



Multidisciplinarnost u terapiji bola

Multidisciplinary in Pain Therapy

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Apstrakt

Bol se, prema definiciji SZO, definiše kao neprijatno čulno ili emocionalno iskustvo povezano sa stvarnim ili potencijalnim oštećenjem tkiva. Opisuje se sa nekoliko različitih karakteristika: kvalitetom, lokalizacijom, intenzitetom, emocionalnim uticajem, promenom ponašanja, učestalošću. Prateći je faktor svih bolesti i povreda. Ako je akutan – smatra se zaštitnim mehanizmom i pomaže da organizam postane svestan opasnosti i reaguje da bi nadražaj uklonio, za razliku od hroničnog. Neophodno je poznavati vrstu i intenzitet bola, individualne karakteristike pacijenta i lekova. Multidisciplinarni pristup lečenju bola je mnogo efikasniji i daje bolje rezultate. Najznačajnija klinička dimenzija doživljavanja bola je doživljaj intenziteta bola. Kompleksna ljudska iskustva sa funkcionalnim, emotivnim i duhovnim komponentama utiču na doživljaj bola. Medijatori zapaljenja su patološki prostaglandini koji utiču na razvoj bola, otoka i temperature, ali i do patološke promene tkiva. Nesteroidni antiinflamatorni lekovi su prva linija terapije akutnog bola, inhibiraju ciklooksigenazu, čime se sprečava njihova sinteza, a time i delovanje na senzitivne neurone u kičmenoj moždini odgovorne za provođenje bolnih impulsa. Imaju trostruko dejstvo: antiinflamatorno, analgetsko i antipiretično. Svakodnevna komunikacija i savetovanje pacijenata moraju biti bazirani na medicinski dokazanim postulatima. Dobro sumiranje naučnih misli bazira se prvenstveno na sagledavanju bezbednosnih profila lekova na tržištu Srbije, a zatim na komparaciji o efikasnosti i sličnosti analgetske aktivnosti između selektivnih i neselektivnih lekova. Formulacije koje se smatraju brzodelujućim mogu imati jednaku efikasnost u duplo manjoj dozi, a klinička istraživanja pokazuju da u nižoj dozi neki NSAID pokazuju maksimum analgetskog efekta, dok veće doze iskazuju blago povećanje trajanja analgetskog efekta. Takođe, samoodgovornost pacijenta je bitan faktor u terapiji bola. Posebni režim antiinflamatorne ishrane (mediteranska ishrana, antioksidansi, dobre masti i žitarice) umanjuje osećaj bola 35–60%, a detoksikacija, fizička aktivnost, regulisanje telesne težine, prestanak pušenja i dobar izbor mikronutrijenata dodatno sinergistički poboljšavaju rezultate. Farmaceut je danas najdostupniji zdravstveni radnik. Dobrom analizom nacionalnih vodiča, edukacijama i komunikacijama sa lekarima i prenošenjem znanja iz prakse, korišćenjem medicinski opravdanih upitnika, ali i kreiranjem multidisciplinarnog algoritma pitanja, smernica i saveta, pomoć pacijentu i bolja zdravstvena usluga i u stručnom, ali i farmakoeonomskom aspektu su sigurni.

Abstract

According to the WHO definition, pain is defined as an unpleasant sensory or emotional experience associated with actual or potential tissue damage. It is described with several different characteristics: quality, localization, intensity, emotional impact, change in behavior, and frequency. It is the accompanying factor of all diseases and injuries. If it is acute - it is considered a protective mechanism and helps the organism to become aware of the danger and react to remove the stimulus, unlike chronic. It is necessary to know the type and intensity of pain, the individual characteristics of the patient, and the medication. A multidisciplinary approach to pain management is much more effective and produces better results. The most important clinical dimension of experiencing pain is the experience of pain intensity. Complex human experiences with functional, emotional, and spiritual components influence the experience of pain. Mediators of inflammation are pathological levels of prostaglandins, which influence the development of pain, swelling, and temperature, but also lead to pathological tissue changes. Non-steroidal anti-inflammatory drugs are the first line of therapy for acute pain, they inhibit cyclooxygenase, which prevents their synthesis, and thus the action on sensitive neurons in the spinal cord - responsible for conducting painful impulses. They have a triple effect: anti-inflammatory, analgesic, and antipyretic. Daily communication and advising of patients must be based on medically proven postulates. A good summarization of scientific thoughts is primarily based on an overview of the safety profiles of drugs on the market of Serbia, and then on a comparison of the effectiveness and similarity of analgesic activity between selective and non-selective drugs. Formulations that are considered fast-acting can have the same effectiveness in half the dose, and clinical research shows that at a lower dose, some NSAIDs show the maximum analgesic effect, while higher doses show a slight increase in the duration of the analgesic effect. Also, the patient's self-responsibility is an important factor in pain therapy. A special regimen of anti-inflammatory nutrition (Mediterranean diet, antioxidants, healthy fats, and cereals) reduces the feeling of pain by 35-60%, and detoxification, physical activity, regulation of body weight, quitting smoking, and a good selection of micronutrients additionally synergistically improve the results. A pharmacist is the most accessible healthcare professional today. With a good analysis of the National Guides, education, and communication with doctors and the transfer of knowledge from practice, using medically justified Questionnaires, but also by creating a multidisciplinary algorithm of questions, guidelines, and advice, help the patient and better health service both in the professional and pharmacoeconomic aspect are assured.

