The prevalence of reported traumatic events expressed by patients in an initial joint interdisciplinary pain assessment. An audit from an Australian multidisciplinary pain clinic.

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Think Different +Do Different = Feel Different

Introduction

Studies have shown that up to 35% of people with chronic pain also have Post Traumatic Stress Disorder (PTSD) compared to 4.4 % of the general population (Kessler, Chui, Demler, Merikangas & Walters 2005: Creamer, Burgess, & McFarlane 2001).

Understanding the prevalence of trauma experiences of pain patients can inform patient care and education. Up to 57% of Australians will experience traumatic events in their life time and the likelihood of PTSD after sexual assault is over 50% (Rosenman 2002).

When compared to the general population, people with chronic pain tend to have at least double the rates of trauma in their past (Elliott, Mok, & Briere, 2004).

The common perception with health professionals working at the Monash Health Pain Service is that patients appear to have experienced much higher rates of traumatic life events than other members of the general population based on experiences raised through the course of treatment.

Aims of the Study:

1. To determine the prevalence of trauma events mentioned by patients at an initial inter-disciplinary pain assessment at the Monash Pain Clinic.
2. Determine when the trauma took place, ie childhood, adolescent, adulthood, recent.
3. To determine how often a formal diagnosis of PTSD been noted in the file
4. To explore the nature of the traumatic event.

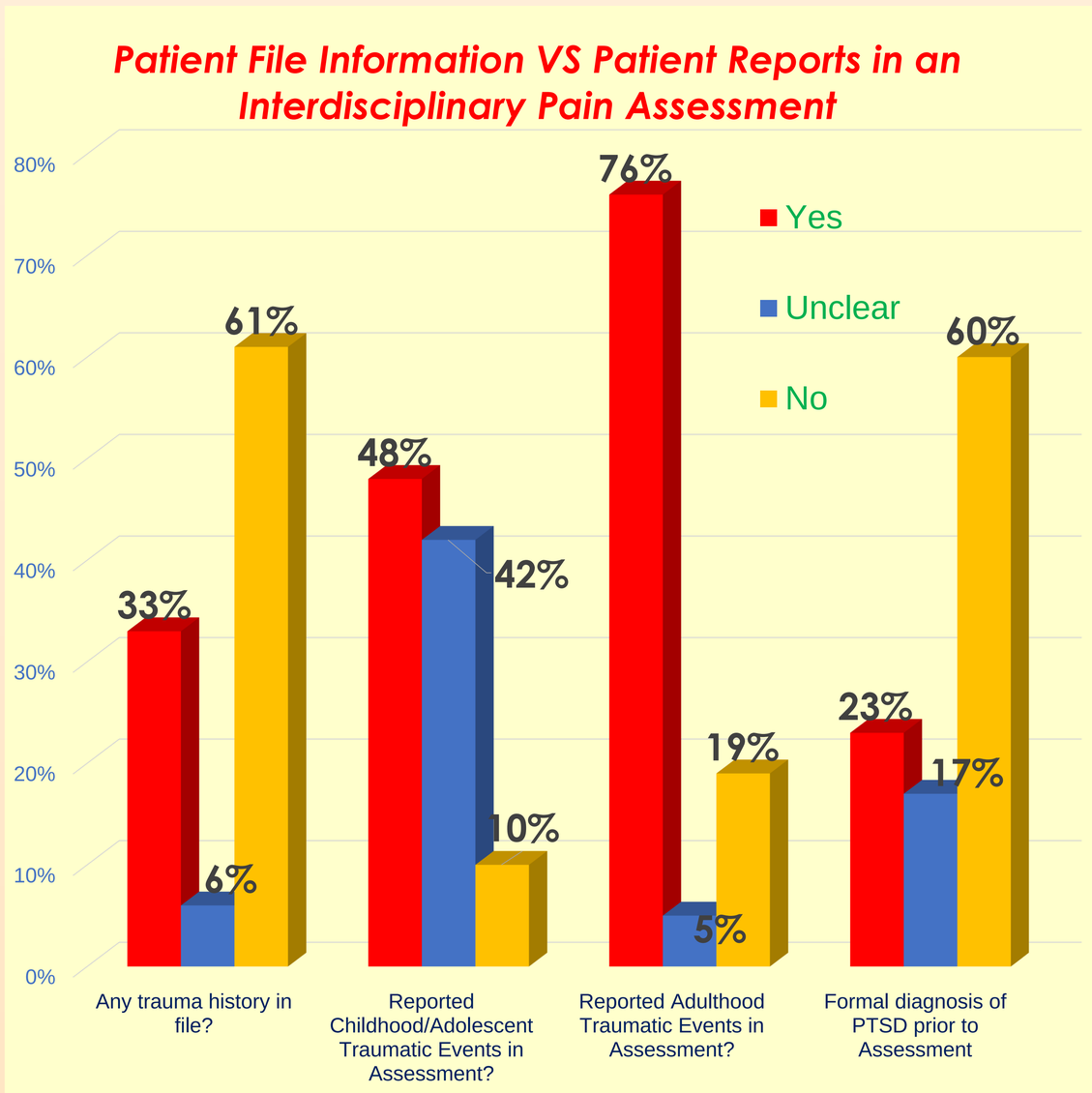
Method

A traumatic events audit was completed by staff involved in an initial joint interdisciplinary pain assessment for 82 patients (56 female and 26 male) seen over four month period at the Monash Health Specialist Pain Clinic in Victoria, Australia.

The audit tool was designed to document if patients mentioned any specific traumatic life events during the course of assessment and **NOT** to probe for information. In other words the audit did not direct the assessment process, it was a quantitative means of documenting if traumatic events were raised.

The audit also recorded if a formal diagnosis of PTSD had been given or if a trauma history was mentioned in their file.

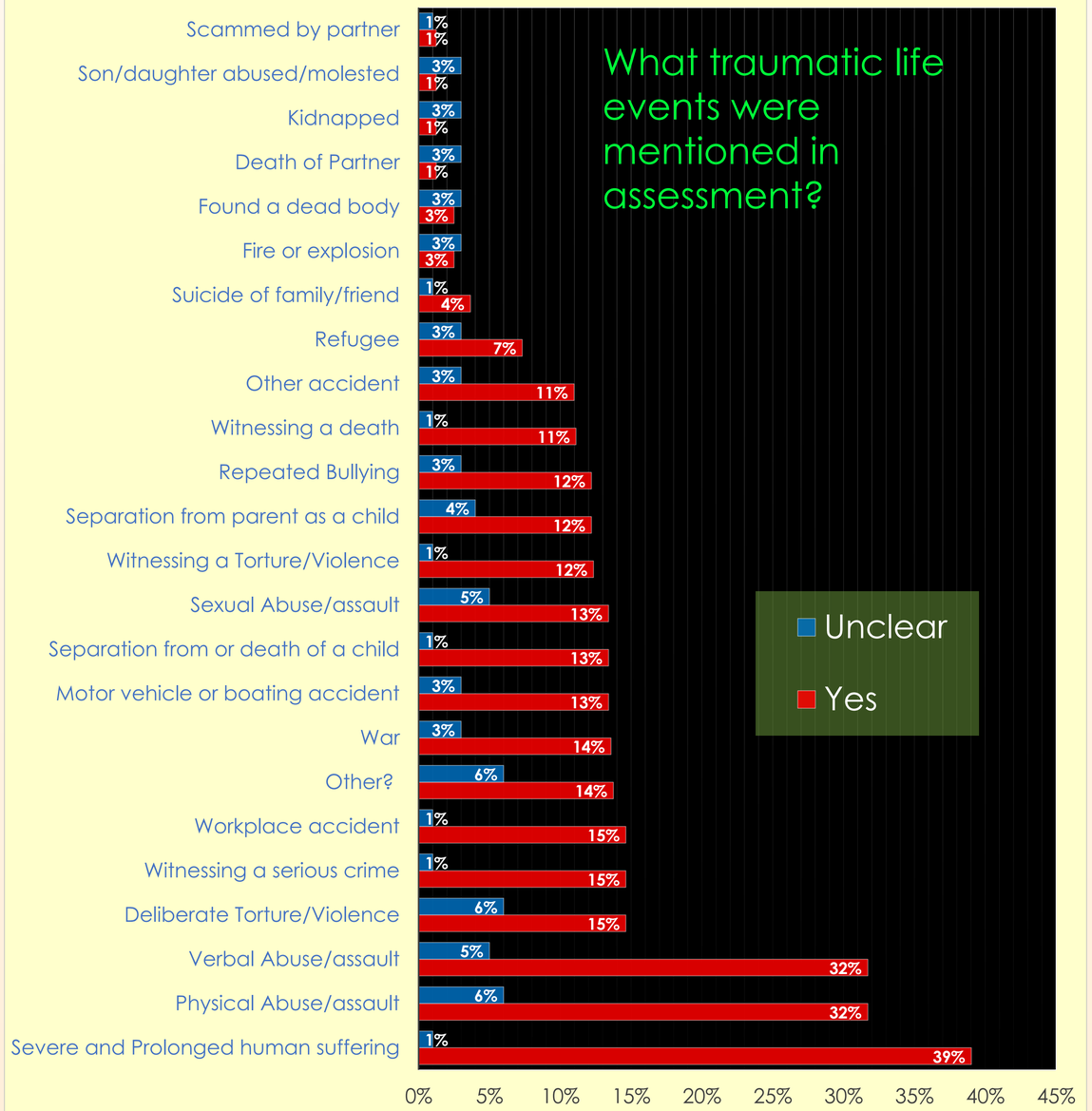
Results



The results highlighted high levels of trauma both in childhood/adolescence and particularly in adulthood (76%). This is in contrast to general population studies that consistently find approximately 60% of people reporting traumatic life experiences (Creamer et al, 2001). It should also be remembered that those studies have specifically asked people about their experiences whereas this audit merely documented what was raised in assessment by patients.

Many of these experiences were not reflected in the file or referral information.

In many cases a formal diagnosis of PTSD had not been made despite signs and symptoms consistent with the disorder.



The type of traumatic events raised varied considerably. The most commonly reported traumatic event raised in assessment was severe and prolonged human suffering (39%) followed by verbal abuse/assault and physical abuse/assault (32% respectively). Gender did not appear to predict whether a patient disclosed traumatic events: however there did appear to be differences in the types of trauma they discussed as displayed in the table below:

Type of Traumatic event mentioned N=82	Yes	Unclear	Female	Male	General population (Rosenman study)
Medical (eg, paralysis, psychosis)	42.68%	1.22%	80.0%	20%	
Severe and Prolonged human suffering	39.02%	1.22%	66.7%	33.3%	
Physical Abuse/assault	31.71%	6.10%	73.1%	26.9	10.6%
Verbal Abuse/assault	31.71%	4.88%	73.1%	26.9	
Deliberate Torture/Violence	14.63%	6.10%	50.0%	50.0%	12.0%
Witnessing a serious crime	14.63%	1.22%	41.7%	58.3%	
Workplace accident	14.63%	1.22%	38.5%	61.5%	
Other?	13.75%	6.25%	72.7%	27.3%	
War	13.58%	2.47%	16.7%	83.3%	3.2%
Motor vehicle or boating accident	13.41%	2.50%	72.1%	27.3%	20.7%
Separation from or death of a child	13.41%	1.22%	81.8%	18.2%	
Sexual Abuse/assault	13.41%	4.88%	100.0%	0.0%	7.8%
Witnessing a Torture/Violence	12.35%	1.23%	36.4%	63.6%	
Separation from parent as a child	12.20%	3.66%	50.0%	50.%	
Repeated Bullying	12.20%	2.50%	70.0%	30%	
Witnessing a death	11.11%	1.23%	55.6%	44.4%	25.9%
Other accident	10.98%	2.50%	88.9%	11.1%	
Refugee	7.32%	2.50%	28.6%	71.4%	
Suicide of family/friend	3.66%	1.22%	100.0%	0.0%	
Fire or explosion	2.50%	2.50%	0.0%	100.0%	
Found a dead body	2.50%	2.50%	100.0%	0.0%	
Death of Partner	1.25%	0.00%	100.0%	0.0%	
Kidnapped	1.25%	0.00%	100.0%	0.0%	
Son/daughter abused/molested	1.25%	2.50%	100.0%	0.0%	
Scammed by partner	1.25%	1.25%	100.0%	0.0%	
Natural disaster	1.25%	2.50%	100%	0.0%	16.8%

Discussion

Understanding the prevalence and probable impact that traumatic events have on patients with persistent pain is important for treatment planning. There is some evidence that PTSD treatment can also improve pain related outcomes as the fear related avoidance behaviours often manifest in every part of their lives (Fishbain et al; 2017).

All heath professionals working with people with persistent pain conditions need to be aware of the issues facing patients who have experienced trauma in order to facilitate effective pain management.

Strategies to manage the personal effects of vicarious trauma are also recommended.

Arguably a team based approach using common language and an understanding of how fear and pain avoidance behaviour serve to perpetuate both physical and psychological distress is essential to effective management.

The project team would like to sincerely thank all of the Pain Clinic clinicians that have contributed to the data collection for this preliminary audit