Agri 2021;33(3):203–204
doi: 10.14744/agri.2020.33341

LETTER TO THE EDITOR

Ignored symptom in COVID-19: Pain

COVID-19'da ihmal edilen semptom: Ağrı

Ender SİR

To the Editor,

Examination and treatment priorities have changed in most countries of the world with the COVID-19 pandemic. In this period, procedures were not applied in most pain treatment centers, except for emergencies such as cancers, and health care workers in these departments were employed in COVID-19 clinics and intensive care units. While working in these clinics, we observed that most of the patients had pain complaints varying from headache, back, low back, hip, abdominal, chest, muscle, and joint aches to whole body ache. Although many treatment protocols have been published for the treatment of COVID-19, no treatment recommendations for pain management have been presented in any of them. Even in the National Institute for Health and Care Excellence guide, which is one of the most comprehensive of these, neither the pain complaint is addressed as a title nor are there any treatment recommendations for pain management. While ibuprofen, a non-steroidal anti-inflammatory drug (NSAID), is only mentioned in antipyretic therapy, the name of codeine, an opioid, is only mentioned in the cough and diarrhea treatment sections. In most publications, while fever, cough, and breathlessness were emphasized as prevalent symptoms, the pain complaint has not been questioned in detail and has been generally mentioned as muscle ache.

In a review that included 61 studies with a total of 59,254 patients, muscle ache and/or fatigue in 36% of patients and headache in 12% of patients were reported.[1] However, we observed that patients had higher rates of pain complaints, but this symptom was not thoroughly examined by the clinicians because of the focus on complications such as acute respiratory distress syndrome. Of course, priority should be given to antiviral therapy and close monitoring of complications, but patients' pain should also be examined and relieved during this time.

Since COVID-19 is a newly emerging disease, we do not yet know the effects and complications that will occur in the chronic period. In terms of pain, the most likely complication due to not giving patients adequate analgesia is chronic pain. To prevent chronicization, early diagnosis and treatment of acute pain is the most effective approach. In addition, there is a bidirectional link between acute pain and anxiety, and it has been proven that anxiety and depression of patients increase with prolonged exposure to acute pain.[2] Therefore, early questioning of pain and effective regulation of analgesic treatment in these patients will have positive effects in patient's mood and quality of life in the long run.

Another issue we observed was that when patients requested analgesic medications for their pain, clinicians avoided the use of NSAIDs due to recent conflicting reports.[3] They have been accused of reducing prostacyclin and prostaglandin synthesis by inhibition of cyclooxygenase enzyme, thereby suppressing the anti-inflammatory response of the immune system. On the other hand, there are publications showing that corticosteroids and tocilizumab, an interleukin-6 blocker, can be useful in the treat-

Department of Algology and Pain Medicine, University of Health Sciences, Gülhane Faculty of Medicine, Ankara, Turkey

Submitted: 11.06.2020 Accepted after revision: 08.07.2020 Available online date: 10.07.2020

Correspondence: Dr. Ender Sir. Sağlık Bilimleri Üniversitesi Gülhane Tıp Fakültesi, Algoloji Bilim Dalı, Ankara, Turkey.
Phone: +90 - 312 - 304 59 89 **e-mail:** endersir@gmail.com

ment of COVID-19 with their anti-inflammatory effects.[4] In addition, indomethacin, also a NSAID, has shown to be effective in treating a subtype of coronavirus, severe acute respiratory syndrome-coronavirus 1 by directly suppressing virus replication.[5] Accordingly, indomethacin, which is very effective in arthralgia and some types of headache, may be one of the first preferred agents in the treatment of COVID-19 patients those have these complaints. Although we have this preliminary information, there is currently no strong positive or negative evidence for the use of NSAIDs in COVID-19 patients.

Another option that can be used other than paracetamol (acetaminophen) and NSAIDs is using opioids. There are two important drawbacks to opioids. The first is that they have a potential for addiction, and the second is that they can cause respiratory depression in patients whose dose titration is not performed cautiously. Codeine is the most recommended one among opioids because the probability of respiratory depression is lower than other opioids. Moreover, its antitussive effect is an important advantage in patients with cough symptoms and it can be used in patients with diarrhea as well. Another important advantage over paracetamol and NSAIDs is that it has an anxiolytic effect, which we frequently need especially in hospitalized patients.

As a result, pain is a common but often ignored symptom in COVID-19 patients. Early and adequate treatment with detailed pain assessment in these patients may reduce the risk of pain chronicization and mood dysregulation. To provide analgesia, paracetamol can be listed as the first option in these patients, and then, NSAIDs can also be reliably used for pain management in patients with COVID-19 if there are no absolute contraindications such as kidney failure or gastric bleeding. Codeine is also a good alternative for patients with anxiety who do not respond to simple pain relievers.

References

1. Borges do Nascimento IJ, Cacic N, Abdulazeem HM, von Groote TC, Jayarajah U, Weerasekara I, et al. Novel Coronavirus ınfection (COVID-19) in humans: A scoping review and meta-analysis. J Clin Med 2020;9(4):941. [CrossRef]
2. Michaelides A, Zis P. Depression, anxiety and acute pain: Links and management challenges. Postgrad Med 2019;131(7):438–44. [CrossRef]
3. Day M. COVİD-19: İbuprofen should not be used for managing symptoms, say doctors and scientists. BMJ 2020;368:m1086. [CrossRef]
4. Liu B, Li M, Zhou Z, Guan X, Xiang Y. Can we use interleukin-6 (IL-6) blockade for Coronavirus disease 2019 (COVID-19)-induced cytokine release syndrome (CRS)? J Autoimmun 2020;111:102452. [CrossRef]
5. Amici C, Di Caro A, Ciucci A, Chiappa L, Castilletti C, Martella V, et al. Indomethacin has a potent antiviral activity against SARS Coronavirus. Antivir Ther 2006;11(8):1021–30.