

# Experiences of people with chronic whiplash and PTSD in a trauma-focused and exercise trial

## AUTHORS

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## ASSIGNED POSTER NUMBER

TH200

## INTRODUCTION

Whiplash is the most common non hospitalised injury after motor vehicle crashes [1] with posttraumatic stress disorder (PTSD) symptoms being highly prevalent in this population [2,3]. Exercise is the recommended treatment for people with whiplash-associated disorders (WAD) [4], but people with WAD and associated PTSD seem to not benefit from exercise when delivered as a stand-alone treatment [5]. Trauma-focused cognitive behavioural therapy is the most effective treatment for PTSD [6], but there has been limited research on the combination of this therapy modality and exercise [5,7] and the perception of participants of such combination.

## OBJECTIVE

This nested qualitative study aimed to explore the experiences and perceptions of patient participants in a randomised controlled multicentre trial that investigated the effectiveness of combined trauma-focused cognitive behavioural therapy and exercise compared with supportive therapy and exercise

## METHODOLOGY AND METHODS

All trial participants [8] were invited to participate in one-on-one semi-structured interviews at the trial's 12-month follow-up between Nov 2018 – Feb 2019

23 participants from Denmark (n=12) and Australia (n=11) were included

We used the Reflexive Thematic Analysis method [9]. Analysis was underpinned by an interpretative relativist framework.

## RESULTS



### COMBINATION OF PHYSIOTHERAPY AND PSYCHOLOGICAL TREATMENT MIGHT BE A GOOD FUTURE OPTION FOR PEOPLE WITH WAD AND PTSD

Most participants saw the combination of physiotherapy and psychological treatment as extremely beneficial. There were no clear differences in satisfaction between treatment groups, except for a couple of participants from the TF-CBT group emphasising the treatment was "life changing" and that everyone with WAD and co-morbid PTSD should receive such treatment

"You know I really believe once it's all finished, I really believe this is the way you will treat whiplash, I have no doubt about it at all and so it's actually as a nurse in my job I spend a lot of time in emergency department, and I see people all the time. I just think you know what this [the program] will make such a difference to the people in the future coming from car accidents. I really think it will be and I will put money on it (laughs). (P01; Australia, TF-CBT group).



### ACCEPTING AND CHANGING ONE'S MINDSET CAN HELP COPE WITH PAIN AND LIFE

Accepting to live a new life with pain seemed to be one particular benefit that participants gained from the trial. Acceptance meant that participants were able to internalise they could still have fulfilling lives even if they experienced pain as the result of the injury and crash.

"I just know now that's what it is and in between I'll be fine, you know, it changed the way I think about it" (P27; Australia, ST group).

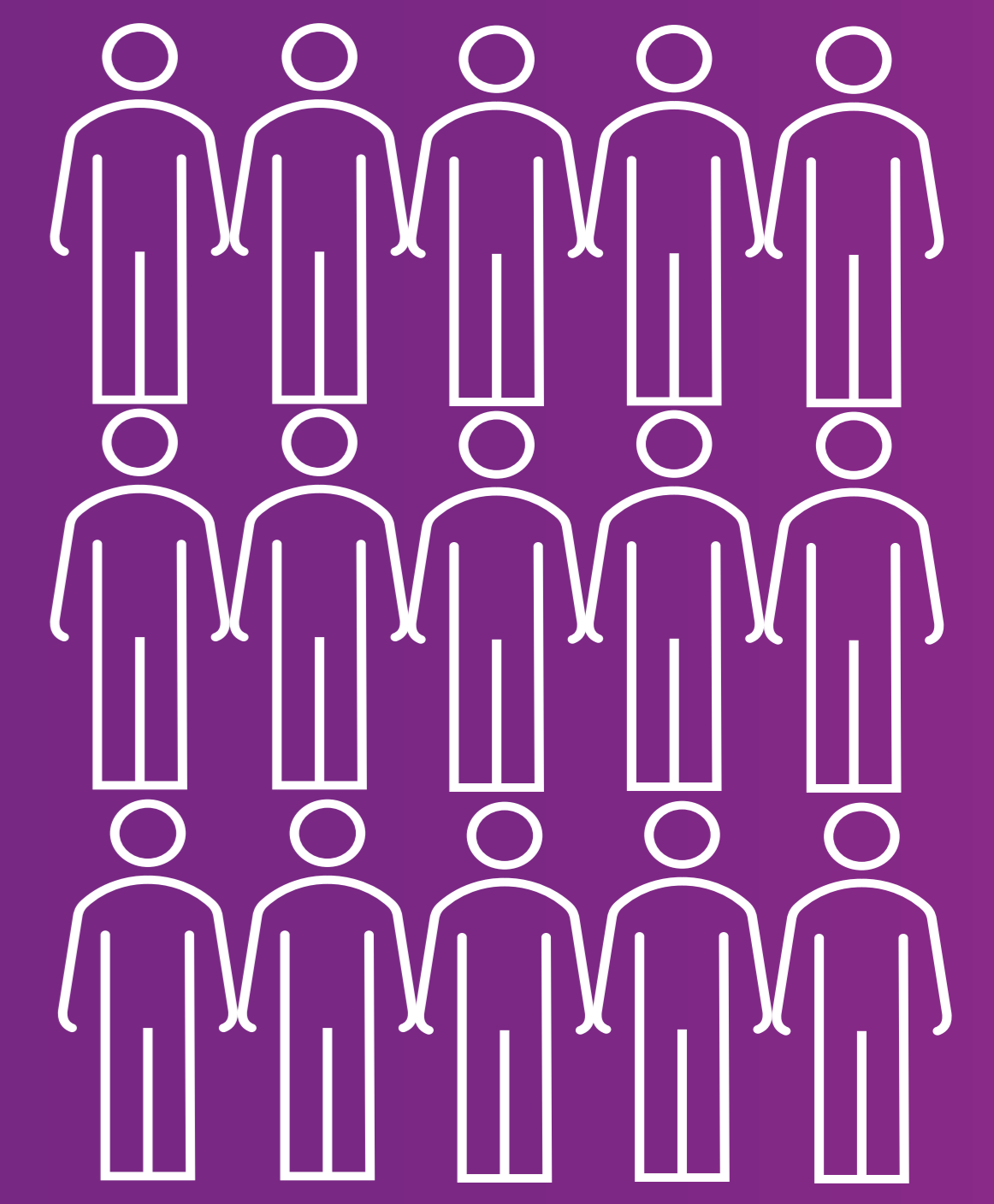
## CONCLUSION

The combination of psychological treatment (e.g., trauma-focused cognitive behavioural therapy or supportive therapy) and exercise was highly accepted by trial participants. Participants had more perceived benefit with psychological treatment, but there seemed to be no clear difference between the type of psychological therapies. A good relationship with the clinicians was more important than the type of therapy provided, which supported the findings of the quantitative trial results. Future studies could explore detailed therapist-delivered treatments to better understand the overlaps between psychological therapies and explore the combination of psychological treatment and exercise therapy as an early intervention for people with WAD and PTSD.



N=8, 34%

Supportive therapy + exercise



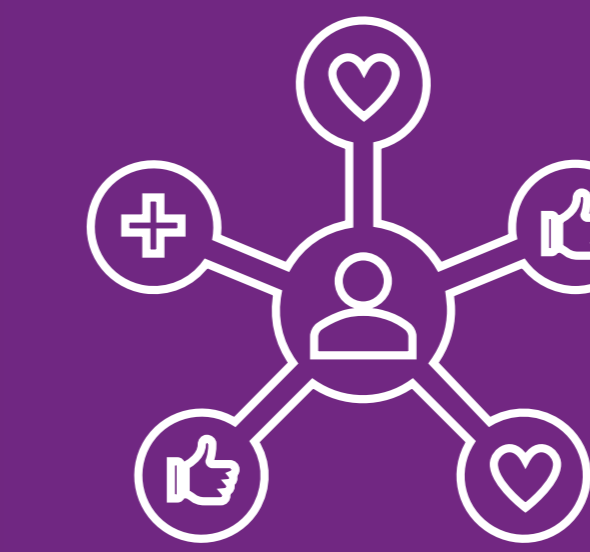
N=15, 66%

Trauma-focused cognitive behavioural therapy + exercise



### A GOOD THERAPEUTIC RELATIONSHIP IS PARAMOUNT FOR THE TREATMENT SUCCESS

Most participants had a good relationship with the trial's clinicians. The good relationship seemed to be directly connected to how well the trial was received. A good relationship meant the clinicians were easy to talk to, open, and non-judgmental. Feeling safe, being believed, and having a trusting relationship were also regarded as key to a good therapeutic relationship.



### PERSONAL AND SOCIAL ASPECTS THAT NEED TO BE TAKEN INTO CONSIDERATION

Social and personal aspects entangled with participants' pain that impacted their perception of treatments. Interestingly, participants from Denmark seemed to be more vocal about social system barriers such as long waiting lists to receive treatment for their pain condition or having to go to a few healthcare providers that were not very effective or did not know the condition very well in the public system.

"In other words, the optimal thing would be for your own doctor to know that there were some options, some package solutions or whatever, rather than having to go to three or four different therapists around you" (P64; Denmark, TF-CBT group)

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