

## Four-Visit Intervention Helps Back Pain Patients

BY TIMOTHY F. KIRN  
Sacramento Bureau

HONOLULU — A psychological intervention designed to help chronic back pain patients overcome fear of movement significantly reduced their activity limitations a year later, James E. Moore, Ph.D., said at the annual meeting of the American Psychological Association.

Interventions designed to get back-pain patients moving to combat deconditioning are becoming increasingly popular in pain clinics because a number of recent studies suggest that it is not only possible and safe, but very beneficial, Dr. Moore, director of the pain management program at the Virginia Mason Medical Center, Seattle, said in an interview with this newspaper.

Dr. Moore's study of the four-visit intervention (two to a psychologist and two to a physical therapist) enrolled 119 chronic back pain patients who received the intervention and 121 patients who received usual care and served as controls.

During the first visit, participants met

with the psychologist, discussed their fears about back pain and resuming normal activities, and set an exercise goal.

Ten days later, the patients met with a physical therapist, who performed an examination, gave them specific exercises, and counseled them about overcoming barriers to meeting their exercise goal. The third visit was also with the physical therapist and was a follow-up to the prior visit. The final visit was again with the psychologist, to review progress.

The patients who received the intervention had significantly greater improvement in their Roland Disability Questionnaire scores, a worry rating, a fear-avoidance rating, and an average pain intensity score, Dr. Moore said in a poster presentation. Their improvement was greater at each of the follow-up times in the study: 2 months, 6 months, and 12 months.

"The main thing we addressed was fear," Dr. Moore said in the interview. "The goal was to make people understand that most back pain is benign." ■

## Patient Pain Often Persists After Discharge from ED, Studies Show

BY SHERRY BOSCHERT  
San Francisco Bureau

SAN FRANCISCO — Many patients who come to emergency departments complaining of pain remain in pain after being sent home, even if they're discharged with pain medications, according to two prospective studies.

Either pain management plans are inadequate, or patients aren't using the medications properly—or both—the investigators suggested.

In one study, 326 adults rated their pain levels when leaving the emergency department and were contacted by phone 1 week after discharge. Average pain intensity ratings on an 11-point scale were 5.1 at the time of discharge and 4.5 at the 1-week follow-up for the 67% of patients who used prescribed pain medication after discharge.

Patients who did not use prescribed pain medication after discharge rated their pain intensity as an average of 4.1 at the time of discharge and 3.3 a week later, reported Matthew J. Larsen of the University of Utah, Salt Lake City.

Both groups reported experiencing some pain since discharge that was worse than the pain level at discharge. At the 1-week follow-up, patients rated their worst pain since discharge at 6.6 in the prescription pain medication group and 5.6 in the group that did not use prescription pain medication, he said at the annual meeting of the American College of Emergency Physicians.

"Patients continue to have high levels of average and worst pain 1 week after discharge from the emergency department. The use of prescription pain medication did not provide pain relief," said Mr. Larsen, a medical student who worked on the study with David E. Fosnocht, M.D., and Eric R. Swanson, M.D., both of the university.

Preliminary results from a separate, ongoing study provided some clues to improving pain management, Knox H. Todd, M.D., said at a meeting of the American

Society of Law, Medicine, and Ethics.

The study included 304 patients (mostly adults) seen in 13 U.S. and Canadian emergency departments for moderate to severe pain. The investigators reviewed patient charts and conducted phone interviews with patients a median of 6 days after discharge.

Only 36% of patients were pain free at the follow-up, and more than 30% were still in severe pain. Of the 196 patients who still suffered pain, 70% said that it interfered with their general activities, said Dr. Todd, who led the study while at Emory University, Atlanta, and who is currently at Beth Israel Medical Center, New York.

During their ED visits, which lasted a mean of 192 minutes, 110 minutes elapsed before patients received their first analgesic. "That's the same data we found 6-7 years ago when we studied emergency departments in Atlanta and Chicago. This is something structural that we can deal with," Dr. Todd said.

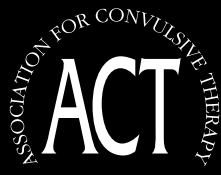
Overall, 79% of patients received an initial pain assessment in the emergency department, but follow-up was poor, with only 17% receiving more than one pain assessment in the ED.

Communication problems were common and contributed to poor pain management. In the follow-up phone interviews, 72% of patients said they felt they had needed pain medication while in the ER, and 63% received analgesics; but only 26% said they had asked for pain relief. "Patients don't tend to ask," Dr. Todd said. "This is an area ripe for education—teaching people how to talk to doctors about pain."

Patients with chronic pain composed 44% of the cohort, with a median 2-year duration of pain. They used the emergency department much more often (a mean of four visits in the past year), compared with patients without chronic pain (one visit in the past year).

Approximately 60%-70% of people who come to emergency departments do so because of pain, he said, making pain the top reason for ED visits. ■

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### PAIN RELIEVERS



"My girlfriend dumped me for some guy with less carbs."