Pain rehabilitation with language interpreter A Swedish multicenter development project

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Conclusions

MMRI result in improved depression and pain-coping and less fear avoidance
Age or gender had no impact on improvements
Fear-avoidance increase with age

Introduction

Immigrants do more frequently suffer from persistent pain and pain-related comorbidities, than native born. Persons not speaking the domestic language are seldom included in common multi-modal rehabilitation programs (MMR) or studies evaluating common MMR treatment effects. Two Swedish university rehabilitation departments developed MMR with language interpreter here called MMRI for patients who cannot participate in ordinary MMR due to insufficient knowledge of the domestic language and mostly with more comorbidity and more negative health.

Aims

The study aimed to explore if MMRI could affect the participants' experiences of symptoms and quality of life.

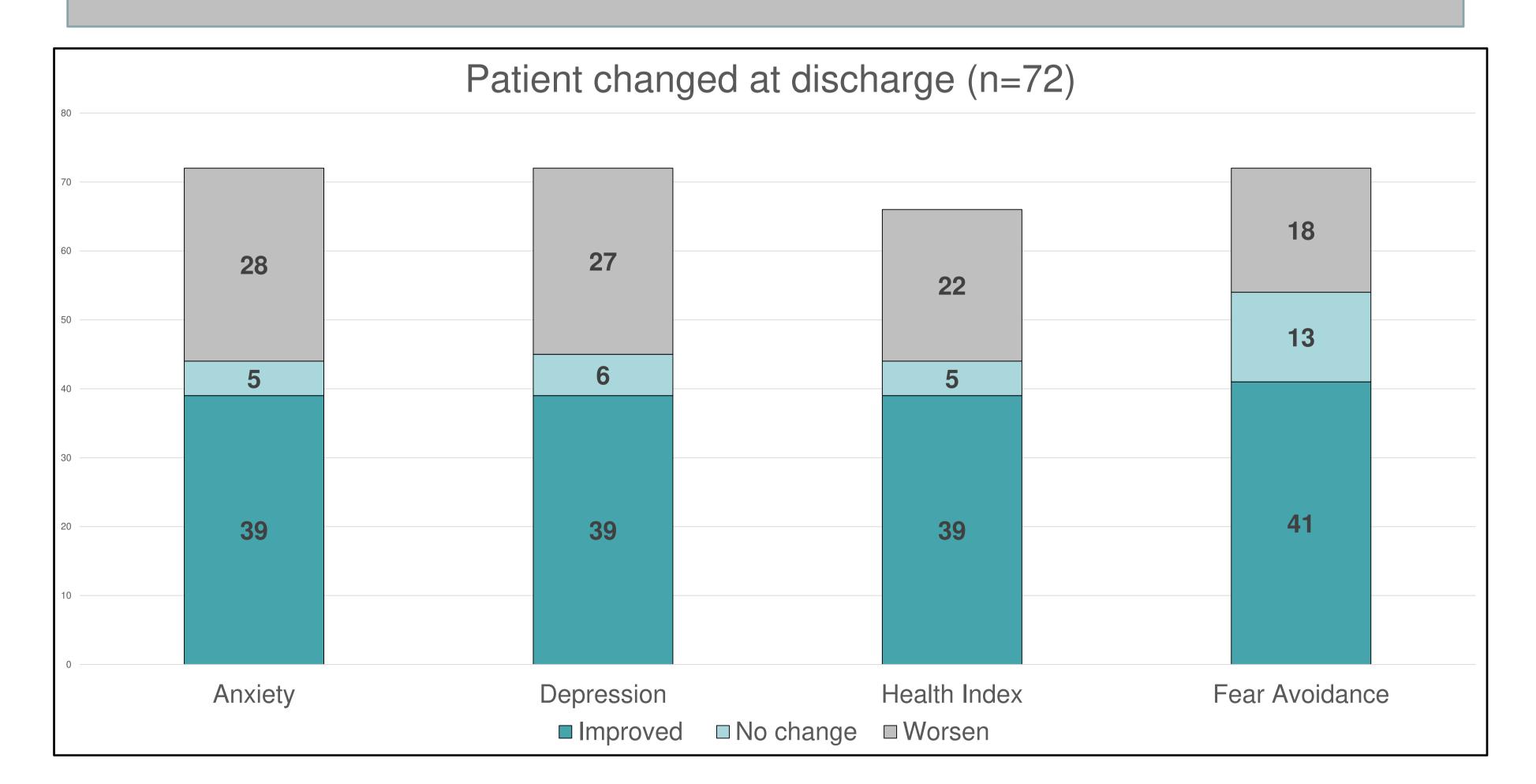
Methods

Data was collected at admission and discharge from MMRI with questionnaires from the Swedish Quality Registry for Pain rehabilitation. The assessments included health related quality of life (EQ5D¹), anxiety and depression (HADS²), and fear of movements (TSK³).

Results

From 2014 to 2018, 72 patients participated in the MMRI. Preliminary results showed improvement in fear avoidance (TSK) (p<0.001), and depression (p=0.016). Anxiety and Health Index (EQ) showed no statistical change. Younger participants (24-41 years) had lower fear avoidance than older (aged 42-51), p=0.021. Patients stated the MMRI had improved their coping of their life situation (72%) and all patients were satisfied with health care team treatment.

Figure 1. Number patients worsen, unchanged and improved.



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Figure 2. Initial Tampa score per tertial age grupps (24-41, 42-51 and 52-64 years)

