

Managing Long-Term, Non-Cancer Pain Without Opioids

Oregon Summit to Reduce Rx Abuse

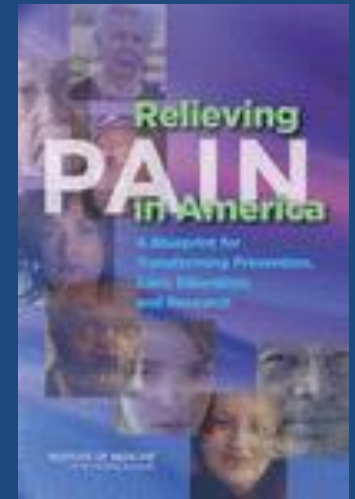
Catriona Buist, Psy.D.,
Clinical Director PRA Pain Program
Chair of the Oregon Pain Commission

April 24, 2015
La Grande, OR



Institute of Medicine Report 2011

- Chronic pain costs the nation up to **\$635 billion** in medical treatment and lost productivity and is a major cost of disability



- *The 2010 Patient Protection and Affordable Care Act* required the Department of Health and Human Services to enlist the IOM to increase recognition that **pain is a significant public health problem.**

- **Called for a cultural transformation in pain prevention, care, education, and research**

- **Relieving pain should be a national priority.**



- 6 areas of need identified in 2015:
- Population research
- Prevention and care
- Disparities
- Service delivery and reimbursement
- Professional education and training
- Public awareness and communication

http://iprcc.nih.gov/National_Pain_Strategy/NPS_Main.htm

Definition of Pain

Pain: an unpleasant sensory and **emotional** experience associated with actual or potential tissue damage (International Association for the Study of Pain)

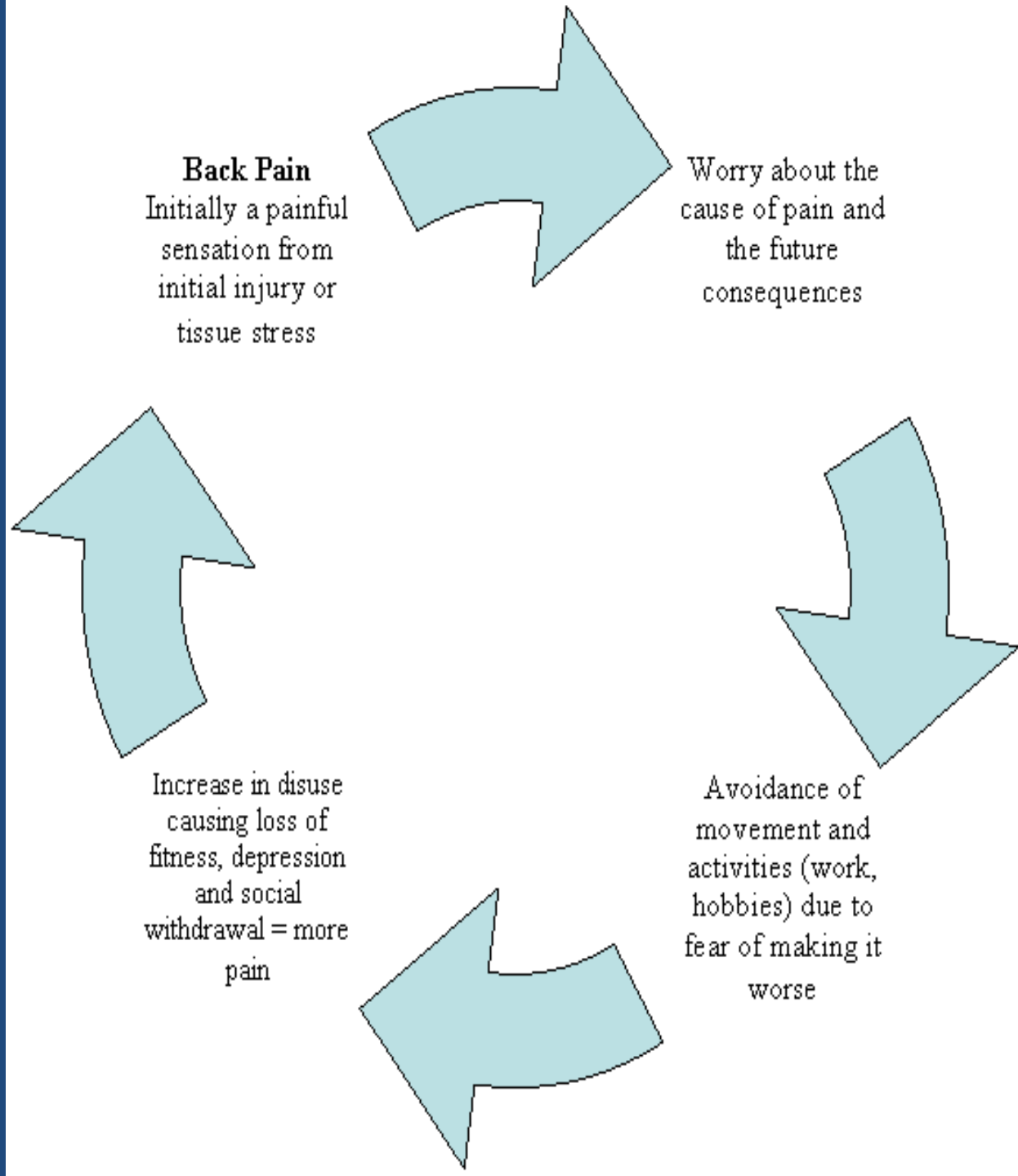
Acute Pain < 3 months

Chronic Pain > 3 months

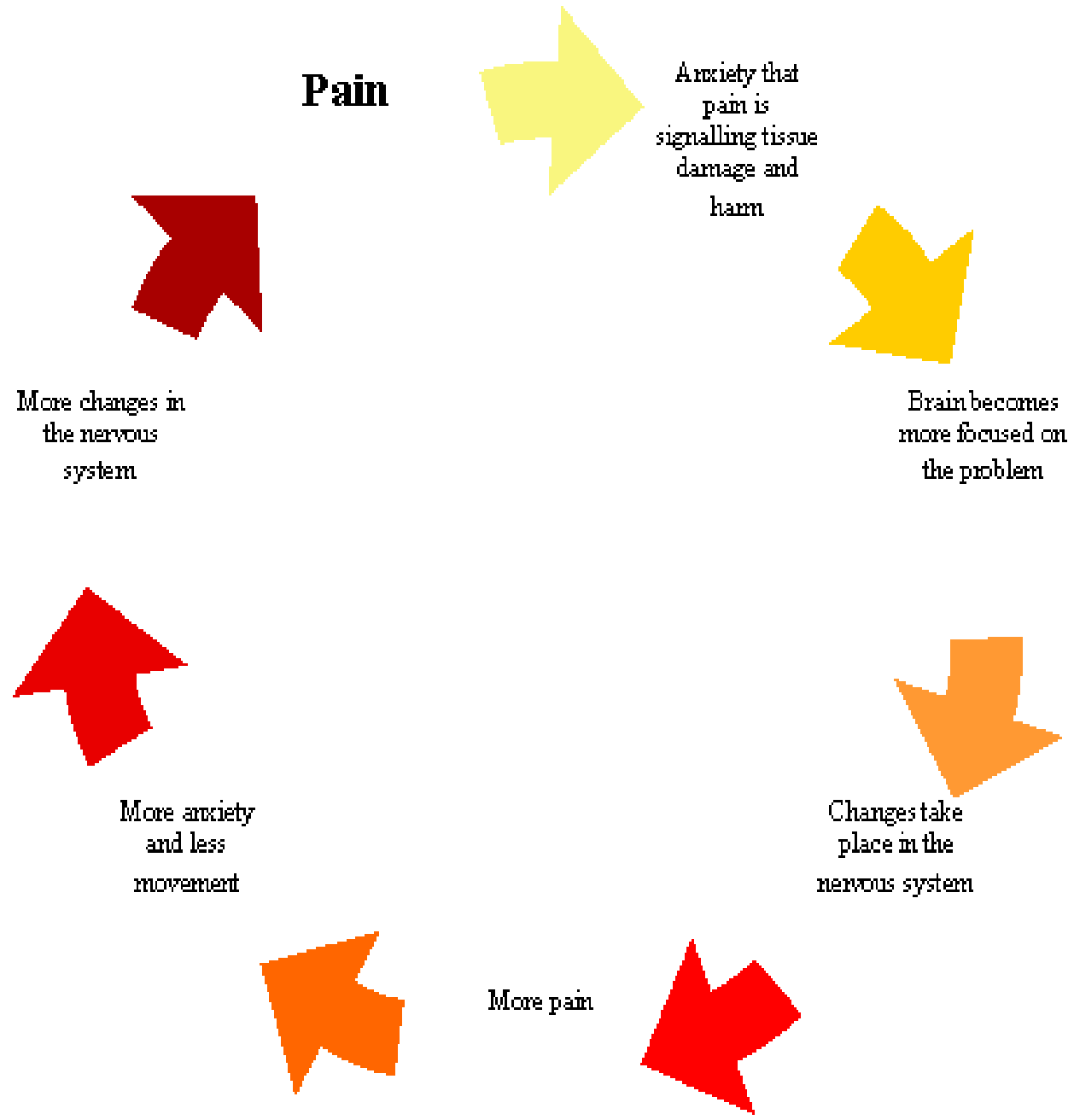


How Does Chronic Pain Develop?

The Fear-Avoidance Cycle



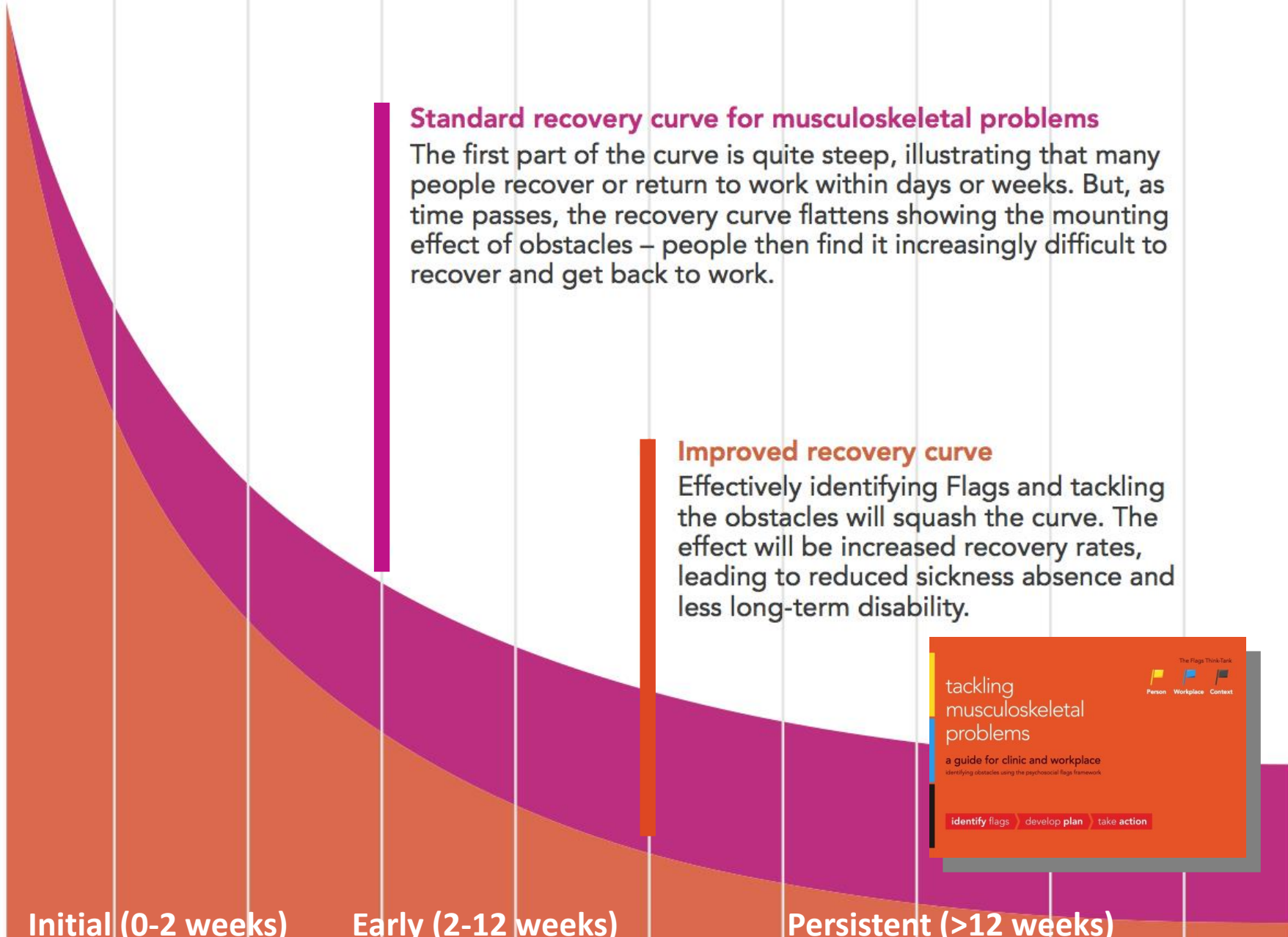
Central Sensitization



- **Acute Phase (< 2 weeks)**
 - symptom relief, maintain activity, provide support
 - high proportion return to activity and work
- **Sub-acute (2-12 weeks)**
 - develop plan for RTW/activity, healthcare and workplace accommodation, identify psychosocial obstacles, cease ineffective healthcare
 - optimal time to prevent the development of long term consequences including work loss
- **Chronic (> 12 weeks)**
 - multidisciplinary approach, cognitive behavioral techniques, consider shifting goals, max RTW/activities
 - requires more resources and more difficult to achieve.

100%

Proportion of people **not** recovered or returned to work



The Flags Think-Tank
Person Workplace Context

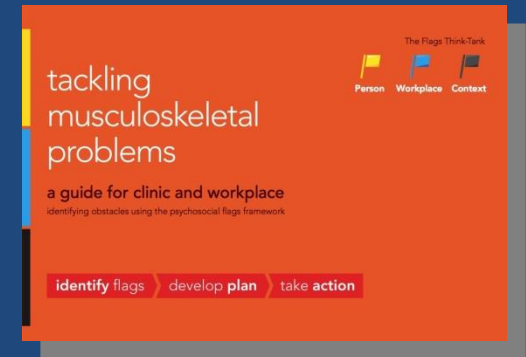
tackling musculoskeletal problems

a guide for clinic and workplace
identifying obstacles using the psychosocial flags framework

identify flags → develop plan → take action

Red Flags Predicting Disability: A Biopsychosocial Approach

1. Catastrophizing
2. Fear of movement or re-injury
3. Expectations
4. Preoccupation with health
5. Worry and distress
6. Depression
7. Uncertainty
8. Extreme symptom report
9. Passive coping strategies
10. Serial ineffective therapy





"And with 10 being the highest, you're sure you're only at a 6?"

PEG Assessment from the
Non-pharmacological Options for Pain Management
from the Interagency Guideline on Prescribing Opioids
for Pain (Draft, due out June 2015)

1. What number best describes your pain on average in the past week (0-10)
2. What number best describes how, during the past week, pain has interfered with your enjoyment in life? (0-10)
3. What number best describes how, during the past week, pain has interfered with your general activity? (0-10)

<http://www.agencymeddirectors.wa.gov/NewOpioidGuideline.asp>

GRADED PAIN AND FUNCTION SCALE

Pain Intensity and Interference

In the last month, on average, how would you rate your pain? Use a scale from 0 to 10, where 0 is "no pain" and 10 is "pain as bad as could be" (That is, your usual pain at times you were in pain.)



In the last month, how much has pain interfered with your daily activities? Use a scale from 0 to 10, where 0 is "no interference" and 10 is "unable to carry on any activities"?



Goals & Outcomes of Integrated Care

- **INCREASE FUNCTION** and activity level
- Reduce pain
- Simplify medication / reduce opioids
- Graded physical exercise
- Reduce emotional distress, such as depression and anxiety (CBT)
- Increase self-management / coping skills
- Increase quality of life
- Teach self-regulation of psychophysical arousal
- Decrease inappropriate health care utilization
- RTW or meaningful activity

Opioid Therapy

```
graph TD; A[Opioid Therapy] --> B[Common Side Effects of Opioid Therapy]; A --> C[Emerging Side Effects of Opioid Therapy]; B --> D["Sedation  
Constipation  
Difficulty initiating urination  
Hypotension: falls  
Cognitive impairment"]; C --> E["Immunosuppression  
Endocrine deficiencies  
Sleep disorder  
Hyperalgesia  
Hyperkatifeia  
Death due to respiratory suppression"];
```

Common Side Effects of Opioid Therapy

Sedation
Constipation
Difficulty initiating urination
Hypotension: falls
Cognitive impairment

Emerging Side Effects of Opioid Therapy

Immunosuppression
Endocrine deficiencies
Sleep disorder
Hyperalgesia
Hyperkatifeia
Death due to respiratory suppression



The Oregon Pain Guidance group (OPG) is a diverse group of healthcare professionals from Jackson and Josephine Counties. The group was formed to engage healthcare professionals and community partners on the current opioid problem, to learn best practices for managing complex, chronic non-cancer pain (CCNP) and to bring them into standardized, general use in Southern Oregon

These guidelines are resources for local prescribers to help them understand and adopt best practices for the treatment of complex chronic non-cancer pain <http://www.southernoregonopioidmanagement.org/>

Non-pharmacological Options for Pain Management from the Interagency Guideline on Prescribing Opioids for Pain (Draft, due out June 2015)

Cognitive: address distressing negative cognitions and beliefs, catastrophizing

Behavioral approaches: mindfulness, meditation, yoga, relaxation, biofeedback

Physical: Activity coaching, graded exercise

Spiritual: Identify existential distress, seek meaning and purpose in life

Education (patient and caregivers): promote patient efforts aimed at increased functional capabilities

Adapted from Argoff, 2009 & Tauben, 2015

<http://www.agencymeddirectors.wa.gov/NewOpioidGuideline.asp>

PAIN DOES NOT EQUAL HARM

Utube Resources:

Understanding Pain: What to do about it in less than 5 Minutes

<http://www.youtube.com/watch?v=4b8oB757DKc>

Back Pain by Mike Evans

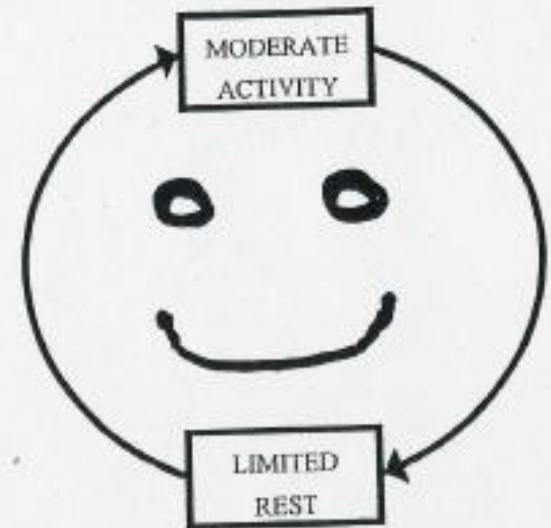
<http://www.youtube.com/watch?v=BOjTegn9RuY>

NOT PACING



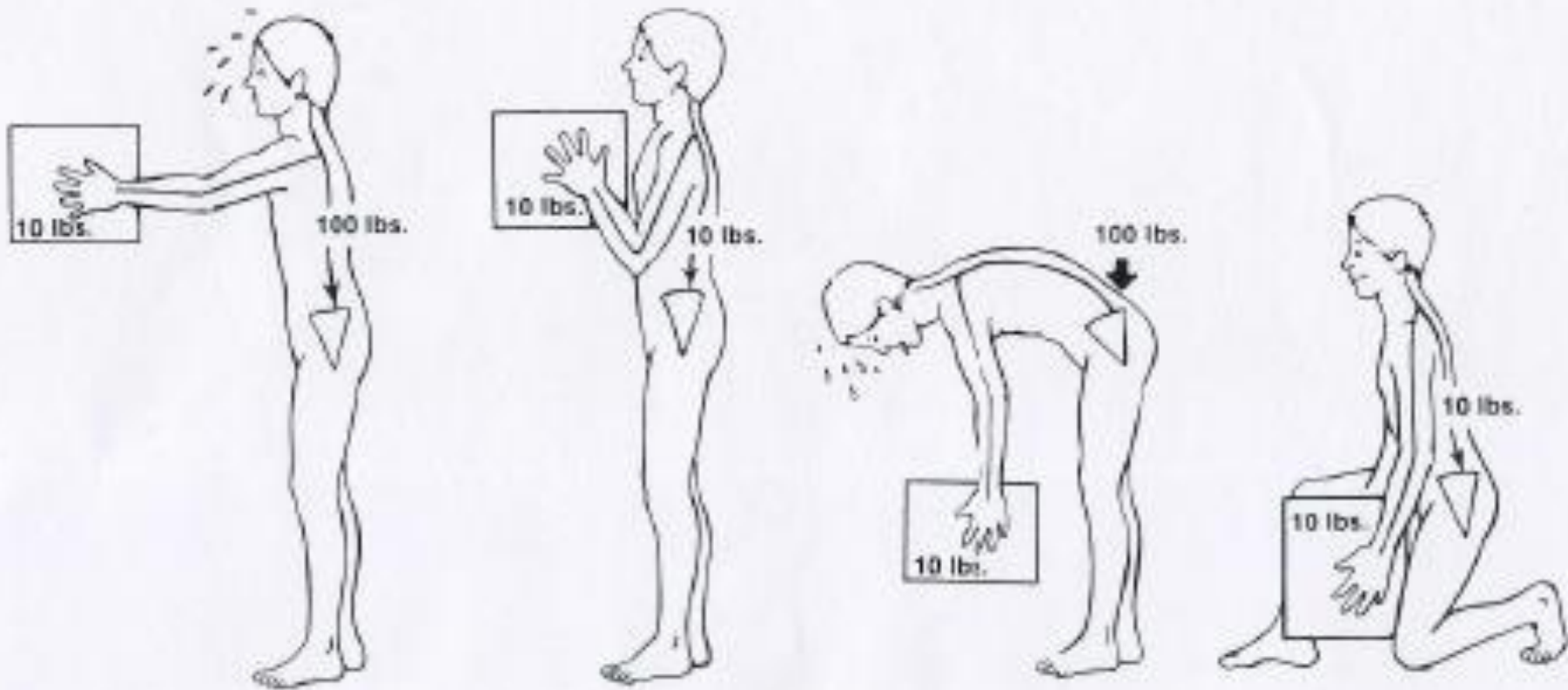
FIGURE 10.4. Pain cycle.

PACING



The Activity-Rest Cycle in Chronic Pain (Gil, Ross, & Keefe, 1988) in Psychological Approaches to Pain Management: A Practitioner's Handbook. Edited by Robert J. Gatchel and Dennis C. Turk (1996)

Body Mechanics



Sleep Hygiene



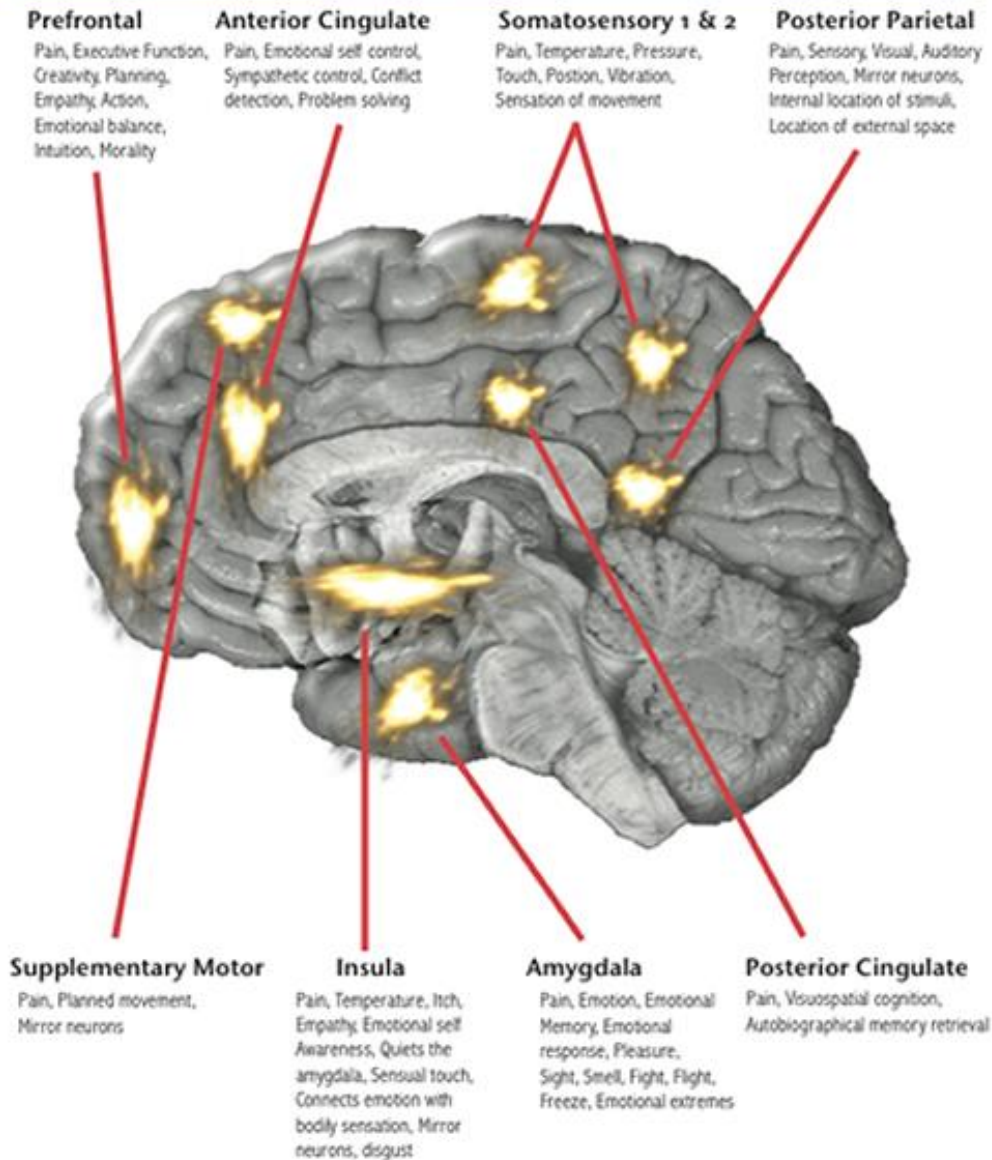
1. Maintain a regular bed and wake time schedule including weekends
2. Establish a regular, relaxing bedtime routine
3. Create sleep conducive environment
4. Use bedroom only for sleep and partner time
5. Finish eating at least 2-3 hours before bed
6. Workout regularly
7. Complete workout few hours before bed
8. Avoid nicotine, caffeine, alcohol

Self-Management Tools



SHRINK THE PAIN MAP BY FLOODING THE BRAIN USING:

Thoughts.....Images.....Senses.....Memories.....Soothing Emotions.....Movement.....Beliefs



Neuroplasticity

- 9 areas of the brain process pain
- These areas have several functions
- All become **distorted w cp**
- Amount of brain tissue that processes **pain expands**
- Nerves will begin to **fire on own**
- Non painful stimuli are perceived as painful over time

The Response Systems



GRRRR!



SYMPATHETIC NERVOUS SYSTEM

increase heart rate, mobilise energy stores, increase vigilance, sweat



MOTOR SYSTEM

run away, fight, protect damaged area



ENDOCRINE SYSTEM

mobilise energy stores, reduce gut and reproductive activity



PAIN PRODUCTION SYSTEM

motivate to escape and seek help, attract attention



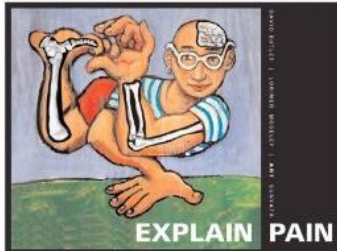
IMMUNE SYSTEM

later: fight invaders, sensitise neurones, produce fever, make sleepy to promote healing

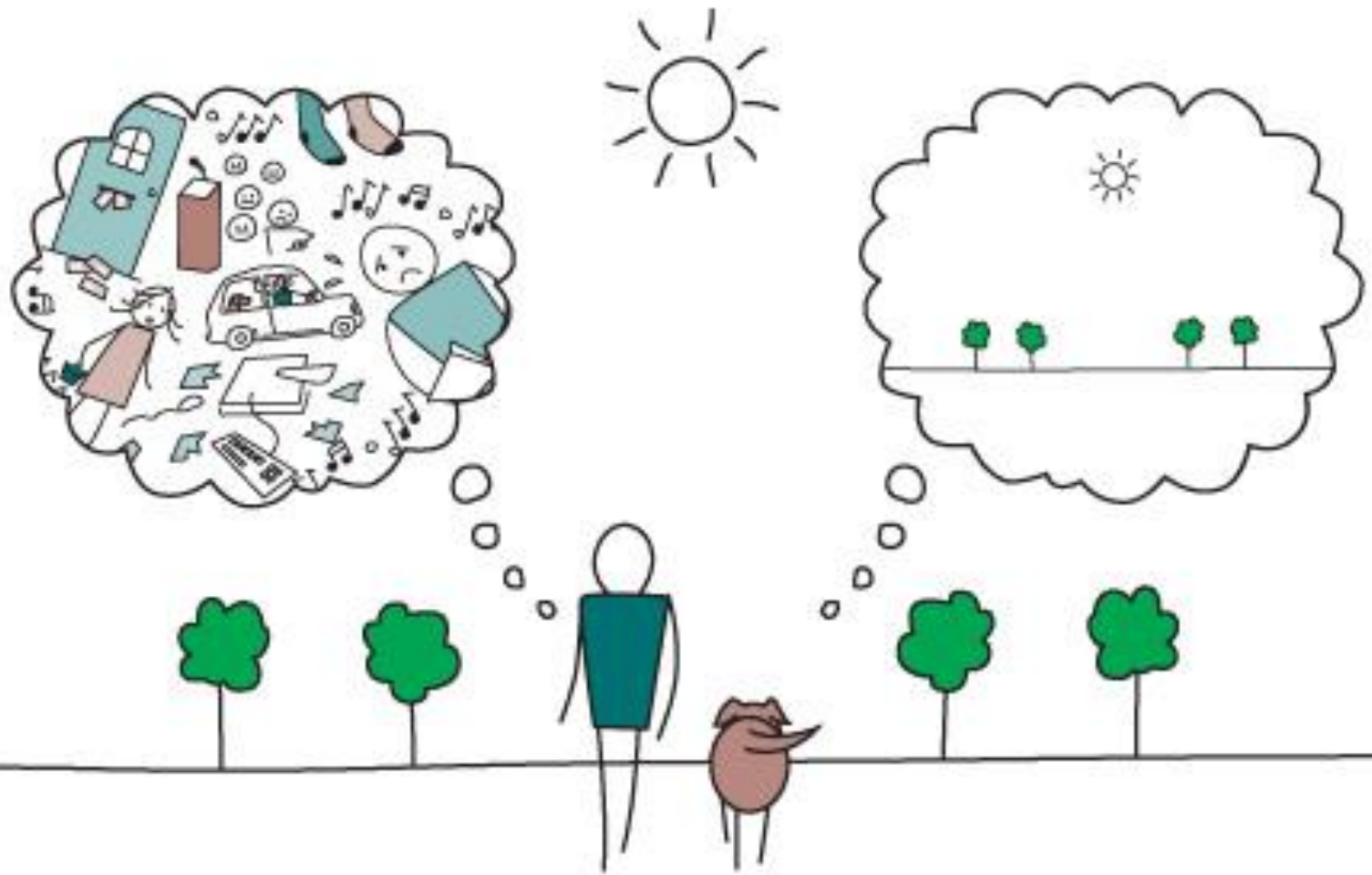


PARASYMPATHETIC SYSTEM

later: nourish cells, heal tissue



EXPLAIN PAIN



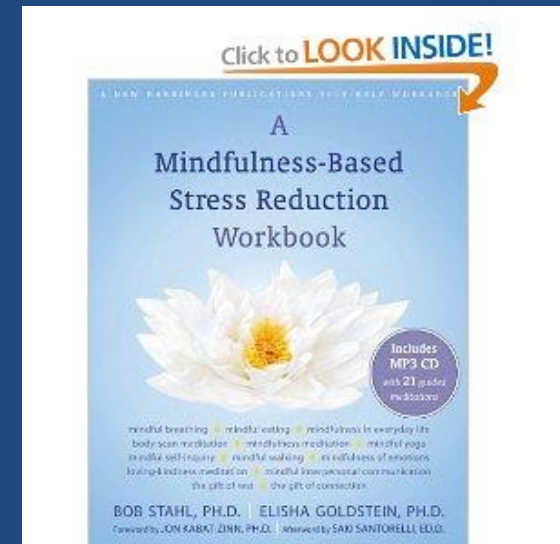
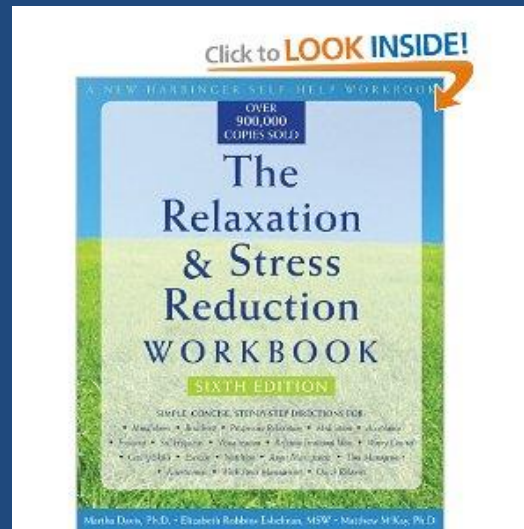
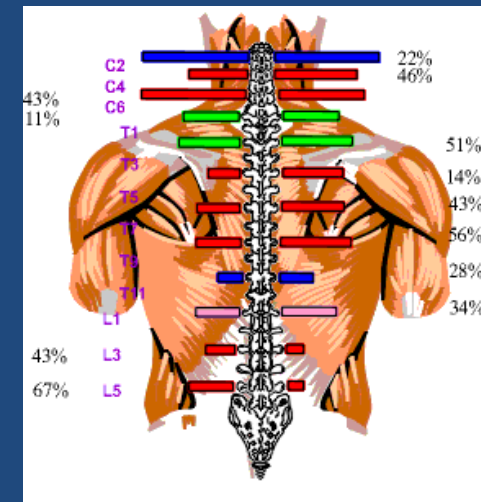
Mind Full, or Mindful?

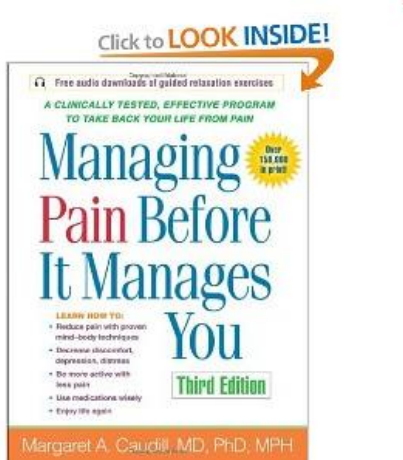
Biofeedback

- Diaphragmatic breathing
- Stress management through relaxation
- Muscle tension reduction
- Heart rate variability
- I phone app:

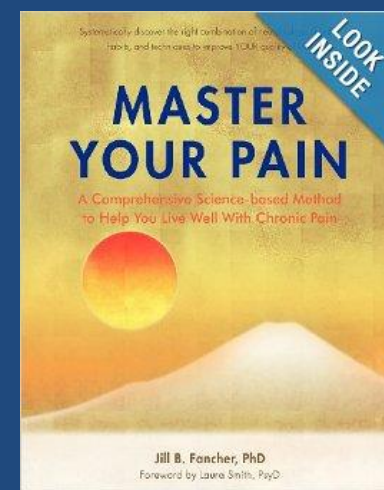
– [Breathe2Relax](#)

– [Breath Pacer](#)





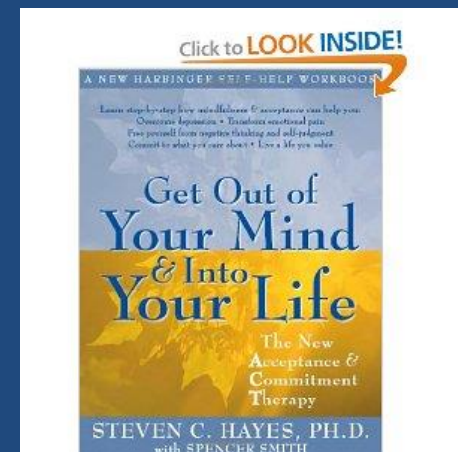
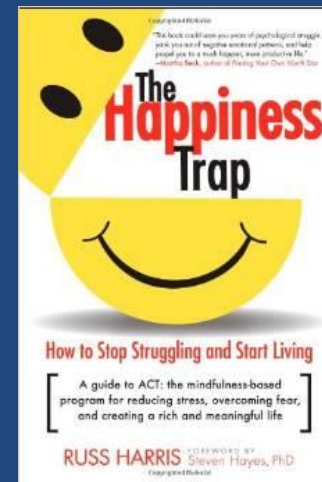
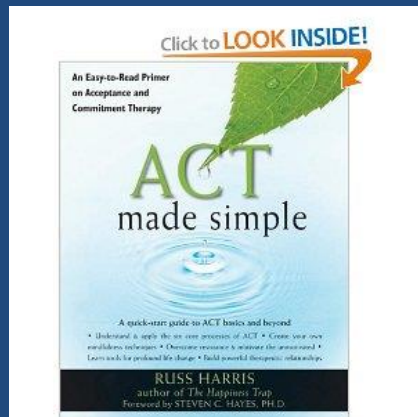
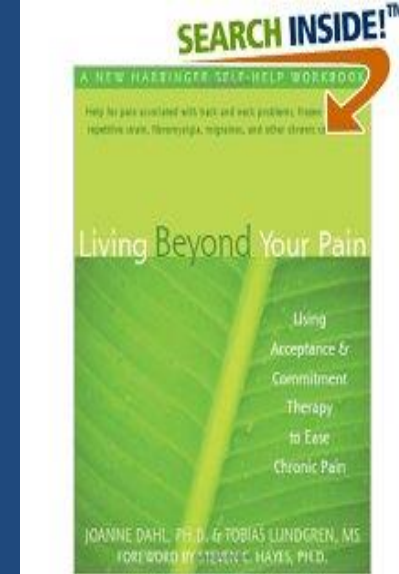
Cognitive Behavioral Therapy

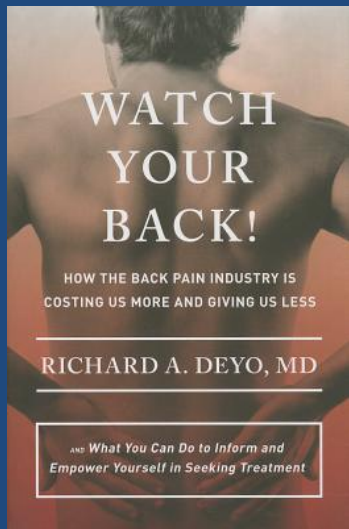


“CBT is based on the premise that perceptions and observable displays of pain are influenced by complex interactions between environmental events and individuals’ emotional, physiological, behavioral, and cognitive responses. Effective interventions for chronic pain must address the emotional, cognitive, and behavioral dimension of pain, and must also help patients become active participants in learning new methods of responding to their problems.”

Acceptance & Commitment Therapy

Goal of ACT is to help you live a rich, full, and meaningful life while effectively handling the pain that inevitably comes your way.





Watch Your Back!

Rick Deyo, 2014

Use of MRI scans, opioid medications, injections and invasive spine surgery have all grown by several hundred percent

- Fewer medical interventions may produce better results
- Approximately 50% spine fusions in US are unnecessary
- Often tx focuses on unrealistic “fix” for pain
- Exposes the current approach to back pain, along with the profit motives and conflicts of interest behind many tx

Cochrane Reviews

Exercise therapy: <http://www.ncbi.nlm.nih.gov/pubmed/20640863>

Massage: <http://www.ncbi.nlm.nih.gov/pubmed/18843627>

Acupuncture:

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001351.pub2/abstract;jsessionid=C1B0EDAC7B1B8D50B3F2F69A3C5C151C.f03t01>

Cognitive-behavioral therapy:

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002014.pub3/abstract>

Chiropractic : <http://www.ncbi.nlm.nih.gov/pubmed/21248591>

Back schools:

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000261.pub2/abstract>

Opioids: <http://www.ncbi.nlm.nih.gov/pubmed/23983011>

Injections: <http://www.ncbi.nlm.nih.gov/pubmed/19127161>

Surgery: (Not Cochrane) <http://www.ncbi.nlm.nih.gov/pubmed/25467996>

2015 Back Pain Group and Prioritized List Changes Effective Jan 1, 2016 for OHP

- Supports comprehensive integrated tx focused on the biopsychosocial needs of patient
- Added evidence based tx:
 - Cognitive behavioral therapy, physical therapy, chiropractic manipulation, osteopathic manipulation, acupuncture
 - Restricts or eliminates ineffective or harmful tx:
long term opioid prescribing, back surgeries

The Keele STarT Back Screening Tool

Patient name: _____ Date: _____

Thinking about the **last 2 weeks** tick your response to the following questions:

- | | Disagree | / | Agree |
|--|--------------------------|---|--------------------------|
| | 0 | | 1 |
| 1 My back pain has spread down my leg(s) at some time in the last 2 weeks | <input type="checkbox"/> | | <input type="checkbox"/> |
| 2 I have had pain in the shoulder or neck at some time in the last 2 weeks | <input type="checkbox"/> | | <input type="checkbox"/> |
| 3 I have only walked short distances because of my back pain | <input type="checkbox"/> | | <input type="checkbox"/> |
| 4 In the last 2 weeks, I have dressed more slowly than usual because of back pain | <input type="checkbox"/> | | <input type="checkbox"/> |
| 5 It's not really safe for a person with a condition like mine to be physically active | <input type="checkbox"/> | | <input type="checkbox"/> |
| 6 Worrying thoughts have been going through my mind a lot of the time | <input type="checkbox"/> | | <input type="checkbox"/> |
| 7 I feel that my back pain is terrible and it's never going to get any better | <input type="checkbox"/> | | <input type="checkbox"/> |
| 8 In general I have not enjoyed all the things I used to enjoy | <input type="checkbox"/> | | <input type="checkbox"/> |
| 9. Overall, how bothersome has your back pain been in the last 2 weeks ? | | | |
| Not at all Slightly Moderately Very much Extremely | | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| 0 0 0 1 1 | | | |

Total score (all 9): _____ **Sub Score (Q5-9):** _____

The Oregon Pain Management Commission

- The mission of the Commission is to improve pain management in the State of Oregon through education, development of pain management recommendations, development of a multi-discipline pain management practice program for providers, research, policy analysis and model projects.
- The Commission represents the concerns of patients in Oregon on issues of pain management to the Governor and the Legislative Assembly.
- The Commission provides health professional regulatory boards and other health boards, committees or task forces with the curriculum and work with health professional regulatory boards and other health boards, committees or task forces to develop approved pain management education programs as required.

Goals of the Oregon Pain Management Commission 2015

- Revise the 1 hour required pain management web-based module
- Review pain education curriculum for schools
- Provider survey to identify barriers to care for patients with pain
- Plan pain awareness event or drug take back event
- Review the delivery system models of care as relates to changes in healthcare and integration of pain tx into primary care



The Pain Society of Oregon offers CME credits for activities that advance healthcare professionals' understanding of and competency in treating pain

Monthly meetings in Eugene, Portland, Central Oregon

Resources for patients and practitioners

Oregon Pain Management Commission
Pain Society of Oregon

Books:

Explain Pain

Neuroplastic Transformation

Managing Pain Before it Manages You

Why Do I Hurt: A patient book about the neuroscience of pain

Your Fibromyalgia Workbook

Living Beyond Your Pain

Master Your Pain

The Brain that Changes Itself

Get Out of Your Mind and Into Your Life

Relaxation and Stress Reduction Workbook

The Pain Chronicles

CBT for Chronic Pain and Psychological Well-Being

Mindfulness for Health

Behavioral Medicine: A Guide for Clinical Practice - pain chapter

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