

Delays from pain diagnosis to SCS treatment result in higher health-care use post-implantation

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Winner of the William H. Sweet Young Investigators Award, Frank William Petraglia III, presented his research on the relationship between the efficacy of spinal cord stimulation (SCS) to block pains signals and the amount of time elapsed between diagnosis and implantation.

It has been reported that the long-term [therapeutic efficacy](#) of [spinal cord stimulation](#) decreases as the delay between the [chronic pain](#) diagnosis and the actual SCS implantation occurs. Petraglia's research set out to determine the actual impact of the pain-to-SCS procedure time by looking at patients' post-implant health-care use.

Using the Truven Health MarketScan Database, researchers analyzed patient data claims from April 2008 through March 2013, looking for the first diagnosis of chronic pain and for the date of the permanent SCS implant. The study then considered patient health-care utilization in the year following the implant.

A total of 762 met study criteria, with a median pain-to-procedure time of 1.35. For every one-year increase in time, the odds increased by 33 percent that the patient would be in the highest third of outpatient medical expenditures (with claims ranging from \$4,133 up to more than \$350,000). Additionally, the odds increased by 39 percent for being in the high opioid prescription group (10-58 prescriptions vs. the low group 0-1). Odds increased by 44 percent and 55 percent, respectively, for

being in the high office visits (8-77) or hospital visits (3-28) over the low office visits (0-2) or hospital visits (0) group.

The study concluded that health-care utilization in the first year following the SCS implants showed a very measurable increase with longer delays from pain-to-SCS procedure times, suggesting that SCS should be considered earlier in the care continuum, as there is the potential to reduce the economic health-care burden of patients with chronic pain.

Provided by American Association of Neurological Surgeons

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