

Chronic spinal pain in refugees – learning from scratch!

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Retrospective audit using quantitative methods

Audits from the rheumatology back and neck pain clinics from Northwick Park Hospital in the 1990s did not describe a single patient who had been tortured

We first reported patients who had been systematically tortured in 2002

Refugees are at high risk of previous torture

Assumptions

- ‘Disease’ is usually straightforward, its ‘people’ that are difficult
- ‘As a basic principle of good rehabilitation practice, emotional agendas need resolution before physical goals can be achieved’ (British Society of Rehabilitation Medicine 2003)

Plan of talk

Nature of audit

Subjects

Abuse

Treatment strategies

Learning from the sleep history

Wider issues

Discussion points

Methods

Patients likely to be recent immigrants or refugees seen in the rheumatology spinal clinic are normally asked their

- country of birth
- duration in the UK
- Religion

Methods 2

A history of trauma or physical abuse is documented during their consultation, sufficient to aid medical management.

‘I have been honoured to treat some of your countrymen in the past and some have told me about terrible things that have happened to them – has anything bad happened to you?’

Methods 3

Symptoms of PTSD

Direct questions

Do you think a lot about these things?

Sleep

(I don't ask about avoidance, nor rape)

Sleep history

- Time of lights out, going off to sleep and waking up
- Reasons for sleep disturbance
- Thoughts when lying awake
- Dreams (latterly)

Resources

No real team

Consultant Physician (additional doctor?)

Outpatient physiotherapy department

Medication effected through GPs

Orthotics and simple aids

Clinical psychology (sometimes) and
psychiatry (doctor determined by post
code)

Long waiting times for specialist service
(may only be available for torture)

Subjects (N=63)

26 men aged 36 (22-55 sd 10)

37 women aged 38 (15-64 sd 12)

63 people age 37* (15-64 sd 11)

*mean age in clinic previously published 49

Country of Origin (N=64)

- Iraq 24 (1 Christian)
- Somalia 17
- Afghanistan 8
- Iran 4
- Kuwait 4

Country of Origin (N=64)

- Lebanon 2
- Libya 1
- Algeria 1
- Syria 1
- Sri Lanka 1
- Not known 1

Duration in the UK

Of 61 patients with known dates, duration in the UK a mean of 65 (range 5-228, sd 77) months.

- Somalia 61m
- Iraq 60m
- Afghanistan 50m

Referral diagnoses (N=64)

- Low back pain 46
- Polyarthralgia 23
- Neck pain 17
- Head injury +/- epilepsy 4
- Thoracic pain 3
- Diabetes 3

Discharge diagnoses (N=64)

- Low back pain 55 (87%)
- Neck pain 28 (44%)
- Anxiety/depression 48 (75%)
- Post-traumatic stress sy 41 (65%)
- History abuse 30 (48%)
- Metabolic Bone Dis 24 (38%)
- Knee pains 11 (17%)

Discharge diagnoses (N=64)

- Hiatus Hernia/reflux 11 (17%)
- Abdominal pains ? Cause 07 (11%)
- Knee pains 11 (17%)
- Hiatus Hernia/reflux 11 (17%)
- Abdominal pains ? Cause 07 (11%)
- Metabolic Bone Dis 07 (11%)

- GI problems – total 26 (41%)

Other relevant diagnoses

- Head injury +/- epilepsy 3 (5%)
- Bullet/shrapnel wounds 2
- Anal Fissure 1
- Explosions – amputation 1

Male/female infertility etc

Methods of torture

N=38

Beaten	21
No details available	08
Suspension	03
Kicking	03
Electric shocks	02
Burns	02

Methods of torture

Nails extracted	02
Life threatened	02
Kicked in rubber ball	02
Reported once only	06

Treatment strategies 1

Tricyclics	54 (84%)
Opioids	52 (81%)
Physiotherapy	44 (69%)
Equipment/orthoses	28 (44%)
Other antidepressants	19 (30%)
Clinical Psychology	14 (22%)

Treatments 2

Advocacy	10 (16%)
Charities	07 (11%)
Other letters	06 (9%)
Dietetics	06 (9%)
Psychiatry	05 (8%)

Tricyclics

Amitriptyline 10 – 150 mg 2-4h before going to sleep (encouraging normal sleep pattern)

If ineffective at tolerated dose, consider
Dosulepine, Lofepramine or Nortriptyline

Analgesics

Use analgesic ladder commencing with Paracetamol regularly (dissolvable if preferred), compound codeine preparations, usually preferring long-acting preparations to augment sleep, often DHC Continus or slow-release Tramadol
Buprenorphine or Fentanyl patches
Refer pain clinic

Physiotherapy

Strong impression that classical approaches are unhelpful e.g. taking responsibility for one's own pain management.

May be gender issues (no ladies only hydrotherapy etc)

May be inflexible in terms of providing more care than therapy?

Equipment / orthoses

Corsets	11 (17%)
Walking sticks	05 (8%)
Elbow crutches	03 (5%)
Toilet raise	01
Artificial leg	01

Advocacy role

Home office

- Immigration status in UK
- No passport so can't visit relatives
- Separation of spouses

Charities re work

Education establishments

Social services

Empathy

Interest in patient as an individual

- Culture
- Family
- Issues that are critical to their lives altho' of no medical significance become the dominant factor in individual lives, thus affecting mood and the experience of pain
- Occasional 'racial discrimination' issues

Fear of going to sleep

- Often leaves light on or goes into friend's bedroom to reduce his fear - at night often curls up in corner of room which is what he used to do when tortured.
- Can't sleep – I'm scared to sleep
- Tearful during the night - very quiet is frightening
- Scared to go to bed as he will have nightmares and thinks too much at night time

Fear of going to sleep

- I try not to sleep – if I sleep I have bad dreams
- He is scared when he is lying on his back at night time
- Afraid to go to sleep because of dreams that someone will come for me and take me away
- Spends most of his time at home, sleeping during the day because of nightmares at night

Fear of going to sleep

- Used to be afraid to go to sleep but more secure in the UK
- Hand feels numb at night time and feels scared at night time with fear of paralysis

Dreams

- Do you have dreams?
- Are they nice ones or nasty ones?
- If nasty, can you remember one and tell me about it?

Dreams – comments – No torture!

- He has unpleasant dreams. He is scared when lying on his back at night time and currently has dreams when he is afraid theare going to capture him. He has nightmares about falling from a great height and unpleasant dreams about his children
- She has nightmares which largely consist of someone trying to kill her by putting a hand to her throat - she lies awake thinking of horrible things.

Dreams – comments – No torture!

Patient disabled from polio: -

- unable to run away from home when bandits came into her house
- denied rape or physical assault but was jailed
- dreams of people 'beating me' or of big snakes
- Subsequently had unpleasant dreams of flooding of her house when she would be unable to escape because there was no one there to help her

Dreams affect partners

- Husband was tortured in prison and he wakes up every night screaming
- Husband shouts in his sleep
- Sometimes sleeps in sisters room when husband very upset - has PDST and nightmares
- Husband deeply depressed and wakes her with his nightmares.

Effects on children

- Childrens sleep disturbed by husband's disturbed sleep
- He screams out in his sleep and disturbs his children and they wake him up and tell him he has been screaming

Effects on children

- The torture affected his temper and he became easily angered and without reason shouts at the children
- Children come into the bedroom woken by either parents' nightmares

Potential lack of parenting

Mother of 5 children came to UK to reunite with husband. Because of left leg pain after falling down stairs, leg gives way and spends most of her time on a mattress on the floor - dependent on eldest son and daughter for most of her personal & domestic care though they also have to care for their 3 younger siblings who are missing school

Other losses

- Parents and siblings killed (sometimes in front of them)
- Relationships
- Family support (separation - all over the world)
- Home, wealth and status
- Company – recurrent theme of loneliness

Discussion 1

- Dreams can unlock past trauma – not just in refugees e.g. female abuse
- Treatment of PTSD
 - Empathy – practical help
 - Psychological
 - Antidepressants
- Population movements leave clinicians unprepared

Discussion 2

We may all agree that psychological agendas need resolution prior to physical ones

But are there even bigger agendas like

- Housing
- Legal
- Poverty
- Separation

which may prevent either physical or psychological management from being successful?

Conclusions

- Most refugees have had a horrendous past irrespective of whether they were personally tortured
- Symptoms of post-traumatic stress disorder are frequent
- Simply asking about their personal history and sleeping conditions may identify treatment opportunities