



VISN4
CENTER FOR
EVALUATION OF
PATIENT ALIGNED
CARE TEAMS



Helping Veterans Manage Chronic Pain

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Rationale: Chronic pain is a chief complaint among patients in primary care. Treating chronic pain in its initial stages may be crucial in preventing long-term debilitating pain requiring specialty care. Given that provider time and resources are limited, the development and implementation of a first-step intervention to improve the treatment of pain appears imperative. Such an intervention stands to reduce and/or prevent pain-related disability, associated behavioral health disorders, enhance quality of life, reduce healthcare costs, and require less primary care provider time. The purpose of the study is to empirically test the effectiveness of a program, Pain Care Management (PCM), designed to increase functionality and quality of life for primary care patients with chronic pain and comorbid depression or anxiety within the context of an existing behavioral health and triage service (Behavioral Health Lab).

Aims: The goal of the current project is to assess the effectiveness of PCM in increasing patients' functionality, improving quality of life, and improving pain control relative to usual care. A secondary goal is to assess the impact of PCM and depression/anxiety relative to usual care.

Stage of Development: (e.g., status of implementation, data collection, analysis): The project is in the data collection stage. A total of 81 veterans have been enrolled and randomized to treatment. Sixteen participants have completed treatment and final follow-up.

Methods: The current study includes a randomized treatment outcome design with participants randomly assigned to one of two conditions: PCM or usual care. Primary care patients who endorse chronic pain and depression or anxiety are offered study participation. Patients in both conditions receive 6 treatment sessions by telephone or in person. Patients in the PCM condition receive interventions specific to chronic pain, including pain self-monitoring, goal setting, deep breathing, relaxation techniques, pacing strategies, and strategies for managing pain flare ups. Patients in both conditions also receive treatment for depression and/or anxiety. Assessments are completed at baseline, throughout treatment, and for 3 months following treatment. Primary outcome variables are daily functionality and activity level, pain interference, and severity of chronic pain. Secondary outcome variables of interest are depression and anxiety scores. A total of 160 participants will be recruited for the study.

Results: None at this time.

Future Plans: Eighty-one participants were recruited and enrolled in one year; we anticipate that we will have completed recruitment and enrollment by the end of 2012 and be underway with data analyses and manuscript preparation.