IS IT FEASIBLE TO CARRY OUT LONGITUDINAL ASSESSMENT OF PAIN-RELATED PATIENT-REPORTED OUTCOMES IN PATIENTS AFTER SURGERY AND BY WHICH MEANS? FINDINGS FROM PAIN-OUT IN MEXICO

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Main Category: C (clinical)

Main Topic: Instruments for the assessment of pain

Background and aims: Longitudinal assessments of pain-related outcomes (PROs) offer means to learn about recovery from surgery. What is the optimal method for tracking these PROs? Patients often provide assessments by filling in paper-based questionnaires and/or interviews. This can be impractical with scarce human resources. Mobile health, e.g. by a phone application, may facilitate this process. We assessed (1) the feasibility of surveyors/patients obtaining/providing PROs at two-time points after surgery using a questionnaire sent to patients' smartphones versus interviews and (2) the method preferred by surveyors/patients.

Methods: PAIN OUT, a perioperative pain registry, provided tools for assessing PROs, demographic and clinical findings on postoperative days (POD) 1/7/28 in patients undergoing mixed surgical procedures, in 14 Mexican hospitals. Primary endpoint: obtaining 60 full datasets/ward over 18 months.

Results: In this interim analysis, 1538/1107/1026 patients provided data on POD1/POD2/POD28, 31% of wards reached the primary endpoint. On POD7/28, 10/11% of the questionnaires were digital and 90/89% were interviews. Reasons for preferring interviews versus digital questionnaires were multi-factorial, patient- and hospital-related. Staff tended to prefer the digital option, saving on resources (time and manpower). Most patients preferred interviews, generally appreciating the follow-up. Despite the considerable effort involved, staff report benefiting from insights about changes in acute pain over time. Findings are leading to establishing a transitional pain clinic in one hospital.

Conclusions: In this study, it was possible to obtain outcome data from patients over several time points. Studying underlying reasons for preferring one method over another should help in planning policies for approaching patients for longitudinal evaluations.

Do you have any conflict of interest to declare (industry support) for the past 3 years related to this work? Yes

Conflict of Interest statement: Unrestricted educational grant for a quality improvement study from Pfizer Global Medical Grants.

Has this study been approved by an ethics committee?: Yes

In case of patient case presentations: Do you have approval from the patient/patients? No Explain why: We do not provide patient case presentations

I am interested in participating in a poster walk: Yes My abstract has an industry perspective: No I wish to be eligible for a poster prize: No

If selected, I would like to give an oral presentation in addition to the poster presentation: Yes