The Inpatient Pain Experience: Understanding the Circumstances that Culminate in Hospitalizations among Patients with Chronic Pain

COLUMBIA | COLUMBIA UNIVERSITY IRVING MEDICAL CENTER

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INTRODUCTION

Chronic pain affects more than 20% of the U.S. adult population [1]. Beyond its substantial functional and economic burden, chronic pain is also associated with significant barriers to accessing care. Pain clinics have historically maintained long waiting times, generating significant complaints from patients and referring physicians alike [2].

This study characterizes the social, emotional, and healthcare-related circumstances of a hospitalization among patients with chronic pain.

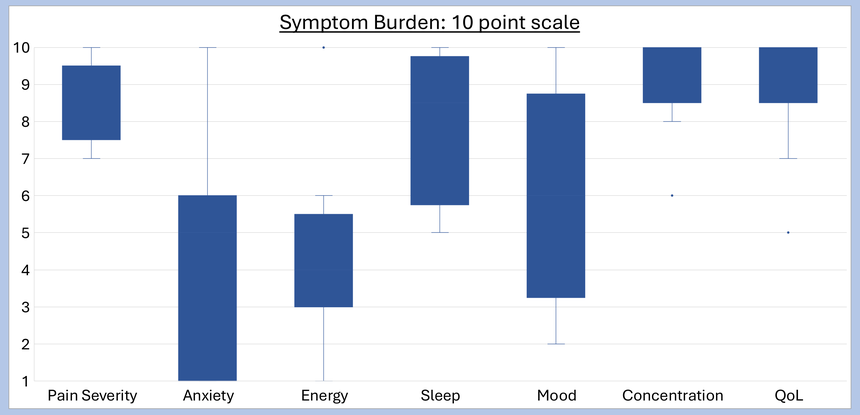
METHODS

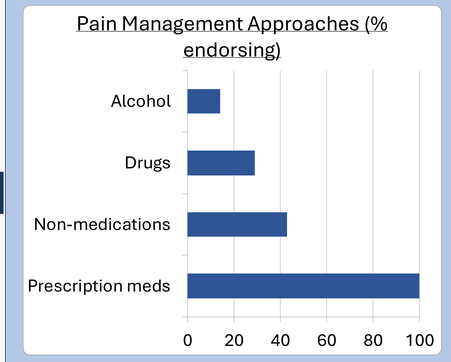
This study was approved by the Columbia University Institutional Review Board, and written informed consent was obtained. Adult patients with a diagnosis of chronic pain hospitalized at Columbia-NYP completed an anonymous 47-item questionnaire.

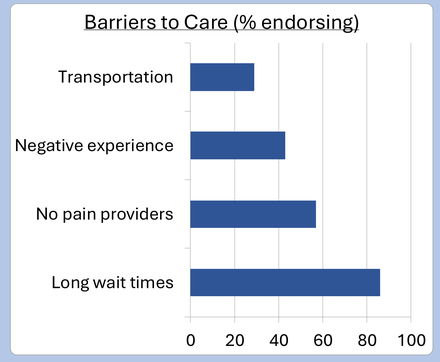
PARTICIPANT DEMOGRAPHICS

Participant	Age (yrs)	Diagnosis Length (yrs)	Gender	Pain Diagnosis
P1	51	5	Female	Back Pain
P2	36	3	Male	Other
P3	53	8	Female	Back Pain
P4	61	3.5	Male	Back Pain
P5	34	34	Male	Other
P6	57	9	Female	Autoimmune
P7	67	8	Male	Back Pain
Overall	51.3 ± 12.3	10.1 ± 10.8	43% Female	57% Back Pain

RESULTS







Domain	Key Findings (n = 7)
Expected wait time for chronic pain provider (CPP) appointment	86% expected within 1 week
Max wait before using other substances	29% reported 1 or 2 weeks; 71% would not use any
Max wait before ED visit	57% would wait 1 week
Ideal follow-up frequency with CPP	71% expected weekly or every few weeks

RESULTS

86% EXPECTED PAIN CARE WITHIN ONE WEEK

YET 86% IDENTIFIED LONG WAIT TIMES AS A BARRIER TO CARE

8.85 OUT OF 10

INADEQUATE PAIN CONTROL AFFECTED QUALITY OF LIFE

57%

REPORTED NO PAIN PROVIDERS IN THEIR AREA

DISCUSSION

Participants reported severe impairment in daily functioning due to pain, and some reported use of other substances and non-prescribed medications. Most participants expected to see a chronic pain provider within one week; however, barriers included long wait times and transportation challenges. Future work should investigate these barriers and identify interventions to improve access to chronic pain care.

REFERENCES

1. Rikard SM, Strahan AE, Schmit KM, Guy GP. Chronic pain among adults — United States, 2019–2021. MMWR Morb Mortal Wkly Rep. 2023;72(15):379–385.
2. Lynch ME, Campbell FA, Clark AJ, et al. Waiting for treatment for chronic pain — a survey of existing benchmarks: toward establishing evidence-based benchmarks for medically acceptable waiting times. Pain Res Manag. 2007;12(4):245–248.