

“ I have more bad days, but the good days are coming ” – Pain experienced among people living with HIV accessing physiotherapy in a day health program

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Background: Pain experienced among people living with HIV can be associated with disability, decreased retention in HIV care, and poorer quality of life.

Objective: To describe the nature and extent of pain among adults living with HIV and its relation to seeking physiotherapy.

Setting:

- **Casey House:** HIV hospital in Toronto, Ontario
- **Interdisciplinary day health program:** clinical care and support to adults living with HIV who are at risk for, or experiencing, deteriorating health
- **Physiotherapy:** one-on-one assessments and treatment; group exercise program.

Methods



Recruit:

Adults living with HIV who accessed physiotherapy at Casey House



Chart abstraction:

Goals, physiotherapy assessment (including Brief Pain Inventory), treatment



Self-reported Questionnaire:

HIV Disability Questionnaire (HDQ), demographics



Semi-structured Interview:

Reasons for seeking care, experience with physiotherapy, perceived outcomes

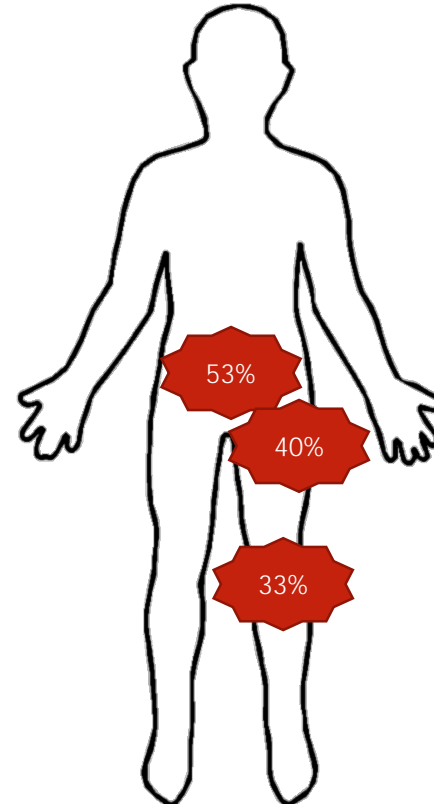
Analysis:

We analyzed quantitative data using frequencies and medians. Interviews were audio recorded and transcribed verbatim. Interview data and narrative text data from charts were analyzed using content analysis.

Results

Who participated?

Characteristics	n=15
Median Age (IQR)	57 years (55, 64)
Gender:	
Man	8 (53%)
Woman	6 (40%)
Preferred not to answer	1 (7%)
Median number of concurrent health conditions (IQR)	7 (3,12)
Self reported:	
Chronic joint or muscle pain	11 (73%)
Peripheral neuropathy	4 (27%)
Median Year of Diagnosis (IQR)	1995 (1984, 2010)
Viral load undetectable	13 (87%) (n=1 missing)



Level & Location of Pain

- 11 participants had **Brief Pain Inventory (BPI)** completed at their initial physiotherapy assessment
- Pain was reported at a median of **2 locations**
- Most common areas of pain were **low back** (53%), hip (40%), and knee (33%)
- Median **average pain score** (across the four questions below) was **5/10**
- Using Brief Pain Inventory cut-offs, 4 (36%) had **severe pain** and six had **moderate pain**

Brief Pain Inventory (BPI)

3. Please rate your pain by marking the box beside the number that best describes your pain *

0 1 2 3 4 5 6 7 8 9 10
 No Pain Pain As Bad As You Can Imagine

- * Four consecutive pain scoring questions:
1. ... at its worst in the last 24 hours.
 2. ... at its least in the last 24 hours.
 3. ... on the average.
 4. ... how much pain you have right now.

Results

Pain and Physiotherapy



- Pain management was the **most common client-identified goal (60%)**, followed by improving strength (47%) and mobility (33%)
- Pain management was the second most common primary **focus for physiotherapy intervention**
- Participants had trouble identifying specific **reasons for seeking physiotherapy**, often referring to complex medical conditions and previous health care interactions. Most common reasons related to: mobility (n=8;53%) or pain (n=4;27%)



Reasons for engaging, in their own words...

To improve my walking and my numbness, my stiffness in my arms as well. I think it will work. I keep hope that I will improve. (P-07)

Yes, my back pain, my hands and my legs for the cramps. My leg, I feel sometimes the right is sleeping but the worst part... I don't know if I can say worst part because for me all the part of my body, especially my back and my right hands, I'm getting too much pain. (P-10)

For my back. I have degenerative disk disorder. I've been living with it for two years. I've seen a surgeon and there's no surgery they can do for me. So I figured to relieve some of the pain I would come here. I can be treated great and relieve some of the pain. (P-11)

Conclusions

- Two thirds of participants had moderate or severe pain, recorded with the Brief Pain Inventory, at their initial physiotherapy assessment.
- Pain management was the most common client-reported goal recorded during assessment.
- Participants had difficulty identifying reasons for seeking physiotherapy care, highlighting the opportunity for education and increasing awareness of the scope and benefits of physiotherapy for people living with HIV.

Closing the Gap Team: Kelly O'Brien, Soo Chan Carusone, Kyle Vader, Puja Ahluwalia, Patty Solomon, Carol Strike, Francisco Ibanez-Carrasco, Ann Stewart, Larry Baxter, Carolann Murray, Greg Robinson, Rosalind Baltzer Turje, Patrick McDougall, Tammy Yates, Suzanne Paddock, Dawn James, Darren Brown, Rachel Aubry; Collaborator Organizations: Casey House; Toronto PWA; Dr. Peter AIDS Foundation; *Realize*; Nine Circles; Rehabilitation in HIV Association (RHIVA).



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