AN EVIDENCE BASED APPROACH TO CHRONIC PAIN AND CO-MORBID PSYCHIATRIC AND SUBSTANCE USE DISORDERS

Valerie Hruschak, PhD Student
University of Pittsburgh, School of Social Work
Student/Trainee

INTRODUCTION / AIM

To examine the direct relationship between evidence based treatment for concurrent disorders with simultaneous education of self-management for adults with chronic pain and comorbid psychiatric and substance use disorders in an outpatient group setting.

METHODS

In a population based control group of adults in an outpatient setting, participants included individuals with chronic pain and comorbid psychiatric and/or substance use issues. Inclusion criteria for admission into the MHSU Pain Management Group required participants to have satisfied DSM-IV criteria of either axis I or axis II. Treatment was voluntary and required participants to be self-motivated to learn a behavioural approach to pain management. If substance use was present, abstinence was not compulsory. The format included an eight week closed group, facilitated once a week with sessions 90 minutes in duration. Sessions were lead by a trained professional and were interactive, offering peer support and validation. Clinical interventions utilized included: cognitive behavioural therapy, mindfulness, and behavioural relaxation exercises. Education consisted of effects of chronic pain and substance use issues on physical, psychological, and social well-being. Evidenced based recommendations for self-management topics of chronic pain were also incorporated. The Brief Pain Inventory Scale was completed with the participants, pre and post completion of the group; qualitative data was also anonymously gathered weekly from participants.

RESULTS

Following completion of the MHSU Pain Management Group, a quantity of participants were able to either decrease or completely taper off analgesia and psychotropic medications with reported measures of pain relief. Some participants achieved early remission from substance use disorders while others noted a decrease in substance misuse. There were various participants on waitlists for mental health counsellors and following completion of group, withdrew themselves claiming improvement of mental status and adequate resources and skills acquired in order to manage their psychiatric illness. There was also one participant who discontinued regular appointments with his psychiatrist and returned to the care of his family physician. Another participant who was not ready for the Occupational Rehabilitation 1 (OR 1) Program at Kelowna General Hospital was able to commence and complete OR 1 following his completion of the MHSU Pain Management Group.
DISCUSSION / CONCLUSIONS

The findings extrapolated from this study with adults in an outpatient setting, demonstrates correlation of improvement in prognosis, psychosocial functioning and other quality of life measures with the application of evidence based treatment of concurrent disorders and simultaneous education of self-managed care. Although rigorous research is still needed in this area, preliminary findings from the MHSU Pain Management Group are encouraging, thus this evidenced based approach should be promoted more extensively with this population.