Background Information

- In persons living with HIV/AIDS (PLWHA), both the prevalence of chronic pain (25%-90%) and the prescription of opioids (21%-53%) are higher than the general population.  
- The Centers for Disease Control reports that across 44 states nationwide, rising opioid injection drug use has contributed to an increase in HIV incidence.  
- Unmanaged chronic pain affects treatment compliance and participation in daily activities, thereby putting PLWHA at risk for substance abuse and poor health outcomes.  
- National and local providers report uncertainty in how to address chronic pain in PLWHA.  
- The staff at the Positive Health Clinic (PHC) report high rates of chronic pain in their patients, as well as limited knowledge and confidence in addressing it. They refer to outside specialists who have waitlists and limited experience in working with PLWHA.

Methods

- Pre- and post-program measures:  
  1. Pain Intensity and Program Referral  
  2. Communication Strategies for Patients with Chronic Pain  
  3. Pain Management in Local and National Clinics  
  4. Program Impact and Continuation

- Education Sessions:  
  1. Week 1: Understanding Chronic Pain  
  2. Week 2: Goal-Setting  
  3. Week 3: Activity Scheduling  
  4. Week 4: Yoga & Meditation  
  5. Week 5: Trigger Point Therapy  
  6. Week 6: Return to Work  
  7. Week 7: Social Supports  
  8. Week 8: Wrap-Up & Review*

- Social Work  
  - General Task: Education and Counseling  
  - Specific Tasks: Patient care, assessment, consultation, and coordination of services

- Medical Assistant  
  - General Task: Medical record keeping and assistance with medical tasks

- Registered Nurse  
  - General Task: Providing direct patient care and monitoring patient progress

- Physician Assistant  
  - General Task: Working with physicians to provide medical care

- Pharmacist  
  - General Task: Management of medication therapies

- Dietitian  
  - General Task: Providing nutritional guidance and support

- Behavioral Health Consultant  
  - General Task: Providing psychological support and counseling

- Patient Care Advocate  
  - General Task: Providing patient support and advocacy

- Post-program satisfaction survey

Modes of education delivery: in-service, handouts, patient group session observation

Participants

- Assessments:  
  1. Chronic Pain Acceptance Questionnaire (CPAQ-R)  
  2. Pain Stages of Change Questionnaire (PSCQ)  
  3. Pittsburgh Rehabilitation Participation Scale (PPRS)  
  4. Post-program satisfaction survey

- Education Sessions:  
  1. Week 1: Understanding Chronic Pain  
  2. Week 2: Goal-Setting  
  3. Week 3: Activity Scheduling  
  4. Week 4: Yoga & Meditation  
  5. Week 5: Trigger Point Therapy  
  6. Week 6: Return to Work  
  7. Week 7: Social Supports  
  8. Week 8: Wrap-Up & Review*

- Modes of education delivery: lecture, activity & take-home handouts, & YouTube videos

Assessments  

- Pre- and post-program competence and confidence survey  
- Post-program satisfaction survey

Program Objectives

1. Develop and implement educational presentations to increase staff knowledge of chronic pain and how to appropriately intervene.  
2. Develop and implement a non-pharmacological pain management program to help participants improve their ability to self-manage chronic pain

Implications for Future Practice

- Important to focus on person’s confidence in implementing pain management strategies

OCCUPATIONAL THERAPY’S ROLE

- Able to accurately evaluate the interference of chronic pain from the perspective of the person, environment, and occupation  
- Distinctly trained to perform psychosocial, physical, and environmental interventions

Discussion

Evaluation

- Aim to implement a more holistic pain assessment that addresses pain interference
- Intervention  
  Create an open environment that allows for the ebb and flow of chronic pain symptoms and addresses how the person can participate in meaningful occupations as fully as possible
- Discharge  
  Important to focus on person’s confidence in implementing pain management strategies

Conclusion

- Occupational therapy has the unique holistic perspective to provide the necessary intervention for PLWHA experiencing chronic pain. Findings from this program suggest a non-pharmacological pain management group has the potential to improve chronic pain interference over time in PLWHA. Further studies should evaluate the effectiveness of individualized intervention provided by occupational therapy as well as the long-term effectiveness of a group-based format.

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References


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