EFFICACY OF A PROSTHETIST-CENTERED PROGRAM TO ASSESS AND ADDRESS EMOTIONAL WELL-BEING OF INDIVIDUALS WITH LIMB LOSS

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INTRODUCTION
Individuals with limb loss have higher risk for depressive symptoms and other forms of psychological distress (Darnall et al., 2005, Coffey et al., 2009). Higher levels of psychological distress have been shown to adversely affect the rehabilitation process and outcomes (Asano et al., 2008, Wegener et al., 2009). Data indicate that a large percentage of persons with significant depressive symptoms, report needing mental health service but not receiving them (Darnell et al 2005).

Traditionally the mental health needs of people with limb loss were seen as the responsibility of psychologists, social workers or the primary physician. However, comprehensive care of the individual is a team responsibility including prosthetists and the person with limb loss (Wegener et al., 2008). Prosthetists have ongoing relationships with amputees and are positioned to educate patients regarding the signs of psychosocial distress and provide information on resources for patients to seek appropriate care. However, prosthetists currently are not prepared to take on this task effectively. We conducted a multi-site study to determine the efficacy of a prosthetist-centered program to assess and address emotional well-being of individuals with limb loss.

METHOD
Patients were recruited at six study locations. Study locations were divided into control and intervention groups. Control sites provided patients with usual care and educational materials (inMotion Magazine and other publications) Intervention sites provided patients with usual care and engaged patients with Improving Emotional Well-being Program materials, consisting of a validated tool to assess depressive symptomology and satisfaction with life and a brochure listing local resources, including mental health providers and amputee support groups.

Procedures: Patients at study locations who met inclusion criteria were invited to participate in the study; English speaking patients with a major amputation requiring prosthetic services and are 18 years or older were invited to participate in the program. Participants completed a questionnaire at study enrollment and 3-month follow-up. Participant outcomes were: Depressive symptoms, Satisfaction with life, Self-efficacy, Utilization of Resources, Program Satisfaction, and Satisfaction with Overall Care. Prosthetists also completed a questionnaire at start of the study and 3 months post-study. Provider outcomes: provider satisfaction with care provided, confidence in managing psychosocial factors related to prosthetic care.

Data Analysis: Outcome data for patient participants analyzed using hierarchical regression models to account for covariates. Provider outcomes analyzed using non-parametric statistics to detect group differences.

RESULTS
Participants: N=101 (Mean Age = 57; 72% Male, 63% white, 30 % African-American, 7% Other; 4% Hispanic; 45% Married; 27% High School, 33% College Education; 52% dysvascular, 40% trauma, 7% Cancer). Data collection is concluding with a 87% follow up rate. We report estimates of treatment effects for patient and provider outcomes along with 95% confidence intervals.

DISCUSSION &CONCLUSION
The Improving Emotional Well-being Program has been developed to provide prosthetists with the tools and resources to help improve the emotional well-being of people with limb loss.

CLINICAL APPLICATIONS
The program is feasible within outpatient clinical setting and is well received by patients. The IWBP is available through the Amputee Coalition. Online training will be available soon.

REFERENCES

COFFEY L, ET AL. PSYCHOSOCIAL ADJUSTMENT TO DIABETES-RELATED LOWERLIMB AMPUTATION. DIA MED 2009; 26:1063-1067

DARNALL BD, ET AL. DEPRESSIVE SYMPTOMS AND MENTAL HEALTH SERVICE UTILIZATION AMONG PERSONS WITH LIMB LOSS ARH PHYS MED REHABIL 2005; 86:650-8