IN BRIEF A Summary of the Evidence

Multidisciplinary Treatment Programs for Patients With Chronic Non-Malignant Pain: A Review

Key Messages

• Multidisciplinary treatment programs aim to treat chronic pain through a combination of approaches, often involving education, as well as medical, behavioural, and physical therapy.

• These programs may reduce chronic musculoskeletal pain, anxiety, and depression, while increasing quality of life. But they may not be more effective than standard treatment, overall. There appears to be no difference between the treatments for total health care resources used or for time off from work.

• For patients with fibromyalgia, these programs may also reduce pain and increase quality of life compared with standard treatment, but evidence is limited.

• Adverse effects associated with multidisciplinary treatment programs are unknown because of a lack of evidence.

• There was no evidence found regarding the cost-effectiveness of these programs.

• Three guidelines recommended multidisciplinary treatment programs for the management of chronic non-life threatening pain in certain circumstances. Of these, one guideline from Canada recommended these programs for chronic pain patients having difficulty decreasing opioid use.

Context

Chronic pain is defined as pain that lasts for more than three months and is often associated with disorders such as osteoarthritis, low back pain, and fibromyalgia. The long-lasting nature of chronic pain can negatively affect many aspects of patients’ lives, including their social and professional activities and general quality of life. In Canada, the direct costs of chronic pain to the health care system are estimated to be more than $6 billion annually, and the indirect costs resulting from job losses and sick days are estimated to be more than $37 billion annually.

Technology

As chronic pain is a condition that affects many aspects of life, it is thought that a single treatment method may not be the optimal way to manage chronic pain, and that a multidisciplinary approach may be the answer. A multidisciplinary treatment program for pain management is often defined as involving at least three of the following therapies: medical treatment, psychotherapy, physiotherapy, relaxation techniques, patient education, or vocational therapy. The program must be delivered by at least two health care professionals of different specialties. However, the accessibility of such a program might be limited by a patient’s time and resources. Attending sessions may require time off work or conflict with other commitments in a patient’s life, and it may be difficult to manage prolonged sitting during sessions.

Issue

With the decreased patient convenience associated with the multi-faceted approach of multidisciplinary treatment programs, there is a need to determine whether these programs represent a viable treatment option. A 2011 CADTH report entitled Multidisciplinary Treatment Programs for Patients with Non-Malignant Pain: A Review of the Clinical Evidence, Cost-Effectiveness, and Guidelines found that multidisciplinary treatment programs may effectively reduce pain and the use of prescription pain medication, as well as improve psychological and social aspects of life.
A review of the most recent evidence on the clinical effectiveness, cost-effectiveness, and guidelines for multidisciplinary treatment programs for patients with chronic non-malignant pain outside of a hospital setting will update the previous report and help inform decisions on options for managing chronic pain.

Methods
A limited literature search was conducted of key resources, and titles and abstracts of the retrieved publications were reviewed. Full-text publications were evaluated for final article selection according to predetermined selection criteria (population, intervention, comparator, outcomes, and study designs).

Results
The literature search identified 482 citations, and 36 potentially relevant articles were selected for full-text review. An additional five articles were identified from other sources. In total, 16 articles met the criteria for inclusion in this report — two systematic reviews, six randomized controlled trials, three non-randomized controlled trials, and three clinical practice guidelines. One randomized controlled trial was described in two reports, and one non-randomized controlled trial was described in two reports.

Read more about CADTH and its review of multidisciplinary treatment programs for patients with chronic non-malignant pain at: cadth.ca/multidisciplinary-treatment-programs-patients-chronic-non-malignant-pain-review-clinical.

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