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TITLE:

Impact Of A Telehealth Tapering Program On Pain And Behavioral Health For Spine Surgery Patients Exposed To Opioids

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AFFIRMATIONS:

Affirmations Cont. (Complete):

I Agree: True

*: I agree to the above statements

*: Yes

*: No animal subjects were involved in the research

*: Yes, I have IRB or IACUC approval

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SESSION CATEGORY:

03.2 CHRONIC AND CANCER PAIN - Clinical

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ABSTRACT:

Spine surgery is associated with risk of persistent postoperative opioid use among chronic pain patients¹ and new persistent opioid use is a known postoperative complication². Cognitive behavioral therapy (CBT) is effective for patients with chronic back pain (e.g. pain reduction, tapering from postoperative opioids) and improves quality of life (QoL) and emotional wellbeing³; With the ongoing COVID19 pandemic, patients may not have access to traditional CBT modalities⁴. With the advent of internet-based interventions, telehealth is a promising alternative to CBT delivered in-person⁵. In an ongoing prospective study (registered at clinicaltrials.gov), we are evaluating the efficacy of a novel perioperative telehealth program to deliver CBT, along with other mind-body therapies, to engage patients, improve wellbeing, reduce pain and assist taper from postoperative opioids among spine surgical patients who may be at risk of becoming new persistent opioid users.

Following IRB approval, we are recruiting opioid naive (no opioid use within the 30 days prior to surgery) patients undergoing elective spine surgery from an anesthesia clinic in a large academic facility. Consented patients participate in up to 4 sessions (1/week) of telehealth CBT and mind-body therapies using an external telehealth/telemedicine company. Participants complete baseline and repeated surveys assessing QoL, pain, symptoms, anxiety, depression and opioid tapering. Demographic information is collected. Of the initially powered sample of 150 patients, this preliminary report of the 1st quarter of enrollees has post-hoc power of 80% for the displayed odds ratios.

From 35 consented patients, 19 (54.3%) engaged in at least the 1st telehealth session, 13 engaging in at least 2 and 9 have completed 4 weeks. There were no differences between those who engaged and did not by demographics, QoL, pain or pre-surgical symptoms. However, patients with more depressive and anxiety symptoms were 17% (OR = 1.17, p = .048) and 16% (OR = 1.16, p = .05) more likely to engage in at least the 1st session, respectively. Among the 13 participants with at least 2 measurable timepoints, there were improvements in QoL (11.4%), and reduction in pain (12%), post-surgical symptoms (6.8%), anxiety (10%) and depression (5.9%). Given the small sample size, improved anxiety and symptoms trended but did not reach significance. In these 13 participants, 10 (76.9%) had completely tapered their post-surgical opioids, 2 (15.4%) tapered 75% and 1 (7.7%) had not yet tapered.

There are known risks of new persistent opioid use after spine surgery in opioid naive patients. This preliminary report of an elective spine surgery cohort shows positive trends in postoperative wellbeing and opioid tapering in patients who engaged in the innovative psychotherapy based telehealth program. Implications of this study include prevention of new persistent opioid usage in the naive and tolerant population (at risk of continued dependence or new onset opioid use disorder). Tapering opioids in the immediate postoperative period, with readily available access to mental health providers, along with medication tapering expertise, is a preventative step for these patients, particularly at times of acute pain superimposed on chronic pain. Future research among both opioid naive and tolerant patients that measures these outcomes along with additional metrics, such as pain catastrophizing, will be critical as medical and surgical practices begin to integrate behavioral health into their protocols. Continued enrollment and evaluation of the complete powered sample is necessary to confirm these trends. Patients and surgeons are enthusiastic about the process, ease of use of the application, and readily available online or telephonic support (data not reported). Our preliminary data suggest that a convenient, accessible digital behavioral health product will be a significant aide in postoperative spine surgery patients.

SUMMARY:

This study aims to assess the impact on pain, emotional wellbeing, and quality of life for patients receiving a postoperative, digitally remote, behavioral telehealth tapering program. The chronic pain cohort includes opioid naive undergoing spine surgery and who are exposed to opioids after surgery. Preliminary findings show improvements in EWB and QoL, reduction in pain, and 100% taper from postoperative opioids among ~80% of the patients. Implications of this study include prevention of new persistent opioid usage, which is considered a major spine surgery complication.

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