la diminution des taux d'ACTH, de cortisol, de cholestérol et de triglycérides. À la sortie, la diminution des taux d'ACTH était corrélé à la diminution des taux de cortisol ($r=0.25, p<0.008$) ; de même, les taux d'ACTH et de cortisol étaient corrélés de façon statistiquement significative ($r=0.41 ; p<0.0001$). La réduction du taux d'ACTH était corrélée significativement à l'importance du déconditionnement évaluée par la présence d'une intolérance musculaire à l'effort.

**Discussion–Conclusions.** Les résultats de notre étude montrent qu’au cours d’un processus douloureux chronique, il existe des anomalies de l’axe corticotrope hypothalamo-hypophysaire. La prise de poids semble être liée non seulement à l’inactivité mais aussi à des anomalies centrales neuro-endocriniennes. La correction de ces anomalies semble être obtenue par le réentraînement progressif à l’effort. L’action centrale neuro-endocrinienne est à prendre en compte dans les indications des programmes de restauration fonctionnelle.


**Version anglaise**

CO09-001–EN

**Drugs for pain management in the neurological rehabilitation department: What are our clinical practices?**


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**Keywords:** Pain; Analgesic drugs; Professional practice assessment

**Introduction.**– Pain control is a major issue in the therapeutic management of patients hospitalized in the neurological rehabilitation department. Analgesic medication (AM) is one of the ways to relieve pain. Thus, a study was conducted to evaluate clinical practices of pain management.

**Method.**– A prevalence survey was conducted (February 2011) from drug prescriptions and patient clinical records. A questionnaire, developed by a multidisciplinary team, allowed the collection of data: type of pain (nociceptive, neuropathic or mixed), pain assessment (PA) for incoming patients and during hospitalization; type, number and doses of AM prescribed. The choice of AM was especially correlated with guidelines (SOFMER, SPETD).

**Results.**– The study gathered the results of 70 patients (51 men and 19 women, 46.2 ± 14.0 years). PA was registered at admission in 77% of cases, 48% of the cases using a medical information software Cristalnet® and 56% with a PA scale. Sixty-three patients had AM the day of the study: for nociceptive pain (43), neurological (5) or mixed (15). Thirty-five patients had single drug therapy, 15 had 2 AM and 13 had at least 3 AM. Prescribed doses were in accordance with recommendations (100%), no contra-indication was detected. Treatment was adapted to the type of pain (100%). The choice of drugs for neurological pain met the recommendations in 65% of cases. Finally, a PA was found in 70% of patients clinical records before AM modifications.

**Discussion.**– The choice of AM is appropriate for the type of pain. For neuropathic pain, there is a frequent use of clonazepam, a common practice but absent from guidelines. The results concerning the traceability of PA are encouraging, despite the low rate detected by Cristalnet® (48%). This is possible way to improve practices, especially with the medical computer system which facilitates programming and recording of PA. In the future, a reflection on the choice of AM for neuropathic pain will be conducted.


CO09-002–EN

**Mechanical pain management after orthopaedic surgery**

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**Keywords:** Mechanical pain; Orthopaedics surgery

**Aim.**– To assess efficiency of pain management in a rehabilitation unit, to correlate pain and anxiety status.

**Patients and methods.**– Pain was evaluated by Visual Analogic Scale (VAS) by all patients hospitalised in our rehabilitation unit after orthopaedic surgery: VAS was assessed on night, morning, evening, before and after physiotherapy. Patients assessed their psychological status answering the HAD scale. VAS were compared with subgroups: scales A (anxiety)> 7, D (depression)> 7.

**Results.**– Mean VAS was 1.86 (sd 1.62). Mean VAS was higher after physiotherapy (2.29), before physiotherapy (1.93) and at evening (1.5). VAS was higher than 4 at least one time in a day in 1/3 of patients. There was no correlation between psychological status and pain.

**Discussion.**– Mean VAS was acceptable. Drugs management was changed to improve pain after physiotherapy. Management of neuropathic pain was created. Lack of correlation between psychological status and pain may be explained by better individual management in anxious patients and side effects of antidepressant drugs on pain.


CO09-003–EN

**Neuropathic pain management after orthopaedic surgery**

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**Aim.**– To assess efficiency of neuropathic pain management in a rehabilitation unit.

**Patients and methods.**– Neuropathic pain (NP) was assessed by all patients consecutively hospitalised in our rehabilitation unit after orthopaedic surgery during 1 month with the DN4 scale [1]. Were also evaluated pain intensity with Visual Analogic scale (VAS) and triggering condition.

**Results.**– Thirty-one patients were hospitalised after orthopaedic surgery between 10/01 and 10/02/2011. Nine had a neuropathic pain. Mean VAS at admission was 5.62 (sd 3.06). Triggering condition was spontaneous in 4 patients, light touch in 5 patients. Seven days after admission, mean VAS was 3.14 (sd 1.86). Triggering condition was unchanged, one patient had no more NP. Fourteen days after admission, mean VAS was 1.5 (sd 1.09). Triggering condition was unchanged.

**Discussion.**– Neuropathic pain management is efficient on pain intensity and pain area, but not on triggering condition.

**Reference**


CO09-004–EN

**Pain and beliefs after musculoskeletal trauma: Complex relationships during the first year of rehabilitation**

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**Keywords:** Pain; Beliefs; Rehabilitation
**Introduction.**– Pain and beliefs have an influence on the patient’s course in rehabilitation and their relationships are complex. The aim of this study was to understand the relationships between pain at admission and the evolution of beliefs during rehabilitation as well as the relationships between pain and beliefs one year after rehabilitation.

**Patients and methods.**– Six hundred and thirty-one consecutive patients admitted in rehabilitation after musculoskeletal trauma, were included and assessed at admission, at discharge and one year after discharge. Pain was measured byVAS (Visual Analogical Scale) and beliefs by judgement on Likert scales. Four kinds of beliefs were evaluated: fear of a severe origin of pain, fear of movement, fear of pain and feeling of distress (loss of control). The association between pain and beliefs was assessed by logistic regressions, adjusted for gender, age, native language, education and bio-psycho-social complexity.

**Results.**– At discharge, 44% of patients felt less distressed by pain, 34% are reuniured with regard to their fear of a severe origin of pain, 38% have less fear of pain and 33% have less fear of movement. The higher the pain at admission, the higher the probability that the distress diminished, this being true up to a threshold (70 mm/100) beyond which there was a plateau. At one year, the higher the pain, the more dysfunctional the fears.

**Discussion.**– The relationships between pain and beliefs are complex and may change all along rehabilitation. During hospitalization, one could hope that the patient would be reinsured and would gain self-control again, if pain does not exceed a certain threshold. After one year, high pain increases the risk of dys-functional beliefs. For clinical practice, these data suggest to think in terms of the more accessible “entrance door”, act against pain and/or against beliefs, adapted to each patient.

**Keywords:** Pain; Beliefs; Rehabilitation; Bio-psycho-social complexity

**Introduction.**– We present some contemporaneous theories of pain and therapeutic concepts of analgesia, including drug and physical analgesia. The purpose of this study was to assess the short-term and long-term impact of a rehabilitation exercise training (RET) program on functional capacities and gait markers. Exercise, mainly aerobic training, is a common therapeutic concept of analgesia, including drug and physical analgesia. The purpose of this study was to assess the short-term and long-term impact of a rehabilitation exercise training (RET) program on functional capacities and gait markers. Exercise, mainly aerobic training, is a common therapeutic concept of analgesia, including drug and physical analgesia.

**Keywords:** Fibromyalgia; Gait; Posture; Rehabilitation

**Purpose.**– The purpose of this study was to assess the short-term and long-term impact of a rehabilitation exercise training (RET) program on functional capacities and gait markers. Exercise, mainly aerobic training, is a common recommendation in the management of fibromyalgia (FM) with evidence of efficacy. Functional locomotion tests and gait analysis are considered as a new tool for the assessment of the patient's improvement during rehabilitation. The aim of this study was to assess the short-term and long-term impact of a rehabilitation exercise training (RET) program on functional capacities and gait markers. Exercise, mainly aerobic training, is a common recommendation in the management of fibromyalgia (FM) with evidence of efficacy. Functional locomotion tests and gait analysis are considered as a new tool for the assessment of the patient's improvement during rehabilitation.

**Keywords:** Fibromyalgia; Gait; Posture; Rehabilitation