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Breaking barriers: revolutionizing trauma pain management

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Trauma-informed care is an approach to patient care that accounts for psychosocial trauma, experienced either individually, as historical trauma, or as part of a marginalized group. In this study, Baltes *et al* have used a qualitative approach to investigate the implementation barriers to guidelines for opioid prescribing in a Level 1 Trauma Center. We applaud the team for adopting a comprehensive, multidisciplinary approach to address a pervasive challenge encountered routinely in hospital settings.

The authors offer compelling qualitative support in their "call to action" for establishment of national opioid utilization guidelines in trauma, emphasizing the intricate interplay of factors influencing pain management after injury.[1] Effectively managing traumatic pain demands the collective expertise of a diverse team, comprising clinicians, social workers, substance use specialists, researchers, and other key stakeholders—all of whom were actively involved in the focus groups conducted for this study.

We would be remiss not to discuss the narrow scope of the study population and the omission of various social, ethnic, and racial considerations in this study. As evidenced by the 1998 Adverse Childhood Experiences (ACE) Study, adverse childhood experiences significantly influence long-term health and behaviors in adulthood, including addiction and substance use.[2] Expansion of the original ACE Study by the Philadelphia ACE Project highlighted the importance of encompassing diverse populations, including urban communities characterized by greater diversity.[3,4] These factors contribute to the intricate landscape of pain management in the acutely injured population.

Nevertheless, this article highlights the need to develop a national, pragmatic, and validated opioid misuse screening tool for injured patients. Such a tool could incorporate factors elucidated in the ACEs studies alongside personal psychiatric and substance use history. This tool holds the potential to mitigate the implicit bias encountered by providers in identifying patients at risk of future opioid misuse—eliminating the subjective "gut feeling" decisions that currently pervade current opioid prescribing practices. This could enable us to concentrate our multidisciplinary resources on patients at the highest risk of opioid use and employ evidence-based measures to mitigate this risk, including multimodal pain therapy, bolstered social support systems, reduction of language barriers, and enhancement of provider–patient communication.[1]

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