Pain Patient Profile

P-3®
Pain Patient Profile
Interpretive Report

Name:	Chris C. Sample
ID Number:	9992
Age:	23
Gender:	Female
Date Assessed:	11/30/2005

Written by C. David Tollison & Jerry C. Langley

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INTRODUCTION

Pain resulting from physical injury, illness, or disease is a multidimensional phenomenon composed of physiologic, psychological, and other influencing variables. Factors such as depression, anxiety, and excessive somatic thought are specifically identified in the medical literature as actively contributing to the etiology, maintenance, and intensity of pain. When these factors are appropriately identified and clinically addressed, treatment outcomes resulting from nonsurgical, surgical, and rehabilitative interventions are significantly improved.

The P-3 is designed to identify pain patients who are experiencing emotional distress that may be affecting their symptoms and their response to treatment. The P-3 report also offers recommendations regarding the need for mental health treatment based on the patient's item responses. Clinicians should monitor changes in pain and psychological symptoms and reassess as clinically appropriate. The P-3 may be readministered periodically to measure treatment progress.

The profile, interpretations, and recommendations in this report are all based on pain patients as the primary reference group. However, when reviewing an individual's results, it is important to keep in mind that the average pain patient is significantly more depressed, anxious, and preoccupied with somatic thoughts than the average community subject.

The information in the P-3 report must be used in conjunction with professional judgment, taking into account the total context of the instrument's administration and any other pertinent information concerning the individual. The main body of the report should be considered a professional-to-professional consultation and should be used solely by the clinician. These results should be considered confidential. The Patient Summary can be shared with the patient if the clinician decides it is appropriate.

Validity concerns are reported here. Describes the extent to which an individual understood the questions, answered randomly or magnified symptoms.

VALIDITY

The patient's score on the Validity Index suggests that she was able to read the items and appropriately attended to item content. It appears that she approached the test in an open and honest manner. Her score suggests that her test results can be interpreted with confidence.

RESULTS SUMMARY

This section provides a brief explanation of the P-3 results.

Although the patient's scores on the Anxiety and Somatization scales are not elevated above the average range for pain patients, she is more depressed than the average pain patient. Her depression may interfere with her progress in treatment.

Pain Patient Profile Results

Scale	Raw Score	T Score Results	Pain Patient Sample Average T Score Range	Results Description
Depression	31	55	47-54	Above Average
Anxiety	23	50	46-55	Average
Somatization	25	44	46-55	Below Average

Validity Index (raw): 7

CLINICAL INTERPRETATION

Includes detailed information about the results to help assess readiness for surgery and treatment planning.

Depression

The patient's T score on the Depression scale (55) suggests that she is more depressed than the average pain patient. Of the pain patients sampled, only 32% had a Depression T score of 55 or higher. The patient's depression is reflected in her endorsement of the most severe responses for the following items. Although these responses may help the clinician understand the patient's emotional state, caution should be used when interpreting an individual item response because the client may have inadvertently marked the wrong response.

8. Omitted Item
22. Omitted Item
42. Omitted Item
43. Omitted Item

Special Note:
The content of the test items is included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

Sleep and appetite disturbances may be noted as part of the patient's depression symptoms. She may be described by others as sad, lethargic, apathetic, listless, and aloof. Efforts to involve her in a participatory physical rehabilitation program may be hampered by her emotional state. It is likely that she suffered highly significant symptoms and problems with depression prior to pain onset or that she is currently feeling particularly distressed, drained, and emotionally burdened by the duration of her discomfort and the impact of her problems on her ability to function. The clinician should investigate whether a history of depression preceded pain onset or whether depression symptoms are reactive to pain. If depression is acute, the patient should be carefully and regularly monitored to guard against further emotional deterioration. It is very likely that the patient's psychological symptoms will interfere with physical pain treatment.

Anxiety
Although the patient's Anxiety score is in the average range compared to other pain patients, she reports a number of symptoms of anxiety, agitation, and cognitive distress. She may have trouble controlling her anger. She may report being irritated by situations and events that formerly went relatively unnoticed. She is probably not comfortable in social situations and would prefer to avoid them. She reports feeling irritable, tense, worried, impatient, and upset, and she may find it difficult to relax and make decisions. Others may describe her as on edge, somewhat agitated, and distracted. These symptoms of anxiety may be beginning to strain her coping skills.

Somatization
The patient reports more concerns and problems with health-related issues than the normative community sample, but less somatic thought than most pain patients. She does report physical symptoms and problems, but health-related concerns do not occupy an excessive amount of her attention. She is probably not preoccupied with her physical problems, which she may perceive as temporary or as a relatively minor inconvenience. Her Somatization score suggests that she is not engaging in excessive somatic thought, and the clinician may expect treatment to proceed without somatic interference.

TREATMENT RECOMMENDATION

Provides general suggestions for the medical care team.

The intensity of the patient's depression may warrant the attention of a mental health professional, perhaps as an adjunct to physical treatment for pain reduction. The use of anti-depressant medication should also be considered. In considering the value of psychotropic drugs, the clinician should take into account whether or not the individual has a propensity for substance abuse and impulsive behavior. The patient's level of depression should be monitored, particularly if pain persists beyond the acute stage.

OMITTED ITEMS

The client omitted the following item. It may be helpful to discuss this item with her.

14. Omitted Item
    Omitted Item
    Omitted Item

End of Report

ITEM RESPONSES

1: 2	2: 3	3: 2	4: 3	5: 3	6: 2	7: 3	8: 3	9: 2	10: 1
11: 2	12: 2	13: 2	14: /	15: 1	16: 2	17: 1	18: 1	19: 2	20: 2
21: 2	22: 3	23: 2	24: 1	25: 2	26: 2	27: 1	28: 1	29: 2	30: 2
31: 1	32: 2	33: 2	34: 3	35: 2	36: 2	37: 1	38: 2	39: 2	40: 2
41: 2	42: 3	43: 3	44: 2						

PATIENT SUMMARY

One-page synopsis of patient's results written in layman's language to facilitate communication with the patient.

The P-3 was developed to assist health care professionals who work with patients who are experiencing pain and physical problems. Information from the P-3 can help you and your health care provider determine if emotional factors are influencing your symptoms or your treatment progress.

The P-3 provides information about three factors that are important to your health: depression, anxiety, and somatization. These terms are defined below.

Depression: feeling down, having low energy, and feeling tired, blue, and discouraged

Anxiety: feeling nervous, on edge, and irritable

Somatization: being overly concerned with and thinking too much about physical problems

Patients who are in pain usually experience more emotional distress than people who are not in pain. Depression, anxiety, and somatization are as much a part of pain as the physical aspects, and these feelings can make coping with pain more difficult.

The following interpretation is based on your responses to the P-3 items. You are encouraged to discuss your P-3 results with your health care provider.

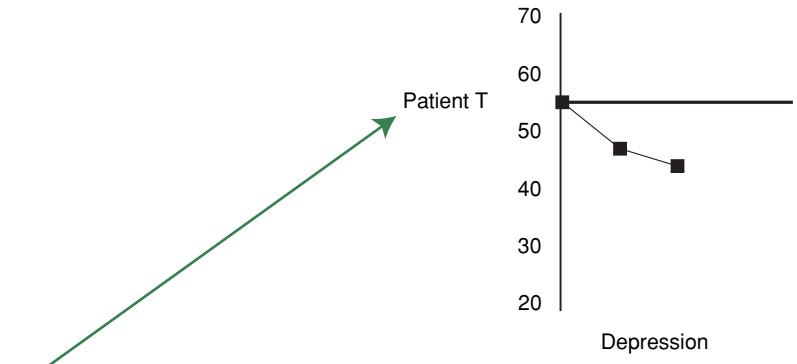
Although depression is common in patients who are experiencing pain, your Depression score indicates that you may be especially troubled by these feelings. You may have less energy and feel less optimistic than you would like. You may be having sleep and appetite problems. Your responses also indicate that you may feel sad and that you may not enjoy being around others. You may be feeling discouraged, and you may not be enjoying life at present. You should discuss these feelings with your health care provider so he or she can help you find ways to cope with them.

Your Anxiety score is very similar to the average pain patient's score. Like other patients in your situation, you may be edgy, impatient, irritable, and easily frustrated. Your responses also suggest that you may have trouble relaxing and keeping your mind on tasks, which is normal for someone with painful physical problems. Your responses suggest that you are keeping your feelings of anxiety under control. Your health care provider can suggest some techniques for helping you to relax and reduce the stress caused by your symptoms.

Your Somatization score suggests that you have some physical symptoms and problems but that you are coping well in this area. Although you are concerned about your pain and your physical problems, your responses suggest that you do not spend an unusual amount of time thinking about them. Your balanced view of your physical problems may be a strength you can draw on during the treatment process.

The treatment of pain sometimes requires a team effort from health care specialists. It is in your best interest to explore a combination of physical and psychological treatment options under the guidance and direction of your health care professional.

Test Administrations: 11/30/2005, 12/28/2005, 01/26/2006



A graphic display of changes will print out for up to five P-3 administrations. This helps monitor a patient's progress over time.