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Effect of multidisciplinary therapy for chronic pain at a Multidisciplinary Pain Center

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【Purpose】

In various foreign countries, multidisciplinary therapy is conducted in chronic pain patient, and is known to have certain benefits for patients. However, there are few reports of multidisciplinary therapy for chronic pain in Japan. In multidisciplinary therapy, medical professionals such as physicians, nurses, physiotherapists, and psychologists form a team to treat patients. Under these circumstances, physiotherapists primarily evaluate exercise function, posture and movement, in addition to instructing and managing exercises. Recently, Association of Multidisciplinary Pain Centers of Japan created the common system for medical history taking, and we have used this system since October 2013. In this study, we consider effect of multidisciplinary therapy at the Aichi Medical University Multidisciplinary Pain Center by means of common system for medical history taking.

【Methods】

We retrospectively analyzed 109 patients who underwent multidisciplinary therapy at our institution and completed an assessment at the first visit and after three months of the first visit between October 2013 and August 2014. Patient demographics were identified and categorized. We used the common system for medical history taking for assessment of patients, and the system included the Brief Pain Inventory, Pain Disability Assessment Scale, Hospital Anxiety and Depression Scale, Pain Catastrophizing Scale, EuroQol 5 Dimension, Pain Self-Efficacy Questionnaire, Athens Insomnia Scale, 25-question Geriatric Locomotive Function Scale and Zarit Burden Interview.

【Results】

By multidisciplinary therapy, all evaluation item showed statistically-significant improvement ($p < 0.05$). Especially, improvement of Pain Disability Assessment Scale, depression (subscale of Hospital Anxiety and Depression Scale) and 25-question Geriatric Locomotive Function Scale demonstrated large effect size ($r > 0.6$).

【Discussion】

Multidisciplinary therapy focuses not elimination of pain but improvement of activity of daily living (ADL) and Quality of life. The results showed our intervention effects a significant improvement ADL and physical function. It could have decreased pain intensity secondly to keep activity and physical function higher.