BACKGROUND
The survival rate of Breast Cancer Survivors (BCS) is rising up to 89.9%.

Debilitating side-effects can persist in BCS, of which Chronic pain (CP) is one of the most prevalent ones. Affecting 1 out of 2 BCS after treatment.

Pain reduces HRQoL and activity level and pain medication has side-effects on the long term.

There is a need for non-pharmacological treatments, such as Pain Neuroscience Education (i.e., explaining the neurophysiology of pain), combined with Behavioural Graded Activity (i.e., increasing the patient’s meaningful activities).

AIM

THE PRIMARY OBJECTIVE: investigate whether PNE with BGA has an added value in decreasing pain compared to the usual care in BCS with chronic pain.

THE SECONDARY OBJECTIVES: investigate whether PNE with BGA has the ability to improve endogenous pain modulation and HRQoL compared to the usual care in BCS with chronic pain.

METHODS

INCLUSION

- Breast Cancer Survivor
- Pain Visual Analogue Scale ≥ 3/10
- Cancer Free
- Treatment completed ≥ 3m
- Dutch reading and speaking

OUTCOME MEASURES

Brief Pain Inventory - BPI
European Organization for Research and Treatment of Cancer - EORTC

INTERVENTION

n=122

Primary Pain Neuroscience Education and Behavioural Graded Activity

STATISTICAL ANALYSIS

Linear mixed models for repeated measures in SPSS

RESULTS

TABLE LEGEND

Large (0.80-1.29)
Medium (0.50-0.79)
Small (0.20-0.49)
Negligible (<0.20)

Significant values (p<0.05) are in GREEN

CONCLUSION

PNE with BGA did result in a significant short-term reduction in pain severity and interference compared to usual care in BCS with chronic pain. Additionally, significant improvements in maladaptive cognitions were observed.

However, observed changes in pain did not significantly improve patients’ HRQoL and endogenous pain modulation.