

were tested on significance by generalized estimation equations (GEE) (2). This method modeled changes of health by multivariate logistic regression adjusting for sex, education, number of comorbidities and the baseline score over both follow-ups for each scale.

Results: Italian-speaking patients (n=61) showed higher proportions of males, lower educated and less burdened by comorbidities than German-speaking patients (n=63). At baseline, physical and psychosocial health, depression and anxiety of the Italian-speaking patients were worse than German-speaking patients, with the exception of less pain in the Italian-speaking patients on the SF-36. Changes of health showed more improvement in German- than in Italian-speaking patients on all scales and at both follow-ups. In GEE, the highest differences were observed in SF-36 physical functioning (p=0.035), HADS anxiety (p=0.038) and HADS depression (p=0.023). On SF-36 bodily pain, the difference was not significant (p=0.166).

Conclusions: This study detected that short- and midterm outcome of Italian-speaking patients was worse than that of German-speaking patients, even after adjustment for baseline differences. The reasons for this study's results remain unclear, but may have consequences for future management of Italian-speaking patients in interdisciplinary pain management programs. Considering language as a proxy for acculturation, this supports the hypothesis that patients with lower level of acculturation may have special needs in therapeutic management. A cultural sensitive approach in a multidisciplinary pain program might enhance the positive outcome in the short- and mid-term (3).

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THU0719 LONG-TERM COURSE OF HEALTH AND WORKING CAPACITY AFTER A REHABILITATION PROGRAM FOR WHIPLASH INJURY

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Background: Persistent pain and disability of whiplash injury associated disorders (WAD) cause high burden for the individual and costs for healthcare.

Objectives: The aim of this study was to determine state and change of health and working-capacity five years after a standardized inpatient pain management program of four weeks.

Methods: This prospective cohort study quantified health and quality of life by the generic Short Form 36 (SF-36, 100=best), the neck-specific Northern American Spine Society (NASS) form, and the Coping Strategies Questionnaire (CSQ). SF-36 data were compared to age-, sex-, and comorbidity-specific German population norms (1). Changes of health were determined using effect sizes (ES) at the 6 month and the 60 month follow-up. Changes of health were determined using effect sizes (ES) (2).

Results: The 59 participants had mean age of 40.3 years (sd=12.3), 83% were women, and 37% had one or more comorbidities. At 5 years, health was worse on all SF-36 scales when compared to the norms (p<0.001), varying from mean 41.5, norm 82.3 on role physical to mean 65.7, norm 71.0 on mental health (all p<0.001).

Table 1

Effect sizes (ES)	Entry to 60 months	6 months to 60 months
SF-36 Physical functioning	0.99	0.16
SF-36 Role physical	2.22	0.83
SF-36 Bodily pain	1.61	0.78
SF-36 Vitality	0.89	0.32
SF-36 Social functioning	0.71	0.47
SF-36 Mental health	0.61	0.30
NASS Pain	1.12	0.56
NASS Function	0.78	0.26
CSQ Catastrophizing	1.03	0.62

Median working capacity improved from 0 at entry to 21 at 6 months and to 30 hours/week at 5 years.

Conclusions: Moderate to large long-term effects were observed. Substantial improvements still occurred between 6 and 60 months after start of the pain program, especially in pain, catastrophizing, and physical role performance. Improvements observed after the inpatient pain program can be maintained and expanded in the long-term at home (3).

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