SENSITIVITY TO PAIN TRAUMATIZATION AND PERCEIVED INJUSTICE PREDICT PAIN-RELATED OUTCOMES IN POSTSURGICAL PATIENTS SEEN BY THE TRANSITIONAL PAIN SERVICE

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INTRODUCTION / AIM

The Toronto General Hospital Transitional Pain Service (TPS) is a novel service that offers multidisciplinary care to surgical patients preoperatively, post-operatively in hospital, and after hospital discharge for up to six months. The primary aim of this study was to examine if measures of sensitivity to pain traumatization, perceived injustice, and posttraumatic stress predict pain-related outcomes in TPS patients.

METHODS

Patients completed a questionnaire package at each visit that included the Sensitivity to Pain Traumatization Scale (SPTS), the Injustice Experience Questionnaire (IEQ), and the PTSD Checklist – Civilian Version (PCL-C), as well as questions assessing their current average pain intensity, pain interference, and opioid use. Questionnaire data at three time points were evaluated: (1) after hospital discharge (N=44), (2) first visit to the TPS (N=37), and (3) last visit to the TPS (N=23).

RESULTS

Multiple regression analyses evaluated if the SPTS, IEQ, and PCL-C predicted opioid use, average pain levels, and pain interference at all three time points. Following hospital discharge, perceived injustice predicted opioid use (β=0.367; p=0.050) and sensitivity to pain traumatization predicted average pain intensity (β=0.630; p=0.001) and pain interference (β=0.494; p=0.013). At the first TPS visit, sensitivity to pain traumatization predicted average pain level (β=0.643; p=0.003) and pain interference (β=0.498; p=0.015). At the last TPS visit perceived injustice predicted pain interference (β=0.434; p=0.047).

DISCUSSION / CONCLUSIONS

Sensitivity to pain traumatization and perceived injustice, but not posttraumatic stress symptoms, are important predictors for pain-related outcomes among postsurgical patients seen by the TPS.

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