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Analysing Individuals' Failure to Engage with a Multidisciplinary Pain Clinic Programme

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## **Acknowledgments**

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I dedicate this paper to my dear father, Slave Catalovski. I miss you more and more with each day that passes – wish you were here.

## **Abstract**

### **Scope**

The effectiveness of multidisciplinary pain clinics (MPC) in the treatment of chronic pain is quite impressive and well established. However, despite their demonstrated effectiveness in the rehabilitation of individuals with chronic pain, MPC are under-utilised by patients, with a significant portion of individuals failing to engage in such programs. Little is known about the factors influencing patients' failure to engage in MPC programmes. As such, an investigation of factors determining failure to engage in MPC treatment is required for the Australian chronic pain population.

### **Purpose**

The identification of those factors influencing engagement and failure to engage in multidisciplinary pain clinic programmes is warranted for the purpose of improving or increasing retention and access to effective chronic pain interventions, and subsequently minimise the impact of pain on the quality of life for chronic pain sufferers.

### **Methods**

One hundred and eighty-five participants from the Hunter New England Area Health Service catchment area attended HIPS for initial assessment and were recommended to participate in further programmes between 2007 and 2010. The study utilised a method triangulation approach, including two components. Firstly, a quantitative component utilising data routinely collected by HIPS (questionnaire data) in order to identify predictor variables for engagement and failure to engage in treatment. Secondly, a qualitative component, utilising interpretative phenomenological analysis aims to obtain a deeper understanding of engagement and failure to engage in MPC.

## **Results**

The binomial logistic regression analysis revealed a significant association between engagement and health care utilisation (OR= 1.087, 95% CI: 1.010 - 1.150,  $P = 0.024$ ).

Qualitative analysis of the data highlighted the emergence of three superordinate themes:

‘managing the pain’, ‘emotional responses to the pain’ and, ‘control, confidence and coping’.

## **Conclusions**

Health care utilisation is a predictor of failure to engage in MPC, with those individuals who access health care services more frequently being those who are more likely to engage in MPC. These findings are important for the purpose of improving or increasing retention and access to effective chronic pain interventions. The findings indicate the need for early identification of patients who are not likely to engage in MPC, being those individuals who access health care services less frequently. This particular patient group may benefit from targeted information from their primary health care provider (at the time of referral) to potentially increase the likelihood of engagement in MPC, which may potentially minimise the impact of pain on the quality of life for chronic pain sufferers

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