Do Group Medical Visits with a Focus on Mind and Body Help Patients with Chronic Pain and Symptoms of Depression?

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**What was the research about?**
Chronic pain lasts for months or years. People who have chronic pain often also have depression. Usual care for chronic pain and depression is mainly using medicines to treat symptoms.

In this study, the research team wanted to know if a group medical visit program with a focus on mind and body care would help patients with chronic pain and depression symptoms. During nine weekly group visits with a doctor, patients in the program learned about their health issues and ways to calm their minds and bodies using mindfulness and meditation. Patients in the program also received a computer tablet with lessons and an interactive feature to use at home. Patients who took part in the program continued to receive usual care from their primary care doctors, including treatment with medicines if needed.

The research team compared patients in the group medical visit program with patients who had usual care only.

**What were the results?**
During the course of the study, patients in the program and patients who had usual care only didn’t differ in their responses to surveys about their

- Pain symptoms
- Symptoms of depression
- Stress levels
- Sleep quality
- Misuse of pain medicines

Compared with patients who had usual care only, patients in the program

- Were less likely to use any pain medicines, including opioids
- Had better quality of life related to mental health
- Had worse quality of life related to physical health, but this difference may be explained by the number of patients in the program who had low back pain

At the time the group visits ended, patients in the program had fewer visits to the emergency room, or ER, compared with patients who had usual care only, but the two groups didn’t differ by the end of the study.

**Who was in the study?**
The study included 159 patients with chronic pain and depression symptoms. Patients received care at three health clinics serving low-income neighborhoods in Boston, Massachusetts. Of these patients, 56 percent were black, 30 percent were unknown race, 19 percent were white, and 6 percent were multiple races; 14 percent were Hispanic. The average age was 51, and 86 percent were women. In addition, 63 percent had a yearly income of less than $30,000.
What did the research team do?
The research team assigned patients, by chance, to be in the group medical visit program or to receive usual care only. The group medical visits were in person and lasted for two and a half hours.

Patients completed surveys when the study began and then again 9 weeks and 21 weeks later. The research team also looked at patients' health records.

A group of patients gave input throughout the study.

What were the limits of the study?
Not everyone in the group medical visit program went to all of the visits. The results may have differed if more patients went to all of the visits. This study included patients in only one city. Results may differ in other locations or settings.

How can people use the results?
Health centers can use the results when considering how to help patients with chronic pain and depression reduce their use of pain medicines and ER visits.

To learn more about this project, visit www.pcori.org/Gardiner216.