

Journal Watch

“Persistent Pain in Survivors of Torture: A Cohort Study”

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J Pain Symptom Manage 2010;40:715-722.

Abstract:

Context. Refugee survivors of torture in the United Kingdom have multiple problems, of which pain may be underrecognized, given the high prevalence recorded in similar populations in Denmark.

Objectives. To establish in a UK sample the prevalence of persistent pain and to investigate associations between specific pains and torture methods.

Methods. A cohort of a random 20% sample attending a specialist UK centre for survivors of torture in 2005 was taken. All complaints of pain recorded at initial interview were categorized for body site and putative pain mechanism. These were compared with the database of personal variables and data on torture using odds ratios (ORs) and exact probability.

Results. Of 115 men and 63 women, with mean age of 30 years, 78% reported persistent multiple pains, mainly in the head and low back. They had experienced a median of six torture methods. There was a clear association between female abdominal/pelvic/genital pain and rape/sexual assault (17 of 34 vs. zero of 17: OR=6.00; 95% confidence interval +1.79-20). Tests of foot/leg pain with falaka and shoulder pain with suspension did not show expected associations.

Conclusion. A significant relationship emerged between torture and report of persistent pain at a high prevalence. Findings do not support the widespread clinical assumption that complaint of persistent pain after torture is predominantly a manifestation of psychological distress. Rather, complaints of pain in torture survivors should be assessed and treated in relation to physical trauma.

Strengths:

- large population size, unfortunately, and random sample from within this population.
- Highlights issues that may be faced by refugee population that come to our city, may increase awareness of these issues.
- Use of interpreters in 88% of interviews
- Authors with expertise in pain assessment/management reviewed all manuscripts of interviews conducted.

Weaknesses:

- population studied were referred for medico legal or psychological needs rather than specifically for pain
- Initial assessments, on which study is based, mainly by caseworkers/counselors, as opposed to formal pain assessment.
- No standard interview structure/assessment tools. Some interviews incomplete.
- Unable to identify relationships when most survivors had multiple methods of torture and/or multiple sites of pain (univariate analysis).

- Likely underreporting, particularly of rape and sexual assault, also of pain in genital/perineal regions
- Challenging to classify pain, tease out psychosocial aspects influencing pain expression

Applicability to Palliative Care:

- Increasingly we are seeing palliative patients who have at one point been refugees and may have experienced torture in the past. Studies such as this will help increase awareness and sensitivity to the trauma that patients may have experienced in the past. Sensitive questioning about onset of pain, for example, may help elicit the history.
- Preliminary results only in an 'exploratory investigation' but does correlate with previous work with this patient population. So far it seems that physical pain may well be linked to the torture itself, rather than as previous assumption that it was a psychological manifestation of distress. The physical pain itself though, would be, of course only one of the aspects of suffering pts would experience in relation to torture survived in the past. The support of the entire Interprofessional Team for survivors of torture who now have palliative illness is crucial.