

# PAIN IN EUROPE XIV

COMORBIDITY OF CHRONIC PAIN AND MENTAL HEALTH DISORDERS: BREAKING THE CYCLE



14TH CONGRESS OF THE EUROPEAN PAIN FEDERATION EFIC®

24-26 APRIL 2025 | LYON, FRANCE

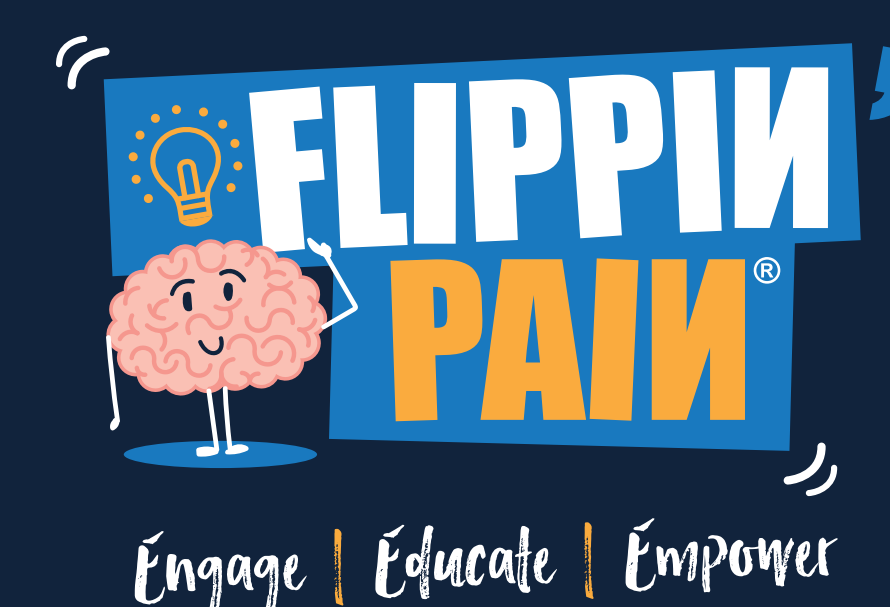
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## Flippin' Pain Goes to School

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I-B.30

### Introduction

Public understanding of persistent pain is fraught with misconceptions.

Pain science education in schools may improve public understanding long-term.



### Aim

This study evaluated the impact of a one-day Pain Science Education (PSE) public health event delivered in a 16-18 year old school setting.

Outcome measures:

#### Quantitative

- Knowledge
- Attitudes
- Behavioural intention

#### Qualitative

- experiences of the day
- experiences of pain science education



### Method

Multi-site, non-randomised controlled, mixed-methods study

3 data collection time points: baseline, post intervention, and three-month follow-up.

Participants: high school students ≥16 years old.

- Pain Beliefs Questionnaire (PBQ [organic and psychological subscales]),
- Concepts of Pain Inventory (COPI-Adult), a case vignette,
- reflexive thematic analysis of semi-structured interviews.



## Results

77 attended the intervention but 47 lost to follow up

30 intervention group participants – mean age 16.6 years, 37% female, 63% male. 37% of the control group had had chronic pain, 13% had current chronic pain, 23% had 2-8 areas of pain

24 control group participants 63% female, 37% male. 34% had had chronic pain, 41% currently had chronic pain. 46% had 2-8 areas of pain.

Majority white ethnicity

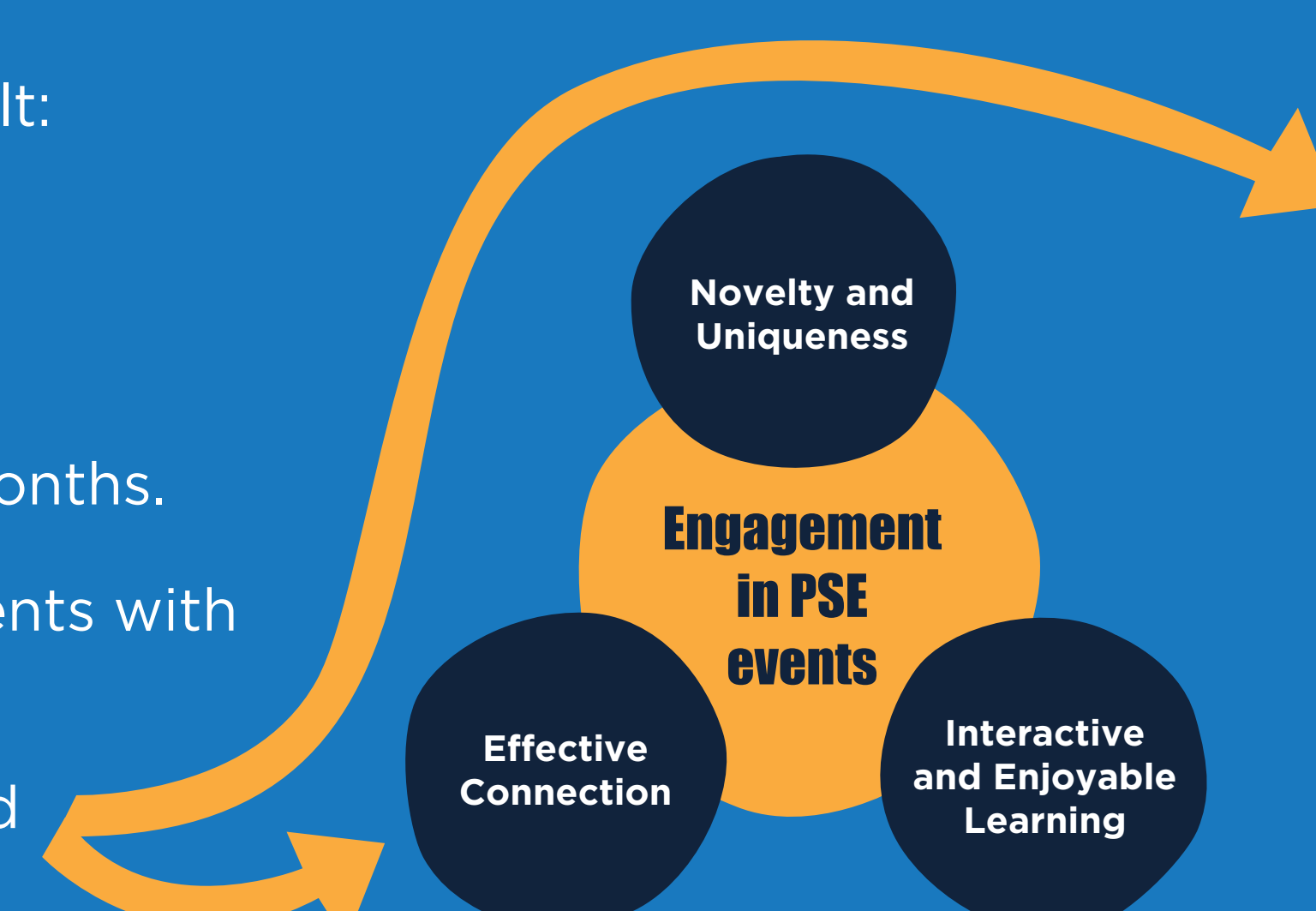
Attending the pain education event was associated with in both PBQ and COPI-Adult:

- reductions in biomedical beliefs
- increases in biopsychosocial beliefs

These shifts were partially sustained at 3 months.

- Improvements for case vignette assessments with more suggestions of active management
- Semi structured interviews n= 13 identified

Data collection point	PSE Group Mean (SD)	Control Group Mean (SD)	Between Group Mean Difference (95% CI)
Change from Baseline to immediately post intervention			
PBQ Organic	-4.2 (4.8)	-0.2 (1.7)	-4.4 (-6.0, -1.9)
PBQ Psych	4.8 (4.2)	0.2 (1.6)	4.6 (2.7, 6.4)
COPI-Adult	8.8 (7.2)	-0.5 (1.6)	9.3 (6.4, 12.4)
Change from Baseline to 3 months post intervention			
PBQ Organic	-2.2 (4.4)	-0.3 (2.5)	-1.9 (-4.0, 0.6)
PBQ Psych	3.0 (4.0)	0.7 (3.1)	2.3 (0.3, 4.3)
COPI-Adult	2.9 (7.5)	0.3 (-3.4)	2.6 (0.7, 6.0)



Biopsychosocial

Greater Empathy

Medication not the answer

Recovery is possible

Reconceptualisation

Person with pain is the expert

Pain is common

MRIs / Scans

Not bed rest keep moving

Relating to self

## Conclusion

Attendance at a one-day PSE-based public health event was associated with improved, ie more biopsychosocial based:

- Knowledge
- Beliefs
- Behavioural intentions regarding persistent pain.
- Awareness of chronic pain
- Engaging education

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## Waiting with Pain

I-A.28

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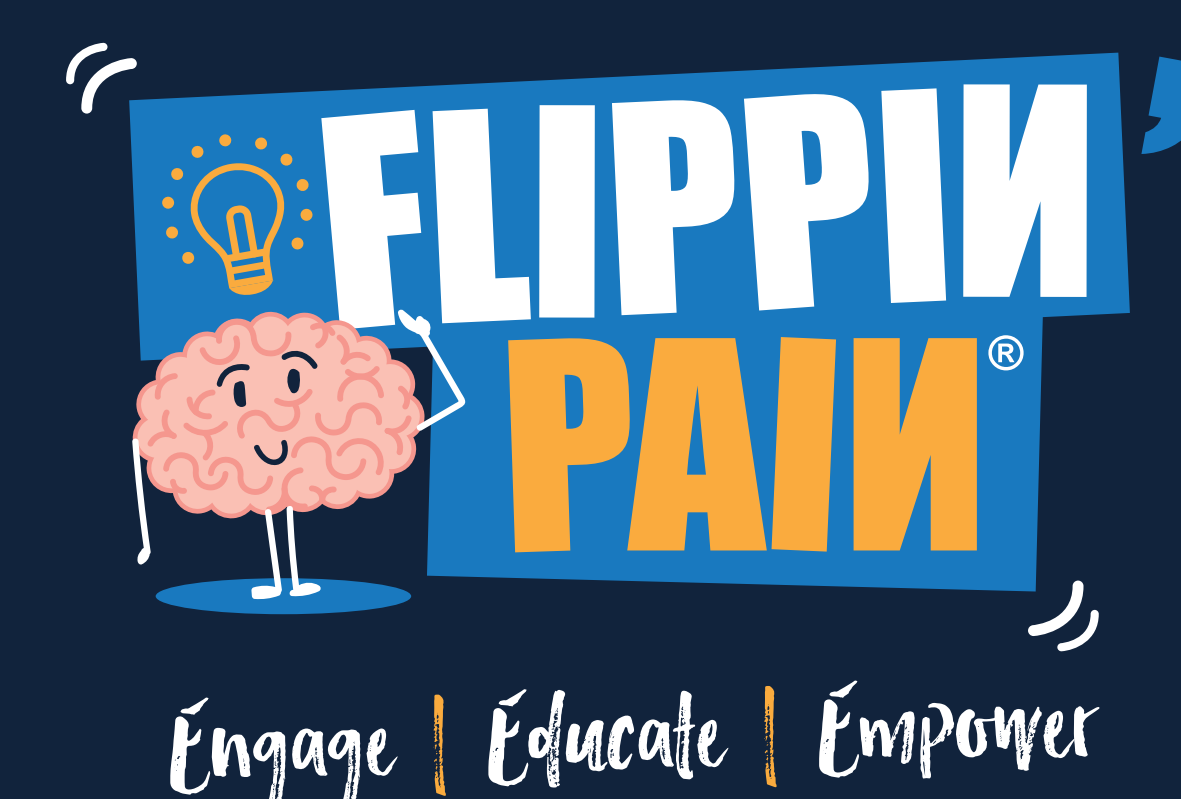
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### Introduction

Waiting lists for referral to treatment in the UK numbered 7.5 million people in 2024. Trauma and orthopaedics was largest at 800,000. Many on waiting lists have pain from different causes. Waiting lists to access pain management services alone in Britain can vary from 6-112 weeks. Pain science education (PSE) aims to address misconceptions about pain and has the potential to improve pain knowledge, movement evoked pain, worry about tissue damage, pain levels and associated disability.



### Aim

Evaluate the experience of online delivery of PSE en masse to people with persistent pain who are on NHS waiting lists for any number of conditions that may feature persistent pain.



### Method

A mixed-methods, observational cohort study of mostly Scottish NHS waiting list patients

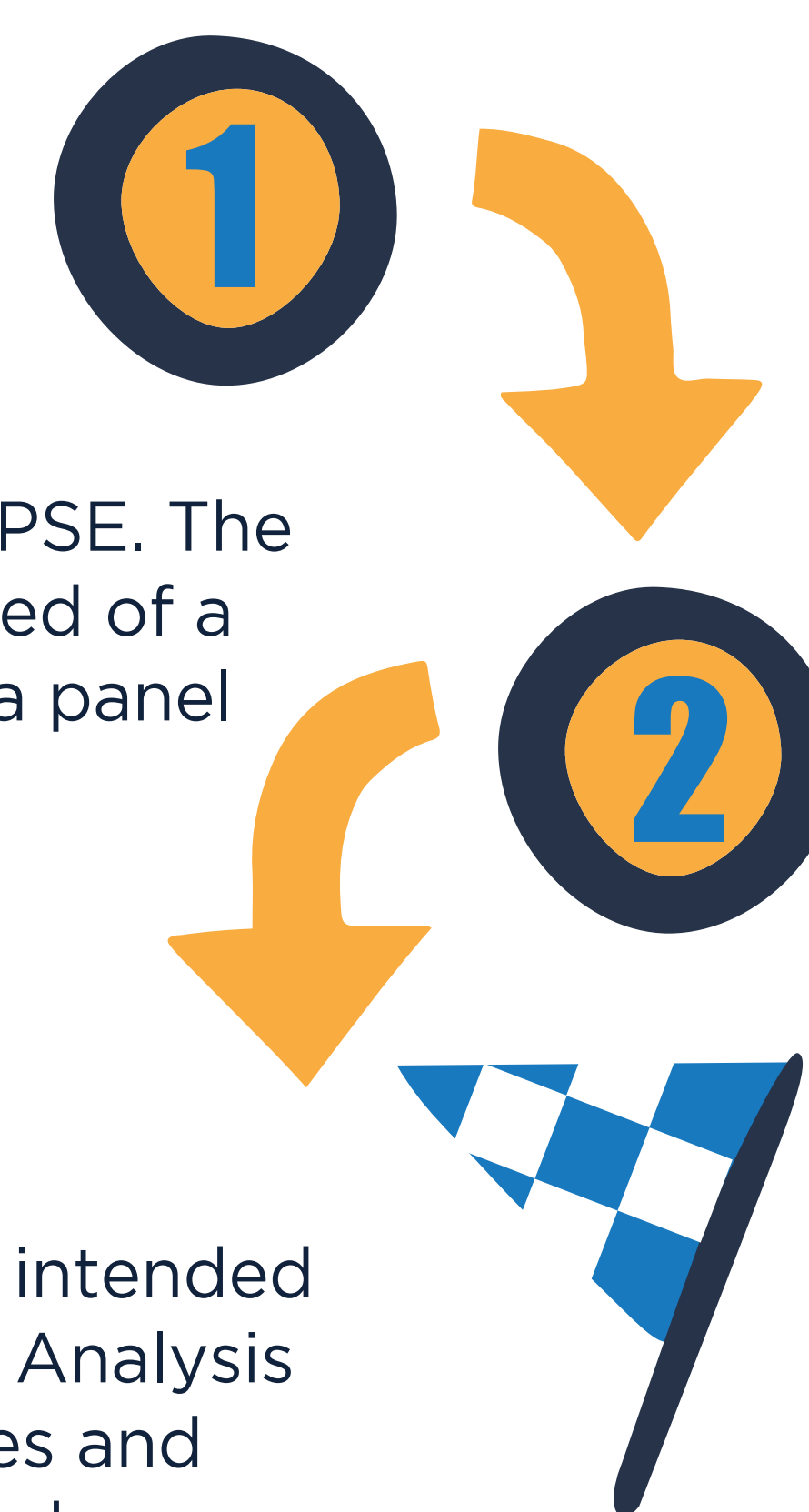
Three seminars were presented by experts in the delivery of PSE. The sessions lasted approximately 90 minutes each. They consisted of a 45-60 minute didactic presentation followed by a Q&A with a panel of clinicians and people with lived experience of pain.

"Rethinking Pain: New Understanding & New Possibilities"

"Why Everything Matters when it comes to Pain"

"Flippin' Everything you thought you knew about Arthritis", respectively.

A questionnaire was circulated post intervention to establish intended behaviours relevant to pain and perception of the education. Analysis used descriptive statistics to assess the quantitative outcomes and reflexive thematic analysis to interpret the qualitative data and facilitate identification of patterns or themes.



## Results

114 people with persistent pain on a waiting list for services provided by Scottish NHS participated in the PSE webinars.

People were on waiting lists for pain management services, orthopaedics, rheumatology or other (including reportedly urology, gynaecology, orthotics, joint replacement, neurology and blood tests).

The majority of participants

- felt more hopeful about their future,
- intended to increase activity levels,
- were more likely to reduce their opioid use.
- Generally participants felt more confident to talk to others about their pain.
- Attitudes towards wanting imaging for the problem changed in 35% of the sample population to either less likely or more likely to question the need for imaging.

Generally PSE was well received and gave feelings of hope and empowerment, it was interesting and gave participants a feeling that they were not alone. The large majority of participants, 80%, said that they would recommend the webinars to others.

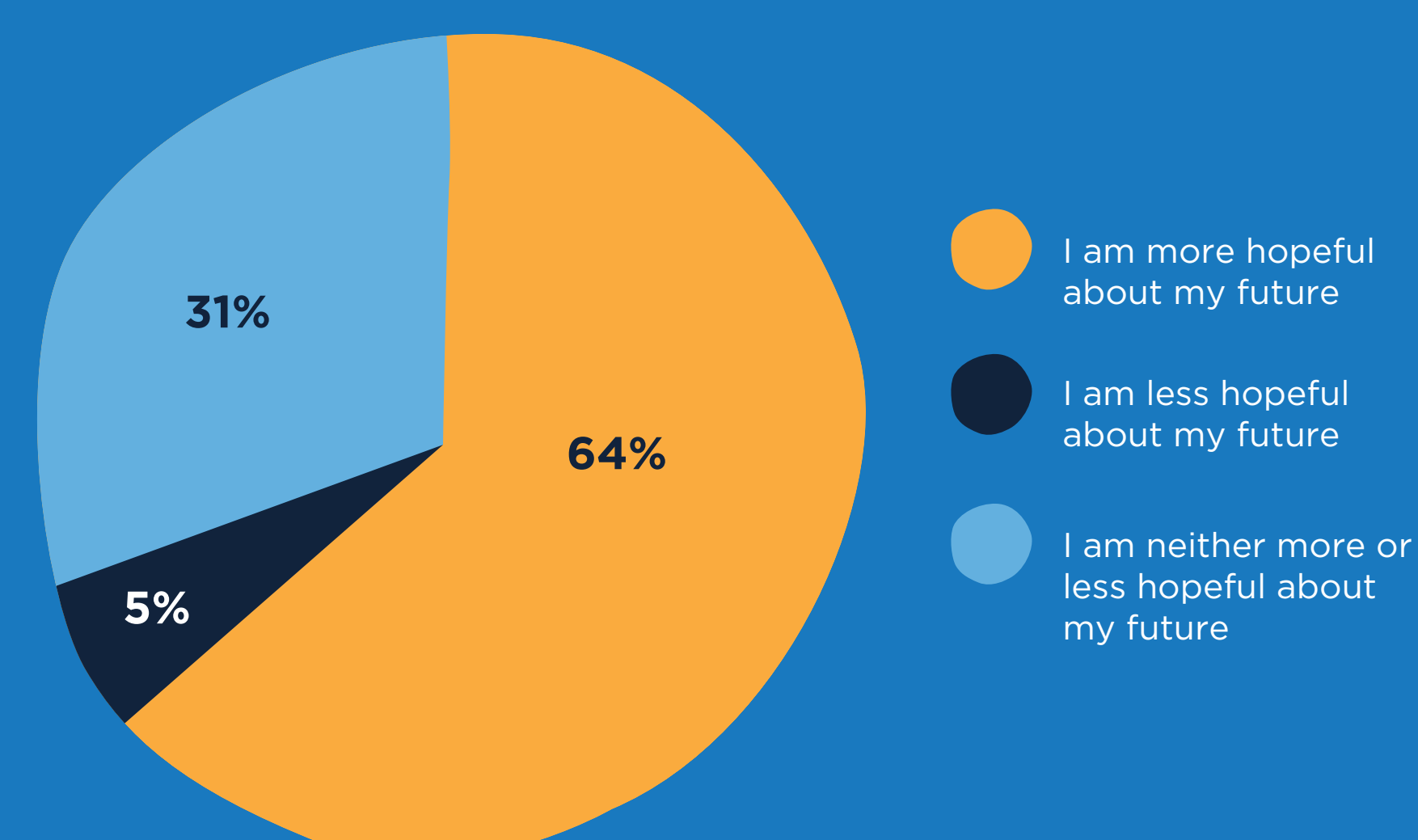


Fig 1. People with persistent pain on a waiting list and their hopefulness after PSE

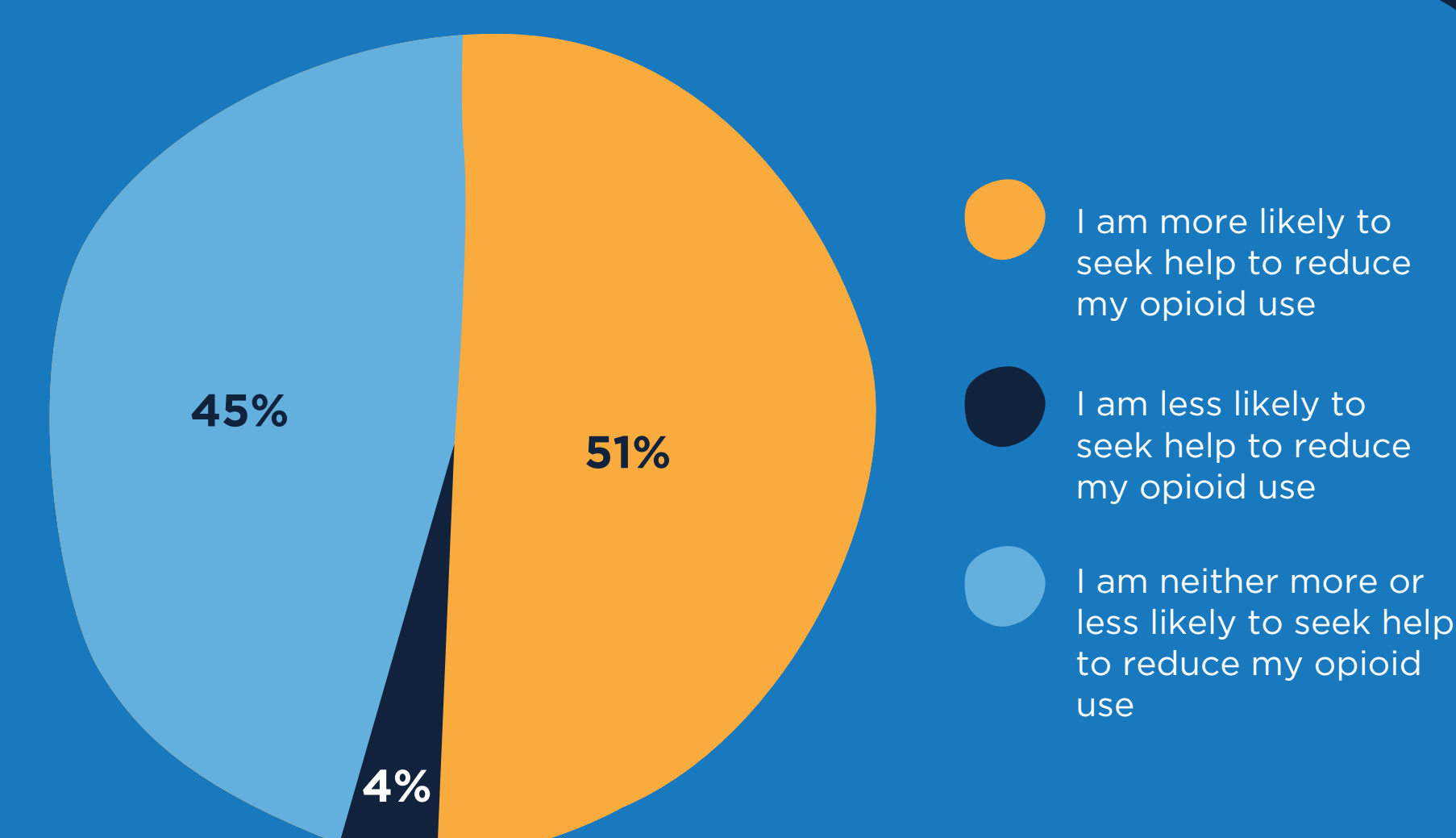


Fig 3. Participant opinions about opioid medication usage post webinar.



Fig 6. Theme tree for the question, 'What did you find most useful about the webinars?'



Fig 7. Themes emerging from the question 'Has attending the webinar(s) changed what you expect from or how you feel about future healthcare appointments regarding your pain?'

## Conclusion

Participants awaiting pain management on Scottish NHS waiting lists found PSE webinars to be helpful in their perception of their pain and feelings of hope. They also shifted their intention to being more active in their pain management in line with the evidence base.



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