ADAPT for work related pain

Intensive cognitive-behavioural pain management program

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Background

Recent WorkCover (NSW) data show that with injured workers, the highest RTW outcomes are achieved in the first 12 months of a claim. The success rate in the second year is much lower and it does not improve after that. Yet 42% of active claims in the NSW WorkCover scheme are aged more than 18 months. This represents a major cost with little chance of improvement unless something changes. As about 70% of the long-term claims are identified as 'soft tissue injuries' it appears that RTW in most claims is taking much longer to achieve than would be expected on the basis of the injuries sustained. There is strong evidence that poorly managed pain, passive coping strategies, passive treatments, heightened distress, coupled with work-based issues are significant contributors to ongoing disability and non-RTW in this population.

Reliance on continuing passive treatments (like strong analgesics, manual therapies, and injection therapies) risks reinforcing the patient in a sickness role – waiting for someone to make them 'better'. Continuing with passive ineffective treatments at this stage can appear cheap and reasonable but they may be more expensive than it appears if they contribute to disability and non-RTW.

In terms of functional outcomes, the scientific evidence for these treatments with injured workers reporting persisting pain problems is poor.

On the other hand, for the long-term, disabled and distressed patients with persisting pain there is mounting evidence (see refs. below) that intensive, cognitive-behavioural pain management interventions can achieve significant gains in functional activities, mood, return to work and reduced treatment costs.

Less disabled and distressed patients, especially in the first 6-12 months after injury, normally require less intensive cognitive-behavioural pain management.

References:

Haldorsen et al. Is there a right treatment for a particular patient group? Comparison of ordinary treatment, light multidisciplinary treatment, and extensive multidisciplinary treatment for long-term sick-listed employees with musculoskeletal pain. Pain 2002; 95: 49-63. (RCT)

Guzman et al., British Medical Journal 2001; 322: 1511-1516. (Systematic review of RCTs for back pain)

Marhold, C., Linton, S.J. and Melin, L. A cognitive-behavioral return-to-work program: effects on pain patients with a history of long-term versus short-term sick leave. Pain 2001; 91: 155-163

Morley et al., Pain 1999; 80: 1-11 (Systemtaic review and meta-analysis of RCTs)
Linton SJ, Andersson T. Can chronic disability be prevented? A randomized trial of a cognitive-behavioral intervention and two forms of information for spinal pain patients. Spine 2000; 25: 2825-2831.

Williams, Nicholas et al. Pain 1999; 83:57-65. (Randomised controlled trial)

ADAPT Program – an intensive program (120 hour over 3-weeks)

ADMISSION CRITERIA for injured workers who

- have had pain for more than 3-months;
- have not responded to (evidence-based) medical or surgical treatments (and not suitable for further treatments);
- have not progressed in rehabilitation due to pain;
- have become reliant on medication to cope with their pain;
- have become distressed due to their pain;
- **and** are prepared to try to get on with their lives and return to work despite their continuing pain.

MAIN FEATURES

- A comprehensive multidisciplinary assessment at the PMRC before acceptance
- A pre-admission interview to review each patient's motivation and readiness to accept a self-management approach to pain
- Individually-relevant goals are identified and targeted during & after the program.
- Emphasis on functional (behavioural) goals, but improved confidence and mood are also important goals.
- After 3-weeks attending the hospital, patients work on the program at home/work for 4-weeks then return for review.
- Post-program phase is coordinated with Rehab, Provider/case manager and GP.
- If further psychological sessions required at PMRC, **the first 5 are free.**

Two reports are sent out – (1) Progress report after first 3-weeks, and (2) Discharge report after 7-weeks.

Both reports include recommendations.

Description of program

The ADAPT program entails 3-weeks of daily attendance (9am-5pm each day), on a day-patient basis. No one stays at the hospital. Those from far away may need motel accommodation nearby. The program involves structured exercises, training in pain self-management and coping strategies, medication withdrawal, education for patient and family, sleep management, individual functional goal-setting and cognitive therapy.

ADAPT is conducted by a multidisciplinary staff of a clinical psychologist, physiotherapist, nurse, a pain medicine specialist and a rehabilitation advisor. All staff have extensive experience and training in pain management.

CONTENT OF ADAPT:

- Education about pain (reassurance, hurt ? harm, basic neurophysiology)
- Active role for patient
- Setting achievable, functional goals (negotiated with patient)
- Specification of steps towards those goals (negotiated with patient)
- Goal-related, graduated exercises (aerobic, strengthening, stretch)
- Systematic use of reinforcement (encouragement) for progress towards the goals

- Identify likely obstacles + plan ways of solving them
- Gradual withdrawal from unhelpful medication (under medical/nurse supervision)
- Teach skills for dealing with obstacles (eg. problem-solving, coping strategies)
- Maintenance plan (environmental reinforcement – eg. regular visits to GP - not just crisis times)

Expected Outcomes following ADAPT:

- ADAPT should get patients ready to resume a rehabilitation plan to return to work or retraining (suitable duties).
- little or no regular medication for pain
- more active through the day (no long rest periods)
- more confidence in managing pain
- mood should be more stable and positive
- no ongoing medical/physical treatments for pain relief should be needed
- in some cases (eg. PTSD, marked depression) further individual psychological treatment may be required.

The best outcomes are achieved when:

- The patient keeps practising the ADAPT pain self-management strategies.
- The patient, their doctor, rehabilitation provider, insurer and employer (if there is one) must work in a coordinated way with the ADAPT staff. ADAPT staff liaise with vocational rehabilitation providers and/or coordinators to ensure that the momentum gained by the patient is maintained after ADAPT.

The results show that ADAPT can help injured workers return to work. This is more likely to be achieved with the help of understanding employers and rehabilitation providers who are familiar with pain management principles.

The patient's local doctor also plays an important role in this process by, for example, revising any unfit-for-work certificates, encouraging the patient to continue their use of the pain management strategies taught at ADAPT and minimising medication use.

Further enquiries about ADAPT should be directed to:
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SUMMARY OF ADAPT OUTCOMES

Data based on short and long-term (3-4 years) follow-up of patients who have attended ADAPT

BEFORE ADAPT

- Average length of time in pain: 5.2 years (range: 5 – 430 months)

- Taking medication: 92%
- Depressed: 55%
- Significantly disabled due to pain: 52%
- Working (in some capacity): 30%

AFTER ADAPT

1. Ready for rehabilitation

    - 92% of patients complete the 3-week hospital phase (ie. 40 hours a week)
    - **80% on no medication after ADAPT (much reduced in the rest)**
    - 75% not significantly disabled by pain after ADAPT
    - At long-term follow-up (3-4 years), 71% of patients reported that pain was not precluding their ability to work (versus around only 38% in this category at admission).

    Thus, following ADAPT, 75% show a capacity for at least p/t work, or retraining.
    Three + years later, 70% still say pain is not limiting their ability to work.

2. Depression

    - 70% of patients have normal mood levels by 1-month after ADAPT
    - Most maintain this improvement over the following 3-4 years

3. Pain severity

    - Average pain ratings actually drop slightly, despite less medication and higher activity levels (which indicates that pain doesn't have to stop re-activation)
    - 3-4 years later, average pain levels about the same

4. Working\retraining
    (Comparing patients at follow-up with their work status on admission to ADAPT)

    - Working or retraining (in patients of working age and have worked before injury):
        - Before ADAPT: 30%
        - 6-months after ADAPT: 63%
        - 3-4 years after ADAPT: 66%

Result: 2 out of 3 patients are in some form of work within 6-months after ADAPT, and most are still working in some capacity 3-4 years later.