

SOUTHWESTERN NEWS

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TEAM APPROACH HELPS CHRONIC-PAIN PATIENTS FARE BETTER, RETURN TO WORK SOONER, UT SOUTHWESTERN STUDY FINDS

DALLAS – Nov. 27, 2001 – Patients afflicted by chronic pain fare better and return to work sooner when they are treated by a pain-management team rather than by specialists in multiple settings or when they fail to complete treatment, according to a study at the Eugene McDermott Center for Pain Management at UT Southwestern Medical Center at Dallas.

The follow-up study of 201 patients – 127 completed treatment while 74 did not – showed that those who completed the interdisciplinary treatment program returned to work, decreased their usage of pain-relieving drugs, required medical attention less often and exhibited improved physical and psychosocial functioning at a higher rate than those who dropped out.

Dr. Robert Gatchel, professor of psychology, said the study indicated in its first phase of 65 patients that “carving-out” services – a practice dictated by insurance companies in which patients are required to divide their care among various contracted facilities – was far less effective than the pain-management team approach.

Fifteen of the 65 patients were sent elsewhere for the physical-therapy part of their treatment. This group exhibited poorer physical functioning than those whose physical therapy was part of the overall McDermott Center care delivery, Gatchel said. In addition, the study showed that those in the carve-out group were less likely to return to work at the same rate – as quickly – as patients who received their entire pain-management care by physicians, nurses, psychologists and physical therapists at the McDermott Center.

“Researchers have known for a long time that a closely coordinated in-house team of specialists working together for the treatment of chronic pain is the most effective approach to pain management. Now the McDermott Center study adds important findings to the growing body of evidence endorsing the single-clinic approach,” said Gatchel, holder of the Elizabeth H. Penn Professorship in Clinical Psychology.

“The study also provides proof that carve-out requirements dispersing patients for

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treatment at multiple locations are not only detrimental to the patient, but also are inefficient and ultimately less economical.”

The study of the 201 patients underscored the importance of patients’ completing their treatment regimes. One year after treatment ended, 50 percent of patients who had completed the multidisciplinary team care returned to work; 15.6 percent were not working due to the original injury or pain; and 34.4 percent were not working for other reasons. In contrast, only 38 percent of the patients who had dropped out of treatment were working; 36.6 percent had not returned to work because of the original injury or pain; and 25.4 percent were not working due to other reasons.

The study also showed treatment dropouts were almost twice as likely to be taking narcotic pain medications as patients who completed treatment. The dropout group visited health-care professionals an average of 19.28 times in the year after treatment ended, while patients completing treatment averaged only 8.73 health-care visits.

Dr. Heather Robbins, who was a graduate student in clinical psychology at the time she worked with Gatchel on the study, took the lead on the research as part of her doctoral dissertation. Robbins has since become a fellow in the McDermott Center and is continuing to look at results from this pain population. Other UT Southwestern faculty members involved in the research included Drs. Carl Noe, director of the McDermott Center; Dr. Noor Gajraj, assistant professor of anesthesiology and pain management; Dr. Martin Deschner, assistant professor of psychiatry; and Dr. Peter Polatin, clinical assistant professor of psychiatry.

The results of the study were presented at the World Institute of Pain meeting in Budapest in September. The study was supported in part by a grant from the Sid Richardson Foundation of Fort Worth and the National Institutes of Health.

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