

**Barriers and Facilitators to Chronic Pain Self-Management: A
Qualitative Study of Primary Care Patients with Comorbid
Musculoskeletal Pain and Depression**

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Bair MJ, Matthias MS, Nyland KA, Huffman MA, Stubbs DL, Kroenke K, Damush TM. Barriers and Facilitators to Chronic Pain Self-Management: A Qualitative Study of Primary Care Patients with Comorbid Musculoskeletal Pain and Depression. *Pain Medicine* 2009;10:1280-90

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Background

- Pain accounts for 20% of all clinic visits
- Analgesics = 12% of all prescriptions (# 2)
- \$100 billion dollars/yr in health care costs
- Excessive surgery (e.g., back pain)
- Leading cause of work loss & disability
- Leading reason for alternative medicine

Self-Management Defined

- The ability to manage the symptoms, treatment, physical and psychosocial consequences and life-style changes inherent in living with a chronic condition

Barlow J, Wright C, Sheasby J, Turner A, Hainsworth J. Self-management approaches for people with chronic conditions: A review. *Patient Educ Couns* 2002;48:177–87.

Self-management for pain

- Damush et al. showed enhancing patient self-management skills decreased pain severity and improve functional status

Damush TM, Weinberger M, Perkins SM, et al. The long-term effects of a self-management program for inner-city primary care patients with acute low back pain. *Arch Intern Med* 2003;163:2632–8.

Self-management for pain

- Newman et al. found “strong evidence” clinical trials that self-management programs are effective for both low back pain and osteoarthritis

Newman S, Steed L, Mulligan K. Self-management interventions for chronic illness. *Lancet* 2004; 364:1523–37.

Pain self-management programs

- Arthritis Self-Management Program
 - Trains both professionals and lay leaders
 - Standardized program for patients with chronic pain

Lorig K, Gonzalez VM, Laurent DD, Morgan L, Laris BA. Arthritis self-management program variations: Three studies. *Arthritis Care Res* 1998; 11:448–54.

Premise of PSMP

- Teach skills that patients can use to better manage their pain on their own and to encourage participation with providers in deciding their treatment plan

Lorig KR, Holman H. Self-management education: History, definition, outcomes, and mechanisms. *Ann Behav Med* 2003;26:1–7.

Potential Challenge

- Patients who have depression—
 - Present in 30% to 50% w/ chronic pain
- May interfere w/ self-management of pain

Bair MJ, Robinson RL, Katon W, Kroenke K. Depression and pain comorbidity: A literature review. *Arch Intern Med* 2003;163:2433–45.

Gap in Literature

- Little research on pain self-management among patients with medical and psychiatric comorbidity
- Challenges patients face, particularly when pain is accompanied by depression?

Study Objective

- **To identify barriers and facilitators to self-management of chronic musculoskeletal pain among patients with comorbid pain and depression**

Study Design

- A qualitative study of focus groups

Participants (N = 18)

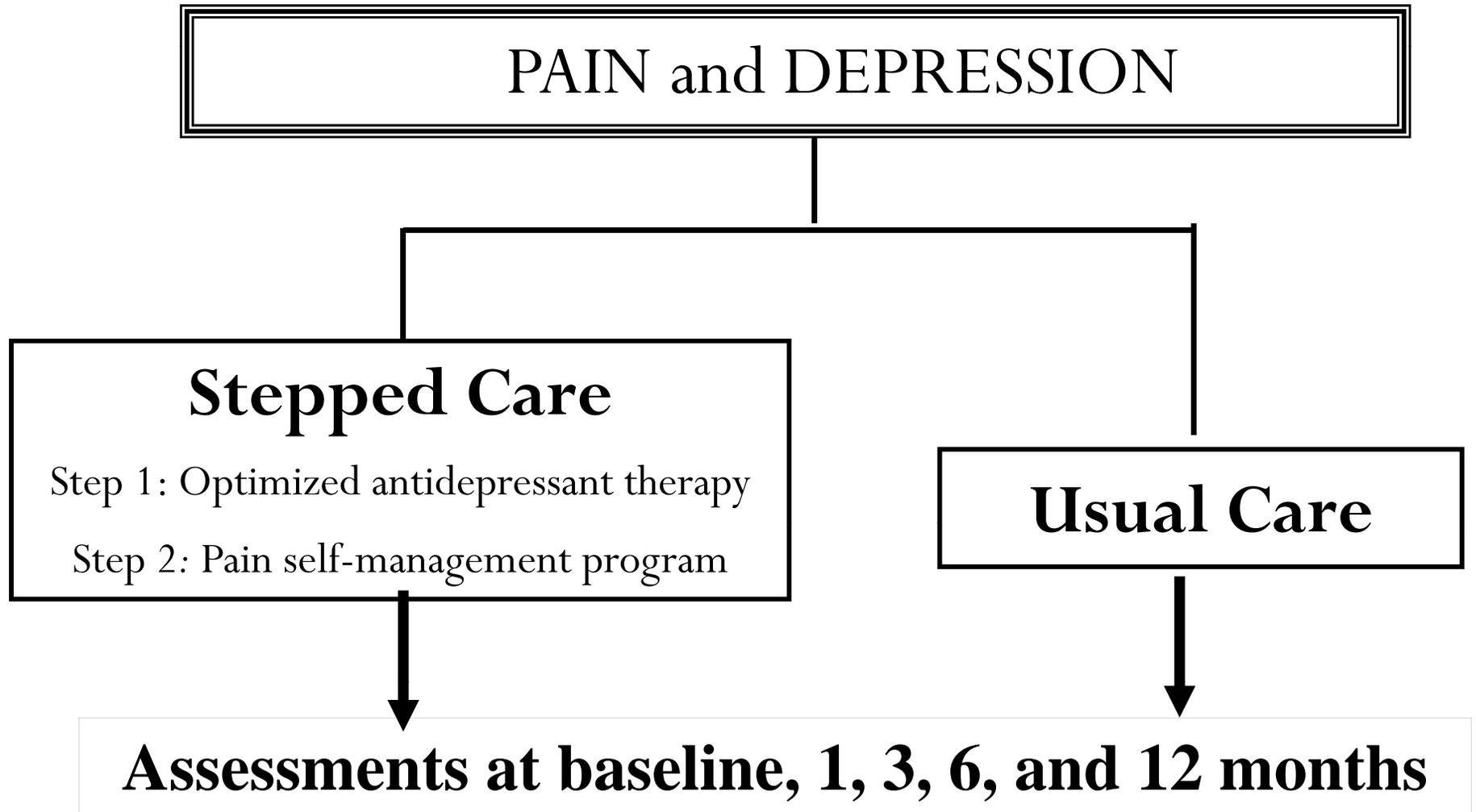
- Recruited after participation in a clinical trial

Stepped Care for Affective Disorders and Musculoskeletal Pain (SCAMP)

- **To determine if a stepped-care approach improves:**
 - **Both pain and depression outcomes**
 - **In primary care patients**

Kroenke K, Bair M, Damush T, et al. Care for Affective Disorders and Musculoskeletal Pain (SCAMP) study: Design and practical implications of an intervention for comorbid pain and depression. *Gen Hosp Psychiatry* 2007;29:506–17

SCAMP Trial Design



Pain Self-Management Program (6 sessions over 12 weeks)

- Education – pain; vocabulary; red flags;
- Identifying / modifying fears and beliefs
- Goal-setting and problem-solving
- Exercise – strengthening; aerobic; etc.
- Relaxation; deep-breathing;
- Handling pain flare-ups
- Working with clinicians and employers

SCAMP Study Findings

- **Substantial improvements in depression severity, response, and remission rates**
- **Moderate benefits in pain severity and disability**

Kroenke K, **Bair MJ**, Damush TM, Wu J, Hoke S, Sutherland JM, Tu W. Optimized Antidepressant Therapy and Pain Self-Management in Primary Care Patients with Musculoskeletal Pain and Depression: A Randomized Controlled Trial. *JAMA* 2009;301:2099-2110

Rationale

- To complement the quantitative data from SCAMP
- Help explain reasons underlying the intervention effect
- Why particular aspects may have worked and did not work

Focus Group Protocol

- Stratified by gender and clinic site (VA vs University)
- 3 to 6 patients participated
- Experienced moderator
- Semi-structured questions

Data collection

- Same moderator facilitated all four focus groups
- 2 note-takers
- Sessions were both audio- and video-recorded
- Audio-tapes were professionally transcribed
- Sessions were 2 hours
- Moderator and note-takers met to discuss overall impressions

Data analysis

- 1st read of transcripts independently
 - Created a preliminary list of salient quotes
- Preliminary list of themes
- Development of agreed upon code list
- MAX.QDA 2007 software

Participant Recruitment

- All patients who completed the 12-month SCAMP trial intervention were eligible
- Close-out survey, participants were asked if they were interested
- Participants received \$40 for their time and travel expenses

Setting

- **Veteran Affairs (VA) and University primary care clinics**

Participants

- 11 from University, 7 from VA
- Age 27 to 84 years old ($M = 54.8$)
- 61% women
- 72% white and 22% black

Participants

- 101 patient completed the 12-month trial
- 52 randomly contacted
- 18 refused and 14 could not be scheduled or were no-shows
- All 18 participants had completed the self-management program

Broad themes

- 12 unique barriers
- 10 unique facilitators
- Self-management practices used by participants

Barriers to pain self-management

Pain is disabling and interferes with self-management

- “A lot of those things I love to do, but I can’t do. Like, I love to walk. I use to walk every evening; and, now, I’m like, it takes me forever to go down three blocks and back.”

Patients fear they will hurt more with exercise and physical activity

- “There have been times I have been in pain, and I don’t want to exercise. I don’t want to end up hurting myself.”

PCPs prescribe medications as the only modality to relieve pain

- “My doctor just wants to push prescription after prescription, and I didn’t want to hide the pain, I wanted to fix it. So, you know, the different techniques, like the relaxation exercise, working, and gardening, anything . . . I didn’t want to take a whole bunch of medicine”

Depression and Stress Negatively Affect Self-Management

- “Well, I mean, when you are depressed, you just don’t want to do nothing. You just want to . . . I just want to lay there and just wallow in my pity.”
- “And down in the hole was where you were focusing on how bad you hurt, and it felt like you were the only one with pain.”

Other barriers

- Some strategies don't work or are not tailored
- Lack of social support
- Not having the time
- Lack of self-discipline
- Limited financial resources

Facilitators to pain self-management

Relief of depression symptoms helped patients with pain self-management

- “The depression went away and I was able to do more.”
- “Okay, so once you got out of the depression, you were able to, start to think about strategies to help your pain.”

Having the Support of Others

- “It makes a world of difference . . .
Nothing works better than support.”
- “she (nurse care manager) can get me
back on track” and provide “positive
reinforcement.”

Other facilitators

- Social comparison
- Being a proactive patient
- Positive thinking
- Having different options for self-management

Discussion

- Identified patient perceived barriers and facilitators to pain self-management
- Barriers:
 - Disabling effects of pain
 - How PCPs use medications as the sole modality for pain
 - Negative effects of depression and stress
 - Fear that exercise and activity exacerbates pain
 - Lack of efficacy of some self-management practices
 - Lack of social support

Discussion

- Facilitators
 - Treatment and relief of depression symptoms,
 - Having support
 - Comparing one's pain with that of others
 - Being a proactive patient, having a
 - Positive attitude and using positive thinking/affirmations
 - Having a menu of options

Limitations

- Possible we did not capture possible perspectives on what makes self-management more or less difficult
- Possibility of self-selection bias

Implications

- Identifying barriers and “needs” is helpful in the development and implementation of successful self-management programs for patients with chronic illness (Glasgow)
- Providers should be aware of what interferes with or helps patients engage in these activities
- Effective treatment of depression should be a goal to optimize outcomes from self-management interventions
- Interventions need to be developed to equip providers with brief, yet tailored self-management tips

Implications

- Modifications that better address barriers and facilitators may be needed
- Cross-cutting relevance of patient self-management

Chodosh J, Morton SC, Mojica W, et al. Metaanalysis: Chronic disease self-management programs for older adults. *Ann Intern Med* 2005;143:427–38

Conclusions

- Future studies should consider ways to capitalize on the facilitators identified while at the same time addressing the barriers to pain self-management

Thank you

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