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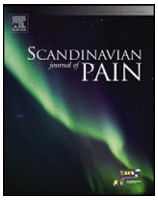

Poster-abstracts from SASP – the Scandinavian Association for the Study of Pain scientific meeting, Helsinki, FI, June 13–15, 2013

A1

Why does the impact of multidisciplinary pain management on quality of life differ so much between chronic pain patients?

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Aims: To assess the change in quality of life and factors predicting this change in 1425 chronic pain patients treated in a multidisciplinary pain clinic.

Methods: This is an observational follow-up study using the 15D generic health-related quality of life (HRQoL) instrument. Patients filled in the HRQoL questionnaire at baseline, and 6 and 12 months after discharge. To assess if mental factors predicted treatment success, the changes in the overall 15D score were compared and related to the baseline variables of depression and distress. The group of patients, who scored 4 or 5 on the 1–5 scale for the depression and distress dimensions of the 15D instrument, were considered mentally distressed ($N = 199$). They were compared with the non-distressed patients (i.e. those who scored 1; $N = 401$).

Results: Pain was associated to depression and distress: 85.4% of mentally distressed patients scored 4 or 5 also on the discomfort and symptoms dimension, vs. 51.4% of the non-distressed ($p < 0.001$). The mean 15D score of the mentally distressed patients improved statistically significantly more (from 0.572 to 0.636, $N = 141$) during the first six months after treatment compared with the 15D of those who were not mentally distressed, who improved only marginally (0.790–0.803, $N = 294$; $p < 0.001$).

Conclusions: Patients with more severe depression or distress at baseline appear to gain more from the treatment than those who have less mental distress. In our ongoing study more baseline factors will be evaluated to assess their effect on the success of treatment.

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A2

Health care utilization in chronic pain—A population based study

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Aims: To investigate health care utilization in relation to chronic pain.

Methods: In this cross-sectional study postal questionnaires, measuring sociodemographic characteristics, pain, health related quality of life (HRQoL), attitudes to pain and health care utilization past six months, were sent to 4500 individuals aged 20–70 years, randomly drawn from the Icelandic National Registry.

Results: Total response rate was 36.9% ($n = 1589$) and was higher among older individuals and women. Nearly one half of respondents (47.5%, $n = 754$) reported chronic pain ($\geq$3 months) with mean duration of 9.3 years (median = 6.0 years, SD = 10.0) and 57.5% of them had consulted health care service for their pain past six months. Use of pain related health care was significantly related to attitudes towards pain and individuals with pain in chest, upper extremities, hips and lower extremities consulted health care for their pain significantly more often than people with other pain locations. Pain related health care utilization was not significantly related to sociodemographic characteristics. There was a significant difference in both Physical (PCS) and Mental (MCS) component HRQoL scales as well as nature of pain (severity, interference, spread and pattern), between individuals who had consulted health care for their pain and those who had not. However, when these relationships were tested by using logistic regression models, only PCS and pain interference remained significant in this relationship.

Conclusions: Chronic pain related health care utilization is related to several pain characteristics and its influence on daily life, where interference and physical components of HRQoL are most important.

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