

P-908 - GLOBAL MENTAL HEALTH, PHYSICAL PERFORMANCE, PAIN-IMPAIRMENT AND DIRECT MEDICAL COSTS OF PSYCHOTROPIC MANAGEMENT OF SUBJECTS WITH POLY-TRAUMA AND CHRONIC PAIN

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Objective was to measure global mental health (GMH), physical performance status (PPS), pain-related impairment (PRI), and direct medical costs of psychotropic management in individuals with Poly-Trauma (PTM) and chronic pain (CP).

A retrospective methodology computed (average internet-based yearly charges) DMCP used in 29 individuals with PTM (>2 years) and CP from outpatient rehabilitation clinic records. Outcome measures were: PROMIS-Anxiety & PROMIS-Depression (A/D) for GMH, Berg Balance Scale (BBS) for PPS, Pain Disability Questionnaire (PDQ)- a PRI assessment system based on Functional Status and Psychosocial Distress Status (PDS) from the AMA Guides to Evaluation of Permanent Impairment 6th Edition, and Self-Administered Co-Morbidity Questionnaire (SCQ) for multi-morbidity burden.

Clinical scores ranged (mean): A/D T-scores 37-83/38-81 (mean 60/59); BBS 8-56 (42.0 of 56); PDQ-PDS 6-60 (36.71 of 60); and, SCQ 0-15 (7.0 of 39). Yearly DMCP ranged \$0-\$7,618 (mean \$1,832.11), accounting for 0-55% Total Routine Medication cost (TMC) & averaging 11% TMC. The study found a trend relationship of DMCP to the GMH, PPS, PRI, and MMB scores of subjects with PTM & CP.

Subjects with PTM and CP had meager GMH, poor PPS, moderate PRI, and low MMB. DMCP accounted for a significant portion of TMC in PTM medical care due to the clinical complexity of these subjects. It recommends that the SCQ, PDQ, and PROMIS be part of the clinical measures for PTM subjects who need psychotropic management. Further study on the correlation of DMCP, SCQ, PDQ, PROMIS, & PPS should be done.