Pain management benefits from a collaborative approach

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A collaborative primary care–based intervention for patients with chronic pain may be more effective than usual care. Many improvements are modest but meaningful for patients who are older and have long-standing pain, multiple medical problems, and high rates of disability.

Dobscha and associates monitored 401 patients being treated for musculoskeletal pain with either assisted or usual care. The assisted care program involved physician education about pain and shared decision making; patients were evaluated and monitored closely by a care manager and intervention internist, who worked in concert with the primary care physician. They were encouraged to attend a workshop to learn to participate actively in their own care. The primary outcome was self-reported pain-related disability over 12 months (Roland Morris Disability Questionnaire [RMDQ] score); also measured were depression severity and pain intensity.

Collaboration-assisted care produced better outcomes than standard care, as judged by patients' pain-related disability, depression, and pain intensity scores. At 12 months, a 30% reduction in RMDQ was seen in 22% of intervention patients versus 14% of controls. The authors suggested that the collaborative care model is effective in improving clinical outcomes and adherence to treatment guidelines across a variety of chronic conditions.

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