Rehabilitation of patients with chronic pain in primary health care. An evaluation of a biopsychosocial rehabilitation programme.

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Abstract

Chronic pain is a frequent condition in society. Besides the patients’ suffering, chronic pain leads to high costs in the form of compensation for absence due to illness and production loss, but also for health care utilisation. The responsibility of primary health care for treatment and rehabilitation of patients chronic pain have increased in the last decade. Rehabilitation programmes for these patients using multidisciplinary, behavioural-orientated treatment has mostly taken place in pain centres or pain clinics. The clear effects of those are well documented in several studies. There is a lack of data on similar programmes conducted in primary health care.

The principal aim of this work was to study the gains of a biopsychosocial programme in primary health care for chronic pain patients. The intervention programme was based on ego-strengthening psychotherapy and the salutogenetic model. An occupational therapist and a physiotherapist led the intervention. The gains were to be regarded from the perspective of the patient, the treatment and society. Three sub-studies were included in the study.

The first sub-study, using a descriptive, qualitative design, investigated how ten patients with fibromyalgia conceived their health after taking part in the programme. The patients were interviewed and data were analysed by the phenomenographic method. The patients gave words for received confirmation, distance to things, gained insight and gained control. Those factors had a positive impact on the patients’ meaningfulness, comprehensibility and manageability, which led to improved health.

The second sub-study, including 70 chronic pain patients, used a non-randomised longitudinal, evaluative design in order to measure the gains of the programme in terms of ego-resources as well as, personality, physical and cognitive factors (=PPC factors). The sub-study was performed by Visual Analogue Scale (VAS) and a PPC questionnaire as well as statistically analysed. The programme led to the patients describing significant (p=<0.01 – <0.001) changes compared with before the intervention, in the form of reduced perception of complaints, increased general well-being and increased ability to manage pain.

The third sub-study evaluated follow-up effects of the programme on the patients’ visits to the doctor, frequency of sick-listing and the level of disability. Ninety-four chronic pain patients were divided into an intervention group with 70 patients, and a non-intervention group with 24 patients. A longitudinal, prospective, cross-over design was used in a non-randomised study conducted over a three-year period. The programme was effective in decreasing doctor visits but not concerning return to work. Instead there was a change from sick-listing to disability pension or temporary disability pension for the intervention group (p=0.009) as well as for the non-intervention group (p=0.046).

The study shows that the biopsychosocial rehabilitation programme for chronic pain patients in primary health care resulted in gains from the perspective of the patient, the treatment as well as society. The programme gave the patients better health as well as methods for the patients to manage the pain and the pain situation herself/himself. It also informed the health care professionals how to establish an effective treatment, even in small health care units and finally it seems to stop the chronic pain patient’s journeys around the health care system by decreasing the need of doctor visits.
Key words: biopsychosocial, chronic pain, doctor visits, ego-strengthening psychotherapy, intervention, occupational therapy, physiotherapy, sick-list days.

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