

Introduction

Recent research points to that disability in Ehlers-Danlos Syndrome (EDS) and Hypermobility Syndrome (HMS) is similar to the consequences of a complex chronic pain syndrome and makes parallels between these three conditions. Multidisciplinary cognitive-behavioral rehabilitation program (MMRP), which is proven for chronic pain, is also suggested for EDS/HMS¹.

The SQRP (Swedish Quality Registry for Pain Rehabilitation) has aggregated data from the majority of Swedish pain rehabilitation units. The units included in this study work according to the multimodal cognitive-behavioral oriented method². None of these MMRPs were specially designed for EDS/HMS.

Aims

To analyze if a standard MMRP aimed for chronic pain also had results in EDS/HMS patients.

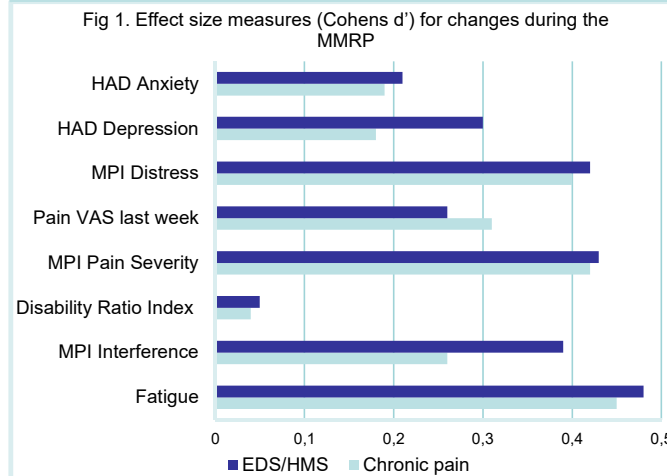
References

- 1 Bathen et al, Am J Med Genet Part A. 2013
- 2 Nyberg et al, J Rehabil Med. 2011
- 3 Scheper et al, APMR. 2016

Table 1. Comparison between women with EDS/HMS and Chronic pain at the MMRP start.

Variable	EDS/HMS		Chronic pain	
	n=76	%	n=2693	%
Education (Secondary school or University)	66	87,1	2230	82,8
Labour market status				
Employed	47	61,8	1753	65,1
Unemployed	24	31,6	673	25,0
Student	1	1,3	100	3,7
Else	4	5,3	167	6,2
Sick-Leave				
Non	23	30,3	822	30,5
Part-time	12	15,8	409	15,2
Full time	41	53,9	1462	54,3
Pain location varies	33	43,4	1085	40,3
	Mean	Std. Dev	Mean	Std. Dev
Age (years)	36,8	9,0	40,2	9,7
Years since pain debut	10,8	8,3	7,5	7,1
Years with persistent pain	6,1	4,3	5,0	5,0
Number of pain sites	17,0	8,7	16,0	8,1
Years outside work	2,9	2,9	2,5	2,4
HAD Anxiety	8,7	4,5	8,5	4,6
HAD Depression	8,0	3,6	7,8	4,1
MPI Distress	3,6	1,2	3,6	1,3
Pain VAS last week	62,6	23,0	68,1	18,5
MPI Pain Severity	4,3	0,9	4,5	0,8
Disability Ratio Index	55,4	17,3	53,8	17,9
MPI Interference	4,6	0,8	4,5	0,9
Fatigue	68,1	22,5	71,6	19,1

Bold - significant after Bonferroni correction (p<0,00114)



Methods

Based on ICF³ following variables were included in the analysis (Fig. 1):

Pain (body structures and functioning)	Pain VAS last week, MPI Pain Severity
Disability (activity and participation)	DRI (Disability Ratio Index), MPI Interference
Psychological distress (body structures and functioning - mental function)	HAD Depression, HAD Anxiety, MPI Distress
Fatigue (body structures and functioning)	100 mm VAS scale

Results

The SQRP data were registered for 76 women with EDS/HMS diagnosis and 2693 with chronic pain diagnoses. At the MMRP start only significant difference between patients with EDS/HMS and chronic pain was regarding pain debut.

As Fig 1 shows the strongest effect size measures (Cohens d') after the MMRP were recorded for MPI Pain Severity, MPI Distress and Fatigue and they were of the similar levels in both groups.

Conclusion

MMRP aimed for chronic pain seemed to have comparable results even for patients with EDS/HMS.