Assistance with Pain Treatment (APT): A collaborative intervention for pain and depression in primary care

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Assistance with Pain Treatment (APT)

MAIN CONCEPTUAL COMPONENTS:

• Chronic illness model and stepped care
• Biopsychosocial framework—focus on function; target comorbid depression
• Evidence-based approaches
  – Multidisciplinary
  – Behavioral/Activating interventions
  – Education in self-management
  – Monitor adherence and outcomes
Intervention team

- Full-time Psychologist Care Manager (though could be delivered by nurse)
- Up to 1 day/week Physician Pain Specialist
- Provider education (incl. communication skills) and orientation to primary care providers
- Evaluated & monitored patient progress, offered feedback and recommendations to providers
RCT of APT vs. Treatment as Usual
(Dobscha et al. 2008)

- 401 patients, 42 primary care providers
- One VAMC, 5 clinics (2 rural)
- Patients recruited from primary care
- Key patient characteristics
  - 32% worked prior 12 months
  - 65% currently receiving disability payment
  - Mean of 15 years of pain
  - 37% with substantial depressive sx (PHQ≥10)
  - 17% with PTSD
  - 16% with + alcohol misuse screens
Roland-Morris Score Change over Time (Primary Outcome), n=401

p=.004
CPG Pain Intensity Score Change over Time, n=401

p=.014
PHQ-9 Score Change over Time
(Among Those with baseline PHQ ≥ 10), n=148

PhQ Score Among Those With PHQ GE 10 at Baseline

PHQ Score Among Those With PHQ GE 10 at Baseline

p=.003
Other selected outcomes

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<thead>
<tr>
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<th>TAU</th>
<th>APT</th>
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<tr>
<td>NNT: 30% reduction RMDQ</td>
<td>14%</td>
<td>22%</td>
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<tr>
<td>If opioid prescribed, any long</td>
<td>18%</td>
<td>31%</td>
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<tr>
<td>acting</td>
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<tr>
<td>Antidepressant, any prescribed</td>
<td>39%</td>
<td>53%</td>
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<tr>
<td>NSAID/acetaminophen, any prescribed</td>
<td>39%</td>
<td>62%</td>
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<tr>
<td>Global impression of change</td>
<td>6 mo: 4.5</td>
<td>6 mo: 3.6</td>
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<tr>
<td>past 6 months (lower scores better)</td>
<td>12 mo: 4.4</td>
<td>12 mo: 3.7</td>
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Satisfaction with intervention

• Clinicians:
  – 95% reported using feedback from the APT intervention team half or more of the time
  – 80% reported that APT had somewhat positive or highly positive impact on patient outcomes.

• Patients (4 months):
  – 76% agreed/strongly agreed APT overall helpful
  – 82 and 84% agreed/strongly agreed follow-up contacts with APT CM and MD helpful
Summary of Findings

• Collaborative care is feasible
• Resulted in improvements in a number of measures:
  – Pain disability
  – Pain intensity
  – Depression severity
  – Patient-rated Global impression of change
  – Indicators of guideline recommended care
• Clinicians and patients satisfied with intervention