Refugees in Pain: A Retrospective Chart Audit

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Introduction

Refugees often have experiences of violent and psychological trauma [1,2,] leading to prevalence of mental health issues,. physical disabilities, and persistent pain.

Management of persistent pain for refugees is complex as a result of cultural interpretations of pain, language barriers and distrust of formal health systems [3,4,5.]

In some cultures, persistent pain is considered to be a natural part of life[2] resulting in failure to seek treatment.

Clinicians at the Persistent Pain Clinic at Princess Alexandra Hospital sought to identify factors impacting on refugees using this service adequately.

Aim

The aim of our study was to conduct a retrospective chart audit to gain an understanding of the characteristics of the refugee population attending the Persistent Pain Clinic at Princess Alexandra Hospital as a first step towards providing optimal pain management to refugees.

Methods

Retrospective chart audit of medical records of refugees who attended the clinic was conducted (2015-2017).

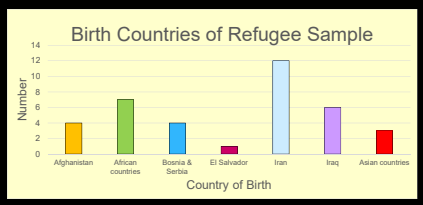
- Adapted Minnesota Complexity Assessment Method [6] (MCAM) used.

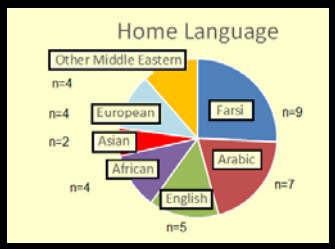
Data Collected

- Demographics
- DASS21 & (Brief Pain inventory) BPI pre and post scores
- Attendance details: No of appointments booked, No of Appointments kept, Failure to Attend (FNA)
- Discharge Information
- Information about Pain & Trauma
- Social context family & networks

Sample

N=37 (17 M, 20 F);
Mean age: 44.7 years





Mean years in Australia: 9.4 years
- 29 patients required use of an interpreter.
- 8 Patients had functional use of English.

Work status: 18 unemployed, 3 working, 7 on Disability Support Program, 2 home duties, 4 studying English.

Results

Pain Duration: Mean 8.6 years

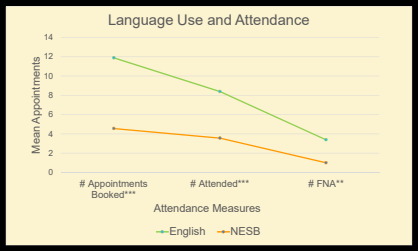
Most patients had PTSD (n=22) or PTSD Symptoms (n=11), often contributing to pain.

MCAM Measures:
- Very high levels of pain interfering with functioning;
- Very high levels of distress, distraction, preoccupation;
- Less than half displayed readiness to engage in treatment options;
- Almost all patients had restricted participation in social networks; modal interference in 2 domains.

Self-report measures:
- About two thirds completed questionnaires of intake & one third completed at end of treatment.

Discharges:
- 27 patients discharged
- 8 patients improved with treatment, especially in functioning.
- Other discharges equally split into active and passive withdrawal by patient, and doctor initiated discharge.

Issues that may lead to less than optimum pain management:
- Very high levels of pain, distress, and interference with functioning in refugee patients.
- Communication difficulties with clinicians despite use of interpreters.
- Inability to use functional English is a significant factor affecting attendance, completion of self-report measures and engagement in group programs.
- Cultural issues, including differing cultural views of pain, may interfere with patient treatment.



*** p<.001; ** p<.01

References

1. Australian Institute of Health and Welfare (AIHW), Canberra. (2011). *Australia's Welfare 2011 in Brief (Australian Welfare No. 10. Cat No. AUS 145).* Retrieved June 19, 2018, from http://www.aihw.gov.au/publication-detail/?id=10737420536
2. Sonne, C., et al. (2016). Psychosocial predictors of treatment outcomes for traumatised refugees. Doi : 10.3402/ejpt.v7.30907 PMCID: PMC4889772
3. Lin, I. B., et al. (2013) Disabling chronic low back pain as an iatrogenic disorder: A qualitative study in Aboriginal Australians. DOI: 10.1136/bmjopen-2013-002654
4. Schulz, T., et al. (2012). Health issues in the refugee population. *Medicine Today, 13 (3), 79-85.*
5. Burton, A, B., et al. (2015). Pain management programs for non- English speaking black and minority ethnic groups with long-term chronic pain: Literature review. *Musculoskeletal Care*, 13, 187-203.
6. Minnesota Complexity Assessment Method (2009). University of Minnesota Department of Family Medicine & Community Health, 4/23/2009.

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