Measuring outcomes in chronic pain: the electronic Persistent Pain Outcomes Collaboration

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Abstract
Introduction: Pain management services currently collect a wealth of information about their patients, however this information often varies across services making it difficult to compare outcomes and identify best practice.

Keywords
chronic, collaboration, outcomes, persistent, electronic, measuring, pain

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Introduction and Aim: The short form of the Assessment of Neuropathic Symptoms (scored ≥12 on self-completed Leeds Assessment of Neuropathic Symptoms and Signs scale). The Intraclass Correlation Coefficient (ICC2,1), smallest real difference (SRD) and SRD% were calculated to determine the extent of variability between two measurement sessions, and measurement error due to chance variation respectively. Results demonstrated a good level of reproducibility of the sSALSA questionnaire (ICC= 0.83) with SRD= 12.49 units. Unacceptably high SRD% (>30%) were found for this questionnaire.

Conclusions: The sSALSA questionnaire showed good reproducibility for a group of DPN patients with high levels of measurement error. Thus, baseline and follow up scores of the sSALSA questionnaire must be interpreted with caution in randomized controlled trials (aiming to assess the effectiveness of rehabilitation interventions) or longitudinal cohort studies (targeted to capture the natural progression of DPN induced activity limitation).

Methods and Results: The sSALSA questionnaire [20 items] was administered twice to 38 individuals with chronic (pain ≥3 months) DPN 12 weeks apart. All patients were previously diagnosed as diabetic by their general physician and all self-reported their neuropathic pain (scored ≥12 on self-completed Leeds Assessment of Neuropathic Symptoms and Signs scale). The Intraclass Correlation Coefficient (ICC2,1), smallest real difference (SRD) and SRD% were calculated to determine the extent of variability between two measurement sessions, and measurement error due to chance variation respectively. Results demonstrated a good level of reproducibility of the sSALSA questionnaire (ICC= 0.83) with SRD= 12.49 units. Unacceptably high SRD% (>30%) were found for this questionnaire.

Conclusions: ePPOC has been successfully implemented in a number of pain management services. The focus for 2015 will be continued implementation of collection of ePPOC data have also been developed, including an opioid equivalence calculator and a clinically-significant change calculator for the adult assessment tools.

Children with strategies to better articulate and communicate their pain in a way that parents, teachers and health professionals can recognise. The Child Life Therapist also works with parents, helping them to better recognise their child’s pain behaviours and providing appropriate coping strategies for their child.

Results: Over a 12 month period, the Child Life Therapist was involved with 4 families of 1-6 year olds attending the Chronic Pain clinic. Observational feedback demonstrated the importance of visual tasks, with young children responding well to picture activity books. Both parents and teachers found the development of pain books to be highly beneficial in recognising pain intensity and selecting appropriate activities to aid their child’s coping. Optimal results were achieved when parents and teachers continued to support pain management strategies.

Conclusions: Child life therapy assists in teaching young children to understand and cope with chronic pain. It is critical that the strategies taught are developmentally appropriate and uniquely designed to reflect the individual’s interests and pain experience.

The Short Form Screening of Activity Limitations and Safety Awareness Questionnaire: Reproducibility in a Chronic Neuropathic Pain Population

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The Electronic Persistent Pain Outcomes Collaboration – Results from the First Year

Introduction: The electronic Persistent Pain Outcomes Collaboration (ePPOC) is a program that aims to improve services and outcomes for patients experiencing chronic pain through benchmarking of care and treatment.