Table 1 Summary of therapeutic considerations and recommendations for chronic pain management during the COVID-19 pandemic.

In-patient visits
• Any elective in-person patient visits or meetings should be suspended. • No elective pain procedures should be performed, except specific semi-urgent procedures.
Use of telemedicine
• Use telemedicine as the first approach and exclusively in most cases. • Ensure adherence to the subscribed needs of telemedicine required by individual state or country of practice.
Biopsychosocial management of pain
• Telemedicine platforms are available to engage in multidisciplinary interactions. • Whenever possible, online self-management programmes that integrate components of exercise, sleep hygiene, pacing and healthy lifestyle should be considered. • Multidisciplinary therapies could be helpful in overcoming increased opioids needs and/or procedures during the pandemic.
Prescribing opioids
• Use telemedicine to evaluate, initiate and continue opioid prescriptions. • Ensure all patients receive their appropriate prescription of opioids to avoid withdrawal. • Naloxone education and prescription for high-risk patients. • Inform patients of the risks and impact of long-term opioid therapy on the immune system. • Communicate with other healthcare providers in the patients' circle-of-care including family physicians, pharmacists and nurses.
Principles for using NSAIDS
• We recommend all patients prescribed or who use non-steroidal anti-inflammatory drugs on a regular basis to continue their use, whilst monitoring for adverse effects. • We recommend educating patients on non-steroidal anti-inflammatory drugs that any mild fever or new myalgia should be promptly reported.
Principles for using Steroids
• Steroids increase potential for adrenal insufficiency and altered immune response. • Intraarticular steroid injections could increase the risk of viral infection. • Duration of immune suppression could be less with the use of dexamethasone and betamethasone. • Consider evaluating risks and benefits of steroid injections and use a decreased dose
Intrathecal drug delivery systems
• Avoid insertion of any new intrathecal pump (ITP) except for highly selected cancer pain cases where the benefit is considered to outweigh the risk. Consider proceeding straight to an implant, without a trial, for appropriate candidates. • In COVID-19 suspected or symptomatic patients, consider the possibility of delaying the refill if the low reservoir alarm date allows a time frame until the patient has served a recommended self-isolation period. • Following a thorough discussion with the patient, consider: the risk benefit balance of discontinuing ITP therapy in high-risk patients on ziconotide therapy where no withdrawal effects have been reported; and the risk benefit ratio of using higher drug concentrations for the period of the pandemic in order to reduce ITP refill related visits.
Neurostimulator issues
• Avoid any new trials or implants. • Use telemedicine as much as possible to resolve patient concerns. An audiovisual interview makes it easier to evaluate or troubleshoot most issues.
Principles for semi-urgent visits/procedures
• Comprehensive evaluation required and the need to help patients make informed decisions. • Use telemedicine to evaluate the patient, triage the urgency, and make suitable arrangements for treatment. This will minimise delay and prevent unnecessary visits.

NSAIDS, non-steroidal anti-inflammatory drugs; ITP, intrathecal pump.