

PROVISOIRE

➤ [Minerva Anesthesiol.](#) 2024 Jan 25. doi: 10.23736/S0375-9393.23.17818-7. Online ahead of print.

Pain management in victims of disasters

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PMID: 38270922 DOI: [10.23736/S0375-9393.23.17818-7](#)

Abstract

Pain is widely studied and is considered a major clinical, social, and economic problem worldwide, although it remains poorly understood. For disaster victims, the complex picture, biologically, psychologically, and socially, only makes the situation even more complicated. This narrative review aims to describe specific aspects of pain and pain management in disaster victims. We reviewed relevant literature, both on pain management and selected specific data related to conflict victims. We discuss the complexity of the picture, its different aspects, and mechanisms. We discuss the limitations of current approaches and propose a simple strategy, including mitigation plans, all illustrated by a case study based on a personal experience in the Gaza Strip in 2022. The vulnerability factors are well known, as well as the tangle of intense acute pain and the persistence of pain in the subacute and chronic phase. However, the management of acute pain is, in a disaster context, more constrained than chosen. Empirical evidence suggests a focus on modifiable risk factors as well as the evaluation of strategies guiding future management. This management may depend on obstacles and barriers, linked to the context of the disaster, the availability of medicines, techniques, skills as well as linguistic and cultural barriers. Our proposal includes systematic assessment and, in a later phase, tailored and personalized treatment. In the chronic phase of rehabilitation and follow-ups, the essential place for management of psychological and social aspects become predominant. In disaster areas, including during and after conflict, the management, and recommendations for the management of acute and chronic pain are complex, distinct but interdependent. Acute pain must be systematically assessed and treated while personalized care pathways are desirable at a later stage. Psychological and social considerations are essential. Data collection should be systematically considered.