PAIN AND REHABILITATION:

An Interdisciplinary Program with international quality accreditation

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Background and Aims

Given its multicausality, research studies have insisted on the necessity of an interdisciplinary approach to pain. The Pain Unit of Hospital Banco de Seguros del Estado (HBSE) has developed a pain program which meets these requirements. This program was audited by CARF (Commission on Accreditation of Rehabilitation Facilities), achieving its international accreditation in quality. This work emphasizes the methodology of an interdisciplinary clinical approach in pain, which must have clear objectives, goals and indicators for a continuous evaluation of results. The focus of clinical intervention is the person with pain, taking into account their biopsychosocial complexity.

Methods

Qualitative description of the interdisciplinary approach methodology - unique in the country - of the Rehabilitation - Pain Program of HBSE, Montevideo, Uruguay.

Results

- The outpatient HBSE Pain Program is the result of an iterative learning process that culminates with the consolidation of an innovative work methodology.
- There is agreement upon the conceptualization of study object (pain), formation of the interdisciplinary team and its way of functioning.
- Interdisciplinary clinical approach allows the detection of the most relevant clinical problems that are related to the pain symptom.
- Therapeutic strategies are designed in order to best suit the person consulting and the clinical problems detected.
- The objective in acute pain is to prevent its chronification and in chronic pain to improve the quality of life of the person.
- The fundamental objectives of this methodology are: to avoid iatrogenesis, encourage independence and better psycho-physical functioning of the person who consults, and protect the professionals involved in their care.

Care Process

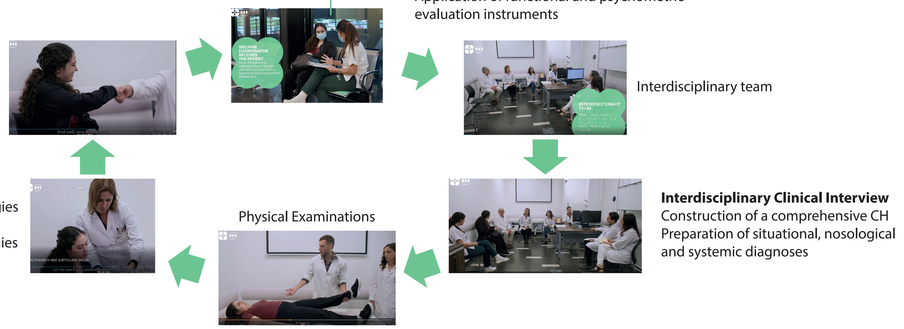


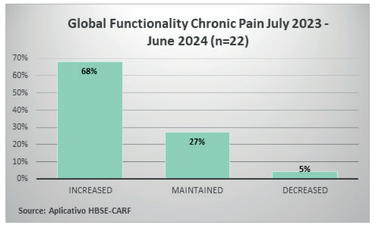
Table 1.A Characteristics of Surveyed Individuals	
AGE	
Mean (SD)	41,29 (11)
GENDER	**n (%)**
Female	67 (23.7%)
Male	211 (75.9%)
Other	1 (0.4%)
EDUCATION LEVEL	**n (%)**
Incomplete Primary	11 (4%)
Complete Primary	72 (26%)
Incomplete Secondary	128 (46%)
Complete Secondary	33 (12%)
Incomplete Tertiary	16 (5%)
Complete Tertiary	19 (7%)
ORIGIN	**n (%)**
Rest of the country	162 (58%)
Montevideo	117 (42%)

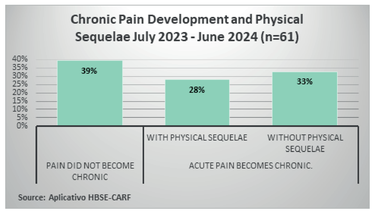
Table 1.B Characteristics of Surveyed Individuals	
SERVICE WHERE THE SURVEY WAS CONDUCTED	**n (%)**
Emergency	28 (10%)
Hospitalization	38 (14%)
Outpatient Clinic	203 (73%)
Rehabilitation	10 (3%)
COMORBIDITIES	**n (%)**
Yes	100 (36%)
No	179 (64%)
Psychiatric Pathology	44 (16%)
Hypertension	36 (13%)
Obesity	23 (8.2%)
Diabetes	21 (7.5%)
Dyslipidemia	13 (4.6%)
SUBSTANCE USE	**n (%)**
Tobacco	108 (39%)
Alcohol	129 (46%)
THC	4 (1.4%)
Cocaine	27 (9.7%)
PBC (Pasta Base Cocaine)	35 (12.5%)
Others	32 (11.4%)

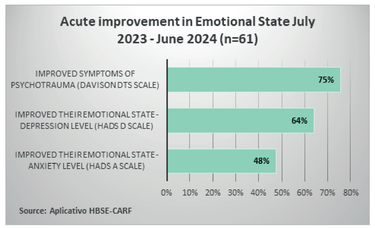
Table 2. Pain. Prevalence and Characteristics	
PRESENCE OF PAIN	**n (%)**
Yes	197 (70%)
No	82 (30%)
EVOLUTION	**n (%)**
Acute	159 (80%)
Chronic	38 (20%)
INTENSITY (VAS)	
Mild	15 (7.6%)
Moderate	158 (80.2%)
Severe	24 (12.2%)

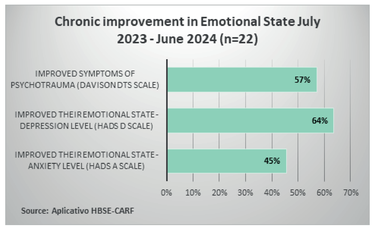
	Acute pain n=159	Chronic pain n=38	p
Impact on daily life			
None	13 (8.2%)	1 (2.6%)	0.14
Mild	27 (17%)	2 (5.3%)	
Moderate	42 (26.4%)	10 (26.3%)	
Quite a bit	42 (26.4%)	16 (42.1%)	
A lot	35 (22%)	9 (23.7%)	
Anxiety	85 (53.5%)	21 (55.3%)	0.84
Depression	44 (27.7%)	15 (39.5%)	0.15
Insomnia	97 (61%)	31 (81.6%)	0.01*

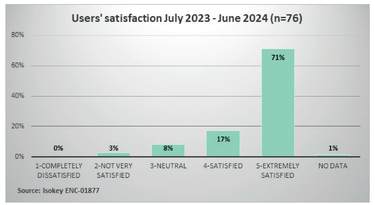
Assessment of results through measurable efficacy indicators.











SEX (n=83)	
FEMALE	26
MALE	57

Conclusions

From our personal experience, an interdisciplinary approach is more suited for chronic pain. The results obtained are close to or reach the goals defined in the program. An adequate patient-team relationship that allows addressing all the medical and psychosocial aspects involved is developed. It becomes possible to address sensitive aspects and topics such as traumatic situations suffered, bereavements, existing psychiatric pathologies, work and/or family conflicts, which are clearly linked to chronic pain both in its genesis and in its perpetuation. It also allows for an adequate selection of people who can benefit from interventional therapeutic procedures. Empowerment of the person who consults is achieved by being included and actively participating in the care process, taking into account cultural aspects and diversity. All of this results in better symptom control and a high level of satisfaction.
Ethical Permissions: This work presentation counts with the approval of the authorities of HBSE.
The investigators declare not having conflicts of interests.

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