Increasing the Degrees of Freedom for Treating Painful Diabetic Neuropathy

Article · February 2016
DOI: 10.4172/2187-0846.1000e119

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Retrieved on: 11 September 2016
Increasing the Degrees of Freedom for Treating Painful Diabetic Neuropathy

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Pain clinicians also tend to forget that guidelines are based on a great number of clinical trials, conducted in a highly selective patient population, mostly devoid of comorbid disease states. A population which is quite artificial and does not overlap greatly with the $n$ patients a pain clinician often sees in real life. Secondly, many physicians are not aware how big the impact of randomization procedures is on the weighting of clinical trial outcomes in a meta-analysis; it is very big. And thirdly, conducting a randomized, placebo-controlled multi-centre clinical trial nowadays is fraught with many administrative complexities and hurdles, and often obtaining ethics committee approval has become the major hurdle to take. If this indeed optimally protects the patient is not so sure. All these ethics committees did not lead to a reduction in scientific misconduct, nor to fewer issues with approved drugs.

This all leads to an extremely simplified field of consensus related to what analgesics to choose—hundreds of antiepileptics, antidepressants and opioids. Most of these analgesics have quite cumbersome side effects and many patients cannot tolerate these drugs. They and prefer to stay in pain, rather than becoming a zombie. Therefore it is quite important for pain specialists and pain patients that we create increasing dimensions of freedom in selecting the appropriate analgesic cocktail for chronic pain patients.

Guidelines should be re-defined as guidelines only and not as straitjacket. Furthermore, the decision to select an appropriate pain-treatment should remain in the hands of the clinician, without influence of the medical insurance companies. This is of utmost importance, as in the Netherlands prescribing physicians increasingly receive letters from such insurance companies explaining that they do not reimburse treatment, because they think the treatment is “not rational”. Rationality in the eyes of the insurance companies is 100% based on guidelines. Even in patients experiencing great relief in pain, administrators nowadays turn down reimbursement, by hiding behind guidelines. This clearly needs to be changed, for the benefit of the patient and for the benefit of the treating physician.

References


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Received November 05, 2015; Accepted November 10, 2015; Published November 12, 2015


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