

## Pain management in calciphylaxis: A knowledge, attitude and practice survey among physicians

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### Background

Calciphylaxis is a rare disease usually seen in patients with end-stage renal disease. Pain is a hallmark of this disease and can be extremely difficult to control. Anecdotal data suggests that pain management in calciphylaxis is unsatisfactory with differing practice, variable across the United Kingdom (UK) and also around the world.

### Aim

This knowledge, attitude and practice (KAP) survey aims to gather information on the current practice in the management of pain in patients with calciphylaxis.

### Methodology

A pre-tested online questionnaire was circulated among physicians (renal and palliative care) involved in the management of pain in calciphylaxis. (<https://www.gmann.co.uk/website/calciphylaxis-pain-management-survey.cfm>). The questionnaire included a mix of open-ended questions and questions with drop down options.

### Results

One hundred and six clinicians responded to the survey of which 60 (57%) respondents were from palliative medicine and the remainder 46 (43%) were from renal medicine. There were 31 (30%) respondents, across both specialties who had not encountered any patients with a diagnosis of calciphylaxis (renal-2, palliative care-29). 18% of renal physicians refer patients to palliative care team, 32% refer to pain team and 50% refer to both. Only 3% of the palliative medicine respondents indicated that they'd received a referral from the renal team at the time of diagnosis. Opioids were the preferred initial drug of choice for the management of all types of pain although the preferred drug varied with the specialities (Fig-1). Paracetamol was universally selected as the preferred first-choice adjuvant agent for management of all types of pain. Additional procedures to aid pain management (epidural analgesia and nerve blocks) were used by 6.6% of respondents. A majority (83%) felt the presence of infection impacts on the effectiveness of pain control. The importance of advanced care planning was also highlighted with 72% undertaking advanced care planning discussions often or most of the times.

### Conclusion

In conclusion, there was wide variation in the current practice of management of pain in calciphylaxis, with variation between renal specialists and palliative care specialists. Referral to pain specialists is not universal despite the severe nature of the pain experienced by patients with calciphylaxis. The data generated will enable us to develop practice guidelines to support complex pain management in a group of patients with multiple comorbidities.