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Second-Year Follow-up Study on Systematic Treatment of Chronic Pain with Antidepressants

Dietrich Blumer, MD* and Mary Heilbronn, PhD*

Systematic therapy with antidepressant drugs can be an effective treatment for chronic pain patients with the pain-prone disorder. This survey follows the pain status, medications, depressive symptoms, work status, and treatment of 104 patients treated for chronic pain at Henry Ford Hospital’s Pain Clinic during a two-year period for chronic pain in the absence of a significant somatic disorder. No patients were excluded from treatment and the dropout rate of 64% after two years was not surprising. The pain of those who complied with therapy improved significantly (62%), compared to that of the patients who had dropped out of the treatment program (13%). However, depressive symptoms and work disability tended to persist in the majority, and antidepressant therapy frequently had to be continued.

We previously reported (1) on the characteristics and outcome of 104 patients systematically treated with antidepressants for chronic pain in the absence of significant somatic findings (pain-prone disorder). A detailed discussion of the pain-prone disorder together with a series of illustrative treatment cases is reported elsewhere (2). After one year, 57% of the group had improved significantly; 11% had not improved; and 31% had dropped out. Expectations for the improvement of these patients with “intractable” pain were guarded, since every patient referred for chronic pain had been accepted for treatment. Factors such as drug addiction, litigation, psychotic traits, or degree of motivation for our treatment had not excluded them from consideration. A follow-up investigation of the same group about two years after initial treatment is presented here.

Patients and Procedures

A second follow-up study of the 104 patients was carried out one year after the initial assessment. They received a questionnaire that focused on present pain status, medications, work status, depressive symptoms, and subsequent treatment sought outside our Pain Clinic. The questionnaire was mailed a second time to all those who had not responded. Initial assessment of the first-year study occurred on December 31, 1978, which allowed for 9 to 16 months of treatment. The present second-year study occurred on December 31, 1979, which constituted 21 to 28 months of treatment and follow-up.

Results

From the original series, 59 patients (57%) completed questionnaires. Particularly noteworthy among the responses were persistent depressive symptoms and work disability. Among the 59, 30 (51%) had dropped out of treatment. The pain status of the 30 dropouts was compared with the pain status of the 29 patients who continued to comply with treatment or whose treatment had progressed to termination on mutual agreement. A highly significant 62% (p < .01) of the compliant group reported that pain had diminished, while only 13% of the dropouts reported any improvement since attending our Pain Clinic (see Table I). Most of the compliant patients were maintained on antidepressants, while most dropouts reported that they were taking analgesics. To our surprise, two-thirds of the patients reported that they had not sought further treatment since coming to our Pain Clinic.

Among the 45 patients not responding to the questionnaire, 37 (82%) had left treatment and one patient had been referred elsewhere. Of the seven patients continuing treatment, five were improved.
TABLE I
Self-Reported Pain Status of Compliant and Dropout Groups at Second-Year Follow-up

<table>
<thead>
<tr>
<th>Compliant Group</th>
<th>Dropouts</th>
</tr>
</thead>
<tbody>
<tr>
<td>(N=29)*</td>
<td>(N=30)</td>
</tr>
<tr>
<td>Compared to how you felt when you came to our Pain Clinic initially, is your pain:</td>
<td></td>
</tr>
<tr>
<td>Same</td>
<td>24%</td>
</tr>
<tr>
<td>Improved</td>
<td>62%</td>
</tr>
<tr>
<td>Worse</td>
<td>14%</td>
</tr>
<tr>
<td>Different</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>47%</td>
</tr>
<tr>
<td></td>
<td>13%**</td>
</tr>
<tr>
<td></td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>7%</td>
</tr>
</tbody>
</table>

*Followed in treatment N=20; terminated N=9
**z = 3.89, p < .01

Thus, among the total 104 patients, the 31% one-year group dropout rate doubled (64%) after two years. Twenty-three of all 36 patients who were continuing treatment (64%) reported that they were improved or free from pain at the second year follow-up. This overall improvement rate is almost identical to that reported by the group assessed by questionnaire (Table I).

**Comment**

After two years, patients complying with the antidepressant treatment showed a high rate of improvement for their pain, in stark contrast to the dropouts. However, some depressive symptoms and work disability tend to persist in most. The antidepressant drugs, in general, need to be continued.

The chief problem is the dropout trend. However, the high dropout rate was expected, since this group of patients is notoriously difficult to treat, and we had not excluded any type of patient from treatment. Treatment compliance obviously can be improved if other physicians and next-of-kin encourage the patient to persist in treatment. It is noteworthy that some patients begin to improve only after a prolonged period with various trials on different antidepressants.

Systematic treatment with antidepressants can be an effective treatment for patients with chronic pain, a condition which has often been termed “intractable”. To achieve rehabilitation, very early treatment is indicated. In an effort to improve the dropout rate, we presently require that the spouse (or other next-of-kin) take part in the evaluation and orientation sessions, and are included in the treatment as needed.

**References**