

Chronic pain management

B10 DEVELOPING APPROPRIATENESS CRITERIA FOR RADIOFREQUENCY IN CHRONIC LOW BACK AND NECK PAIN: A RAND/UCLA APPROPRIATENESS STUDY

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Background and Aims Despite routine use of radiofrequency (RF) for the treatment of chronic low back and neck pain, there remains uncertainty on the most appropriate patient selection criteria. This study aimed at developing appropriateness criteria for RF (ablation and pulsed) in relation to relevant patient characteristics.

Methods The RAND/UCLA Appropriateness Method (RUAM) was used to reach an expert consensus on the appropriateness of RF for a variety of clinical scenarios. A panel consisting of 13 European RF experts rated the appropriateness of RF for a total of 1,296 clinical scenarios, divided over two indication areas: chronic low back and neck pain. The results from the first rating round were discussed during a panel meeting held on March 4th, 2022.

Results During the first rating round, RF was considered appropriate in 9% of the clinical scenarios and was associated with specific patient characteristics. The appropriateness of RF was strongly determined by the response to a diagnostic/prognostic block. The second most determining factor of appropriateness was the location of tenderness on palpation for chronic low back pain and the predominant pain trigger for chronic neck pain.

Conclusions The RUAM proved to be useful to identify patient-specific criteria for RF in chronic low back and neck pain. The initial scenarios will be refined in the second rating round and embedded in an educational e-health tool, aiming to support patient selection and application of the RF technique.

B358 POSITIVE PSYCHOLOGY IN CHRONIC PAIN MANAGEMENT: A REVIEW OF THE LITERATURE AND SUGGESTIONS FOR FURTHER RESEARCH

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Background and Aims Background and aims: Positive psychology and related interventions in chronic pain management is

still a little investigated topic. The objective of this review is to present relevant research findings regarding studies examining adult patients and the influence of intervention programs based on the principles of positive psychology on pain perception.

Methods A literature search of the electronic databases PubMed-MEDLINE, EMBASE and Google Scholar was performed to identify studies published before December 2021. Both quantitative and qualitative research articles were included.

Results All of the studies indicated a beneficial impact of interventions that are based on the principles of positive psychology on pain management, and more specifically changes were found after the implementation of such interventions on depressive symptoms and negative affect, while more positive affect was present, a finding that could be incorporated in clinical practice.

Conclusions Although further analysis and data collection in more homogeneous samples is required, these results support a beneficial influence of positive psychology interventions on pain intensity. Future research should further investigate if the cognitive and neuropsychological impairments of patients with different types of diseases and demographic characteristics can also be influenced by exposure to positive psychology interventions in diverse cultural settings.

B359 THE ANTERIOR BRANCH OF THE MEDIAL FEMORAL CUTANEOUS NERVE INNERVATES THE MIDLINE SKIN INCISION FOR TOTAL KNEE ARTHROPLASTY

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Background and Aims Chronic neuropathic pain affects one in ten patients after total knee arthroplasty (TKA).¹ The midline skin incision is the main generator of iatrogenic nerve injury and neuropathic pain. The incision area is innervated by the medial femoral cutaneous nerve (MFCN), the intermediate femoral cutaneous nerves (IFCN) and the infrapatellar branch from the saphenous nerve (SN).^{2,3} It is not known whether the anterior (MFCN-A) or posterior branch (MFCN-P) of the MFCN innervates the skin incision, and this knowledge is clinically important to precisely diagnose and treat chronic neuropathic pain using interventional techniques such as cryoneurolysis, radiofrequency ablation or peripheral nerve modulation.⁴ The primary aim was to assess the contributions from the MFCN-A and MFCN-P to the innervation of the skin incision for TKA.

Methods Twenty healthy volunteers were enrolled in this randomized, double-blind trial (fig 1). Volunteers had active SN block (distal femoral triangle block, FTB) and active IFCN block (IFCNB) bilaterally. Selective MFCN-A block (fig 2) and subsequently MFCN block were then added to investigate the contributions from MFCN-A and MFCN-P to the innervation of the midline skin incision.