

Litigation & Pain Management Programmes

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Background

- Several studies have shown that interventions such as multi-disciplinary pain management programmes (PMPs) improve pain related distress and disability outcomes in heterogeneous pain populations.
- There is evidence that these types of self management interventions have been withheld or delayed for individuals with ongoing litigation
- There is still debate in the literature evaluating chronic pain in the context of litigation when considering the implications that it can have on healthcare outcomes and rehabilitation progress. There have been various explanations for the variability in study outcomes, including the suggestion that there are motives of secondary financial gain previously coined as compensation neurosis

Background



- The process of compensation is complex and may cover both economic and non-economic losses, such as pain and suffering
- A study of an Australian population (non-clinical setting) identified that participants who were involved in pain related litigation reported greater levels of pain related disability
- Both litigation and employment status presented as risk factors for pain related distress and disability
- Spearing and Connelly (2011) - systematic review of the literature - no strong evidence to support the notion in whiplash cases that compensation and the associated processes were necessarily linked to worse health outcomes.

Study Objectives

- There has been an absence of longitudinal data in this population, particularly in UK samples, making it difficult to observe outcomes and progress for those patients involved in medico-legal cases
- Element of cultural anchoring to the legal systems insurances systems, which may not be appropriately extrapolated to a UK clinical sample

Participants



- Participants were patients attending an assessment clinic for a multi-disciplinary PMP diagnosed with a chronic pain condition by a physician
- Aged over 18 years and able to provide informed consent
- Chronic pain encompassed neuropathic, musculoskeletal and other pain conditions
- Patients assessed by a multi-disciplinary team as part of routine clinical care, including a Clinical Psychologist, Occupational Therapist, Physiotherapist and Medical Consultant in Pain and a team decision was made about suitability for PMP attendance

Data Collection

- Patients were split into two groups: (i) litigation and (ii) non-litigation identified by their own self report at the time of assessment
- The duration of litigation, stage of claim and type of case was not recorded in this retrospective analysis
- Patients were asked to provide information about the onset of their pain as well as employment status

Description of sample comparing both all patients with those deemed suitable for PMP intervention

	All Patients		Patients suitable for PMP	
	Litigation (n=229)	Non-Litigation (n=1905)	Litigation (n=110)	Non-Litigation (n=749)
Gender				
Male:Female	40:60	27:73	43:57	26:74
Mean age (SD)	43.95 years (11.3)	46.51 years (13.3)	44.3 years (10.2)	46.65 years (12.7)
Mean pain duration	70 months	110 months	59.5 months	104.97 months
Employed (Full or part time)	28%	27%	27.7%	36.3%
Not working specifically due to pain	44%	34%	52.4%	31.8%

Analysis

- Mixed model multivariate analysis of covariance (MANCOVA) with group (litigation vs. non-litigation) as a between-subjects variable, time (time 1 vs. time 2) as a within-subjects variable, pain intensity, BDI, PSE, PCS, CPAQ and five minute walk scores as dependent variables and age, gender and pain duration as covariates

Results

Mean Scores (standard deviations) for patients with and without litigation across psychological and physical domains of assessment

Assessment Domain	All patients assessed at T1 (including suitable and unsuitable for PMP)		Patients deemed suitable for PMP			
	Baseline(T1) Litigation [N=229]	Baseline(T1) Non-Litigation [N=1905]	PMP Baseline(T1) Litigation [N=110]	PMP Baseline (T1) Non-Litigation [N=749]	Post PMP (T2) Litigation [N=110]	Post PMP (T2) Non-Litigation [N=749]
Pain Intensity Numerical Rating Scale	7.05 (1.53)	7.49(1.61)	7.71(1.50)	7.38(1.57)	6.83(1.80)	6.33(1.83)
Beck Depression Inventory	31.63(11.22)	28.09(12.24)	30.35(9.59)	26.76(11.28)	22.30(11.07)	17.63(11.60)
Pain Self-Efficacy Questionnaire	14.30(9.79)	17.55(11.45)	14.37(9.26)	18.51(10.88)	27.90(11.52)	32.39(10.93)
Pain Catastrophising Scale	33.01(12.00)	30.64(12.48)	31.05(11.54)	28.90(11.83)	22.22(13.28)	18.33(11.62)
5-Minute Walk	152.67(114.88)	145.48(113.43)	160.84(116.42)	158.36(111.36)	230.06(132.91)	243.74(129.56)
Chronic Pain Acceptance Questionnaire	39.61(16.21)	43.92(17.61)	39.88(15.99)	45.08(17.00)	57.86(18.00)	63.68(16.04)

Results

- Litigation group appears to be slightly younger, more likely to be male than a non-litigation sample, with a shorter duration of pain
- Patients with ongoing litigation were significantly worse across all psychological and physical domains than those without the context of litigation - irrespective of whether the patient was deemed suitable for the PMP intervention

% Clinically Sig. Change

	Litigation	Non-Litigation	Chi-Squared test for independence (Yate's Correction for Continuity)
Pain Intensity Numerical Rating Scale	30%	36.1%	$\chi^2 = 1.58$ $p=0.21$ (n = 1028)
Beck Depression Inventory	60.3%	60%	$\chi^2 = 0.02$ $p=0.89$ (n = 1024)
Pain Self-Efficacy Questionnaire	73.4%	76.8%	$\chi^2 = 0.53$ $p=0.47$ (n = 1033)
Pain Catastrophising Scale	58.3%	61.1%	$\chi^2 = 0.27$ $p=0.60$ (n = 1030)
5-Minute Walk	47%	53.4%	$\chi^2 = 1.63$ $p=0.20$ (n = 956)
Chronic Pain Acceptance	80.2%	76.4%	$\chi^2 = 0.68$ $p=0.41$ (n = 1020)

Results

- The litigation sample continued to report higher levels of distress and lower levels of physical functioning post-PMP when compared with the non litigation sample
- Amount of change achieved from participation in the PMP remained comparable across the two groups, with no statistical significant differences between the percentages of change between the groups

Employment & Depression

- Greater proportion of patients who are unemployed in the litigation sample, with a greater proportion citing the reason for unemployment being directly related to chronic pain



Conclusions

- Context of litigation alone should not be a sole reasoning for delay or exclusion of individuals from multi-disciplinary self management
- The assumption that positive change in functional and psychological outcomes is unlikely due to potential secondary financial gain in the litigation process is not convincingly supported by the data in the current observational study.