

Pain Prehabilitation and its Utility in Improving Outcomes and Patient Satisfaction in Chronic Pain

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Introduction

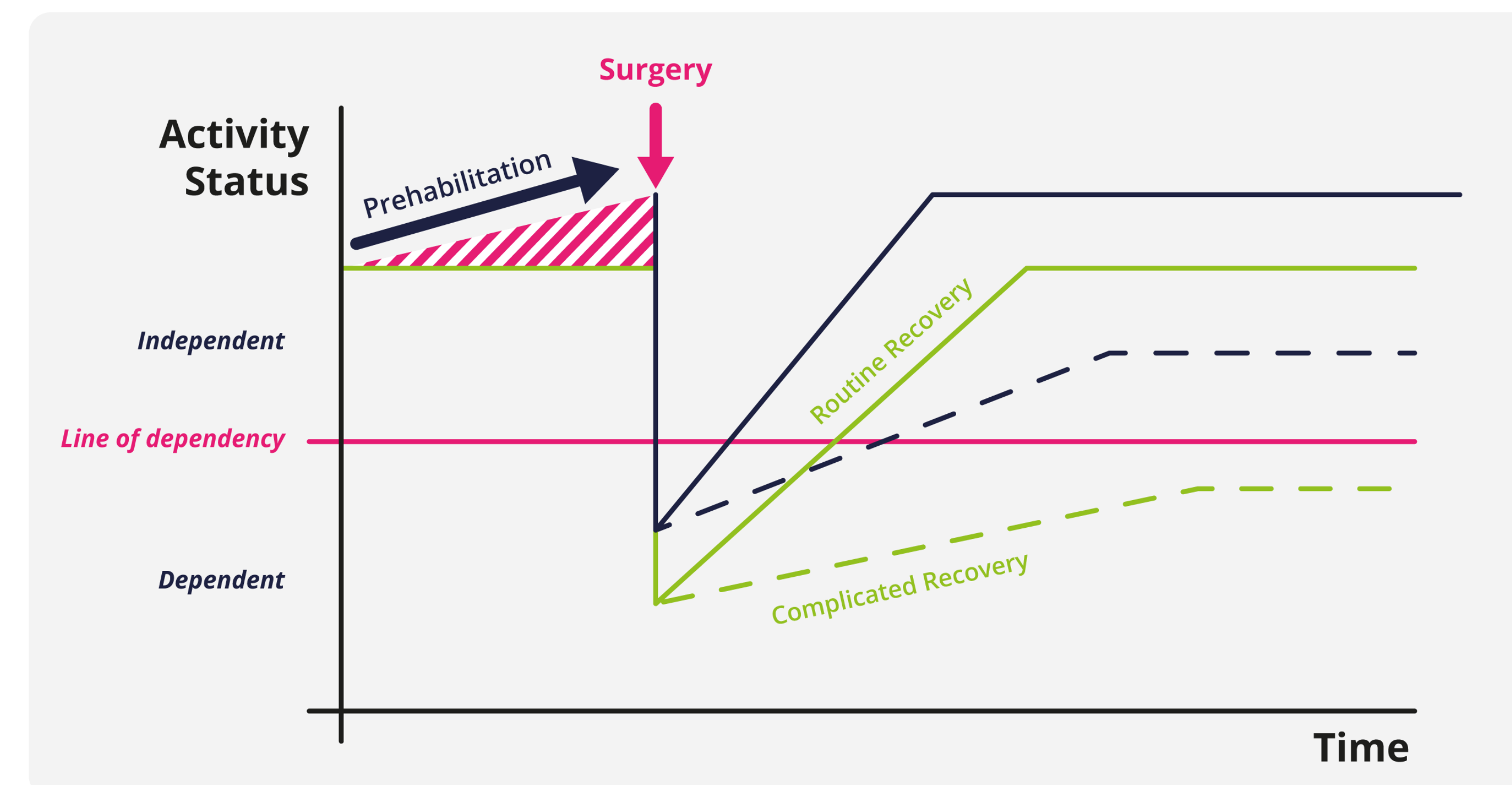
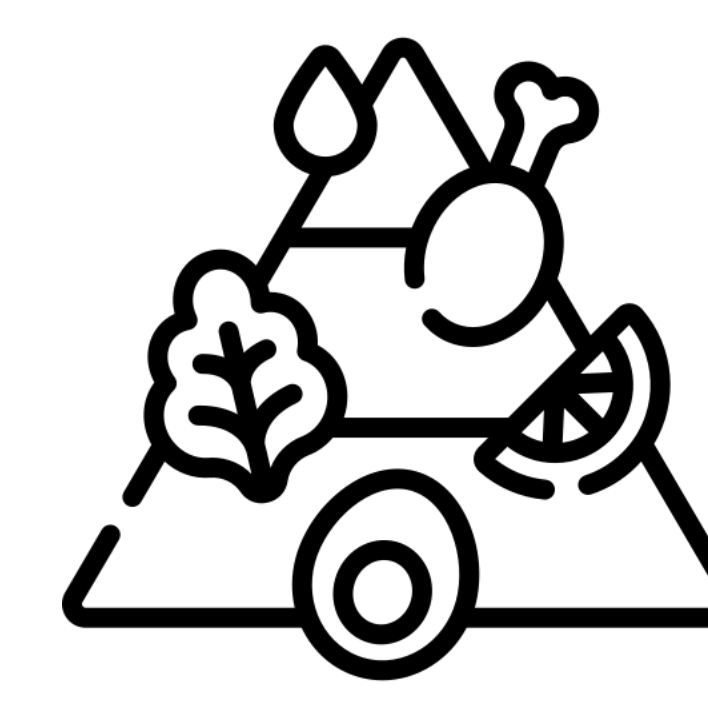
- Prehabilitation refers to the process of enhancing the physical, psychological, and/or nutritional status during the period between diagnosis and initiation of treatment.
- In presurgical prehabilitation, moderate-certainty evidence supports its role in improving postoperative functional recovery in certain populations¹
- Pre-operative ERAS protocols have a mean saving of \$1458.62 per patient, recuperating subsequent cost from surgical intervention and reducing healthcare utilization³.
- Despite its growing use, prehabilitation remains an underutilized tool in chronic pain.
- We conducted a literature review evaluating the use of prehabilitation in chronic pain management.

Methods

Through Pubmed, the search words, “prehabilitation” and “chronic pain” were used. This yielded few review articles focusing on prehabilitation for chronic pain management. This is devoid of any patient information and therefore, exempt from IRB.

Conclusions

The use of prehabilitation during critical waiting periods in a streamlined process may improve short- and long-term outcomes in chronic pain management There is a lack of evidence for implementation strategies of physical, psychological, and nutritional prehabilitation and an assessment of efficacy of such interventions. We stress the importance of developing a prehabilitation framework in chronic pain as well as future studies analyzing prehabilitation’s role for chronic pain.



Adapted from: Clegg et al. Frailty in elderly people. Lancet. 2013; 381 (9868): 752-762

Results

- Psychological prehabilitation and the identification of factors that influence behavioral engagement with treatment such as patient expectations, health locus of control, self-efficacy and pain catastrophizing was emphasized in one of the literature reviews and its potential for chronic pain. Authors of this article highlighted various digital modalities involving self-guided cognitive behavioral principles as a possible implementation modality³.
- Another systematic review focused on chronic shoulder pain, with studies indicating that targeted exercise interventions improve pain scores leading to improvements in functionality and quality of life. Though sleep disorders and dietary strategies have also been linked to chronic shoulder pain, there is lack of studies carrying out interventions to assess chronic shoulder pain variation⁴.
- Looking more closely at dietary strategies, one study highlighted the use of intermittent fasting leading to significant long-term improvements in pain and severity of disease in certain individuals. However, there is a need for additional clinical trials to promote clear guidance for clinical application⁵.
- Prehabilitation can be applied to optimize patient care by identifying those in need of additional support and providing personalized care. It has been shown that patients experience a significant deterioration quality of life while waiting for treatment for chronic pain, highlighting a key area of potential intervention².

References

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