

Empowering minoritized patients with chronic back and other musculoskeletal pain to receive the care they need

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A new study led by a U.S. Department of Veterans Affairs, Regenstrief Institute and Indiana University School of Medicine researcher focuses on empowering minoritized patients with chronic back and other musculoskeletal pain to receive care best suited to their individual values

and preferences. Black patients continue to experience greater pain severity, worse pain outcomes and inadequate pain treatment compared to White patients, despite national priorities focused on health equity.

COOPERATE (Communication and Activation in Pain to Enhance Relationships and Treat Pain with Equity) is one of the first studies to test and evaluate equipping Black adults who have [chronic pain](#) with tools to facilitate autonomy and control over their own care.

Through six telephonic coaching sessions over 12 weeks, the randomized controlled trial provided 125 Black veterans with tools focused on increasing knowledge and confidence to self-manage their pain and on optimizing communication of their needs, preferences and desires to their physicians. An additional 125 Black veterans participated in the study's control group and did not receive coaching. Average age of participants in both arms of the study was 61 years, and 83 percent were male.

The researchers found that the coaching produced significant improvement in patient activation (having the knowledge and confidence to manage their [health](#) and health care), which has been linked in other research to better treatment adherence, more positive experiences with health care, and better quality of life. In addition, patients who received the coaching experienced increased confidence in expressing themselves and communicating their pain-related goals to their clinicians. This improvement remained or improved after coaching ended.

Lower patient activation is associated with negative health outcomes, including depression and anxiety, as well as with poorer physical health. Poor patient-clinician communication is a known barrier to high-quality care.

"COOPERATE is focused on Black individuals with chronic pain. There

are racialized disparities in chronic pain treatment at both the individual and system levels," said Regenstrief, VA and IU School of Medicine researcher Marianne Matthias, Ph.D., who led the study. "Increasing patient activation is a novel way to improve pain self-management and it's an understudied path toward improving [health equity](#) and ultimately achieving the best possible care for each patient."

COOPERATE coaches helped individuals think about how their pain management goals fit into their larger life goals, such as being more active with their children or grandchildren or participating in a physical activity. The coaches also focused on making communication with clinicians as clear and effective as possible by practicing techniques such as agenda setting to help patients get the most out of their medical appointments.

"Pain improved in the short term after coaching ended, which is interesting because coaching focused on patient activation and communication—not specifically on pain itself. And we were pleased to see an improvement in depression and anxiety, which actually worsened over time for those in the control group who didn't receive coaching," said Dr. Matthias.

"COOPERATE coaching participants gained confidence in talking with their clinicians, including explaining their concerns and preferences, ultimately giving them more control of their chronic [pain](#) care. It clearly made a difference."

The COOPERATE study was conducted at the Richard L. Roudebush VA Medical Center. The researchers hope to expand the study to multiple sites in the future.

The study is published in the journal *Pain*.

More information: Marianne S. Matthias et al, Communication and activation in pain to enhance relationships and treat pain with equity (COOPERATE): a randomized clinical trial, *Pain* (2023). [DOI: 10.1097/j.pain.0000000000003021](https://doi.org/10.1097/j.pain.0000000000003021)

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