

**When
Moving
Hurts**



**Assess
Understand
Take Action**

GLOBAL YEAR AGAINST MUSCULOSKELETAL PAIN

OCTOBER 2009 – OCTOBER 2010

Interdisciplinary Approaches in Management of Musculoskeletal Pain

Introduction

Interdisciplinary care is defined as treatment provided by multiple providers from different disciplines that integrate care as a team, through frequent communication and common goals.

Epidemiology and Economics

- Interdisciplinary approaches demonstrate greater long-term improvement in comparison to no treatment and single-modality methods.
- Interdisciplinary approaches are significantly more cost-effective than implantation of spinal cord stimulators or implantable drug devices, conservative care, and surgery, even for selected patients.
- Interdisciplinary approaches result in varying degrees of pain reduction, ranging from 14% to 60%, with an average of 20% to 30%. These figures are comparable to the conventional medical management of chronic pain with opioids, which yields an average pain reduction of 30%.
- Interdisciplinary approaches result in approximately a 65% increase in physical activity. In contrast, only a 35% increase is reported in patients receiving conventional medical care.
- Return-to-work rates range from 29% to 86%, with a mean of 66%, whereas conventional medical treatments consistently yield lower rates, from 0% to 42%, with a mean rate of 27%.
- Interdisciplinary approaches, compared to unimodal programs or no treatment, yield the following results: return to work, 68% versus 32%; pain reduction, 37% versus 4%; medication reduction, 63% versus 21%; and increases in activity, 53% versus 13%, respectively.

Clinical Features

The biopsychosocial approach views pain and disability as a complex and dynamic interaction among physiological, psychological, and social factors that perpetuates—and may even worsen—the patient's clinical presentation. Psychosocial factors such as abuse, mood disorder, employment disability, poor coping skills, and other psychosocial problems are commonly found in patients with chronic musculoskeletal pain referred to interdisciplinary teams. Chronic pain affects multiple domains of life, and patients with chronic pain therefore require multidimensional assessment and treatment, which is best implemented by an interdisciplinary team.

- Interdisciplinary team approaches are outcomes-focused, coordinated, and goal-oriented.
- Such programs can benefit those “who have impairments associated with pain that impact their activity and participation.” They are designed to measure and improve the function of individuals with pain and encourage them to use health care systems and services appropriately.
- The core team typically comprises a pain management physician, a psychologist, a nurse specialist, a physical and occupational therapist, a vocational counselor, and a pharmacist.

Diagnosis and Treatment

- The initial screening of the patient by a member of the core team determines which members of the team will be needed for a complete assessment of the patient.
- The assessment should include all major outcome domains—pain, physical functioning, and psychological, social, and vocational functioning—using reliable and valid instruments that preferably are sensitive to change.
- After this evaluation, the entire core team develops a comprehensive treatment plan.

- The team tailors the care plan according to the individual needs of the patient, with a focus on achieving measurable treatment goals that are established with the patient.
- Therapeutic goals for patients with musculoskeletal pain are generally multifaceted. Some of the most common goals are to (1) reduce pain, (2) improve function, (3) permit return to work, (4) resolve medication issues, and (5) reduce health care utilization.

References

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