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Objective and self-report outcomes of intensive interdisciplinary pain treatment for youth with chronic pain with and without functional neurological disorder

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Introduction

- Intensive interdisciplinary pain treatment (IIPT) is an effective treatment for youth with chronic pain (CP).
- Increased functioning is an important aspect of treatment which is partly accomplished through functional interventions such as physical and occupational therapy (PT and OT).
- Many from the CP population also experience functional neurological disorder (FND), which could create an extra barrier to engaging with functional interventions.
- FND can include non-movement related symptoms (NM-FND) and movement-related symptoms (M-FND).
- The current study examines differences in functional outcomes among those with CP and those with CP and FND (NM-FND and M-FND) in an IIPT setting and explores the factors that could contribute to these differences (i.e., anxiety and depression symptoms).

Program Structure and Methods

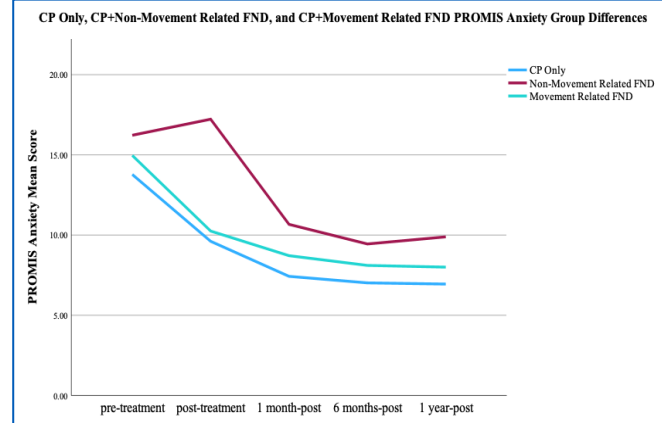
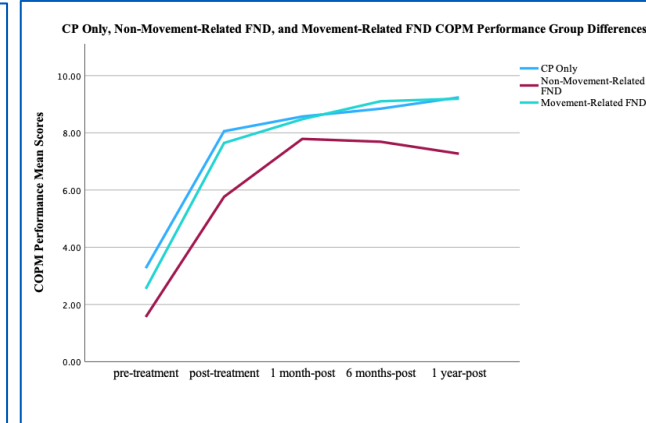
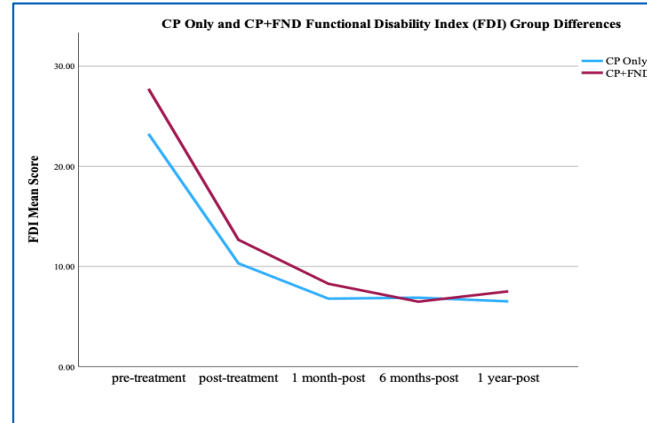
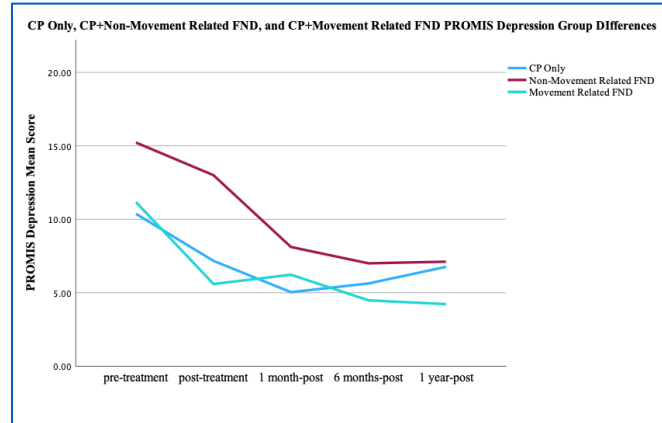
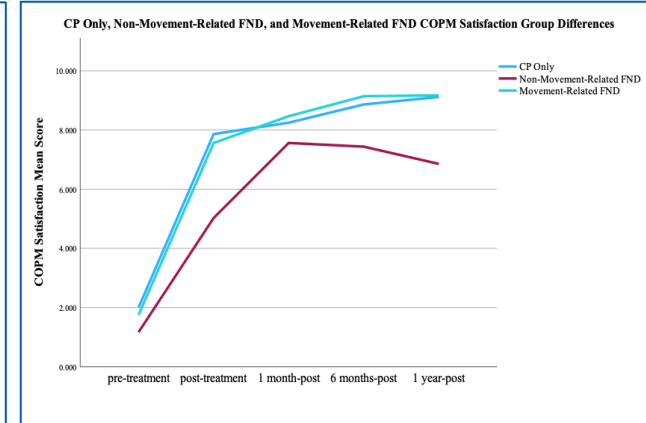
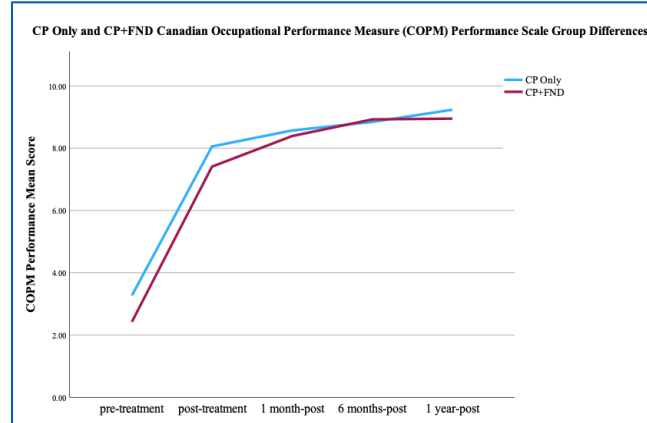
- This was a prospective, longitudinal study of adolescents with chronic pain age 11-19 who completed a 3-6 week non-pharmacological highly structured IIPT.
- Weekly Program Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Pool	Pool	Pool	Pool	Music Group Parent Group
9:00	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT
10:00	Flex Time	Flex Time	Flex Time	Flex Time	Flex Time
11:00			Art Group		
Noon	Lunch/Group Therapy	Lunch	Lunch	Lunch	Lunch
1:00	PT, OT	PT, OT	PT, OT	PT, OT	PT, OT
2:00	Talk Therapy	Flex Time	Talk Therapy	Flex Time	Talk Therapy
3:00	Yoga	Parent Group	Yoga	Music or Art	Self-Regulation
4:00	Group	Group	Group	Group	Group

- The sample comprised 301 adolescents (M age = 15.34 years, 84.4% girls).
- 187 with CP only, 114 with CP+FND (18 with NM-FND, 85 with M-FND)
- Self-report (pain, emotional and physical functioning) and objective (BOT-2, COPM, 6-minute-walk) measures were administered pre-IIPT, post-IIPT, 1 month-post, 6 months-post, and one year-post.

Results

- Overall, there were strong and statistically significant ($p < .05$) improvements from baseline to all other timepoints, regardless of group status.
- FND+CP group had significantly worse outcomes initially on FDI, COPM performance, BOT-2, and 6-MWT but disparities lessened over time.
- NM-FND group had significantly worse outcomes than CP and M-FND on COPM performance and satisfaction post-treatment.
- NM-FND had significantly worse anxiety and depression scores at post-treatment compared to CP than M-FND compared to CP.



Conclusions

- IIPT can be an effective long-term treatment for improving functional outcomes, regardless of FND comorbidities with CP.
- CP and M-FND groups gain similar subjective PT and OT benefits from IIPT compared to the NM-FND group.
- NM-FND is associated with poorer psychological outcomes post-treatment compared to the CP group, which may partly account for less initial success with treatment.
- Functional interventions might address M-FND and CP similarly, but NM-FND may require increased psychological supports in order to see comparable benefits.