



Internet delivered transdiagnostic treatment with telephone support for pain patients with emotional comorbidity: a replicated single case study



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A B S T R A C T

In pain patients, comorbid emotional problems have been linked to negative outcomes, including suboptimal treatment gains. Developing parsimonious and accessible treatment options is therefore important. The overarching aim of this study was to test an internet delivered therapist guided transdiagnostic treatment with telephone support. An adapted version of the Unified Protocol for Transdiagnostic Treatments of Emotional Disorders was used as an intervention for pain patients with residual pain problems and comorbid emotional problems after having received a multimodal pain rehabilitation. The study used a replicated AB single case experimental design ($N = 5$; 3 females). Outcome measures were depressive and general anxiety symptoms, pain intensity, pain coping problems, and diagnostic status. Feasibility measures (completion and compliance) and patient satisfaction were also assessed. Scores on Nonoverlap of All Pairs (NAP) indicate a decrease of anxiety for three participants and a decrease of depression for four participants. Decreases were small and did not always reach statistical significance. Also, Tau-U scores could only confirm a reliable trend for one participant. Two out of four patients who were diagnosed with psychiatric disorders before treatment did no longer fulfill diagnostic criteria posttreatment. No improvements could be seen on pain problems. The treatment was feasible and patient satisfaction was high. Hence, while an internet delivered transdiagnostic treatment with telephone support may be a feasible and accepted secondary intervention for pain patients with comorbid emotional problems, the effects are unclear. The gap between high patient satisfaction and small changes in symptomatology should be explored further.

1. Introduction

In pain patients, comorbid emotional problems have been linked to various negative pain-related outcomes, including suboptimal treatment gains (Wurm et al., 2016). Therefore, developing parsimonious and accessible treatment options for individuals with these comorbidities is essential. This study explores the benefits of a guided internet delivered transdiagnostic treatment with telephone support for pain patients with comorbid emotional problems.

People's experience of pain inevitably includes an emotional reaction, which influences how pain is appraised and handled. Individuals with chronic pain are more likely to have emotional problems than individuals without pain, both in clinical and non-clinical samples (Castro et al., 2009; Demyttenaere et al., 2007). Emotional comorbidity has been related to negative pain-related consequences, such as higher pain intensity and functional disability (Bair et al., 2013; Lerman et al.,

2015) as well as less pain reduction, lower return to work, and higher levels of pain-related disability following multimodal pain treatment (Michaelson et al., 2004; Vowles et al., 2004; Wurm et al., 2016). Also, comorbid emotional problems in pain patients have been found to remain at clinically high levels following multimodal rehabilitation (Wurm et al., 2016). Thus, while multimodal treatment is the treatment of choice for debilitating chronic pain (SBU, 2010), it is important to explore ways of improving treatment effects for pain patients with emotional comorbidities.

One way of improving results may be to focus on underlying and maintaining factors occurring across diagnoses, that is, transdiagnostic factors. For comorbid pain and emotional problems, suggested factors are anxiety sensitivity, threat focused cognitions, and avoidance (Asmundson and Katz, 2009). Transdiagnostic treatments focus on these factors in a general rather than a diagnose-specific way and can therefore simultaneously target multiple diagnostic areas in or across

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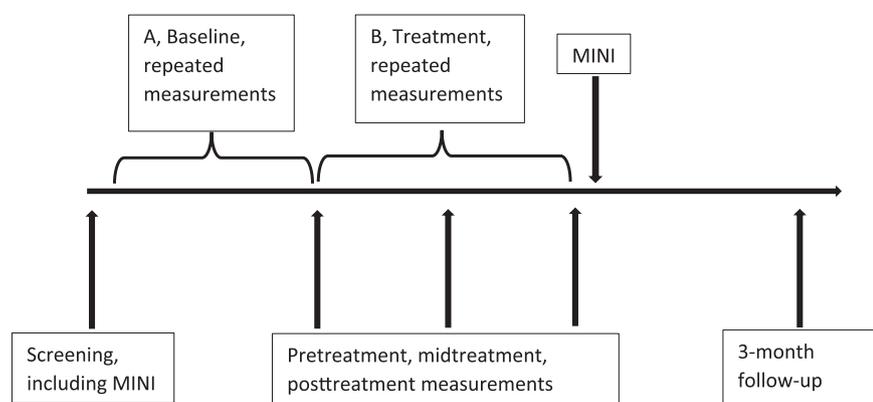


Fig. 1. Flowchart of measurements.

individuals (Harvey, 2004). Hence, a transdiagnostic treatment is promising for our target group, which includes pain patients with heterogeneous anxious and depressive symptomatology.

One promising emotion focused transdiagnostic intervention is the Unified Protocol for Transdiagnostic Treatments of Emotional Disorders (UP, Barlow et al., 2010). It focuses on emotional awareness and exposure to emotional experiences and has been found effective in the treatment of depression and anxiety disorders (Bullis et al., 2014). It has also shown promise in addressing comorbid chronic pain problems in youth (Allen et al., 2012). Treatment studies using the UP found decreased functional impairment, anxiety, and depressive symptoms (Farchione et al., 2012) as well as decreased anxiety sensitivity and fear of emotions, and increased emotional awareness and acceptance (Sauer-Zavala et al., 2012). However, to our knowledge, no study has investigated the effectiveness of the UP in adult chronic pain patients. Given the shared mechanisms between chronic pain and emotional disorders, combined with high levels of comorbidity, this approach is promising when attempting to address key factors and may provide a parsimonious additional treatment approach for this complex patient group.

A prerequisite for a clinically useful treatment is that it matches patients' needs. One important aspect is accessibility, which advocates internet based treatments (Andersson, 2016). A great advantage of internet based treatments is that they are accessible from the patient's home at times that suit the patient. Internet based treatments are available to those who live far from clinics and may provide additional advantages for the unique needs of pain patients who commonly have problems with function and concentration.

Indeed, studies suggest that internet-delivered CBT treatments may be effective in relieving symptoms of depression, anxiety, and persistent pain (for reviews, see: Andrews et al., 2010; Buhrman et al., 2016). Also, a few studies that used internet delivered treatments for pain patients with comorbid emotional problems showed positive effects (Buhrman et al., 2015; Dear et al., 2015). However, while a transdiagnostic internet delivered treatment for individuals with varying mood and anxiety disorders has been investigated with positive results (Titov et al., 2011), no studies have as yet tested an internet based transdiagnostic approach for chronic pain and comorbid emotional problems.

One important aspect of internet delivered treatment is the role of therapist support. Generally, therapist support is beneficial for outcome (Baumeister et al., 2014). Also, internet-delivered research with pain patients including telephone support have shown comparably good results (Dear et al., 2015). Telephone support may have several important benefits, such as providing additional positive reinforcement, and ascertaining that participants read materials and understand treatment content. Given the complex and debilitating nature of chronic pain and comorbid anxiety and depression, it is likely that telephone support is of particular importance in this patient group. Taken

together, research indicates a potential for internet delivered, transdiagnostic CBT based treatments with telephone support for pain patients with comorbid emotional problems.

The purpose of the current study was therefore to investigate the effect of an internet-delivered adapted version of the UP with systematic telephone support. Since multimodal rehabilitation is the treatment of choice for debilitating pain we chose to focus on testing this treatment option as a secondary intervention for pain rehabilitation patients with residual pain problems and comorbid emotional problems after rehabilitation. Since this is a new target group and mode of delivery for the UP, we used a single case experimental design and focused on changes in general anxiety, depressive symptoms, and pain problems as well as treatment feasibility and patient satisfaction. Effects on diagnostic status were also assessed.

2. Method

2.1. Design

Fig. 1 shows a flow chart of the design of this study. A single case experimental design (SCED), replicated across 5 participants was used. Repeated measurements were taken during baseline (phase A) when no treatment was provided and continued during the treatment phase (phase B). To establish the internal validity of a SCED, scores during treatment are compared to scores during baseline, which serve as a control (Kazdin, 2011). The baseline needs to contain at least three, but preferably more, measurements to detect a trend and to reach stability. Since pain patients are a heterogeneous group, a SCED is especially useful as it enables visualizing variability in individual participants (Barlow et al., 2009). Replicating a single case design across more than one participant is done to strengthen the external validity of effects (Barlow et al., 2009).

2.2. Procedure and participants

2.2.1. Procedure

Three pain clinics and five primary care centers in central Sweden sent letters containing an ad for the study to former rehabilitation patients ($N = 600$). The ad was also published online on the universities' homepage. No reward was offered for taking part in the study. Potential participants who declared interest via e-mail or mail ($N = 53$) were given access to a secure internet platform to provide demographic information and fill in screening measurements. Of these, 12 withdrew interest or did not fill in screening measurements. The others ($N = 41$) received a telephone call after screening to follow up on inclusion and exclusion criteria and to provide further information about the study. Inclusion criteria were: a) chronic pain problems (≥ 3 months duration and an average of ≥ 5 on the Örebro Musculoskeletal Pain Screening

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