Early termination in interdisciplinary pain rehabilitation: numbers, timing and reasons. A mixed method study

BACKGROUND
Former research reveals that substantial rates of patients terminate interdisciplinary pain rehabilitation (IPR) earlier than planned. An accurate number of, as well as timing of, and reasons for early termination are unknown.

AIM
To analyse the number of, timing of, and reasons for early IPR termination.

METHODS
Mixed method multicentre study in 2 Dutch rehabilitation centres:
Quantitative part: Retrospective patient file review of all IPR patients in 2015.

Early terminators: patients who stopped IPR ≥ 1 week before the planned duration.

RESULTS
Quantitative part:
• 137/428 patients (31.3%) had terminated IPR early.
• Median (IQR) planned IPR duration: 12.0 weeks (12.0; 12.0); median treatment reduction early terminators: 5.3 weeks (3.0; 8.0).
• Main reasons for early termination: ‘goals achieved early’ (29.9%) and ‘psychosocial complaints’ (19.0%) (Figure 1).
• Approximately 55% of the positive early terminators stopped in the final quarter of IPR; over 80% of the negative early terminators stopped in the first half of IPR (Figure 2).

Qualitative part:
"The pain is still there, but it’s quite reduced. I noticed that stress highly influences my body. […] I have made a lot of decisions. That was my main goal."

• Positive early terminators were able to self-management.

"I had hoped for pain reduction. […] And after some time, I expected the occupational therapist to say for example how to lie down, how to sit, how to stand and how to walk."

• Negative early terminators had hoped for further diagnostics or pain reduction as an effect of IPR, and/or expected a more physical approach.

Other themes:
Physical complaints due to IPR
Timing of the IPR
Feeling of not being taken seriously
Points of concern about treatment planning and logistics

CONCLUSION
• Almost ⅓ terminated early from IPR; median reduction of 5.3 weeks.
• Main reason for early termination: ‘goals achieved early’.
• Most mentioned negative reason for early termination: ‘a discrepancy between expectations of the aim and content of the actual IPR’.
• Negative early terminators tend to stop earlier during IPR, compared to positive terminators.

CLINICAL MESSAGE
Early IPR termination should not be considered negative per se, because a substantial proportion of early terminations have a positive reason.

Figure 1. Reasons for early termination noted in patient files

Figure 2. Survival analyses of actual treatment duration

Differences in treatment duration between positive early terminators (green) and negative early terminators (red) were significant [log rank test ($X^2 = 38.6, 1$ df, $p<0.001$)]

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