PSYCHOLOGICAL SERVICE USAGE PREDICTS DECLINE IN OPIOID CONSUMPTION IN COMPLEX SURGERY PATIENTS REFERRED TO THE TRANSITIONAL PAIN SERVICE

Muhammad Abid Azam, Master of Science
York University
Student/Trainee

INTRODUCTION / AIM
The Toronto General Hospital Transitional Pain Service (TPS) helps complex patients undergoing surgery wean off opioids by accessing psychological services that teach behavioural management skills. We compared opioid consumption and weaning in TPS patients who differed in their use of, and need for, psychological services.

METHODS
A total of 68 patients were referred and assessed for psychological services; n=36 received multiple (>2) sessions, n=32 only received assessment or assessment plus a single session, and n=75 were not referred for psychological services. Average pain intensity was reported using an 11-point NRS. Opioid consumption was calculated as total morphine equivalent dose (MEQ), and residualized change scores were calculated based on in-hospital postoperative (log) MEQ and last TPS visit MEQ (median=2 weeks postop). One-way ANCOVA tested effects of psychological service usage on residualized MEQ scores using pain as a covariate.

RESULTS
MEQ data was available for 143 patients (81M, 62F, age=51.0 years, SD=14.46). 19.4% received multiple sessions of psychological services (M pain=4.59, SD=2.63), 17.2% received assessment only or assessment plus a single session (M pain=5.06, SD=2.38), and 40% were non-users (M pain=4.59, SD=2.42). ANCOVA revealed a significant main effect of psychological services, controlling for average pain at last TPS visit (F(2, 142)=5.05, p<.01). Post-hoc comparisons indicated MEQ change (reduction) in single session users was significantly smaller than in both multiple users (p<.01) and non-users (p<.005).

DISCUSSION / CONCLUSIONS
These preliminary data suggest greater uptake of TPS psychological services in appropriate patients would improve postsurgical opioid weaning.

OTHER AUTHORS
Aliza Weinrib, PhD
Janice Montbriand, PhD

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Joel Katz, PhD

Hance Clarke, MD PhD