

Preexisting Anxiety and Impaired Self-Efficacy in Interventional Pain Management Patients

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Introduction:

In chronic pain patients physicians frequently encounter preexisting anxiety disorder and impaired self-efficacy, e.g. "needle-phobia". Following patients' self-assessment we therefore routinely offer analgesedation to ease diagnostic and therapeutic procedures. Nine out of 10 patients usually opt for analgesedation. In 2016 we reported of 57% of patients indicating anxiety disorder in our out-patient clinic.

At Pain Clinic Zurich patients were asked to complete questionnaires to evaluate anxiety and depression (until 05/19) and anxiety, depression and stress (from 06/19 on), resp.

Furthermore pain-specific self-efficacy was evaluated using another questionnaire.

Method:

Patients were screened using HADS (Hospital Anxiety and Depression Scale) until 05/19 and DAS (German questionnaire screening for depression, anxiety and stress) starting 06/19. Cohort 1 (HADS) included 315 and cohort 2 (DAS) 104 patients, resp.

In addition FESS (German questionnaire for the evaluation of pain-specific perceived self-efficacy) was administered in both cohorts.

Results:

Cohort 1 yielded an impaired self-efficacy in 54%, depression was indicated in 25% and anxiety in 52%.

Cohort 2: impaired self-efficacy in 52%, depression was indicated in 43%, anxiety in 44% and stress in 56%.

Conclusions:

1. In patients scheduled for interventional pain management preexisting anxiety and impaired self-efficacy is common. In comparison with Cohort 1 our 2016 results concerning anxiety could be confirmed, although the inclusion of an additional item (stress) in Cohort 2 suggests that preexisting anxiety was slightly overestimated.

2. We are very surprised to encounter the depression rate almost doubled. One explanation could be the higher load of fibromyalgia-patients and neuropathic pain-patients over the years, on the other hand the non-comparability of the two different depression-questionnaires has to be taken into account.

3. In the setting of interventional pain management preexisting anxiety, stress and impaired self-efficacy is frequent and therefore thorough attempts should be made to respond to patient's needs by offering and administering analgesedation.

Propofol with its high metabolic clearance and remifentanyl with its flat context-sensitive half time nowadays ensure a rapid recovery. Due to pharmacologic and pharmacodynamic reasons the short application of propofol/remifentanyl will not have significant impact even in the case of a diagnostic block¹.

References:

1. Hartmann M and Baetscher A (2017): Analgesedation for interventional procedures in patients with acute and chronic pain. Pain Pract, 17(4):566-567.

Cohort 1 (HADS/FESS) and Cohort 2 (DAS/FESS)

