# Self-management program found to help patients with HIV and chronic pain

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An intensive, 12-week pain self-management program has been shown to reduce pain and improve mood in a large clinical trial of people with both HIV and chronic pain. The research, led by University of Pittsburgh

physician-scientist Jessica Merlin, M.D., Ph.D., found participants in the Skills to Manage Pain (STOMP) program also reported more confidence in their ability to manage pain both immediately and three months after the study period.

"We know that behavioral interventions work well for managing pain for other conditions, but very little attention has been paid to pain self-management for people with HIV," said Merlin, founding director of Pitt's Challenges in Managing and Preventing Pain Research Center. "STOMP is specifically tailored to this population and now we know that it is effective."

STOMP consists of one-on-one sessions with a social worker or health educator and group sessions led by peer interventionists, who also live with HIV and successfully manage their pain.

Individual sessions include an initial pain education and a patient's choice of subsequent sessions, each geared toward a different topic: physical activity, weight loss, relaxation, sleep, building self-worth, talking with friends and family about pain, and taking prescribed opioids. Group sessions focus on community building and knowledge sharing among the participants and peer facilitator.

Merlin and colleagues began developing STOMP in 2014. Pilot studies found the program to be both feasible and cost-effective.

The randomized clinical trial of 278 participants was conducted at the University of North Carolina-Chapel Hill and the University of Alabama at Birmingham, where Dr. Merlin earned her Ph.D. in health education /promotion. Both institutions have large HIV clinics.

Participants in the trial were HIV-positive and reported at least moderate pain lasting for at least three months. Most reported multisite pain and

nearly one-quarter engaged in long-term opioid use for pain control. Participants were randomized to either the intensive STOMP intervention group or to a group that received the STOMP manual and a brief staff-led overview, but not the interventions.

While both groups reported a decrease in pain, those in the STOMP group saw greater improvements. On the common 1–10 pain scale known as the Brief Pain Inventory, the difference was 1.25 points. There were also immediate improvements in secondary measures, including pain self-efficacy, catastrophic thinking about pain, and depressive symptoms. At three months, improvements were present but less pronounced.

"The data show that STOMP is an effective intervention for a population at greater risk of opioid use disorder," said Merlin, who is board-certified in addiction medicine and treats patients at UPMC's Internal Medicine-Recovery Engagement Program.

"However, we observed a waning effect after several months so further research is needed to determine whether additional interventions should be recommended."

Provided by University of Pittsburgh Schools of the Health Sciences

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