A PROFILE OF COMPLEX POST-SURGICAL PAIN PATIENTS WHO USE PSYCHOLOGICAL SERVICES IN THE TRANSITIONAL PAIN SERVICE

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INTRODUCTION / AIM

The Transitional Pain Service (TPS) provides expert interdisciplinary care for the first three months after surgery. Use of psychological services is at the discretion of patients. What are the characteristics of those who make use of the psychology service within the TPS?

METHODS

Preoperative medical variables were extracted from medical records. Other information was collected as patients were followed by the TPS.

RESULTS

Attendance duration for psychology services ranged from 1-47 weeks (mdn=12), with a median of 2.5 sessions (range 1-23). 18% of individuals using psychology services attended only one session, while nearly a third (32%) attended two. A further 24% of TPS cases were assessed by a psychologist but did not receive psychological treatment. Psychology cases were complex, with 78% reporting preoperative chronic pain, 66% reporting preoperative opioid use, and 33% preoperative cancer. There were, on average, 4 medical conditions (3.87) per patient. High levels of preoperative mental health issues (27%), sleep apnea (7%), inflammatory bowel (14%), and anxiety and depression scores on the HADS were evident. Mixed factorial ANOVAs comparing those using vs not using psychology services indicated that pain, pain interference, depression, catastrophizing, and anxiety improved over time (p<0.05). Those receiving TPS psychology services had higher levels of depression and anxiety (p<0.05) compared to those not receiving services.

DISCUSSION / CONCLUSIONS

The complex nature of this pain population demonstrates the need for psychological services within the TPS. As further data is collected, a larger sample will be used to look at change within the program.

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