



East End Multidisciplinary Pain Management Program

The East End Multidisciplinary Pain Management Program (EMP) is located within St. Joseph's Healthcare: Centre for Ambulatory Health Services in Hamilton, Ontario. The primary treatment goal of the EMP is to help patients with chronic pain increase their level of function in spite of the pain they experience. This is done through a comprehensive, functional activation program, based on cognitive behavioural concepts with a good grounding in rehabilitation, psychiatry and physical medicine.

The EMP meets the criteria of the International Association for the Study of Pain's (IASP) for a multidisciplinary pain management program. (See <http://www.iasp-pain.org>). This requires that a physician, as well as allied health practitioners, be directly involved in the group treatment program. The program should have a research and community/university education component. There are few of these programs in Ontario given that few physicians have subspecialty training in the treatment of this patient population. However, current research indicates that a bone fide multidisciplinary pain management program, with over 100 hours of therapy, offers patients struggling with chronic non-cancer pain (CNCP), the best opportunity to improve their level of function and productivity. The end result is an improvement in the quality of life of treated patients. Improved Quality of Life can include returning to pre-accident activities such as housekeeping, home maintenance, social and recreational activities, and return to work. Given that treatment at the EMP is rehabilitation oriented, it is driven by patient formulated goals.

The multidisciplinary staff of EMP includes psychiatry, physical medicine¹, social work, physiotherapy, occupational therapy, nutrition, tai chi, and aqua therapy. Students from a variety of disciplines participate as learners in all aspects of patient care. Outcome research is integrated into the program.

The majority of our staff members have received specific training in the use of cognitive behavioural therapy for the management of chronic pain. Most have close to twenty years of experience working with this challenging patient population. The EMP is directed by Dr. Jeff Ennis, a psychiatrist with specialized training in the management of patients with chronic non cancer pain. Dr. Ennis has dealt with his own chronic pain throughout his clinical life (see www.eastendpainclinic.com). In spite of this he is functionally active, having become a recognized expert in the management of chronic non-cancer pain. He brings an insight into the problems faced by patients with chronic pain while at the same time leading by example.

The core treatment program now consists of a thirteen week program with a two week follow up "booster" at six months for a total of fifteen group treatment sessions. The program includes tai chi as a method of treating the avoidance of movement that often affects patients with CNCP. This is often referred to as 'kinesiophobia'. Aqua therapy is another method used in the program to provide safe functional activation for patient's who avoid physical activity for fear of increasing pain. Specialized activity sessions with our programs Occupational Therapist, focuses on developing solutions to barriers to function in a hands on learning environment. Central to our treatment, is the group program. Typically, this is facilitated by the program director, Dr. Ennis (Pain Management Specialist/Psychiatrist) and a co-therapist. The first third of each session focuses on goal attainment scaling and patients are assisted in the development of strategies to deal with barriers to goal attainment using the group milieu for its therapeutic benefit. In the next third of each

¹ As required on a patient by patient basis.

session patients are provided with an interactive teaching session on topics of critical importance to patients with CNCP. These topics include medication management, sexuality, productivity, and family. In the final third of each session patients are given the opportunity to learn a modality that can help to control pain, mood and response to stress. These modalities include a variety of relaxation strategies, self hypnosis, fitness, postural training and acupuncture.

To augment the treatment, additional sessions are provided to patients for goal setting. In these sessions the treatment group is divided up into smaller groups, with each group meeting with one of the program's practitioners to get more one on one input in regards to goals. Finally, special occupational therapy sessions are provided to the patients throughout the fifteen weeks of the program. These sessions provide patients with an opportunity to get one to one input on body mechanics and goals related to productivity.

Each member of the treatment team brings a specific area of expertise to the program that can be utilized for one-to-one therapy when needed. At times patients require individual input only. Other clinical situations arise where a patient could benefit from the group program with adjunctive individual therapy.

The EMP has collected outcome data for over ten years. This data is currently in the process of being analyzed. Preliminary findings indicate that by the end of the treatment program, there is an improvement in the mood of patients. There is a reduction in medication utilization. Patients have increased their level of function and family members often comment that their affected loved one is calmer and less irritable. The use of health care resources reduces and a number of patients begin the process of engaging in vocational re-entry.

Often CNCP is a sequellae of physical trauma, whether it be as a result of a work related injury or a motor vehicle accident. The presence of CNCP makes patients more likely to develop a co-morbid mood or anxiety disorder. Such patients are resistant to conservative treatment. In fact, the longer that appropriate treatment is delayed for such patients, the worse the prognosis becomes. The sooner treatment is provided to patients at risk for developing CNCP, the better the outcome will be. Currently, a multidisciplinary pain management program, as defined by the IASP, is the gold standard of care for patients with CNCP. The presence of a co-morbid psychiatric illness requires that such patients be assessed by a qualified psychiatrist who understands the interrelationship between pain, mood and anxiety. The sooner treatment is provided, the more likely it is that affected individuals will return to their pre-accident level of function.

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