

A3

Pain treatment in rural Ghana—A qualitative studyDesmond Ayim-Aboagye¹, Torsten Gordh²¹ University of Ghana, Accra, Ghana² Uppsala University Hospital, Uppsala, Sweden

Aims: We investigated how treatment of pain was functioning among a rural population in African context.

Methods: The investigation employed the observation approach and in-depth interview approach in a rural population of about 5000 inhabitants. However, at the zenith of the study 10 patients were selected for the in-depth interview, having serious conditions, which had rendered them immobile, received a major focus in the study. With qualitative methods, we were capable of procuring rich information through narratives.

Results: The patients employ both biomedical practitioners and traditional practitioners in the culture who have potent knowledge of culture specific disabilities. Even when patients had received satisfactory treatments leading to pain relief from the former practitioners, they still cherish some psychological pain, which demand that they consult other practitioners in the culture for further treatments. Those that only receive help from the mainstream hospitals or speciality clinics show improvement, but usually assailed by fear and excessive worry that their pains will not disappear entirely. While the younger generation patients are reluctant to reveal these consultations with traditional practitioners openly, the older group felt more positive about it and brag of having endured their ordeal because of these consultations with those who could offer them additional protection.

Conclusion: The employment of different practitioners' treatments alleviated these patients' pain disabilities and psychological symptoms, which were that of pain relief, psychological pain, and death fear. Traditional treatment of pain has a social function, and therefore must be given attention to and recognition by biomedical-trained doctors.

<http://dx.doi.org/10.1016/j.sjpain.2013.07.005>

A4

Pain psychology specialist training 2012–2014P. Soini¹, A. Valjakka², S. Tuurinkoski³, M. Elomaa⁴, T. Väänänen⁵, V. Hägg⁶¹ Oulu University Hospital, Oulu, Finland² Raisio Substance Abuse and Mental Health Unit, Raisio, Finland³ The Hospital District of South Ostrobothnia, Seinäjoki, Finland⁴ Helsinki University Central Hospital Pain Clinic, Helsinki, Finland⁵ Tuusula Health Care Center, Occupational Health Care, Tuusula, Finland⁶ Private Psychotherapy Practice, Espoo, Finland

Aims: The training includes learning the practical skills related to the psychological examination, treatment and rehabilitation of pain patients. The completion of the training prepares for work in multiprofessional teams as a specialist in pain psychology. A joint project of the Finnish Association of the Study of Pain and the Psychology Institute since 2008.

Participants: Psychologists working in public, private or occupational health care, in rehabilitation or psychiatric clinics. The fourth training group of 20 psychologists started in the spring of 2012. More than 40 psychologists have already been trained in 1998–2010.

The structure and content of the training:

Seminars: Eight seminars include 12 days of training on the topics of pain as a psychosocial phenomenon, psychological assessment, treatment and rehabilitation of pain patients, interaction and multiprofessional teamwork.

Tutorial groups: Eight tutorial meetings of 5 students and one tutor in each group gather together in different parts of Finland to discuss selected scientific articles, work on their professional identity as pain psychologists and receive supervision of clinical and diploma work.

Literature: Getting acquainted with scientific research reports on pain psychology and with vocational literature.

Diploma work: Written article or a short research report on a development project, experiment or a phenomenon related to pain psychology.

Optional studies: Giving a lecture or training on the topic of pain psychology to other professionals or patients, participating in a pain education organized by others, writing a report on a research, treatment or rehabilitation experiment or a book review to be published.

<http://dx.doi.org/10.1016/j.sjpain.2013.07.006>

A5

Pain assessment, documentation, and management in a university hospitalS. Zoëga^{1,2}, T. Aspelund², G. Sigurdsson^{1,2}, S.E. Ward³, H. Sveinsdóttir^{1,2}, S. Gunnarsdóttir^{1,2}¹ Landspítali – The National University Hospital of Iceland, Reykjavík, Iceland² University of Iceland, Reykjavík, Iceland³ University of Wisconsin, Madison, USA

Aims: To determine if pain is assessed, documented, and treated in a university hospital according to recommended practice.

Methods: A cross-sectional descriptive study, conducted in 23 medical and surgical wards in a university hospital. Participants were patients hospitalized for at least 24 hours, ≥18 years of age, and able to participate. Data were collected from patients with a questionnaire (APS-POQ-R), from their medical records, and from Therapy®, the hospital medication system.

Results: The response rate was 73%. Participants (N = 308) mean age was 67.5 years (SD = 17.4), 50.5% were women. Pain prevalence in the past 24 h was 83.1% and severe pain was experienced by 34.5%. Descriptions of pain were documented for 60.7%. Standardized methods of assessment were used in 11.6% of patients, other forms of documentation included descriptions as “no pain-complaints”, and “patient received 2 Panodil”. The majority of patients (66.8%) were prescribed pain medications and 34.0% of patients used non-pharmacological methods to treat their pain. The pain management index (PMI = prescribed pain medication – worst pain severity) was negative for 38.6% indicating insufficient treatment. The PMI was more favorable in surgical compared to medical patients, $\chi^2(6, N = 306) = 17.81, p = 0.007$.

Conclusions: Pain was both prevalent and severe. Although some form of documentation of pain was recorded for the majority of patients, pain was rarely assessed with standardized methods. Many patients did not receive adequate treatment. There is a need