PAIN REDUCTIONS WITH IMPROVEMENTS IN PAIN INTERFERENCE AND DEPRESSIVE SYMPTOMS IN POSTSURGICAL PATIENTS RECEIVING PSYCHOLOGICAL SERVICES IN THE TRANSITIONAL PAIN SERVICE

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INTRODUCTION / AIM

The Toronto General Hospital Transitional Pain Service (TPS) uses interdisciplinary methods to help patients scheduled for major surgery manage pain before admission, while in hospital and after hospital discharge. We evaluated postsurgical patients (N=186, 105M, 81F, age=51.9 years, SD=14.7) based on usage of TPS psychological services.

METHODS

Thirty-eight patients received multiple (2 or more) sessions, 35 patients received a single session comprising assessment only or assessment plus intervention, and 113 patients did not receive psychological services. Patients completed an 11-point pain intensity NRS, the BPI, and the HADS-Depression (D) subscale at post-hospital discharge TPS visits. Residualized change scores were calculated for NRS pain, BPI, and HADS-D using in-hospital postoperative values and values at the last TPS visit. Pearson correlations were calculated among residualized pain scores, BPI, and HADS-D scores. Type I error rate was set at α<0.016 to adjust for multiple comparisons.

RESULTS

Complete data were available for n=17 multiple session users, n=8 single session users, and n=13 non-users. Change in NRS pain was significantly positively correlated with change in BPI (r=0.742, p=0.001) and HADS-D (r=0.662, p=0.004) as was change in BPI and change in HADS-D (r=0.629, p=0.007) for multiple session users but not the other groups.

DISCUSSION / CONCLUSIONS

TPS patients who received multiple sessions of psychological services showed reductions in pain that were associated with improvements in pain interference and depression scores. Preliminary results support the usefulness of TPS psychological services for complex patients after surgery but more rigorous evaluation is needed to confirm these initial results.

OTHER AUTHORS

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