

# Taking charge: Choosing a new direction – A service evaluation of AT lessons for pain clinic patients (SEAT)

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## Background

- In the ATEAM trial, Alexander Technique (AT) lessons were effective, and cost-effective, in helping people with chronic back pain reduce their pain frequency and associated disability, and maintain long-term benefit<sup>1</sup>
- We conducted an exploratory study which incorporated an AT teaching service as part of an existing pain management programme at a hospital pain clinic
- The aim was to evaluate the effectiveness of the AT service, the experiences of service users and clinicians and any potential benefit of the service to the NHS

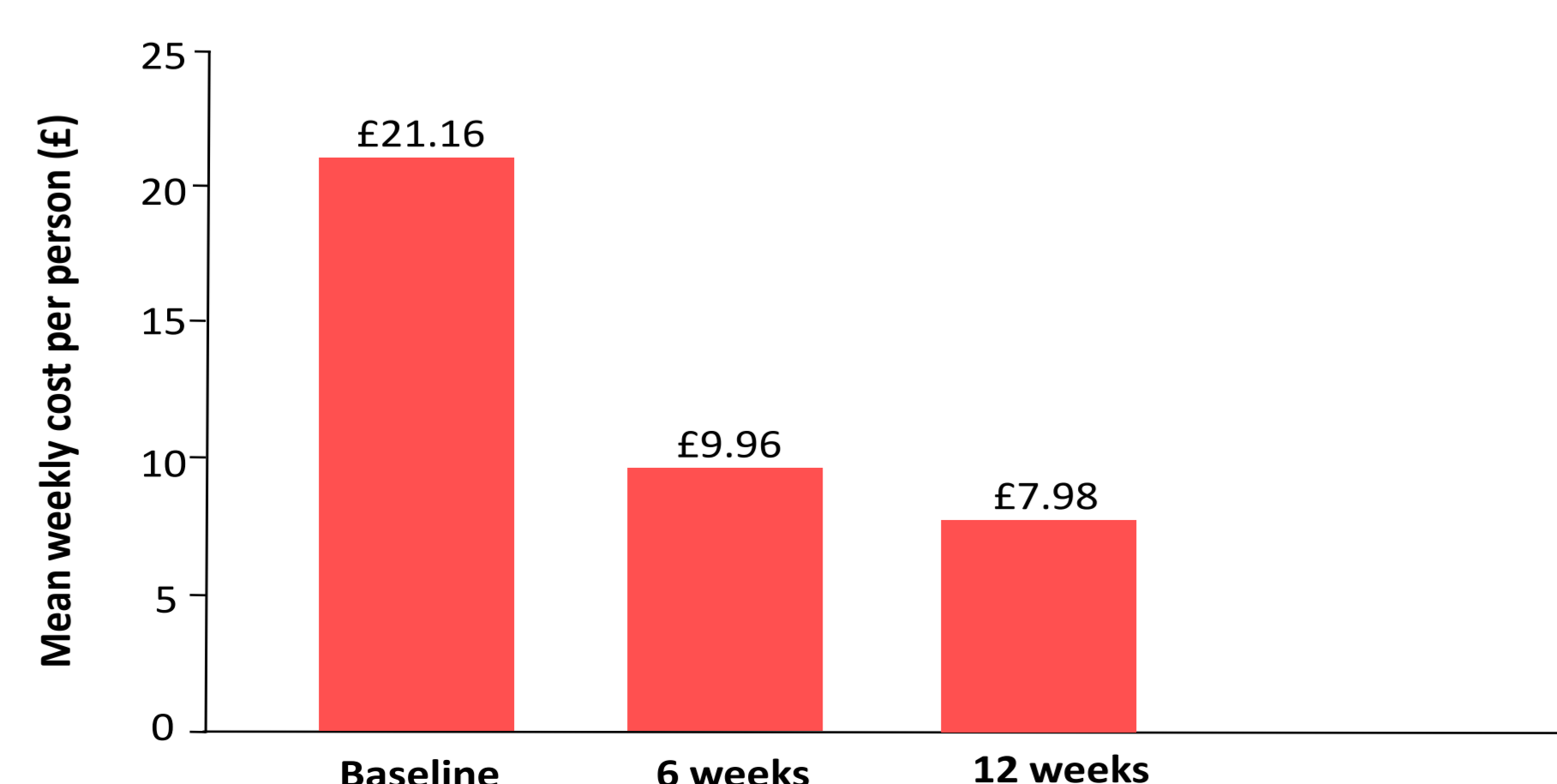
## What we did

- Forty three people attending the Pain Clinic at St Michael's Hospital, Bristol because of chronic or recurrent pain, agreed to participate
- Participants attended six weekly, one-to-one, 40–60 minute AT lessons
- All lessons were given by five experienced, STAT-registered teachers; most had previously participated in the ATEAM trial
- Outcome data were collected via four questionnaires at study start (baseline), 6 and 12 weeks:
  - pain severity and interference with usual activities & emotions (Brief Pain Inventory)
  - patient-reported outcomes and wellbeing (MYMOP)
  - quality of life (EQ5D)
  - NHS resource use (Client Service Resource Inventory)
- In-depth interviews were also conducted with 27 participants at 12 weeks, as well as with pain clinic staff and AT teachers

## What we found

- Ages of participants ranged from 23 to 80 years and there were more women than men; 41 of the 43 completed all 6 lessons
- More than half the participants had experienced pain for over 5 years, often at multiple sites, and with emotional distress; back pain was the most common type of pain, occurring in 30 participants
- After AT lessons, half of participants stopped (10/43) or reduced (12/43) their use of pain medication
- Costs related to pain were reduced by half (figure)

Average weekly condition-related costs



## What we found (cont'd)

- There was a small reduction in pain severity and interference; participants reported that their relationship to, and management of, pain changed following AT lessons
- 38/43 participants experienced a steady improvement in their state of well-being after the AT lessons
- Participants who undertook a more active self- management approach benefited more than those who perceived AT lessons as treatment
- Participants were happy with the service and the NHS pain clinic staff were satisfied with the outcomes

## The participant's perspective

*"... It was a good start; you know it made me change direction."*

*"...It's the only thing that's helped me and I just think that it really should be on offer for everyone because it's just such a useful thing to know about. It helped me deal with my pain and my back, and whilst it's not completely gone away I know now how to control it. And I think psychologically it's helped as well. It's not a miracle cure, but I know that I've got some tools to help me. Alexander Technique isn't a quick fix, it's a lifestyle change. You see I've benefited and I just want to get it out there really so other people benefit as well."*

*"... I am managing the pain much better now... with the tools given to me I feel more in control."*

*"... I found the 6 introductory lessons to the Alexander Technique very helpful...I have not used anything apart from paracetamol for over six months for any pain control."*

## The AT teacher's perspective

*"So the actual lessons as I say was very, very challenging and rewarding in the sense that I had to ask myself as an Alexander teacher how can... how does this work, how can I apply myself on all levels thinking with my hands conducting each lesson, how can I be as effective, as adaptable, as precise as um you know warm to meet that person in front of me and as I say I had people where there was such immobility that I didn't think that I could actually do my work whether they could even get onto the table"*

*"...I think the people from the pain clinic quite a few of them are really having a lot of issues not just one, most of them, but I think six lessons is better than nothing"*

*"I would say it's been a real privilege you know for me to work with um people who perhaps couldn't afford to have Alexander lessons who wouldn't afford to come and see me in the clinic in Bristol and feeling that in a way that's where I would really like to work with people who can't access this kind of service"*

## The Consultant's and Specialist Nurse's perspectives

*"I'm pleasantly surprised by the positive outcomes of the research...If more than half of the (participants) have significantly reduced their medication and they're happier, and their pain is unchanged or slightly better, then that's a very good result. The fact that their pain is the same or slightly better on half as much medication is an enormous improvement."*

*"I think it's got a definite place and in an ideal world where there was finance for it, I think it would be really nice to have that as another option that we could refer on to for many of our patients, to have another tool in our armamentarium, but I'm sure it's not the thing that all of our patients would want to take up...it couldn't replace anything [at the clinic] because you still need to have all those options available."*

## Conclusions

- The results of this pilot study suggest that an AT teaching service in a pain clinic can:
  - make a difference to how people manage their pain and change their relationship to their pain
  - help patients reduce their pain
- Half the participants stopped or reduced their use of pain medications by 3 months, making cost savings to the NHS
- This is an exploratory study, small in size, which needs further evaluation in a larger, longer-term trial
- Further research is needed to explore outcomes with a larger number of lessons than the six provided here
- Alexander Technique lessons may provide a useful, cost-saving addition to pain clinic service provision, particularly for those who are seeking a long-term educational approach to chronic pain – nonetheless, the current constraints on NHS provision need to be recognised

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## References

- Little P, Lewith G, Webley F, et al. *British Medical Journal* 2008;337:a884
- Full report of this study: McClean, S and Wye, L (2012). *Taking charge, choosing a new direction: A service evaluation of Alexander Technique lessons for pain clinic patients (SEAT): An approach to pain management.* UWE Research Repository; <http://eprints.uwe.ac.uk/16903/>