



Evaluating outcomes, optimising care and exploring healthcare equity for spine-injured adults with persistent pain

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Project background

The over-arching aim of this research was to develop a deeper understanding of persistent pain and its impact for adults with spinal cord injuries (SCI) and apply a health equity lens to identifying strategies to optimise care.

What we did

Our research involved online surveys, semi-structured interviews and systematic reviews of recent literature. We engaged key stakeholders (LSA, healthcare providers, adults with SCI and persistent pain) and collaborated with experts in SCI pain and research methods to ensure that this research would make relevant and valuable contributions to the field.

What we found

Our findings offered deep insights into the problem and impact of persistent pain. While many people live active, meaningful and socially and engaged lives despite pain, for others the life-impact is profound. Some described their experience of persistent pain to be more disabling than the physical impairments associated with their neurological injury.

Our research revealed substantial unmet care needs and indicated that many community-based Australian adults with SCI do not receive ‘best-practice’ pain care. In particular, pain management relies heavily on the use of medications – but these often have little beneficial effect on pain and have problematic side-effects. Medication misuse is common and many people lack access to the health practitioner expertise and services required to optimally manage their complex care needs.

Our research demonstrated that socioeconomic disadvantage contributes to disparities in health status for Australian adults with SCI and that complex relationships between disadvantage, social isolation, and persistent pain exist. The social and economic circumstances of peoples’ lives were also revealed to impact care experiences as well as the effectiveness of health education – such that health interventions may too frequently fail to benefit those whose needs are greatest.

How will this research be used?

Our findings have led to eight immediately actionable recommendations to enhance care practices for LSA participants and are summarised below:

1. Routinely evaluate pain and pain impact in line with the recommendations provided.
2. Implement routine dissemination of the pain education resource: [‘Managing pain after SCI: A resource guide for Participants’](#)
3. Promote access to the resource: [‘Improving care for people with pain after SCI: A resource guide for Service Planners’](#).

4. Develop a strategy for making the [Outcome Measures Toolkit](#) available to LSA Allied Health Service Providers.
5. Recognise the importance of social relationships for optimal health and facilitate social engagement through organisational initiatives.
6. Strategise to support equitable access to healthcare services and educational resources.
7. Identify participants with high health literacy needs such to enhance access to, and utilisation of information relevant to the management of pain and health.
8. Promote care-provider access to the synthesis of clinical practice guideline recommendations for the management of pain post SCI.

We have also provided five suggestions to guide future planning of LSA services and funded research in order to improve the quality of life of adults with SCI and persistent pain:

Based on this research, five manuscripts have been written and submitted to high quality, peer-reviewed journals. Links to these publications will be provided in due course or can be accessed by contacting emma.karran@unisa.edu.au.