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Multimodal Rehabilitation of Patients with Chronic Pain Focusing on Primary Care

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Abstract

Chronic pain is a complex condition that has consequences for individual people and for society. The individual often experiences impact on function, activity and participation. Society is affected by high healthcare and sick leave costs and a loss of workforce. Multimodal rehabilitation programmes (MMRP) have mainly been provided in specialist care but are now also available in primary care. The overall aim of this thesis was to evaluate the effects of MMRP in patients with chronic musculoskeletal pain and to explore patients' and healthcare professionals' experiences of MMRP.

Study I: Aim: To evaluate the effects of an interdisciplinary team assessment and MMRP for patients with chronic pain in a specialist care setting. *Design:* Longitudinal cohort study. *Method:* Pain intensity, pain dimensions, anxiety and depression were measured at assessment and at the start and end of MMRP. A total of 93 women were evaluated. *Result:* Pain and pain-related measures were significantly improved both after the interdisciplinary assessment and after MMRP.

Study II: Aim: To explore healthcare professionals' experiences of MMRP in primary care. *Design:* Individual interviews, analysed with qualitative content analysis. *Method:* Fourteen healthcare professionals (11 women, 3 men) were interviewed about their work with MMRP. *Result:* Healthcare professionals considered that MMRP was useful but also challenging. It was difficult to select appropriate patients, and healthcare professionals felt they were torn between following healthcare legislation and the goals of MMRP. They had to decide what constitutes good results.

Study III: Aim: To explore patients' experiences of participating in MMRP in primary care. *Design:* Individual interviews, analysed with qualitative content analysis. *Method:* Twelve former patients (7 women and 5 men) were interviewed about their experiences of MMRP. *Result:* Patients experienced a complex, ongoing process of accepting chronic pain. Obtaining redress, learning about chronic pain, and experiencing fellowship with others with the same condition contributed to the acceptance process.

Study IV: Aim: To evaluate the effects of MMRP in primary care at one-year follow-up for all patients together and for men and women separately, and to identify predictive factors for being employable at follow-up. *Design:* Prospective longitudinal cohort study. *Method:* Pain, physical and emotional functioning, coping, health-related quality of life, work-related factors, sick leave extent and sickness compensation were evaluated prior to and one year after MMRP in 234 patients, 34 men and 200 women. *Result:* All patients improved significantly in most measures, and the effect was larger in women. Sick leave decreased while no significant difference was found for sickness compensation. Patients' self-reported rating of current work ability before MMRP was associated with being employable at follow-up.

Conclusions: MMRP seems to be effective for patients with chronic pain, both in specialist care and in primary care. MMRP was more effective for women than for men. An interdisciplinary team assessment could also be beneficial for decreasing pain and pain-related measures. Patients in primary care experienced a complex, ongoing process of accepting chronic pain. Healthcare professionals had to deal with conflicting emotions with regard to different commitments from healthcare legislation and the goals of MMRP.

Keywords

Chronic pain, multimodal rehabilitation, primary care, specialist care, assessment

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