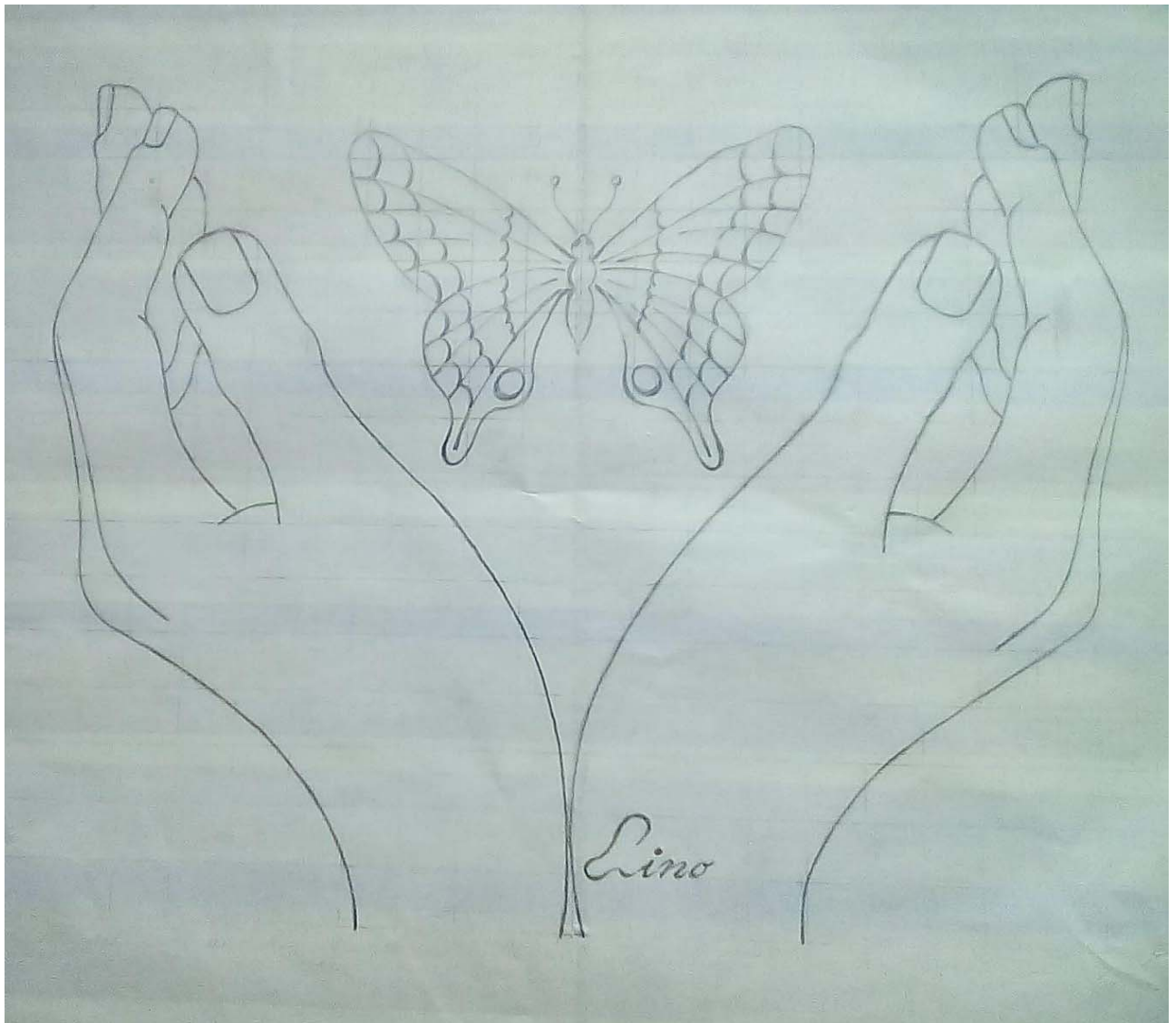


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Efficacy of Biofeedback on chronic pain explored by HRV analysis.

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ABSTRACT

Background: The biofeedback, through the valuation of the psychophysiological profile allows us to identify the arousal's level of the subjects involved in the psychological evaluation. The biofeedback is a technique used to learn to recognize, to modulate and prevent the psychophysiological alterations. **Aim:** The aim of the study is to emphasize the effect of BIOFEEDBACK on the control of chronic pain. Chronic Pain represents a clinical problem with significant relevance. Chronic Pain can involve all subjects and there are no differences for adult or older people. The aim of our project is to evaluate the therapeutic effect of Biofeedback on Chronic Pain and the role on Neuro-vegetative cardiovascular system. **Materials and Methods:** We have enrolled 15 patients with mean age 63 years ($63,3 \pm 21,5$ years). All enrolled patients refer Chronic Pain due to Chronic Skeletal illness. All enrolled subjects underwent to pain degree evaluation before treatment and after 15 days. All subjects underwent 5-minute EKG recording pre and post-treatment for HRV assessment. The degree of Chronic Pain was measured using the VAS Scale (with values from 0 to 10; with higher values representing a greater painful symptomatology). The Neuro-vegetative cardiovascular modulation was evaluated by EKG analysis of the Heart Rate Variability (HRV) before and post-treatment. (BIOFEEDBACK is performed for 5 minutes, in two daily sessions, for 15 days). **Results:** Our data underline that BIOFEEDBACK TREATMENT appears to be an effective method for the control of Chronic Pain ($P = 0.047$). More interesting data are noted analyzing electrocardiographic data. There are no statistically significant variations of the neuro-vegetative cardiovascular modulation in elderly patients (Tab. 1). **Discussion and Conclusions:** Biofeedback is a valid technique for treating chronic pain. Our preliminary results underline a statistically significant reduction in the degree of pain measured with the VAS scale (the VAS scale is standardized at the international level for the assessment of the degree of perceived pain) without a statistically significant variation of the neuro-vegetative cardiovascular modulation (Fig. 1 and 2). There are no statistically significant modifications of the FFT LF/HF therefore Biofeedback can be used in elderly patients. Our data are promising but not applicable to a broad spectrum for all patients for the relative low number of enrolled patients.

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