

Interests of medical hypnosis during toxin botulinic injections : preliminary study.

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Introduction

Our study focuses on the use of hypnosis in MPR and specifically during injections of botulinum toxin.

Prevention of pain associated with treatment allows a reduction of the memory of the pain, and a better experience for the same if it needs to be renewed(1,2). Hypnosis is known to have an amnesic effect partiel and it's now recognized and widely used in medicine, to reduce anxiety and pain felt. Few publications have appeared in MPR. Its use allows a reduction in analgesic consumption, anxiety, the use of anesthesia, duration and cost of the stay (3,4).

Materials and methods

In this open study bi-centric (CRF Ylang and Bellepierre CHU), injections are performed in adult spastic patients under conventional indications. 2 groups are: **Group "Hypnose"** (Standards analgesics + hypnosis) and the **group "Contrôle"** (Standards analgesics +-anxiety). Patients participate in the choice of analgesic methods in all cases. Injections are inpatient day MPR under electro-stimulation with trained personnel. Evaluation is the immediate waning of the meeting and a posteriori in the follow-up visit by a **simple protocol**:
 - During the injections: VPS pain, VPS anxiety, reactivity to the bite (0zero, 1moderate, 2 importante), practitioner's confort during injections (0easy, 1difficult).
 - A distance of VAS pain, VAS anxiety, objectives according to GAS (Goal attainment scaling).

Results

Groupe	Hypnose	Contrôle
Number	9	8
Age mean	45	52,25
min.-max.	19-76	29-70
sex	3/6	6/2
Pathologies	8 AVC 1 myelopathie	8 AVC
Choice of analgesics		
paracetamol	5	5
bearing 2 OMS	5	3
Anxiolytic	2	3
EMLA ®	5	4
Gesture: easy / difficult	8/1	7/1
prick reactivity: none / moderate	8/1	7/1
GAS : -2/-1/0/1/2	1/0/2/5/1	0/0/3/3/1

Groupe	Hypnose	Contrôle
Pain Mean	2,4	4
(VPS) min-max	0-6	0-9
memory of pain mean	0,6	3,5
(VPS) min-max	0-3	0-9
anxiety mean	1,6	3,6
(VPS) min-max	0-6	0-9
memory of anxiety mean	1,5	4,25
(VPS) min-max	0-6	0-9

Discussion

These preliminary results are : Pain felt during the act and the anxiety levels are significant lower in the hypnosis group.

The memory of pain and anxiety is variable in the 2 groups, but decreased with hypnosis, which should facilitate future injections. Pain related to this action justifies the use of analgesic techniques. (We do not find association of analgesic or anxiolytic more effective in our samples). Patient participation in the selection of analgesics and anxiolytics is essential (allergy, intolerance, fear, expected effect), we do not analyze factors that influence this choice and their consequences. We observe a positive role of patient involvement in these choices. The objectives do not seem affected by the use of hypnosis. Sessions under hypnosis require staff available and trained, although the injector can perform at the same time hypnosis during care. they seem to bring serenity to the professionals involved. Additional studies using hypnosis are in favor of a reduction in complications, use of drugs and shorter gestures. (6) In a more structured study it would : homogeneous larger groups, more limited choice of analgesics and a crossing over of the two groups.

Conclusion

Hypnosis has its place in our practice with regard to pain and anxiety during care, and more widely in MPR (7,8,9).

It requires trained personnel, but decreases the use of treatment more aggressive or expensive. Hypnosis seems to diminish the memories of negative events. A crossover study (with or without hypnosis) on a larger population would give these results has a higher value.

References

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Établissement agréé V1, V2 et V2019 par l'ARS

