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# Interdisciplinary Chronic Pain Management in Spinal Cord Injury

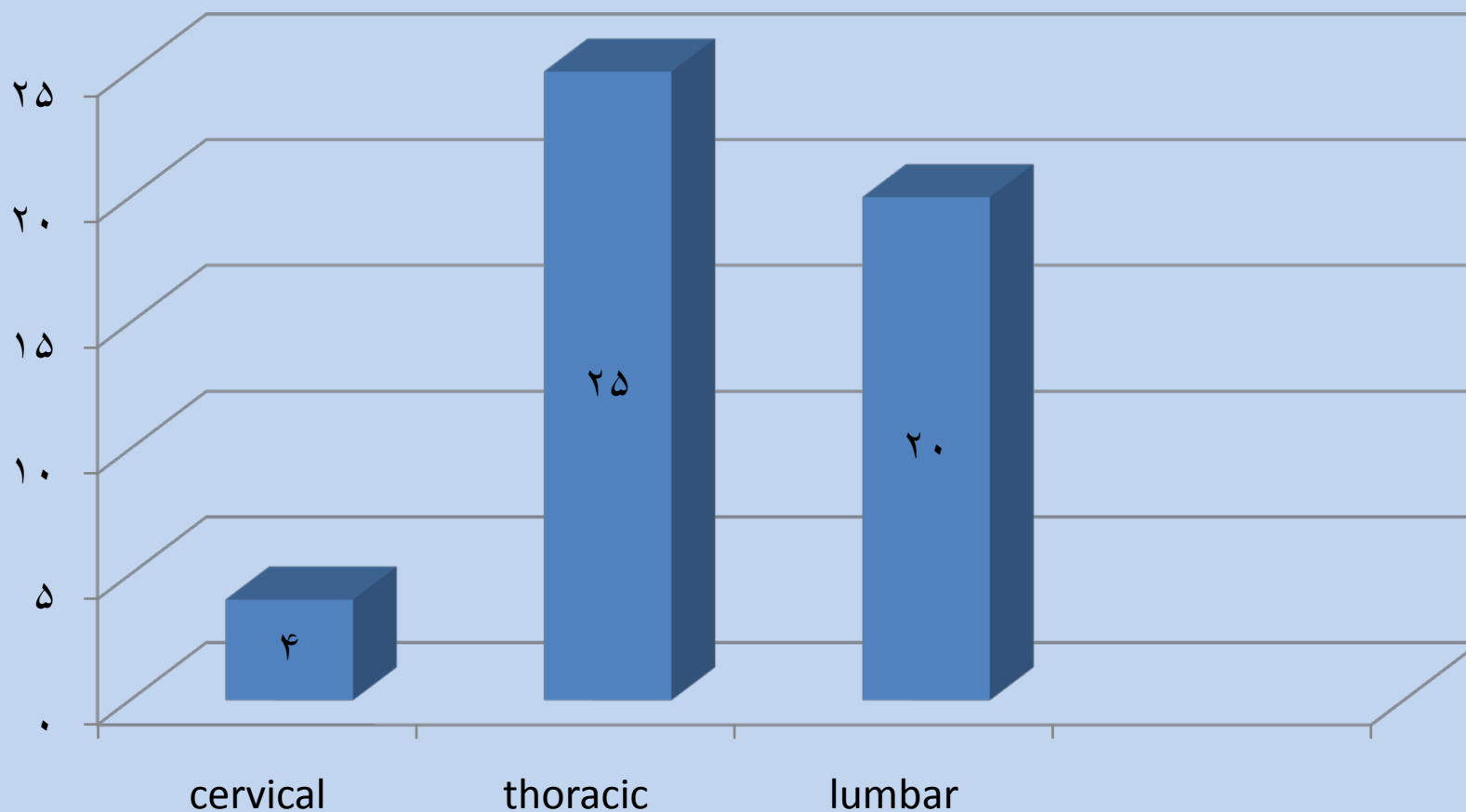
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1<sup>st</sup> National Festival of Advocacy and Prevention of Spinal  
Cord Injuries & the 4th National Congress on Spinal Injuries

# Epidemiology of Pain after SCI

	6 months	5 years
musculoskeletal	40%	59%
neuropathic at level	36%	41%
neuropathic below level	19%	34%
visceral	0%	5%
Total	64%	81%

# From 500 patients referred to Shefa Inter-Disciplinary Pain center, 50 had SCI



# Survey of chronic pain in Khatam-al-Anbia Interdisciplinary Pain Center

Study of 50 SCI patients from 500 records  
randomly selected from 3000 records:

- 31.67% psychologic problems  
(PTSD, depression, anxiety, somatoform, psychosis, .)
- 18.33% substance abuse (opioid, non-opioid  
(benzodiazepines, corticosteroids), smoking)
- 11.67% medical problems
- 8.3% social problems
- 11.7% sleep disorder

## A database of self-reported secondary medical problems among VA spinal cord injury patients: Its role in clinical care and management

Current Problem	Frequency(%)
Spasticity	53
Pain	44
Pressure ulcers	38
Bladder problem	22
Nutrition/Obesity/Exercise	17
Bowel problem	14
Respiration problem	12
Social problems/Concerns with relationships	7
Self-care problems	2

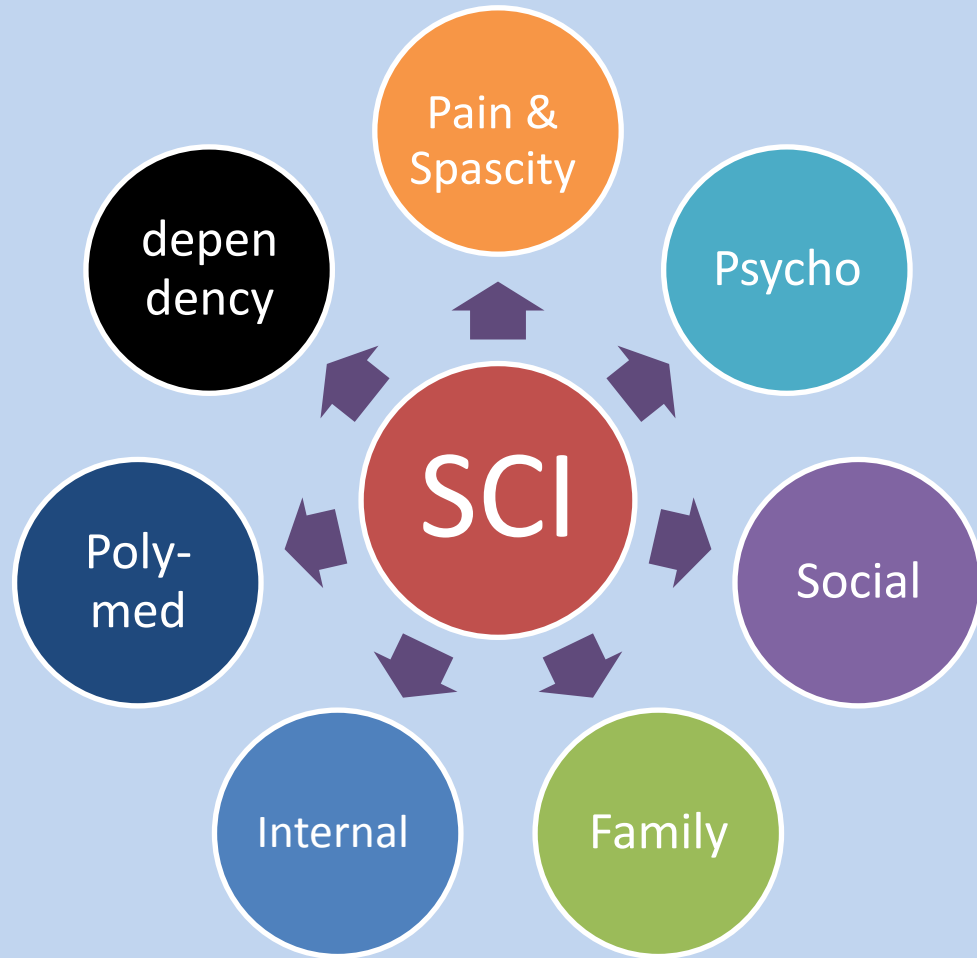
**Walter; Sacks; Othman; Rankin; Nemchausky; Chintam; Wheeler,** Current prevalence of secondary medical problems perceived by SCI patients (n = 99). *Journal of Rehabilitation Research and Development*, Vol. 39 No. 1, January/February 2002

Of those with one mental health disorder, 60% also had at least one other emotional disorder. Mental health problems in SCI is complex. The delivery of mental health services to this vulnerable population requires recognition of comorbidity and problems of mobility, access and stigma.

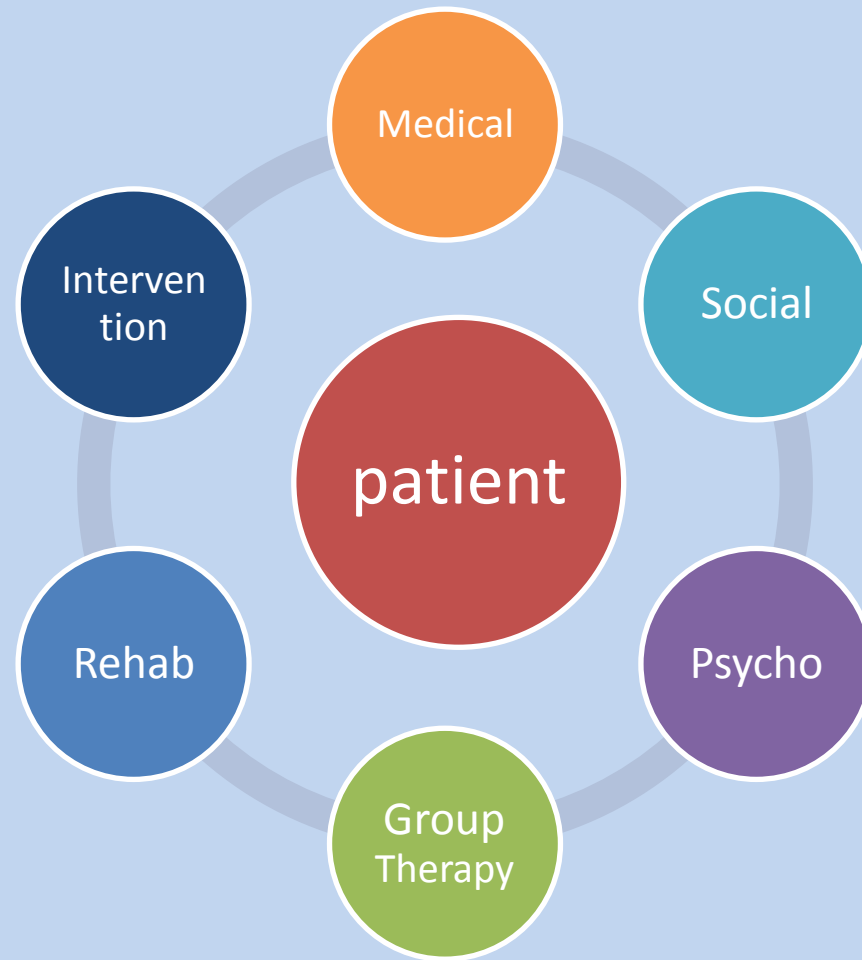
<b>Mental health problems in SCI (n=443)</b>	
<b>CONDITION</b>	<b>PERCENT</b>
<b>depression</b>	<b>37%</b>
<b>anxiety</b>	<b>30%</b>
<b>Clinical- level stress</b>	<b>25%</b>
<b>PTSD</b>	<b>8.4%</b>
<b>TOTAL</b>	<b>48.5%</b>

[Migliorini](#), Tonge, Taleporos, Spinal cord injury and mental health, Australian and Newzealand Journal of Psychiatry, 2008, Vol. 42, No. 4, Pages 309-314

# A multifarious problem



# Needs an Inter-Disciplinary Approach





# Meaning close cooperation

## Not necessarily physical gathering



# Meaning of Interdisciplinary Management

- Different disciplines Different tools & strategies for diagnosis & therapy
- Synchronized & simultaneous cooperation
- Structured programs
- Admission in pain ward or semi- admitted



# Members of the interdisciplinary team

- Neurologist
- Anesthesiologist
- Neurosurgeon
- Psychologist or psychosomatist
- Psychiatrist
- Physiotherapist
- Internists
- Social worker
- Nurse
- .....

# Purpose of Interdisciplinary Management

- Optimize pain control(not pain-free)
- Enhance functional abilities and physical and psychological well-being
- Enhance the quality of life
- Minimize adverse outcomes



**American Society of Anesthesiologists Task Force  
on Chronic Pain Management and the American  
Society of Regional Anesthesia and Pain  
Medicine\*2010**

## **WHO definition of Health**

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

# Another Definition of Health

Expectations of a human

-

The existing reality

=

**LIFE QUALITY**



Calman kc (1984),  
J.Med.Ethics;10:124-127

- Trying to clarify the new situation and show  
How we help the patient:
- To control the pain & spasticity
- Coping with existing state
- Managing depression and & anxiety or PTSD
- Involve family members
- rehabilitation opportunities



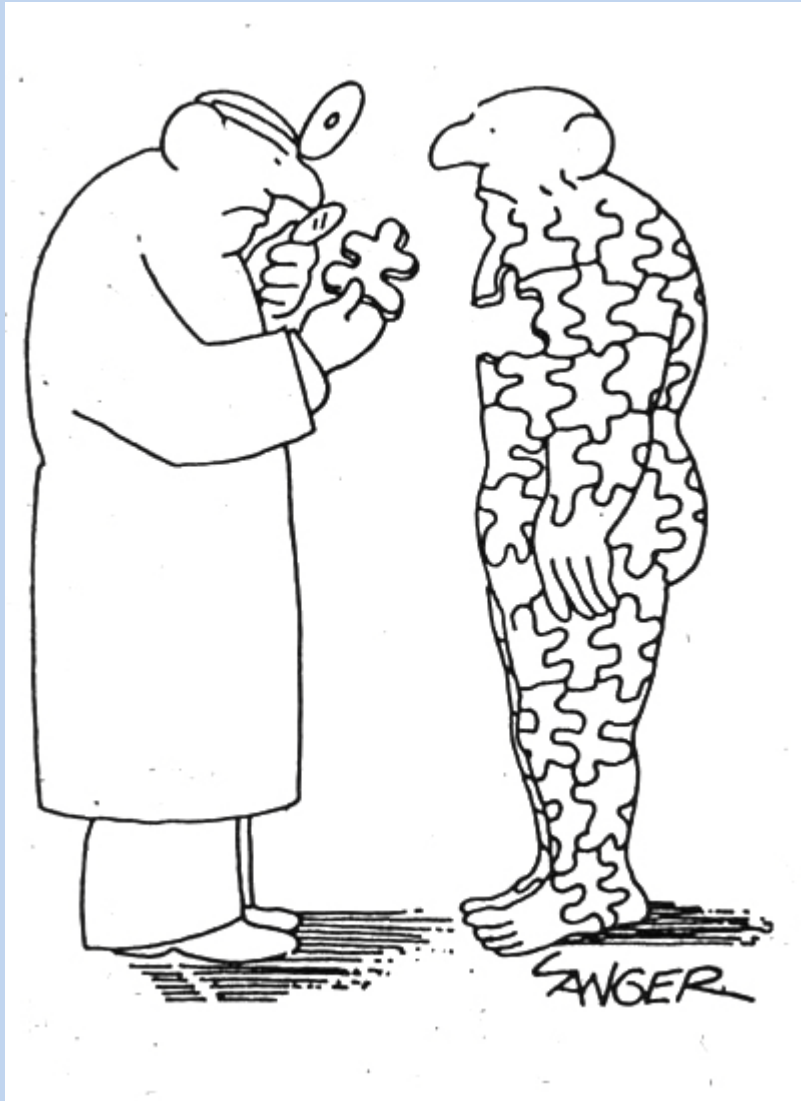


# Interdisciplinary Pain Management:

Simultaneous, **holistic**, **coordinated**

Teamwork in patient management





**Thank you for  
your attention**