective analgesic modality. Again, education to address protocol knowledge and address safety implications can have a marked benefit of local peri-op and/or acute pain management.

Chronic pain is far more commonly recognized and addressed than peri-operative pain and this tends to be primarily driven by misconceptions over peri-op pain management, lack of protocol knowledge, and concerns over safety rather than product availability.

For a variety or product classes, the European CASCADE regulations (dictating the use of a licensed veterinary product if available) was cited, but not an insurmountable hurdle, although it could restrict use of more potent agents in the product class (e.g., opioids).

Attitudes were also a barrier and whereas it may be difficult to “teach an old dog new tricks”, reinforcing pain assessment and management education in the veterinary schools and encouraging the use of pain as the 4th vital sign, will ensure a more diligent and understanding approach to pain occurrence for veterinarians & owners, and the pets they treat.
Recommendations & next steps

• Reach out to members in Latin America, Africa, and Russia to gather input to better assess their regional issues and needs
• Consider a focused survey on pre/peri/post-operative analgesic use
• Treatise and associated CE timely as major issues cited as impediments to use are amenable to education – pain assessment and management should be integrated into the WSAVA CE Program and Congress
• In preparation for regional CE, the information contained in this survey should be confirmed and/or modified with regional contact to ensure the most clinically relevant CE program can be provided
• WSAVA GPC should work in concert with veterinary educators to help ensure proper integration, weighting, and information relevant to pain assessment and management
• A campaign to reinforce pain as the 4th vital sign will ensure better pain recognition and reinforce its importance in the eyes of the pet owner
• Considering the ready availability but overall poor use, an educational focus should be placed on local anesthesia
• Education should focus on the area of peri-operative pain management, which is under utilized
• WSAVA should work cooperatively with regional associations to lobby government to ensure relevant product use regulations provide a regulatory framework that addresses regional product issues while ensuring ready veterinary product access
• WSAVA should work cooperatively with the pharmaceutical industry to foster the veterinary access to all analgesic categories regardless of where they practice in the world
• Encourage more research in the areas of integrative, nutraceutical, and adjunctive therapeutic modalities as uncertainly over efficacy was a limiting factor their use with no published data to reconcile