

## **Treating torture survivors with pain in a group setting; experiences learned**

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The Swedish Red Cross estimates that a total of 100.000 people in Sweden have experienced torture. But the knowledge in Sweden about asylum seekers as patients is very scarce. When a male patient 45 years of age, originating from Iraque seeks a general practitioner with pain in his shoulders, neck and feet, very few doctors thinks of torture or trauma as one of the causes to his pain. And when presenting his pain drawing to the same doctors, none of them could give one example of a torture method giving pain in the feet or causing plexus damages.

In Stockholm, two centres are focusing on the treatment of torture survivors, The Crisis and Trauma Centre (CTC) and The Red Cross Centre for Traumatized Refugees (RCCT). Both centres are focusing on the mental consequences of torture and trauma and have little knowledge about pain per se.

In 2009 the Pain Clinic at Capio St Gorans Hospital started a collaboration project after receiving money from the EU Migration Fund. Patients from CTC and RCCT were referred to the Pain Clinic for pain treatment individually but mainly in a group setting. The focus was to teach participants the interaction between body and soul, and to understand the interaction between pain, depression and PTSD. 95 patients (75 male and 20 female) have so far been through the treatment, all patient filled out questionnaires about mental health and quality of life (Hospital Anxiety and Depression Scale (HAD), Pain Catastrophising Scale (PCS), LiSat11). All patients scored very high on all parameters before and after the ten week pain school. 83% of the patients fulfilled criteria for fibromyalgia.

What are the major experiences learned? The following reflections can be made and will be taken into account in the future work:

-An initial increase in PTSD symptoms were noticed- therefore it is very important that patients continue with their psychological or psychiatric treatment.

- Somatic reactions to psychological stressful events became more obvious for patients
- Patients were able to comprehend origine of pain, less fear about cancer pain or broken joints causing pain.
- Group sessions need to be reassured by individual treatment
- Longer pain treatment period that ten weeks needed- no change in assessment forms after only ten weeks
- Patients appreciated group treatment

Conclusion: Treatment of torture survivors should be integrated, pain and mental disorders should be treated in the same setting, since PTSD and pain are very interlinked regarding symptoms. The project made officials, medical staff and students more aware about the patient group. Integrated treatment centres give opportunity to increase awareness and knowledge about the patient group.