

Self-management intervention for chronic pain in older adults: A randomised controlled trial

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ABSTRACT

This study compared an outpatient pain self-management (PSM) program, using cognitive-behavioural therapy and exercises, with 2 control conditions in 141 chronic pain patients aged > 65 years. Results immediately posttreatment indicated that relative to the Exercise-Attention Control (EAC) group, the PSM group was significantly improved on measures of pain distress, disability, mood, unhelpful pain beliefs, and functional reach. The mean effect size for these gains was 0.52 (range: 0.44–0.68). By 1-month follow-up, relative to the EAC group, the PSM group remained better on most measures. At the 1-month follow-up, relative to a Waiting List (usual care) (WL) group, the PSM group was significantly improved on measures of pain distress, disability, and unhelpful pain beliefs. The mean effect size for these variables was 0.69 (range: 0.56–0.83). Relative to the WL group, the EAC group made no significant gains on any of the measured variables. At 1-month follow-up, the mean proportion of reliably improved cases (across outcome variables) was 41% (range: 16–60%) for the PSM group, twice that of those who met this criterion in the 2 control conditions (and this difference was statistically significant). Similarly, significantly more (44%) of the PSM group (vs 22% and 20% for the control groups) achieved a clinically significant improvement on pain disability. In the short term at least, cognitive-behavioural therapy-based PSM was more effective than exercises and usual care.

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1. Introduction

Blyth et al. report that about 26% of community-dwelling Australians aged over 65 years report having chronic pain, with interference in daily activities due to pain being common [5]. Another community survey [6] revealed that significantly more people aged over 70 years with chronic pain used exclusively passive/avoidant coping strategies (e.g., rest, hot packs) than active strategies (e.g., exercise) and that passive strategies were strongly associated with higher pain-related disability. Although self-management approaches (where the person takes an active role in managing their condition rather than a passive one that is more dependent on others) are increasingly accepted for chronic pain

and other chronic illnesses [7,22,60], there is little evidence of their widespread application in the treatment of older chronic pain patients [27].

The most empirically supported methods for teaching chronic pain self-management are based on cognitive behavioural therapy (CBT) principles that target changes in both cognitions and behaviours [16]. However, most of these studies used people aged < 65 years. To date, only 5 randomised controlled trials of CBT pain management have been reported in the >65-years age group [12,17,18,28,45]. These studies provide some support for the effectiveness of these interventions in this age group, but their limitations (small sample sizes, institutionalized samples, limited pain-site samples, and treatment characteristics) restrict the generalizability of their findings. Surprisingly, the largest study [17] found no significant differences between treatment and control conditions in a retirement community sample. However, as the treatment comprised only 7 90-min weekly sessions by 2 nurses

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