CLINICIANS’ ACCEPTABILITY EVALUATION OF A CHRONIC PAIN PREVENTIVE INTERVENTION POST-EXTREMITY TRAUMA

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INTRODUCTION / AIM

More than 50% of extremity trauma (ET) patients report moderate to severe pain at hospital discharge (Archer et al., 2012; Williamson et al., 2009), which becomes chronic in up to 86% of cases (Clay et al., 2012; Rosenbloom et al., 2013). People affected by chronic pain report a poorer quality of life than individuals affected by common chronic diseases (Choinière et al., 2010). Moreover, chronic pain is associated with a high socio-economic burden (Gaskin & Richard, 2012). The development of chronic pain has been related to complex interplay between biopsychosocial risk factors. High-intensity acute pain and lower extremity injuries have been the sole biologically related risk factors of chronic pain consistently identified in ET patients. Several psychological risk factors also seem to be involved, including pain catastrophizing, pain-related fear, anxiety and depression (Clay et al., 2012; Rosenbloom, et al., 2013). According to findings from a meta-analysis (Williams et al., 2012), cognitive-behavioral interventions (CBI) have been the most effective treatments addressing psychological factors in the chronic pain context. These interventions focus on helping people with pain to realize that they can manage their pain, and supporting them to develop self-care behaviors (Turk et al., 2008). Some empirical evidence has revealed that CBI could prevent acute to chronic pain transition (Gatchel et al., 2006; Hay et al., 2005; Moore et al., 2000; Slater et al., 2009). However, their efficacy has never been demonstrated in ET patients. Based on the biopsychosocial model of chronic pain (Gatchel, 2004) and empirical data, we have initiated the development of a CBI to prevent acute to chronic pain transition tailored to ET patients. The aim of this study was to evaluate the acceptability of the preliminary preventive CBI from the perspective of clinicians.

METHODS

Clinicians’ formal evaluation of the preventive CBI was conducted to determine its acceptability in terms of effectiveness, appropriateness, convenience and suitability for the ET population. Ten expert clinicians (nurses, orthopaedic surgeons, physiotherapists, psychiatrist, family physician specialized in the treatment of pain) from 2 tertiary trauma centers and 1 secondary trauma center in the great Montreal region were invited to evaluate the preventive CBI acceptability. These professionals needed to have worked for at least 2 years full time with the target population and represent members of the interdisciplinary team commonly involved with ET patients. Acceptability was evaluated via two methods: the Treatment Acceptability and Preference (TAP) questionnaire and a focus group. Descriptive statistics were computed from the TAP questionnaire. Qualitative data were analysed with QDA miner software. Double coding was used to ensure rigor and credibility.

RESULTS
Mean scores from the TAP questionnaire indicated that clinicians’ agree to strongly agree (i.e., scores ≥ 2.0/4.0) about the acceptability of the preliminary CBI themes, activities, dose and modes of delivery. The use of logbooks to document self-care behaviors (e.g., use of analgesics, cryotherapy, deep breathing relaxation exercises, gradual return to activities) and the duration of sessions (i.e., 30-45 minutes x 6) obtained the lowest scores (i.e., mean of 2.0 to 2.5/4.0) across the acceptability criteria. These issues were discussed during the focus group to find solutions to render them more acceptable or to determine new strategies. The use of checklists on recommended self-care behaviors and the establishment of a minimal number of reachable objectives with patients at the end of each session were alternatives proposed for logbooks. As for sessions’ duration, breaking up sessions and integrate an e-health component into the intervention to facilitate its delivery in a context of resources scarcity were solutions proposed.

**DISCUSSION / CONCLUSIONS**

This study provided information about refinements that need to be made to the preventive CBI to improve its acceptability. The next step will be to pre-test the refined CBI to evaluate its acceptability from the perspective of ET patients. Obtaining input from clinicians and patients are necessary to allow the development of an acceptable intervention that will be realistic in the clinical context and that will fulfill ET patients’ needs. A pilot RCT will then be planned to evaluate the preventive CBI feasibility and preliminary test its efficacy.

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