

2016/2017 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on **4 July 2016**

Supervisor Information (First named supervisor will be the contact):

First Supervisor's Name and Title: Prof E Shipton

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Co-Supervisors Name and Title(s): Dr Jessica Mills, Clinical Psychologist, Pain Management Centre, Burwood Hospital

Research Category (Choose one category only – to be used for judging the students' presentations):

Clinical

Project Title (20 words MAXIMUM):

A cross-sectional analysis and benchmarking of clinical assessment data using the electronic Persistent Pain Outcomes Collaboration assessment tools.

Project Description:

Introduction:

Epidemiological studies in Australia have shown that 1 in 5 Australians reported suffering from chronic pain (overall prevalence of 17.1% for males and 20.0% for females). Chronic pain is Australia's third most costly health condition after cardiovascular diseases and musculoskeletal conditions.

Data from the 2006/2007 New Zealand Health Survey showed that 1 in 6 New Zealanders (16.9%) suffered from chronic pain. Key findings of the 2014/2015 New Zealand Health Survey from the Ministry have shown that the prevalence of chronic pain and arthritis (a cause of chronic pain) is increasing: the prevalence of chronic pain has increased from 17% in 2006/2007, to 20% (1 in 5 New Zealanders) in 2014/2015. Similarly, the prevalence of arthritis has increased from 15% to 17% over the same period. In New Zealand, chronic pain has become the third-biggest cause of illness-related disability for New Zealanders.

The prevalence of chronic pain has made it a critical public health problem in Australia and New Zealand. As Sean Mackey, the President of the (American) Academy of Pain Physicians recently commented: "Chronic pain is an astounding societal problem. Tackling this issue is a moral imperative, one that directs the cultural transformation in how we care for people in chronic pain, educate our providers, as well as in how we prevent and research pain."

The electronic Persistent Pain Outcomes Collaboration (or ePPOC) project involves the systematic collection of patient treatment outcomes, using a standard set of data items and assessment tools, by specialist pain services in Australian and New Zealand. This information will inform the development of national benchmarks within the pain sector in order to generate better outcomes for patients experiencing chronic pain through efficient delivery of best practice interventions. ePPOC has gained wide support across the pain sector and 50 services are currently enrolled. Since September 2015, the Pain Management Centre at Burwood Hospital in Christchurch has made use of ePPOC in its patient assessment, the only centre in New Zealand to do so.

Aim:

This study will be a retrospective, cross-sectional analysis on existing clinical assessment data (audit) collected since September 2015. This project will evaluate demographic and psychosocial correlates of chronic (or persistent) pain patients using the systematic collection of patient treatment outcomes according to the electronic Persistent Pain Outcomes Collaboration (or ePPOC), and benchmark the Unit against similar Units in Australia. Through this study, it is hoped that more will be known about impact of chronic pain on the lives of New Zealanders.

Possible impact (in lay terms):

It is expected that the use of validated psychometric testing will enable proper assessment. This, in turn, should inform the clinical management needed for chronic pain patients, and benchmark the Unit against similar Units in Australia.

Method:

Pre-admission data using ePPOC will be collected on a consecutive series of patients presenting for assessment since September 2015 at the Pain Management Centre at Burwood Hospital in Christchurch. This included patient information, health care in the previous 3 months, and present medication use. Other measures used are shown below.

The Brief Pain Inventory (BPI) is a self-administered measure of the sensory and reactive dimensions of pain—that is the severity or intensity of the pain and the level of interference it has on various aspects of life. Interference is divided into activity and affective sub-dimensions. The validity, reliability and sensitivity to change have been investigated for the pain intensity and interference items only. These items have adequate internal consistency, acceptable-excellent test-retest reliability, satisfactory-good construct validity, criterion validity and these items are sensitive to change.

The DASS-21 (Short form of the Depression Anxiety Stress Scale) was designed to determine the extent to which the participant was experiencing the core symptoms of anxiety and depression, as well as stress. The DASS and DASS-21 have been extensively validated in clinical and non-clinical samples.

The Pain Self-Efficacy Questionnaire (PSEQ) is a self-report scale administered to sufferers of chronic pain which assesses their beliefs about their own self-efficacy. The PSEQ, like the PDI, is a well-validated and has been shown to be a likely link in the relationships between chronic pain, depression, and disability

The Pain Catastrophizing Scale (PCS) measures 'catastrophizing' across three categories. These are tendencies: to focus strongly on thoughts about pain ('rumination'); to view oneself as helpless in dealing with pain-inducing situations ('helplessness'); and to over-estimate the potential threat of stimuli that induce pain ('magnification') The Pain Catastrophizing Scale has been widely used and validated.