

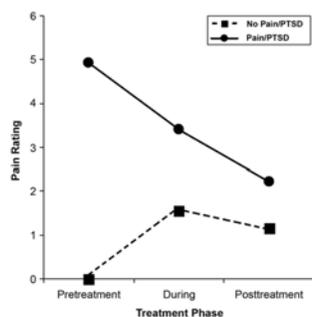
## Effects of depression and pain severity on satisfaction in medical outpatients: Analysis of the Medical Outcomes Study

Matthew J. Bair, MD, MS, et al.

Patient satisfaction is a critical measure of healthcare quality. We performed this study to see how depression and pain severity affected patient satisfaction in medical outpatients. We analyzed data from the Medical Outcomes Study and found that pain was very common and patients with depression and pain were much more likely to be dissatisfied with their healthcare. These findings may also have care-delivery implications, should dissatisfaction indicate poorer quality of care. Further study is needed to determine the reasons for dissatisfaction with care in patients with depression and pain.

## Veterans seeking treatment for posttraumatic stress disorder: What about comorbid chronic pain?

Jillian C. Shipherd, PhD, et al.



In veterans who were being treated for posttraumatic stress disorder (PTSD), many (66%) were also diagnosed with chronic pain problems by their doctors. This is the first study to show that people with PTSD have pain-related conditions according to their doctors. The veterans who told their primary-

care doctor that they had pain before PTSD treatment said that their pain was less during and after the PTSD treatment. However, this finding was based on a review of charts, so other reasons could also explain the improvement in pain symptoms. More research about treatment for veterans with pain and PTSD is needed.

## Prevalence and correlates of posttraumatic stress disorder and chronic severe pain in psychiatric outpatients

Cherie L. Villano, PsyD, et al.

This study contributes to the growing literature on the co-occurrence of posttraumatic stress disorder (PTSD) and chronic severe pain. We found moderate rates of PTSD (46%) and chronic severe pain (40%) in a sample of psychiatric outpatients. In addition, 24% of the sample had both disorders. We found that persons with both disorders were significantly different from those with neither disorder on all variables and that they had greater physical and psychosocial stressors. In addition, persons with either PTSD or chronic severe pain alone were more likely to have a chronic medical condition, higher ratings of psychiatric distress, and more stressful life events than those with neither disorder. Mental health treatment providers should routinely assess and develop management strategies for these two disorders in psychiatric outpatients.

## Pain and combat injuries in soldiers returning from Operations Enduring Freedom and Iraqi Freedom: Implications for research and practice

Michael E. Clark, PhD, et al.



Operations Enduring Freedom and Iraqi Freedom have resulted in a growing number of seriously injured soldiers evacuated

to the United States for medical care. Trauma-related pain is almost always present among these war-injured soldiers. Several military and Department of Veterans Affairs programs have been implemented to improve pain care. We describe several of these new approaches. We also present data on the soldiers treated, the services provided, and the effects of treatment. Finally, we identify some of the challenges emerging from work with this population and recommend future research and practice priorities.

### **Efficacy of selected complementary and alternative medicine interventions for chronic pain**

Gabriel Tan, PhD, ABPP, et al.

We review published research on commonly used complementary and alternative medicine (CAM) approaches to treating chronic pain. Our findings show that CAM therapies, as a group, have a mixed track record of efficacy. The modalities that have the best track records for pain management include biofeedback, hypnosis, and massage (mostly for low back pain and shoulder pain). In selecting a CAM modality, practitioners must weigh the pros and cons and tailor the interventions to the needs of patients with chronic pain. Other issues relevant to practitioners include additional time and energy investments, need for specialized training to administer the modality, side effects or potential toxic effects, safety in combining CAM and other modalities, likely acceptance by clients and the public, and ease of incorporation into traditional pain management practices.

### **Preliminary evaluation of reliability and criterion validity of Actiwatch-Score**

Ronald J. Girona, PhD, et al.

Restoration of normal physical activity is a primary objective of most chronic pain rehabilitative interventions, yet few clinically practical objective measures of activation exist. We evaluated the measurement properties of the Actiwatch-Score (AW-S). We conducted separate trials to examine concordance between units when worn concurrently at the same and different body sites and to compare the AW-S with a validated optical three-dimensional motion-tracking system. The data indicate that the AW-S has excellent interunit reliability and good criterion validity, but its intersite reliability varies with activity type. These results suggest that this device, and those like it, warrants further investigation and is likely to yield valuable data regarding the optimal application of this technology.

### **A closer look at pain and hepatitis C: Preliminary data from a veteran population**

Amy K. Silberbogen, PhD, et al.

Many veterans who have hepatitis C also experience pain. Researchers are learning how to care for patients who experience hepatitis C and pain. They are also learn-

ing how hepatitis C and pain can affect patients' lives. We review research on the relationship between hepatitis C and pain. We also present findings from a survey given to patients at two Department of Veterans Affairs hospitals. Finally, we suggest how physicians and mental health providers can best care for patients with hepatitis C and pain.

### **Overview of the relationship between pain and obesity: What do we know? Where do we go next?**

E. Amy Janke, PhD, et al.

Many veterans who struggle with being overweight also experience pain. Researchers are beginning to learn more about how being overweight or obese can affect several health conditions, including pain. We reviewed recent research examining the relationship between pain and overweight/obesity to promote understanding of when, why, and how these conditions occur together. Additionally, we suggest ways researchers can better study the problem of weight and pain to help veterans who experience both.

### **Medical residents' beliefs and concerns about using opioids to treat chronic cancer and noncancer pain: A pilot study**

Craig S. Roth, MD, et al.

Chronic pain from conditions such as arthritis or nerve injuries may be disabling and poorly controlled with aspirin, acetaminophen (Tylenol), or ibuprofen (Advil). In selected cases, opioid analgesics (e.g., morphine), combined with other treatments, can safely and more effectively relieve pain and improve function. We surveyed less experienced doctors and found that they had many fears, concerns, and negative beliefs toward using opioids to treat noncancer pain such as low back pain. If other doctors share these feelings, finding ways to increase their comfort by identifying and treating patients who might safely benefit from opioids to reduce their suffering and disability is important.

### **Persistent benefits of rehabilitation on pain and life quality for nonambulatory patients with spinal epidural metastasis**

Robert L. Ruff, MD, PhD, et al.

We evaluated the long-term effects of a 2-week course of rehabilitation on people with paraplegia caused by cancer compressing the spinal cord. Twelve patients received rehabilitation that focused on transfers, skin care, bladder and bowel management, nutrition, and incentive spirometry. We compared these study patients with a historical control group of 30 patients who had paraplegia from cancer but did not receive rehabilitation. Subjects were followed until death. The study patients had less pain and depression and more satisfaction with life; these benefits persisted for the remainder of their lives. In contrast, the control patients had worsening pain levels, declining satisfaction with life, and higher pain medication use for the remainder of their lives. While our study suggests that rehabilitation benefits people with cancer-related spinal cord injury, it needs to be supported by a randomized study.

### **Pain and palliative medicine**

Victor T. Chang, MD, et al.

Pain control is an important part of medical care for patients with advanced illnesses. We summarize available information on pain in different patient groups near the end of life and on developments using behavioral and physical therapy methods to treat pain. Clinical trials to treat pain in patients within healthcare systems are the next topic, followed by ideas on how information technology and clinical databases can be used to guide future patient care. Finally, we present perspectives on how pain control can be studied and further improved within healthcare systems.

### **Moving to new settings: Pilot study of families' perceptions of professional caregivers' pain management in persons with dementia**

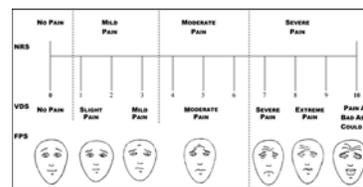
Martha D. Buffum, DNSc, APRN, BC, CS;  
Mimi Haberfelde, MS, RN, AOCN

Pain in persons with severe dementia is often not recognized or treated because these persons cannot communicate their needs. Family caregivers are in the best position to provide information to hospital care personnel about the

patients' needs, including pain. Little research has evaluated the role of the family caregiver when patients move between care facilities. This study describes family caregivers' experiences when their family members with dementia were admitted to unfamiliar care sites and provides the caregivers' recommended changes to healthcare settings. This article is relevant to family members and healthcare professionals who care for persons with severe dementia.

### **Determining mild, moderate, and severe pain equivalency across pain-intensity tools in nursing home residents**

Katherine R. Jones, RN, PhD, FAAN, et al.



More than 80% of nursing home residents have chronic pain, and of these, many are not getting adequate treatment. Good pain treatment

begins with knowing how severe the pain is. Several different pain-intensity tools are available: one uses a number (0–10) scale, another uses words, and a third shows pictures of people in pain. We asked nursing home residents to rate their pain using all three scales. We wanted to know how the pain reported on one scale translated onto another scale. The 42,000 veterans who live in nursing homes and their families will benefit from this study.

### **Cognitive impairment and pain management: Review of issues and challenges**

Martha D. Buffum, DNSc, APRN, BC, CS, et al.

Research shows that pain is often not recognized in persons with communication problems related to brain disease. Older persons with dementia experience memory loss, and seriously ill and dying patients experience confusion. Treating pain will increase the comfort of all these persons. In this article, we review the types of problems that affect the brain and interfere with pain management, how pain is measured, what pain management approaches help, and future research needs. Those who care for adults with brain-related disease will find this article relevant.