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Health Needs Assessment and Chronic Pain

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Abstract

Aims

The objective of the study was to investigate health needs as prioritised by patients attending Irish chronic pain clinics for the first time. The Live Well with Pain Health Needs Assessment tool has been designed to enable patients to identify areas impeding best quality of life. This tool is a collaborative questionnaire and identifies key issues impacted by chronic pain. Patients prioritise their needs with this tool. Its use has not been reported in the Irish patient population.

Methods

One hundred adult patients were posted the Health Needs Assessment Tool two weeks prior to out-patients appointment. Patients were asked to identify needs and to prioritize them.

Results

Mean patient age was 55 years. 51 patients (51%) were female. Patient led Health Needs Assessment for pain identified disturbed sleep in 55 patients (55%), walking or moving in 45 (45%) and pain relief among 40 (40%) as the most predominant health needs. Patient led Health Needs Assessment for pain identified improvement in sleep as their greatest health need. Improved mobility was reported as a greater health need than pain relief.

Discussion

Patient led Health Needs Assessment for pain improves health functioning by it identifying changeable factors contributing to the person’s pain condition. It involves professionals working with patients to focus on acceptable, feasible changes.

Introduction

In recent years, many countries have reformed the delivery of healthcare to encompass patient centred care as a means of creating an individualised approach to treatment[1]. However, it has been shown that up to 79% of patients with chronic pain are not satisfied with their pain management despite this advance in care[2]. Patient satisfaction with chronic pain management has been identified as the match that can be identified between expectations and subsequent experiences[3]. Research has shown that patients can entertain idealistic yet unrealistic expectations which can lead to disillusionment on what the best outcome is[1]. Understanding patient expectations allows for customized holistic patient care through shared decision making[4].

Patients will receive optimal quality of care once it is based on their individualised needs and values. It is crucial to be respectful of the patient's preference rather than the clinicians. This can help to decrease the amount of pain relief procedures performed as well as improving patient centred outcomes[5].

The Live Well with Pain Health Needs Assessment tool has been designed to enable chronic pain patients to identify areas impeding best quality of life *(See Appendix 1).* This tool is a collaborative questionnaire and contains key issues potentially affected by pain. Patients prioritise their needs with this tool. Its use has not been reported in the Irish patient population. The objective of the study was to investigate health needs as prioritised by patients attending an Irish chronic pain clinic for the first time.

Methods

The institutional research ethics committee approved the study. One hundred consecutive adult patients attending a pain clinic in one of three university teaching hospitals for the first time were studied. Patients received the questionnaire in addition to routine documentation required for initial consultation. Written informed consent was obtained. All documentation was mailed to patients two weeks prior to consultation and it was requested that all documents were brought to the consultation appointment.

Patients were asked to identify on the Live Well with Pain Health Needs Assessment Tool the health needs which were most concerning, as a result of pain. Participants were then asked to prioritise the three main health needs. The questionnaire was then brought to consultation and discussed. Gender, age, duration of chronic pain, employment status and mode of chronic pain onset was collected.

Demographic data is presented as mean (SD). Statistical analysis of the data was performed using Microsoft Excel.

Results

Out of 100 adult patients 49% (n=49) were male and 51% (n=51) were female. Mean age was 54.4 years (16.6). There was no missing data. Seven percent of patients were on disability allowance with 51 percent in current employment (Table 1). Fifty percent of patients had back pain and 26% had neck pain. Patients were between 5 and 48 months in chronic pain prior to consultation.

Table 1: Study demographic data.

Characteristic	**N (%)**
Mean Age Years (SD)	54 (16.6) *Range 21 – 86 years*
Sex – Female	51 (51)
Employment Status	Employed 51 (51) Retired 30 (30) Unemployed 12 (12) Disability 7(7)
Pain Diagnosis	Back 50 (50) Neck 26 (26) Limb 6 (6) Other 18 (18)
Mean Months in Chronic Pain (SD)	22 (10.731) *Range 5 – 48 months*

Analysis of the three prioritised needs which were most concerning as a result of pain showed that 55% prioritised disturbed sleep. Forty five percent of patients prioritised walking or moving. Pain relief was prioritised for 40% of patients (Table 2).

Table 2: Health needs prioritised by patients.

Patients Health Need	**N (%)**
Disturbed sleep	55 (55)
Walking/Moving	45 (45)
Pain Relief	40 (40)

Lack of Fitness/Energy	39 (39)
Understanding why pain occurs	19 (19)
Tiredness/lack of energy	19 (19)
Remaining/returning to work	14 (14)
Unhelpful patterns of pain	9 (9)
Managing mood changes	9 (9)
Side Effects with meds	6 (6)
Relationship difficulties	6 (6)
Balance/Recurrent Falls	5 (5)
Other details important to change	4 (4)
Sex life	3 (3)
Financial difficulties	3 (3)
concerns about partners health	3 (3)
Eating the right foods	1 (1)
legal claims related to pain	1 (1)

One percent of patients prioritised legal claims related to their pain. Three percent prioritised both concern for partner’s health and financial difficulties.

Discussion

The Live Well with Pain Health Needs Assessment tool has been designed to enable chronic pain patients to identify areas impeding best quality of life. This tool is a collaborative questionnaire and identifies key issues affected by pain. Patients prioritise their needs with this tool. We have reported its use for the first time in the Irish population.

Health needs like disturbed sleep and walking or mobilising were the prioritised health needs. These were a greater priority than pain relief. This highlighted the impact of pain on functioning as well as being an unpleasant sensory experience. Sleep disturbance and fatigue have previously been identified as areas of concern for chronic pain patients with a noted contribution to the development of depression when unmanaged[6]. This highlights the importance of self management support for patients to help address their health needs.

Patients were least concerned about legal issues related to the pain condition and financial difficulties. Despite 19% of patients being unemployed or on disability, financial difficulties were not as concerning as basic abilities to walk or sleep. It has been shown that the quest for normalicy or for physical wellbeing outweighs all others in the management of chronic pain[7]. Patients try and avoid the sick role and strive to maintain a sense of dignity by focusing on areas that they want to improve and have an impact on themselves[7].

The Live Well with Pain Health Needs Assessment Tool helped to clarify the impact that chronic pain has on the aspects of the patients' life which were viewed as most important for maintaining independence. It helps to put focus on patient priorities for regaining control where life has been dominated by the impact of pain. Treatment plans become collaborrational which allows for timely access to appropriate treatment. Self management education which is relevant to the patient's needs rather than the clinician's perception of the client's needs can be introduced. It allows for a clear treatment path for the patient. Feasible changes can be made with minimal resources. Attaining satisfaction with care may increase compliance which results in improved pain management outcomes[8]. Addressing patients personal needs which are most concerning as a result of pain can help work around absolute limitations but also help in pain condition acceptance resulting in less dependence on pain services.

Though concern with legal claims was identified as a health need, the sample size which were involved in medicolegal cases was not identified during data collection.

The Live Well with Pain Health Needs Assessment tool has been designed to enable chronic pain patients to identify areas impeding best quality of life. This tool is a collaborative questionnaire and identifies key issues impacted by chronic pain. We have reported its use for the first time in the Irish population. Health needs like disturbed sleep and walking or moving were the prioritised health needs. These were a greater concern than pain relief.

Declaration of Conflicts of Interest:
None declared.

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References:

1. Wiering B, De Boer D, Deinoij D. Meeting patient expectations: patient expectations and recovery after hip or knee surgery. 2018; Musculoskelet Sur. 102: 231-240.
2. Bekkering GE, Bala MM, Reid K, et al. Epidemiology of chronic pain and its treatment in the Netherlands. 2011; Neth J Med. 69: 141-153.
3. Thompson AG, Sunol R. Expectations as determinants of patient satisfaction; concepts, theory and evidence. 1995; Int J Qual Health Care. 7: 127-141.
4. Barlow T, Griffin D, Barlow D, et al. Patients' decision making in total knee arthroplasty: a systematic review of qualitative research. 2015; Bone Joint Res. 4: 163 – 169.
5. Epstein RM, Fiscella K, Lesser CS, Stange KC. Why the nation needs a policy push on patient-cented health care. 2010; Health Aff. 29(8): 1489-1495.

6. Dewar A, White M, Posade ST, Dillon W. Using nominal group technique to assess chronic pain, patients' perceived challenges and needs in a community health region. 2003; Health Expect. 6: 44-52.
7. Skuladottir H, Halldorsdottir S. The quest for well-being: self-identified needs of women in chronic pain. 2010; Scandinavian Journal of Caring Sciences. 25:81-91.
8. Crow R, Gage H, Hampson S, Hart J, Kimber A. The measurement of satisfaction with healthcare: implications for practice from a systematic review of the literature. 2003; Health Technol Assess. 6: 244.

Legends for Figures:

Table 1. Study demographic data.

Table 2. Health needs prioritised by patients.