RESULTS FROM 10 YEARS OF A CBT PAIN SELF-MANAGEMENT OUTPATIENT PROGRAM FOR COMPLEX CHRONIC CONDITIONS

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INTRODUCTION / AIM

Individuals with chronic pain suffer from reduced quality of life and place financial strain on the health care system. For complex pain, unimodal interventions may be insufficient, as they do not consider cognitive and behavioural variables that contribute to pain. Cognitive Behavioural Therapy (CBT) and physical exercise (PE) are empirically supported treatments that can reduce pain and improve quality of life. The objective of this study was to examine the outcomes of a pain self-management outpatient program based on CBT and PE at a rehabilitation hospital in Toronto, Ontario.

METHODS

The Pain Management Groups (PMG) consisted of 20 sessions over 10 weeks. The intervention consisted of four main components: education, cognitive behavioural skills, exercise, and self-management strategies. Outcome measures included the sensory, affective and intensity of pain experience, depression, anxiety, pain disability, active and passive coping style, and general health functioning.

RESULTS

From 2002-2011, 36 PMGs were run with virtually no change in the program content, format, or delivery. In total, 311 patients entered the program and 214 completed it. Patients who completed the program were significantly older than those who did not. Paired t-tests showed significant pre- to post-treatment improvements in all outcomes measured, including: depression, anxiety, pain, passive and active coping, pain disability, and general health. Patient outcomes did not differ according to the number or type of diagnosis. Both before and after treatment, women reported more active coping than men.

DISCUSSION / CONCLUSIONS

The PMGs improved pain self-management for patients with complex pain. Future research should use a randomized controlled design to better understand the outcomes of PMGs.

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