



Title	Pain School – A Health Technology Assessment
Agency	DACEHTA, Danish Centre for Evaluation and Health Technology Assessment National Board of Health, 67 Islands Brygge, DK-2300 Copenhagen S, Denmark; Tel: +45 72 22 75 48, Fax: +45 72 22 74 07; www.dacehta.dk
Reference	Medicinsk Teknologivurdering – puljeprojekter 2006; 6(3), ISBN: 87-7676-266-1 (online): www.sst.dk/publ/Publ2006/CEMTV/Smerteskole/Smerteskole.pdf

Aim

To produce a documented basis for decisions regarding the form of treatment at a Multidisciplinary Pain Centre (MPC) and its diffusion to corresponding treatment units and the primary care sector.

Conclusions and results

The study found that the effect of basic multidisciplinary treatment was prolonged with the addition of group treatment, but evidence for the independent effect of group treatment was weak. A documented, optimal length of treatment time was not found. Multidisciplinary individual pain treatment had a significant, positive effect on patients' health-related quality of life. The Pain School (PS) helped patients better understand the complexity of chronic pain, new ways of seeking treatment, and learning how to live with pain.

The PS is an endogenic technology. Still, history of the technology influences multidisciplinary individual treatment. Economic analysis could not point to any economic reason why the PS should be maintained as a part of the MPC treatment.

Whether or not the PS has an independent effect on patients' health-related quality of life and on their utilization of the healthcare system is uncertain, but group treatment maintains the effects of individual treatment for at least 6 months. Patients report that the PS contributes to greater understanding and acknowledgement. The staff credit the PS for optimizing their skills and knowledge relative to patients and their treatment.

Recommendations

Administrative and the clinical staff should thoroughly discuss the existence of the PS in its present form at the MPC. Concurrently, the MPC should carefully consider a specific physical training program for the PS, if maintained. Furthermore, until the effects are better documented, it is recommended that group treatment not be introduced in multidisciplinary treatment units without standardized psycho-education. It is recom-

mended that PS should not spread to the primary care sector, since an isolated effect of the PS has not been demonstrated.

Methods

The study included a systematic literature search, a clinical randomized trial, an interview study, an analysis of the organization, and a financial analysis.

Further research/reviews required

Intentions to introduce comparable psycho-educative group treatments in the primary care and social sectors should not be introduced unless intervention studies with a clearly defined objective are conducted.