

Appropriate Selection or Poor Triaging? Assessment of Patient Profiles for Neuromodulation to a Tertiary Academic Pain Program.

R Darville, P Gunasekaran, N Prasad, A Alomari, D Alvares, V Bains, E Robertson, P Kumar, A Bhatia
 Neuromodulation for Pain Program, Toronto Western Hospital, University of Toronto, Toronto, Ontario, Canada



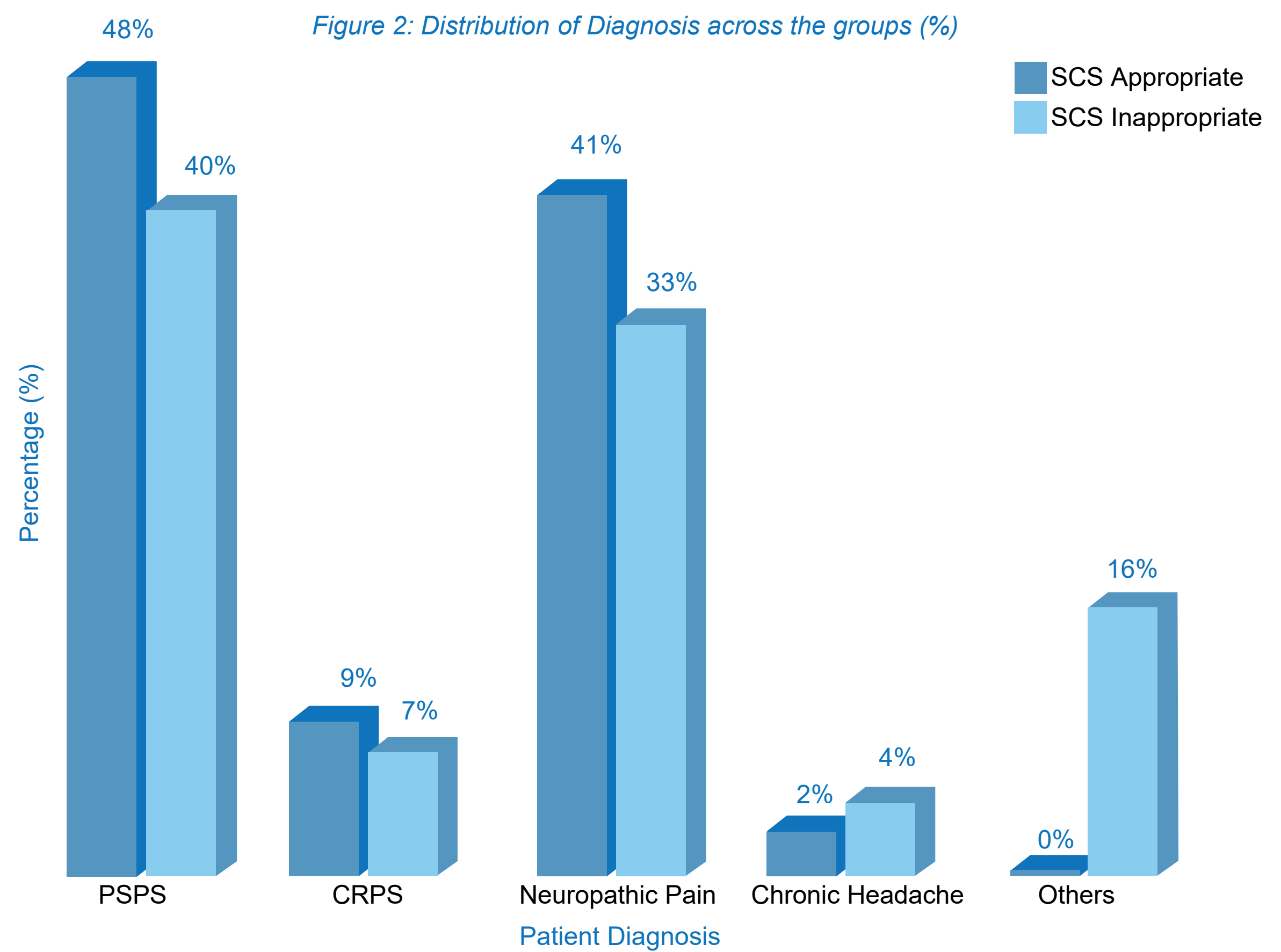
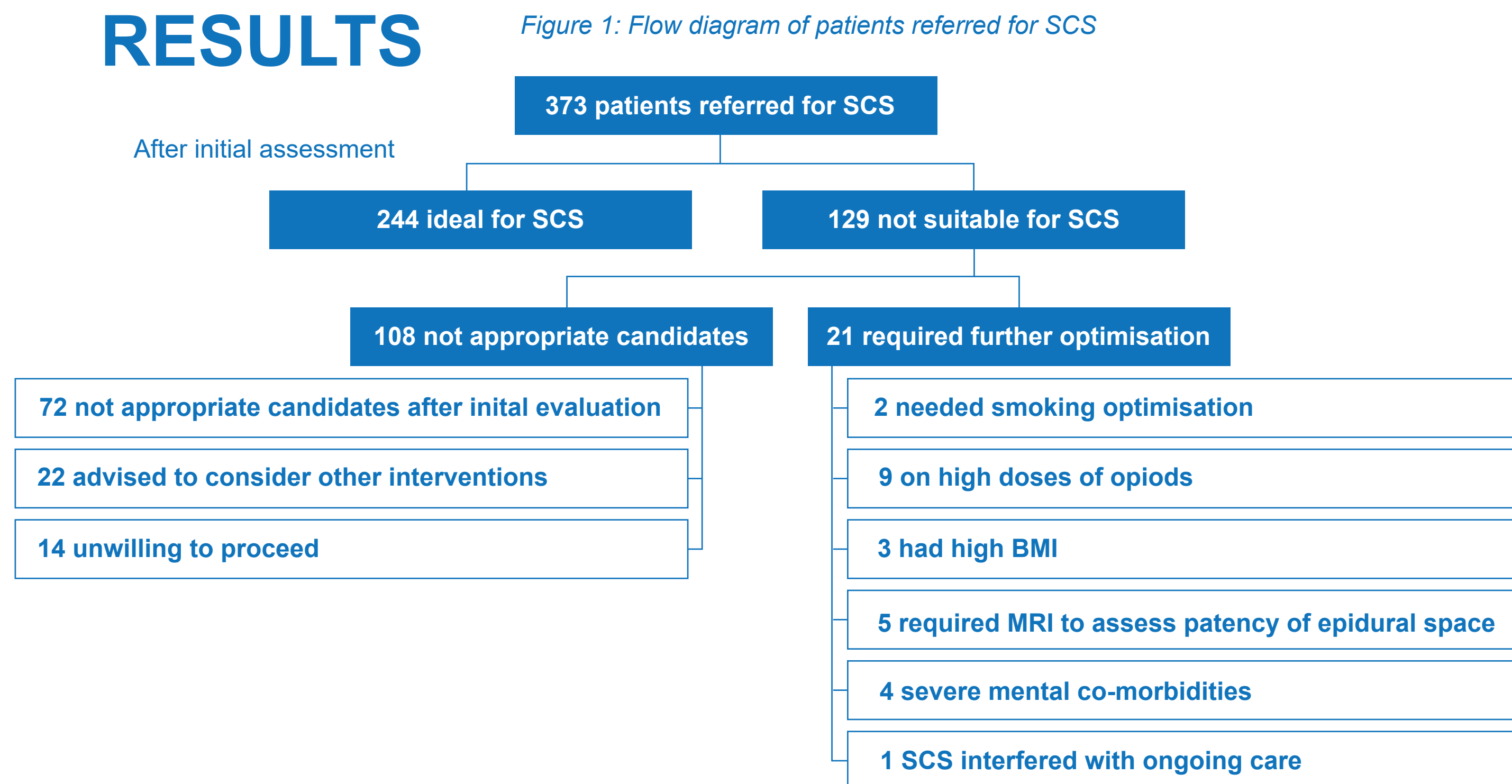
INTRODUCTION

- Assessing patients with refractory pain who may not be appropriate candidates for SCS results in:
 - Disappointment and frustration for patients and carers
 - Suboptimal use of limited program resources
- Objective: To evaluate the effectiveness of the Neuromodulation clinic referral and triage process.

METHODOLOGY

- Study Period:** July 1, 2022 – June 30, 2024.
- Data Source:** Referral and assessment records from the Neuromodulation for Pain Program (NPP).
- Cohort Classification:** Patients were categorized into two groups:
 - SCS-appropriate (Neuromodulation appropriate).
 - SCS-Inappropriate (Inappropriate referral for neuromodulation)
- Data was collected, summarized and analyzed

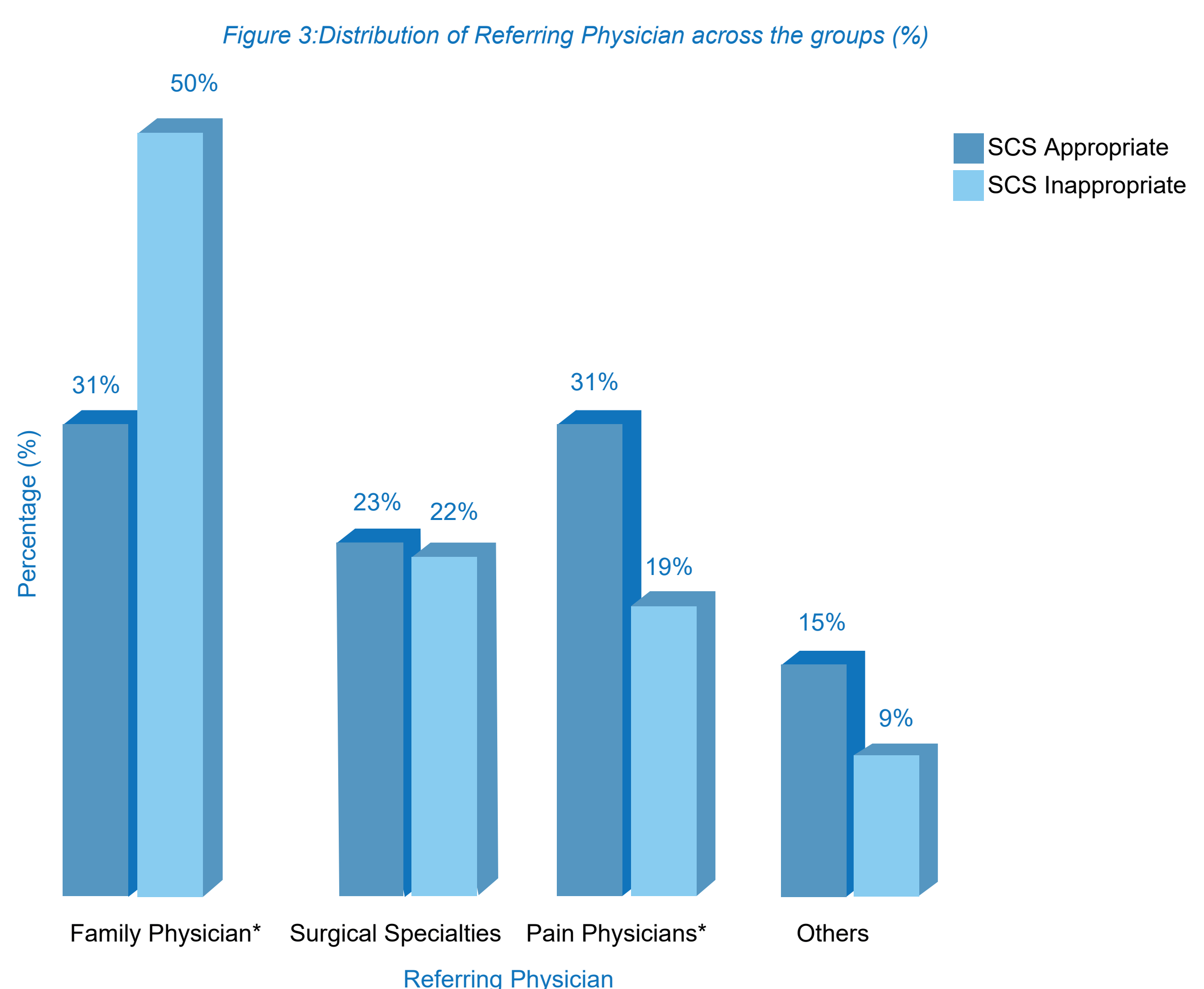
RESULTS



Comparison between SCS Appropriate and SCS Inappropriate group. An asterisk (*) denotes a p<0.05

Variables	SCS Appropriate MEAN / Number (SD/ %)	SCS Inappropriate MEAN/ Number (SD/ %)	P-VALUE
# Patients	N = 244	N = 129	
Males: Females	124:120 (51:49%)	56:73 (43:57%)	P = 0.465
NRS	6.82 ± 1.6	6.08 ± 2.2	P = 0.042*
OMED	19.28 ± 40.9	31.93 ± 81.3	P = 0.046*
GAD	10.00 ± 5.8	10.06 ± 6.4	P = 0.920
PHQ-9	12.33 ± 6.5	12.80 ± 7.2	P = 0.523
DN4 Neuropathic Pain ≥ 4	165 (71%)	65 (52%)	p = 0.0005*
PSQI	10.48 ± 4.7	11.15 ± 4.5	P = 0.211
BPI	47.01 ± 12.5	46.01 ± 13.4	P = 0.479
PCS	26.25 ± 13.8	26.96 ± 13.6	P = 0.655
NPSI	48.22 ± 21.3	44.91 ± 22.8	P = 0.193
EQ-5D VAS	45.10 ± 22	46.1 ± 24	P = 0.695

BPI-Interference: Brief Pain Inventory – Interference subscale; EQ-5D VAS: EuroQuol – 5 dimension visual analogue scale; GAD-7: Generalized Anxiety Disorder – 7 item; NPSI: Neuropathic Pain Symptom Inventory; PCS: Pain Catastrophizing Scale; PHQ-9: Patient Health Questionnaire – 9 items for depression; PSQI: Pittsburgh Sleep Quality Index, NRS: Numerical Rating Scale



CONCLUSION

- 35% of referred patients were assessed as being unsuitable for SCS.
- We identified pain intensity and quality as factors that may influence the probability of neuromodulation being an appropriate therapy for pain.
- Other variables included:
 - Whether referral was from a “neuromodulation-educated” physician
 - Patient daily opioid dose

FUTURE DIRECTIONS

- Family physician education
- Request opioid doses with referral package
- Introduction of a brief educational sheet
- Adding DN4 questionnaire in referral package

References: SCS e-health tool. <https://scstool.org/en>. Accessed on June 28, 2024.