



Pain Patient Profile

By C. David Tollison and Jerry C. Langley

P-3® Test Fills Need in Clinic's Approach to Patient Care

A CASE STUDY

The Midwest Interventional Spine Specialists clinic in Munster, Indiana, provides a wide range of interventional pain procedures including lumbar, cervical and thoracic epidural steroid injections, nerve blocks, discography, radiofrequency neurotomy, and spinal cord stimulators. The clinic serves chronic pain patients with a range of diagnoses, including herniated disc, degenerative disc disease, zygapophyseal joint pain and complex regional pain syndrome. Most patients come to the clinic on referral from a spine surgeon, neurologist, or family practice physician.

Dr. Satish Dasari, who holds board certifications in anesthesiology and pain management, is one of four full-time pain management specialists at the clinic. Lori Maki, LPN, serves as clinical coordinator. In the following article, Dasari and Maki discuss the clinic's approach to treating patients with chronic pain and their use of the P-3® (Pain Patient Profile®) test to help assess psychological issues and build relationships with patients.

Learning more about patients' needs

When it comes to evaluating candidates for interventional procedures, practitioners at the Midwest Interventional Spine Specialists clinic recognize the importance of identifying psychological factors that may influence how a patient will respond to treatment.

Many of the patients who come to the clinic have endured severe pain for years. Most have tried other remedies, including surgery and medication, to no avail. "When you are dealing with these patients," says Dasari, "the question becomes: What are we treating? Are we treating pain? Or are we treating the patient's perception of pain? It's very difficult to judge, because every patient's pain experience is different and that experience may be affected by underlying psychological issues."

To help understand their patients better, the care team administers the P-3 test to all patients at their first visit, along with gathering medical history, and conducting a clinical interview. The clinic also administers the P-3 test at least once a year to all patients using opioids.

Midwest Interventional Spine Specialists

Satish Dasari, MD

Lori Maki, LPN



Pearson

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The clinic added the P-3 test to its protocol with new patients about five years ago, after learning about the instrument while visiting practices in Wisconsin. "We were on the lookout for a brief psychological test that we could give patients at their first visit," says Maki. "The P-3 test fit our needs because it measures depression, anxiety and somatization, which are very important issues to assess with chronic pain patients' and it provided us with a cost-effective option."

"We were quite impressed with the P-3 instrument when we were introduced to it," says Dasari. "We liked the fact that we could quickly administer the test, get results immediately via the computer, and put the information to practical use right away."

Both Maki and Dasari appreciate the graphic format of P-3 results. "The report style is easy for us as medical professionals to understand," notes Maki. They also like the fact that the narrative sections of the report highlight issues that may need immediate attention and include specific treatment recommendations based on the results.

Facilitating better decision-making

Dasari feels that the P-3 test fills a valuable need in the clinic's approach to patient care.

"When it comes to evaluating the very subjective experience of pain, we believe our patients," he says. "This is why the P-3 test is so helpful. It reveals the patient's perception of what he or she is experiencing and shows us how the individual's scores for depression, anxiety, and somatization compare to those of other pain patients and other non-pain patients."

The clinic uses P-3 results to help assess how a patient is likely to respond to an interventional procedure so that the care team can make appropriate preparations for implementing the procedure safely. Test results also help the clinic filter out patients who are not suitable candidates for surgery. "The surgeons appreciate that we can help them avoid unnecessary procedures," adds Dasari. "There is solid research showing that psychosocial disorders contribute to a high occurrence of false positives. Studies have proven, for example, that there can be a lot of false positives with lumbar discographies, and that one of the contributing factors is the presence of a psychological disorder. How do you pick that up early on? For us, the answer is clear: the P-3 test."

Opening lines of communication

Maki considers the P-3 test a convenient way to gather information about patients that might not come to light in a clinical interview. "It's not possible to learn every detail about patients from our discussion with them and their family members in the limited time we have," she stresses. "Some patients want to give us the impression that they are dealing fine with the pain. Other

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patients aren't comfortable talking about their feelings but can reveal what they are going through more easily on paper, by filling out the P-3 test."

To illustrate, Maki recalls a 37-year-old female patient suffering from chronic low back pain due to a serious fall. Prior to coming to the clinic, the patient had undergone a lumbar laminectomy, fusion, and other surgeries and was taking a high dosage of narcotic medications, all offering very little relief of her symptoms.

"When the patient first came to our clinic she presented herself as a strong person, coping well," begins Maki. "You never would have thought anything was going on under the surface. Then we got back the results of the P-3 test, which showed a high depression score. When we talked about the results with her on her second visit, she completely broke down in tears. She had been trying to perform her daily responsibilities as she always had, but everything she was doing at her job—plus her two young children and her husband—was bringing her down. She hadn't known how to explain it to anyone; she hadn't wanted people to know she was feeling weak. We referred her to a psychologist to help her understand that what she was feeling was a natural reaction to her situation, not a weakness. We also started her on a vigorous exercise program. And, we switched her to a non-narcotic medication; the narcotic drug she had been prescribed before she came to our clinic was only adding to her depression because it prevented her from pursuing activities she enjoyed."

Maki reports that the patient has made great progress in her pain management program since those early visits. "She still pushes it sometimes, but she knows now what her limitations are and she has become comfortable with that. She has said that she's so grateful to us for helping her recognize that the depression she'd been feeling was a normal response."

Adjusting expectations

Dasari observes that nearly all of their patients show no resistance to taking the P-3 test and that sharing test results with patients often helps build trust. "I might be making recommendations that could concern a patient, such as a decrease in medications or referral to a psychologist. But when I show them the P-3 results, patients are better able to understand the reasoning behind the decision and, therefore, to comply more readily with the treatment plan."

In addition, Dasari notes that the P-3 test helps the care team temper patients' expectations. He cites the case of a 45-year-old female patient diagnosed with fibromyalgia who was taking a large dosage of narcotics yet still reported a pain score of 10. Her P-3 test showed significant elevations in scores for depression, anxiety, and somatization.

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We sat down with the patient, reviewed the test results and had a long talk about what her treatment goals should be, says Dasari. We explained that because of the nature of her disease, her pain score would probably never be lower than an 8 and that we were going to reduce her medications, not increase them, because throwing more narcotics at the problem obviously hadn't helped her up to this point. We recommended that she see a clinical psychologist for cognitive behavioral therapy, which has proven to be helpful for the kind of pain she was suffering. The P-3 test helped us clarify with the patient that our goal was not to fruitlessly chase the pain score by upping her medications but to help her improve functionality by *dealing with the underlying emotional issues*.

Providing valuable support

Maki, Dasari, and their colleagues at the clinic have found that the P-3 test provides a practical, easy-to-use tool to help improve patient care. "I would tell any interventional pain practice or chronic pain clinic that doesn't have an in-house clinical psychologist: You need to use the P-3 test as an essential assessment to give to all of your patients when you first see them," concludes Dasari. "I can't see myself practicing without the help of this instrument."

Satish Dasari, MD, has practiced full-time in the field of pain management for the last eight years and has been a partner in Midwest Interventional Spine Specialists since 2002. Board-certified in anesthesiology and pain management, Dr. Dasari is a fellow of the Interventional Pain Practice association. After receiving his doctoral degree from Gunter Medical College in Gunter, India, Dr. Dasari completed a residency in anesthesia and a fellowship in critical care medicine and cardiac anesthesia at Bay State Medical Center as well as a fellowship in pediatric anesthesia at Harvard Medical School Children's Hospital. He is a member of the American Society of Interventional Pain Physicians, the American Academy of Pain Medicine and the International Spinal Injection Society.

Lori Maki, LPN, has served as a Clinical Coordinator at Midwest Interventional Spine Specialists in Munster, Indiana, for more than six years. Previously, she worked as a triage nurse in urgent care and in long-term care facilities.

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