



Letter to the Editor

Which patients benefit from treatment?

Dear Sir,

It was very interesting to read the report by Heiskanen et al. in the October issue of Scandinavian Journal of Pain [1]. We cannot but agree with the editor, Petter Borchgrevink, on the importance of assessment whether the patients benefit from the treatments or not [2]. The title for the article written by Heiskanen et al. is "Multidisciplinary pain treatment – Which patients do benefit?". The title by itself raises a few questions on which patients are accepted for rehabilitation at Helsinki University Central Hospital Pain Clinic. In Sweden the National Register on Pain Rehabilitation (NRPR) has registered patients assessed and treated on most of the clinics working with multimodal rehabilitation in Sweden [3,4]. One of the parameters registered are EQ-5D – a multilingual well established self-assessment tool for assessment of health related quality of life (HRQoL) [5]. According to Heiskanen et al. the 15D-instrument is comparable to the other established instruments like EQ-5D. However, while the NRPR report an average of HRQoL 0.306 at baseline while Heiskanen report values between 0.711 and 0.720, and even when they divide between responders and non-responders they report no group with less than 0.692, which is quite close to the average normal Swedish population [3,5,6]. This also put the discussion concerning "responders" and "non-responders" in a new light, especially since the responders are those with the less good HRQoL [1]. As we reported on the 14th World Congress on Pain in Milano, August 2012, we have assessed HRQoL on all patients that have come to our clinic for interventional pain management since 2008 [7]. We could report that patients baseline HRQoL was at the same level as those registered in NRPR, 0.295–0.308. We could also report an improvement in HRQoL to 0.568 after 3 months and further to 0.626 after 12 months ($p < 0.0001$) for those with diagnosed and treated facet joint pain. Those without facet joint pain had a less impressive improvement to 0.441 ($p = 0.007$) after 12 months. Since the data we have studied are anonymous we are currently unable to explore details on subgroups but we are working on the topic. Despite our concern regarding which patients are accepted for rehabilitation in Helsinki University Central Hospital

Pain Clinic we would like to encourage more clinics to assess the HRQoL on their patients both at baseline and at follow up since this is the only way we will be able to compare different treatments for chronic pain in the important aspect if "...the care we provide improves the lives of those we serve..." [8].

References

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