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MPI SUBSCALES PREDICT WORK PROSPECTS AFTER PAIN REHABILITATION

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Background and Aim: Previous research has shown that gender, education, time on sick leave and beliefs on the future have a significant impact on work prospect among patients with chronic pain. The Multidimensional Pain Inventory MPI is an instrument for assessing adjustment of chronic pain patients and the outcomes of treatment intervention. The aim of this study was to analyze if MPI might predict work prospect after a cognitive-behavioral interdisciplinary rehabilitation (CBIR).

Methods: Data on 5053 patients who were either assessed or participated in CBIR and completed self-reports during 1999–2002 was taken from The Swedish National Quality Register for Pain Rehabilitation. Sick leave data from National Social Insurance Board Central Registry were also taken. Complete data for those who participated in CBIR were collected for 898 patients. The MPI subscales of support and interpersonal responses were not included in the early inquiries.

Results: All included MPI subscales showed a significant improvement both after the completed CBIR and 1-year follow-up. Multiple logistic regression analysis showed that decreased pain severity OR 1.38 (95% CI 1.01–1.57) and increased life control OR 1.26 (CI 95% 1.01–1.57) had a significant importance for work prospect rehabilitation. Otherwise, neither a decreased interference or affective distress nor an increased general activity did influence work prospects.

Conclusions: This study show that decreased pain severity and increase life control, estimated on MPI, are associated with positive work prospects after CBIR. Future research will include cluster analysis as well as controlling for other variables of importance.

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TREATMENT OF SHOULDER PAIN AND LIMITATIONS BY IBUPROFEN IONTOPHORESIS: A DOUBLE-BLIND RANDOMIZED CONTROLLED TRIAL

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Objective: To assess the effects of ibuprofen iontophoresis on the treatment of shoulder pain and limitations.

Methods: Sixteen patient with shoulder limitation and pain with no other locomotor system disease were included to Study. Subjects were randomized into two groups: shoulder range of motion (ROM) exercises 10 session during 2 weeks plus ibuprofen iontophoresis for the treatment group (n=8) and ibuprofen application for the control group (n=8). Spontaneous pain and pain with motion in shoulder evaluated by verbal rating scale (VRS), shoulder ROM measurements, Disease of arm, shoulder, hand (DASH) Outcome Measure (Turkish version) were assessed before and after the end of treatment. The measurement results obtained for both groups before and after the treatment were compared.

Results: In both groups treatment led to improvement but there were no significant difference between the groups. In control group shoulder flexion, extension, abduction, internal rotation ranges were increased but it was statistically significant in abduction range from 111±23 to 134±29 (p<0.05). There were also significant decrease in DASH score [(from 55±16 to 41±14 (p<0.05)]. In treatment group, shoulder flexion, extension, abduction, internal and external rotation ranges were increased; but none of these changes were statistically significant. The only significant change was in the pain with motion: it decreased from 7.8±1.9 to 4.9±1.5 (p<0.05).

Conclusion: The use of ibuprofen iontophoresis did not result in better clinical effects than those observed in subjects treated by ibuprofen application. Low number of subjects might be the reason of lack of significant statistical results.

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CHANGE IN PAIN EVALUATION, WORKING CAPACITY AND LIFE SATISFACTION AFTER A MULTIPROFESSIONAL ASSESSMENT WITH REGARDS TO GENDER AND NATIVE ORIGIN

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Background and Aims: Pain syndromes and predominantly musculoskeletal pain play a major role in long-term sick-leave and early disability retirement. Today many clinics offer a programme with assessment of function and work capacity. Very few studies have evaluated the outcome. Our aim is to evaluate a multiprofessional team (OT, PT, MD etc) assessment of patients with chronic non malignant pain. We have investigated the differences in back to work and life satisfaction with respect to gender and native origin. We have also made a calculation of the economic benefit for society.

Methods: A structured questionnaire (including DRI) was distributed to 88 consecutive patients who have participated in an assessment of pain, function and work capacity at the Huddinge University Hospital, Stockholm, in 2002.

Results: In the one year follow-up there was a small difference in working rate between men, 55% (N=11), and women. 43% (N=17) and between the nordic group 50% (N=19) and the non-nordic group 41% (N=9). We have also seen differences in pain evaluation and life satisfaction in these groups.

Conclusions: The study suggest there is a difference in sick-leave status, pain evaluation and life satisfaction regarding to gender and native origin.

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EFFICIENCY OF MICROCURRENT ELECTRICAL THERAPY IN CASES WITH SUBACROMIAL IMPINGEMENT SYNDROME

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Background and Aims: In this study, we aimed to investigate the efficiency of microcurrent electrical therapy (MET) in the first phase of the conservative treatment of cases with subacromial impingement syndrome (SIS) in which pain management is important.

Methods: Thirty cases who applied to our shoulder clinic with shoulder pain and were diagnosed with SIS were included in the study. The cases were randomly separated into two groups. All cases received a treatment program for one week consisting of Codman's pendulum exercises and subsequent cold (cold pack gel) application on the shoulders with pain 5 times a day, restriction of daily activities that require the hands to be used over the head and meloxicam tablet 15 mg daily. One group was also given MET.

Rest pain, pain with movement, pain affecting the sleep and shoulder disability questionnaire (SDQ) results were assessed before treatment and one week after the start of treatment.

Results: Significant improvement was observed with the statistical assessment of pain with movement, pain affecting sleep and SDQ in both groups. There was no difference between the groups. In terms of rest pain, a significant improvement was observed only in the group receiving MET (p<0.05).

Conclusions: It was seen that the cases adapted to MET very well and that it was easy to apply. We think that it may be considered as a treatment option in the conservative treatment of diseases such as SIS that require long-term treatment and follow up due to its positive effects on pain-management.