



Prevention of Chronic WAD

A randomised controlled trial

Results and conclusions

3. October 2019

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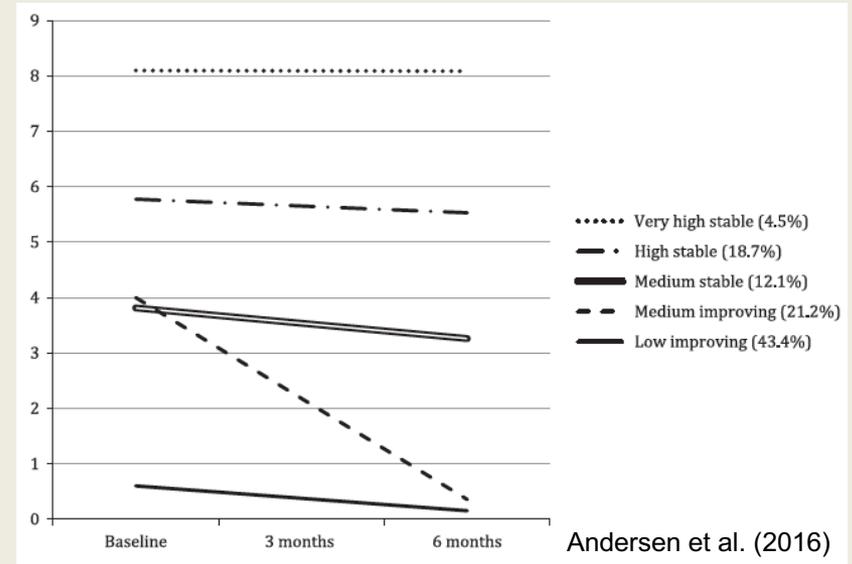
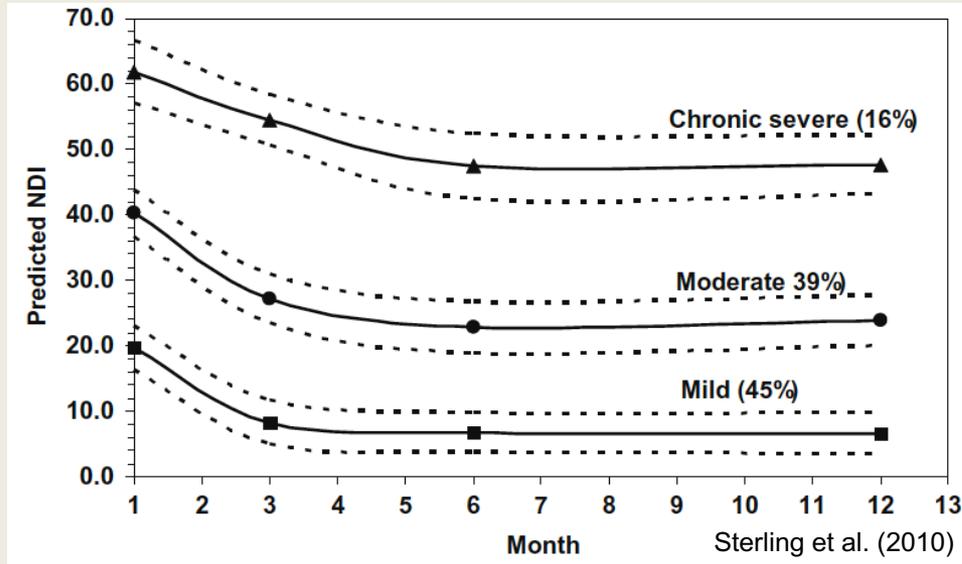
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Recovery trajectories



- 20% Chronic trajectory.
- Baseline pain, disability and distress.
- Screening and prevention.

STUDY PROTOCOL

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Value-based cognitive-behavioural therapy for the prevention of chronic whiplash associated disorders: protocol of a randomized controlled trial



Tonny Elmose Andersen*, Sophie Lykkegaard Ravn and Kirsten Kaya Roessler

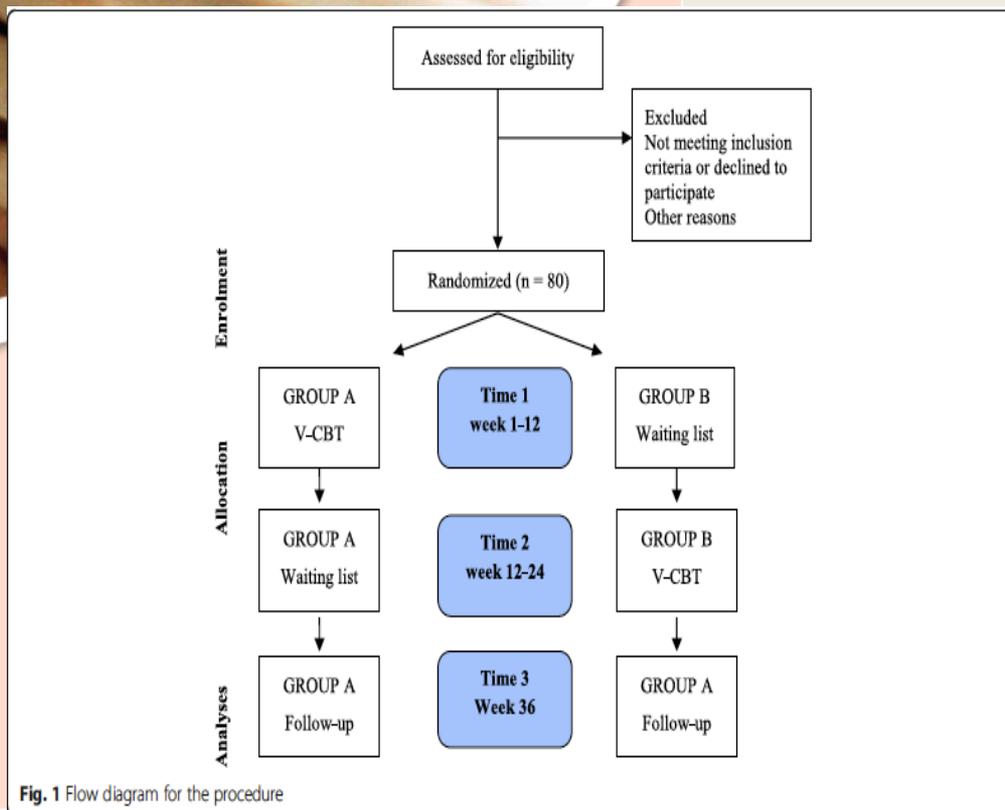
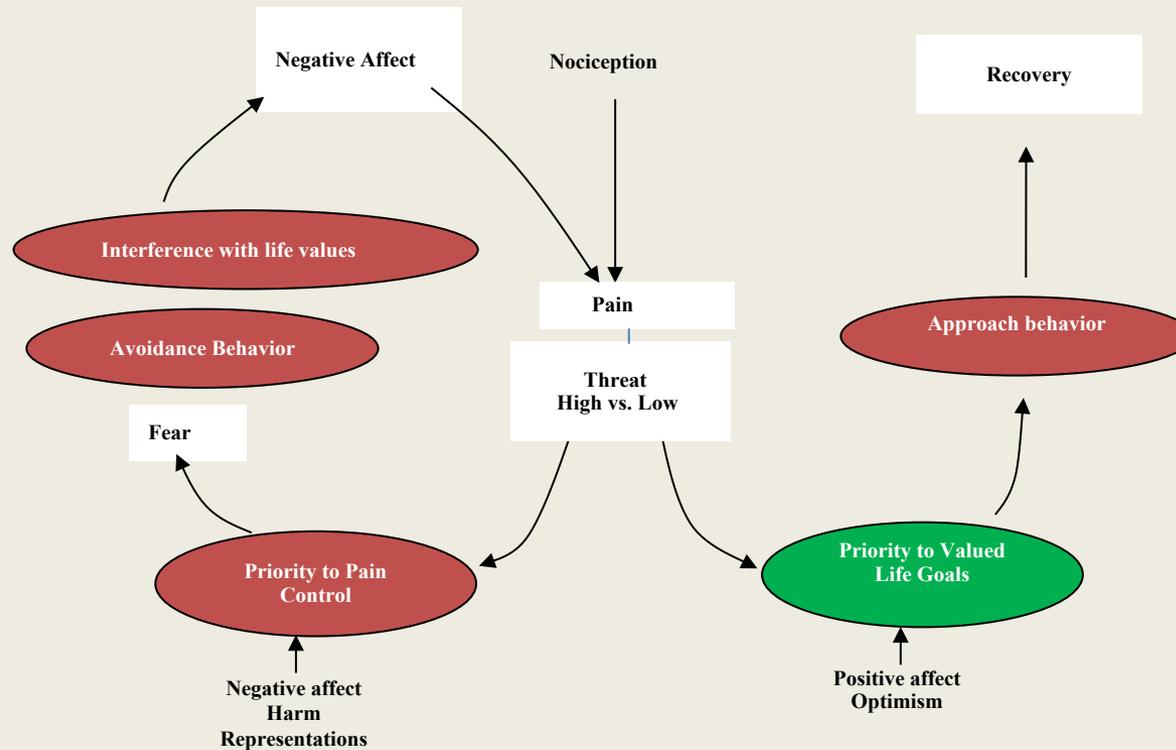


Fig. 1 Flow diagram for the procedure

- ≥ 4 pain NRS
- PDI domain ≥ 5
- PCS, FA, HADS, PTSD.

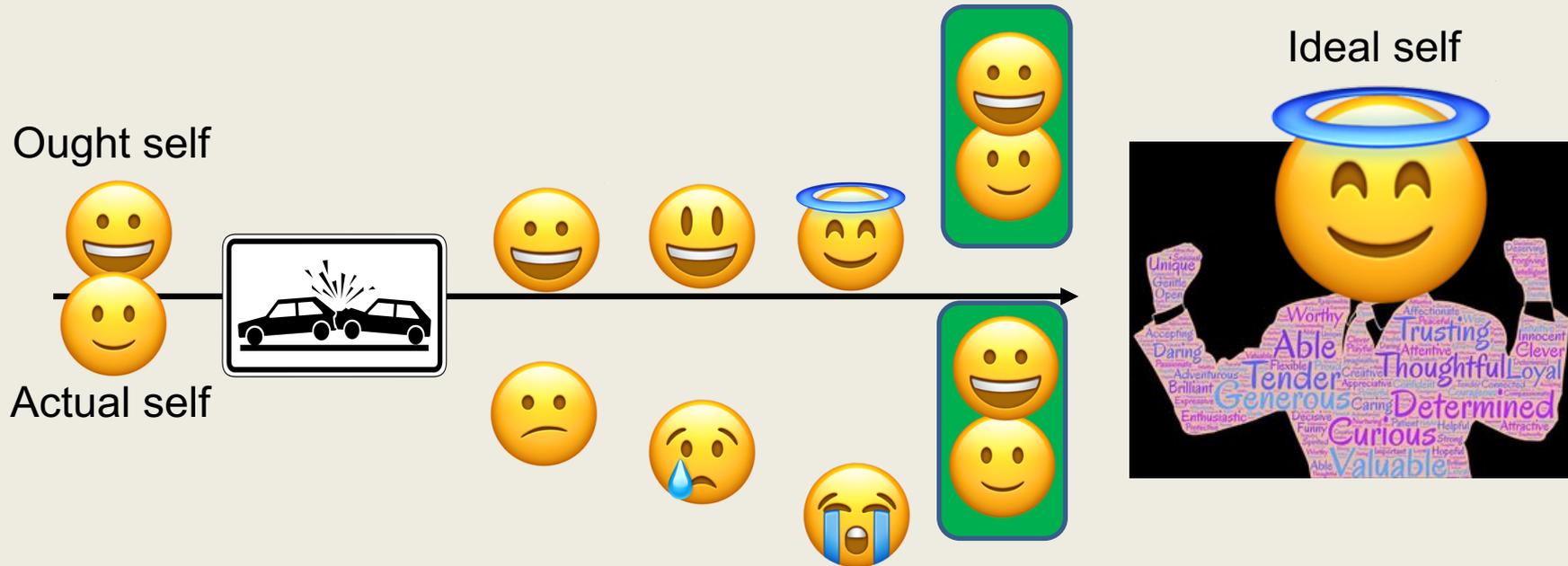
- Primary outcome: PDI

Misdirected problem-solving



Crombez et al. (2012)

The Injury Experience



Higgins, (1987); Walton et al. (2009)

What is pain?

An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage (IASP 1994)

”Pain is better classified as an awareness of a need-state than as a sensation. It serves more to promote healing than to avoid injury. It has more in common with the phenomena of hunger and thirst than it has with seeing or hearing” (Wall 1979)

Value-based CBT (Andersen, Ravn, Roessler, 2015)

- A third wave CBT approach.
- Emotions and thoughts are not the problem.
- The true problem is how these thoughts and emotions become barriers to live according to their values.
- Goal is not to remove physical and emotional pain, but to help the patients to move in a valued direction *with* pain.

Case Sophia

Sophia is 35 years old and married, children age 4 and 6.

Before the injury she was living an active life, enjoyed going out with friends and spent time with her family. Sophia works as an accountant which has always been an important job for her.

Since the injury, her interest in both her job and family has strongly been compromised. She do not have the energy. Sophia explains that she can barely manage to make ends meet after she comes home from work.

“Having done all the daily chores I am ready for bed. I am in so much pain that I cannot concentrate on anything else. What is most painful is that I cannot find any strength to engage with my children”.

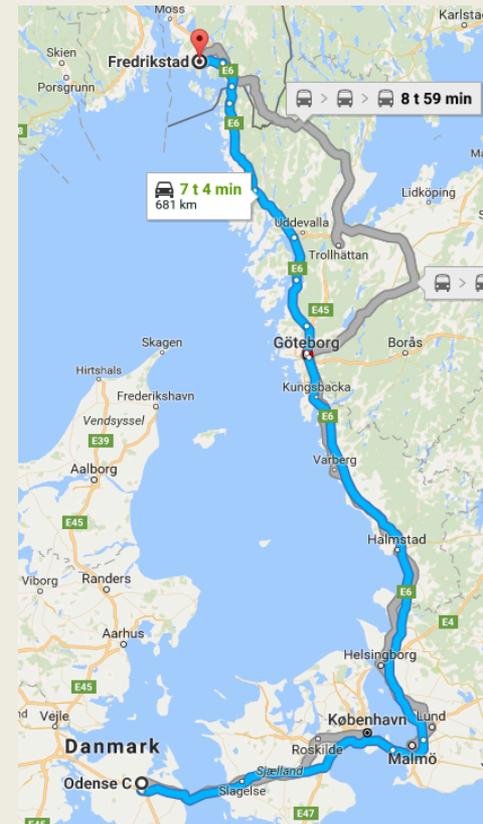
Activities and roles

1	<p>Family/home responsibilities <i>This category refers to activities of the home or family. It includes chores or duties performed around the house (eg, yard work) and errands or favors for other family members (eg, driving the children to school)</i></p>	<p><i>Cleaning, i get totally exhausted after vacuuming. After cooking i am ready for bed. I am too tired to pick up the kids from sports. I don't have the energi to play with the kids. My husband and I don't go out anymore.</i></p>
2	<p>Recreation <i>This category includes hobbies, sports, and other similar leisure activities</i></p>	<p><i>I can't do yoga anymore. I used to love doing needlework, but my back is killing me now.</i></p>

My values	Action that supports my values?	Barriers?	Priority
<p><i>Family, friends, leisure activities, health, work etc.</i></p>	<p><i>Being a good mother</i></p>	<p><i>Pick up Joe from football Sit down and watch Joe play Letting Joe invite friends home</i></p>	<p><i>I prioritize daily chores and get too much pain. I do it all by myself instead of giving the kids daily responsibilities</i></p> <p>1</p>
<p><i>Being a good wife</i></p>	<p><i>Drinking a cup of tea together and talk Holding hands walking Going to the movies</i></p>	<p><i>I let pain dictate my day Overactivity = pain Not asking for help Wanting to do the same as before</i></p>	<p>2</p>
<p><i>Healthy living</i></p>			<p>3</p>
			<p>4</p>

Life values

- Values are the compass
- Values \neq goals
- Value-based goals = motivation and positive affect.



Value-based goals

*“People who have something better to do, do not hurt as much”
(Fordyce, 1976).*

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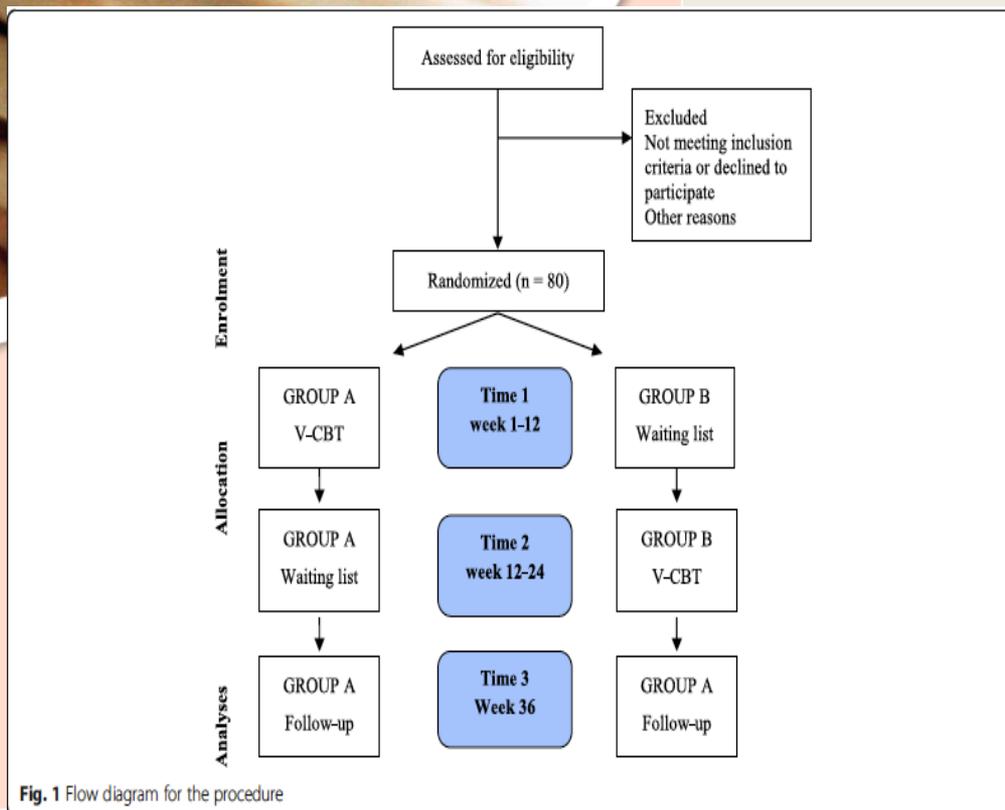
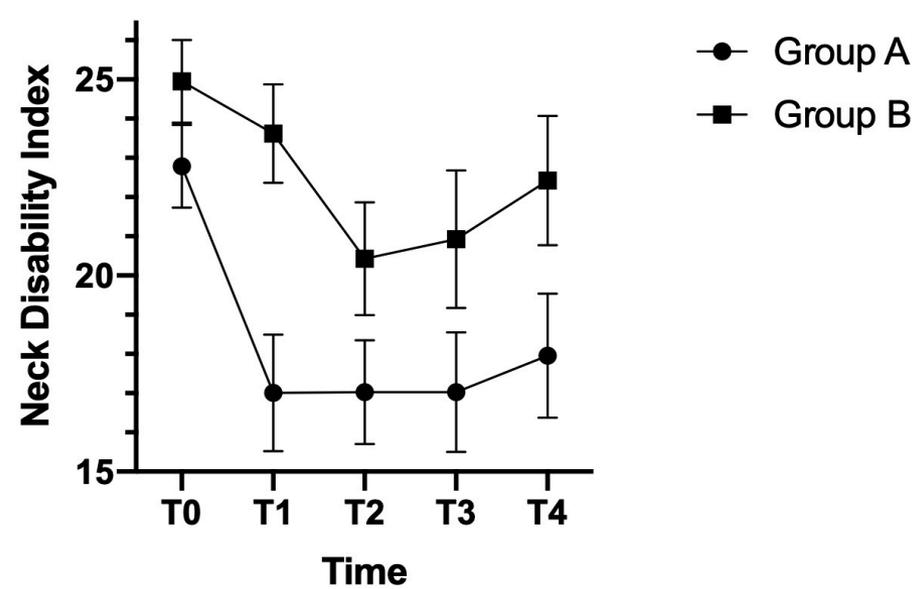
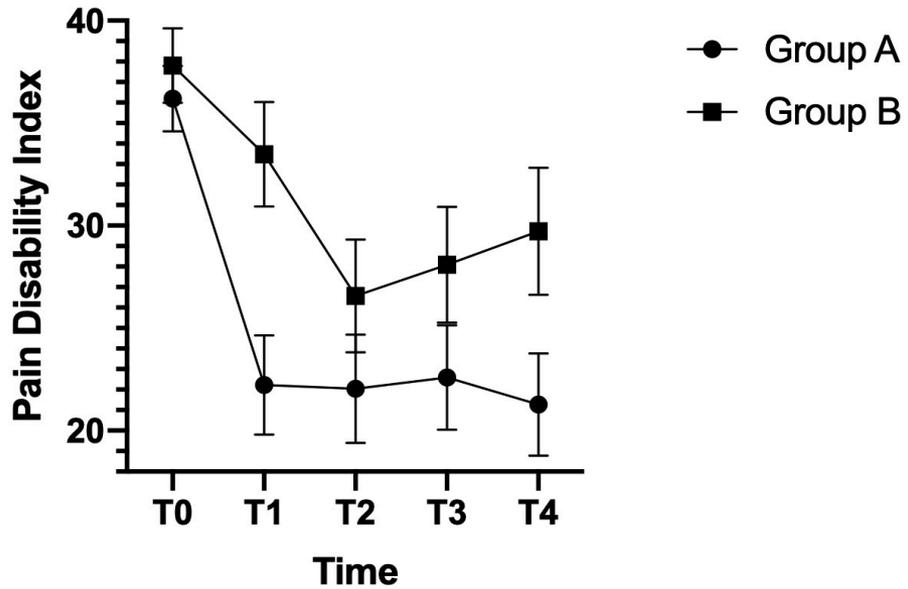


Fig. 1 Flow diagram for the procedure

- N = 89, WAD grade I-II
- 2-6 MO post-injury
- ≥ 4 pain NRS
- PDI domain ≥ 5
- PCS, FA, HADS, PTSD.
- Primary outcome: PDI

Disability



Mind the GAP

”I tell them that depending on the severity of the strain they’ve had, that they will get better; it’s just a matter of time, regardless of what treatment they have”. Russell & Nicol (2009)

”I’d like to think the doctor would make a fair assessment of how much damage has taken place, and obviously refer you to, um, physio or a chiropractor”. Russell & Nicol (2009)

”Treatment...we just talked”

Take home message

- Mind the gap!
- Stratisfied care.
- Early intervention is more effective.
- Value-based goals are strong motivators.
- It is not just about catastrophizing.
- Just talking helps 😊