

10_PR - Objectively tracked activity is not correlated with patient-reported pain treatment outcomes one week after surgery

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The authors ave no conflict of interest.

Subjective patient-reported outcomes do not measure the same as objective activity devices

BACKGROUND AND AIMS

- We measure a lot of patient-reported outcomes, e.g., pain-related outcomes
- It might be easier and more precise to measure objective outcomes, e.g., activity
- Can we replace one with the other?
- How is activity distributed?

METHODS



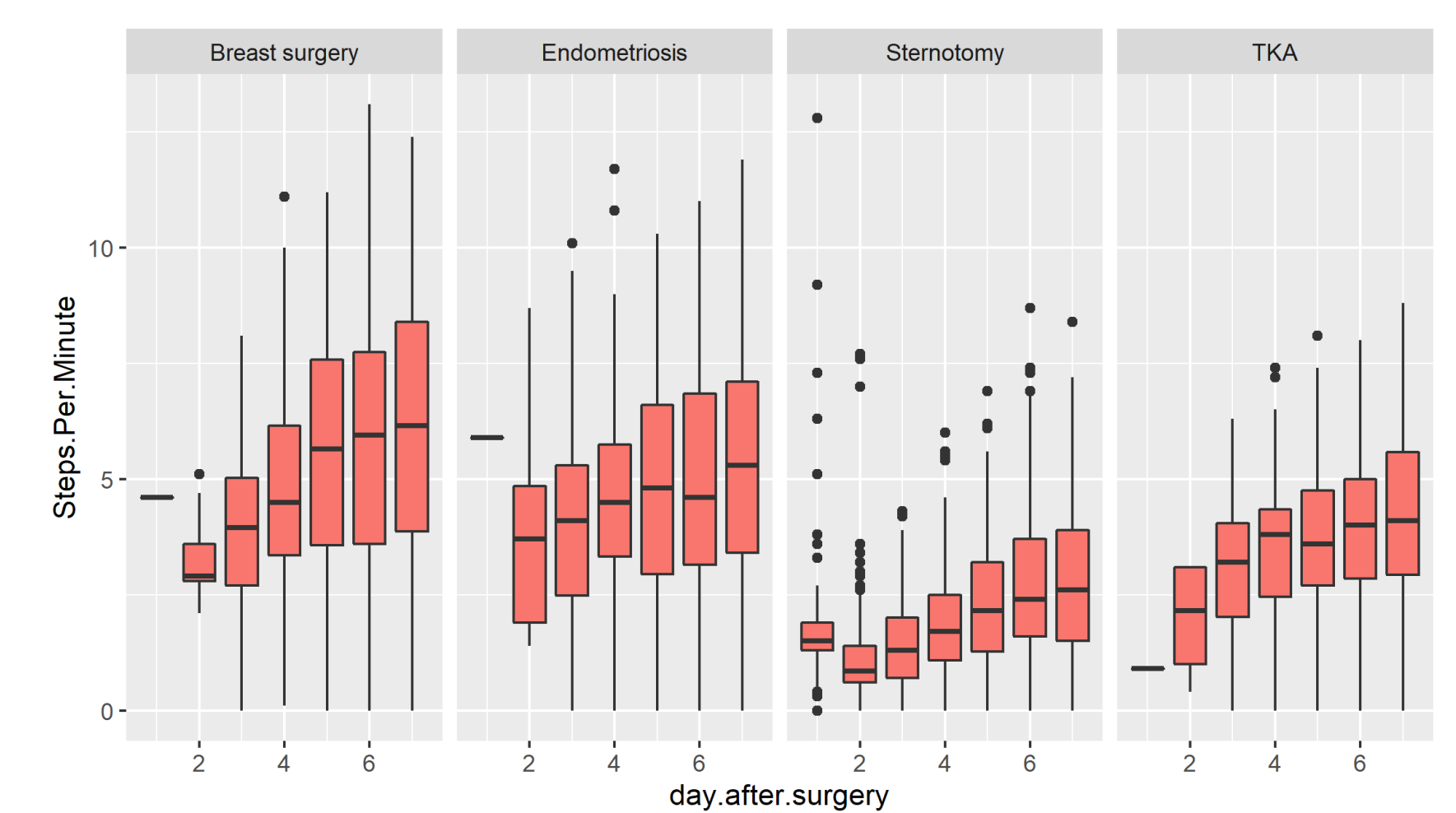
- Data from PROMPT project (part of IMI-PainCare): 339 patients
- Patients were wearing Actigraph accelerometer 7 days after surgery
- Patients filled self-report questionnaires 7 days after surgery
- 4 groups: breast surgery, endometriosis surgery, sternotomy, total knee arthroplasty

RESULTS

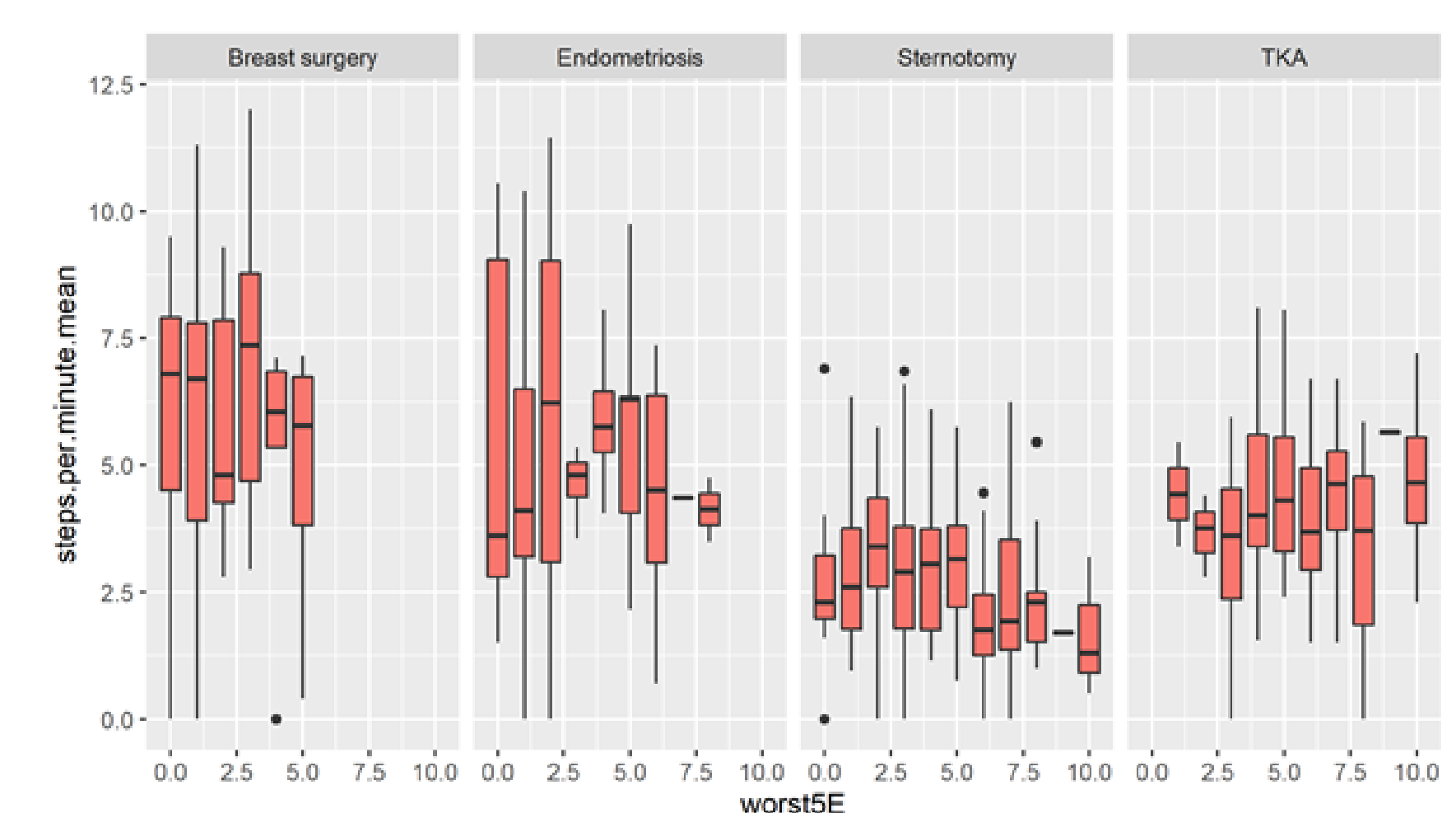
- No significant difference in activity between sexes or patients with/without pre-existing pain
- Age: significant correlation with activity in endometriosis ($cor=0.44$, $p<0.001$) + sternotomy ($cor=-0.21$, $p<0.01$) but not in breast or TKA
- Body Mass Index: v significant correlated with activity only in endometriosis ($cor=0.27$, $p<=0.05$)
- 18 of 20 correlations with patient-reported outcomes were not significant

CONCLUSION

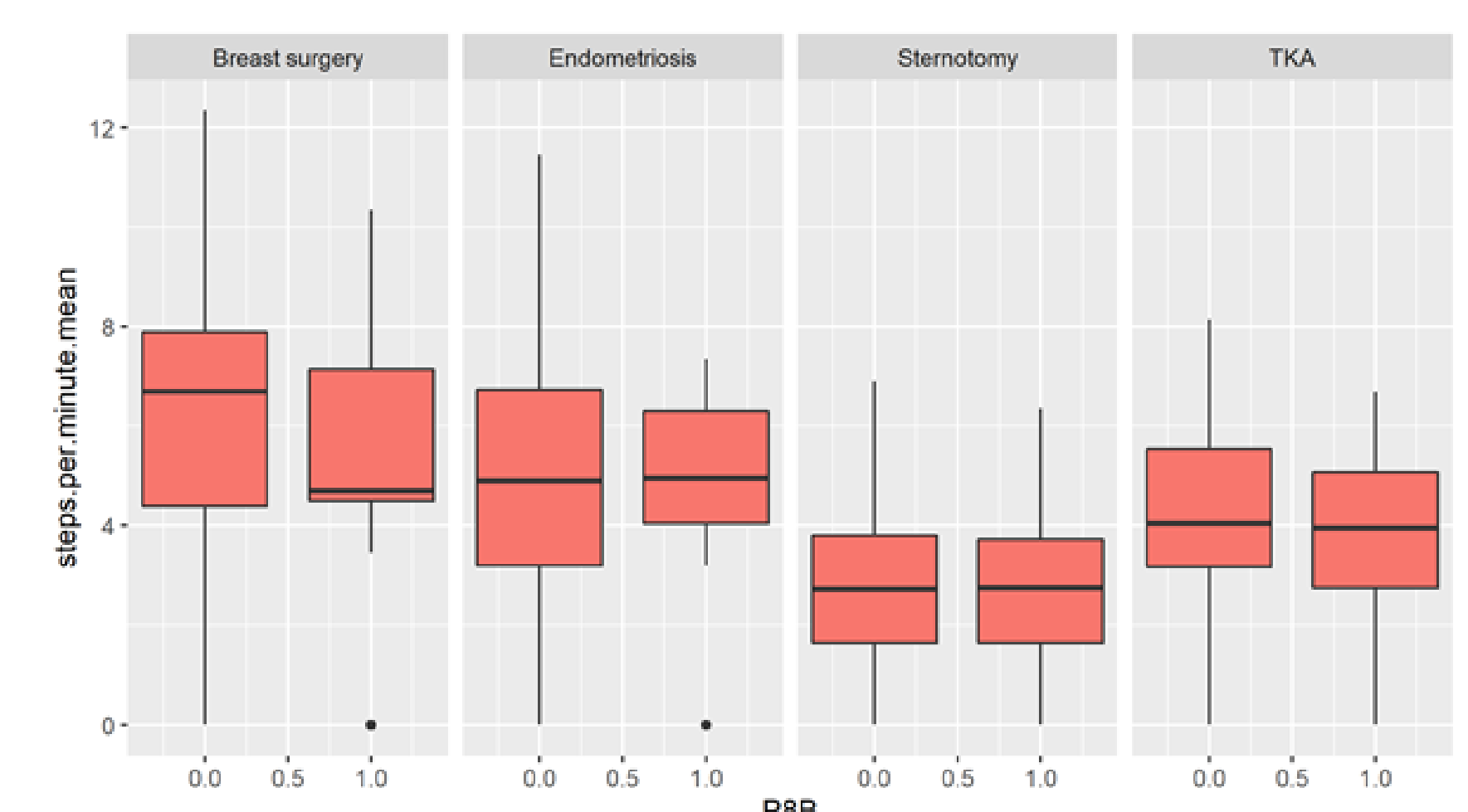
- Surprising result
- Patients with high pain do not move less or vice versa
- Activity measures something different than patient-reported pain-related outcomes



Steps during the first seven days after surgery



Steps per worst pain scores (NRS 0-10)



Steps per "Wish for more pain treatment"

