

Patients' Experiences of Digital Interventions for the Self-Management of Chronic Pain: A Systematic Review and Thematic Synthesis

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BACKGROUND

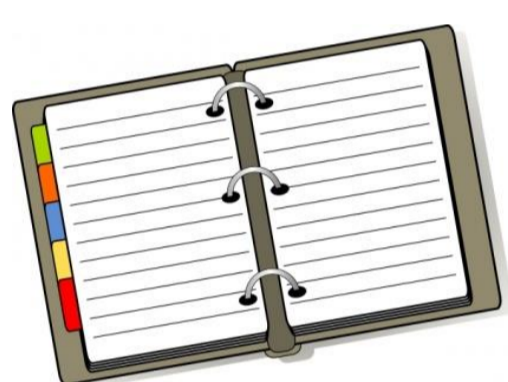
Chronic pain is a major public health condition affecting more than 30% of the world's population¹. To successfully manage the complex nature of chronic pain, multidisciplinary treatment is required. However, access to such specialised treatment is limited^{2,3}. A means of overcoming the barriers of accessibility to multidisciplinary health care could be the delivery of self-management strategies using digital tools, such as smartphone applications, websites, and social media campaigns. Digital tools can deliver a range of self-management strategies, such as:



Physical activity



Cognitive behavioural therapy



Symptom tracking

Relaxation techniques



Systematic reviews have demonstrated that digital tools are effective in managing chronic pain symptoms⁴, however evidence focuses primarily on quantitative outcomes⁵. The overall patient experience has yet to be synthesised.

OBJECTIVE

To identify, appraise and synthesise qualitative evidence on patients' experiences with a digital health intervention for the management of chronic pain.



METHODS

A literature search was conducted on the following electronic databases: Embase, Medline, Cumulative Index for Nursing and Allied Health Professionals (CINAHL), PsychINFO and Scopus. Inclusion criteria followed the SPIDER⁶ framework, see below:

S	P	I	D	E	R
Sample	Phenomenon of interest	Design	Evaluation	Research type	
<ul style="list-style-type: none">Patients (18 years old and over) with a chronic pain diagnosis who have participated in a DHI	<ul style="list-style-type: none">DHIs, using digital platforms to deliver self-management strategies for chronic pain	<ul style="list-style-type: none">Qualitative data collected via questionnaires, focus groups, surveys, and interviews	<ul style="list-style-type: none">Patients experiences with participating with DHIs	<ul style="list-style-type: none">Qualitative and mixed-method studies that include a qualitative component	

RESULTS

Thirty-seven articles met the inclusion criteria and were included in the review.

A thematic synthesis approach was then applied to the included articles to draw themes from the qualitative data.

THEME 1: PERSONAL GROWTH

Gaining new insights
Renewed mindset

THEME 2: ACTIVE INVOLVEMENT

Motivation
Improved access
Healthcare decision making

THEME 3: CONNECTEDNESS AND SUPPORT



CONCLUSION

Contrasting experiences in each of the themes highlights that a "one-size-fits-all" approach to intervention design and implementation is not adequate. Future research regarding the development and implementation of DHIs should employ a co-design approach, involving PLwCP and other key stakeholders. DHIs should be accessible, convenient, and flexible, and be easily integrated into patients' lives without exacerbating the burden on those already coping with a range of challenging symptoms.

Intervention components including CBT, symptom tracking, exercise programmes and educational content should be prioritised. These features have demonstrated improvements in patients' self-awareness, confidence and independence, and acceptance, all whilst fostering motivation to engage in positive health behaviours, decisions about treatment and care with HCPs, and the feeling of being supported outside of routine healthcare appointments.

Future DHIs should include social networking features with both peers and HCPs to enhance social support, a crucial element of successful self-management.

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