Compassionate-Based Patient Conversations

NORTH COAST OPIOID SUMMIT: MOVING COMMUNITIES INTO ACTION

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SEASIDE, OREGON
APRIL 28, 2016

Disclosure and Conflicts of Interest

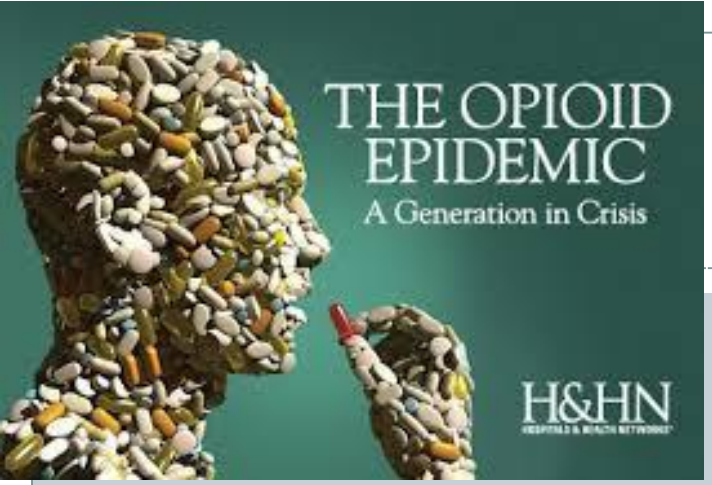
WE HAVE NOTHING TO DISCLOSE

WE HAVE NO CONFLICTS OF INTEREST

Special Thanks to Laura Heesacker & Oregon Pain Guidance

The New England Journal of Medicine Review: Opioid Abuse in Chronic Pain – Misconceptions and Mitigation Strategies, Volkow, McLellan, 374;13, March 31, 2016

"IT IS NO LONGER POSSIBLE TO SIMPLY CONTINUE PREVIOUS PRACTICES WITH RESPECT TO THE MANAGEMENT OF CHRONIC PAIN. THE ASSOCIATED RISKS OF OPIOID DIVERSION, OVERDOSE, AND ADDICTION DEMAND CHANGE."



NEJM; March 2016

- Opioid analgesics are widely diverted and improperly used
- We have an epidemic of opioid overdose deaths and addictions
- More than 37% of the 44,000 drug OD deaths in 2013 were attributable to pharmaceutical opioids (heroin another 19%)
- Parallel increase in the rate of opioid addiction, affecting 2.5 million adults in 2014
- Adolescents at increased risk because of enhanced neuroplasticity of their brains and their underdeveloped frontal cortex which is necessary for self-control

How Did We Get Here?

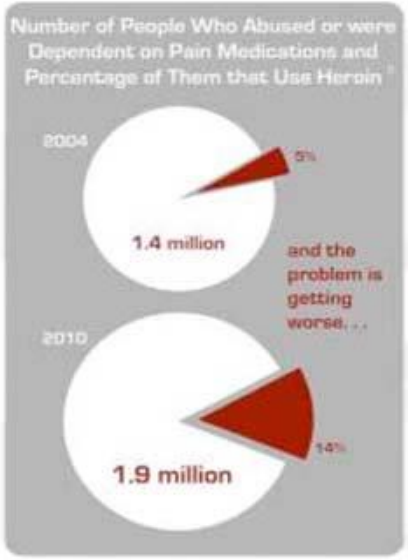
- Regulators, doctors and patients were misled into believing opioids safe and less addictive than other drugs
- Influential leaders promoted opioid use
- NEJM (1980) "Addiction rare in patients treated with narcotics."

Risks Heroin Use

In 2010 almost 1 in 20 adolescents and adults – 12 million people – used prescription pain medication when it was not prescribed for them or only for the feeling it caused[1]. While many believe these drugs are not dangerous because they can be prescribed by a doctor, abuse often leads to dependence. And eventually, for some, pain medication abuse leads to heroin.

1 IN 15

PEOPLE WHO TAKE NON MEDICAL PRESCRIPTION PAIN RELIEVERS WILL TRY HEROIN WITHIN 10 YEARS[2]

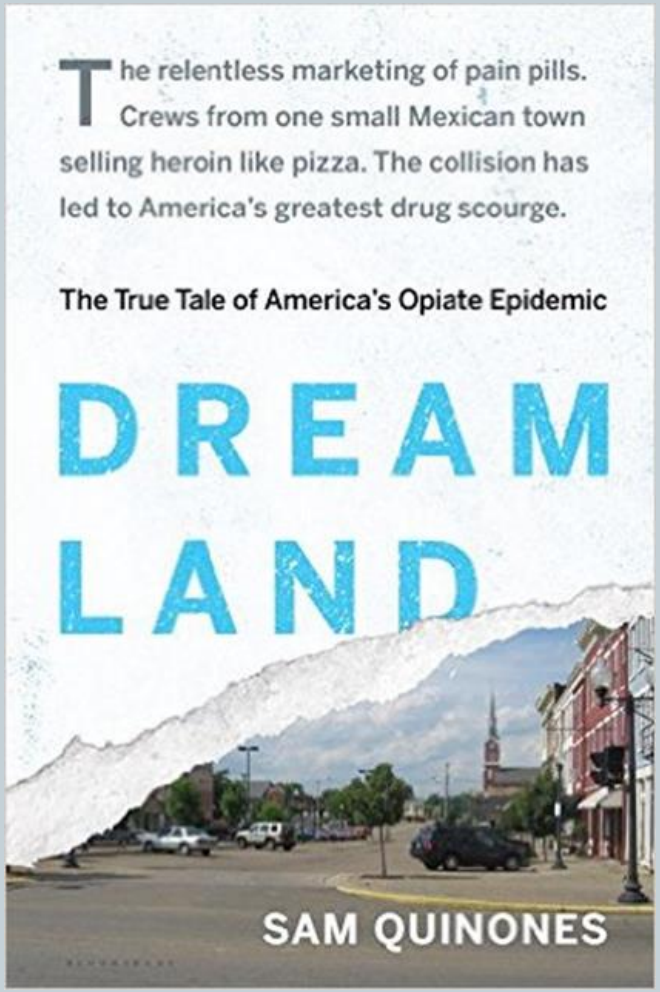


People who are addicted to...

ALCOHOL	MARIJUANA	COCAINE	Rx OPIOID PAINKILLERS
are	are	are	are
2x	3x	15x	40x

...more likely to be addicted to heroin.

2 Resources to highlight our addiction issues…



Chasing Heroin
(Frontline & PBS)

http://www.pbs.org/wgbh/frontline/film/chasing-heroin/

Our understanding of certain pain conditions and treatment has changed…

- **Central sensitization** is a condition of the nervous system that is associated with the development and maintenance of chronic pain.
- When **central sensitization** occurs, the nervous system goes through a process called “wind-up” and gets regulated in a persistent state of high reactivity.

Diagnosing and treating chronic musculoskeletal pain based on the underlying mechanisms, Daniel J. Clauw.

Best Practice and Research Clinical Rheumatology 29 (2015) 6-19

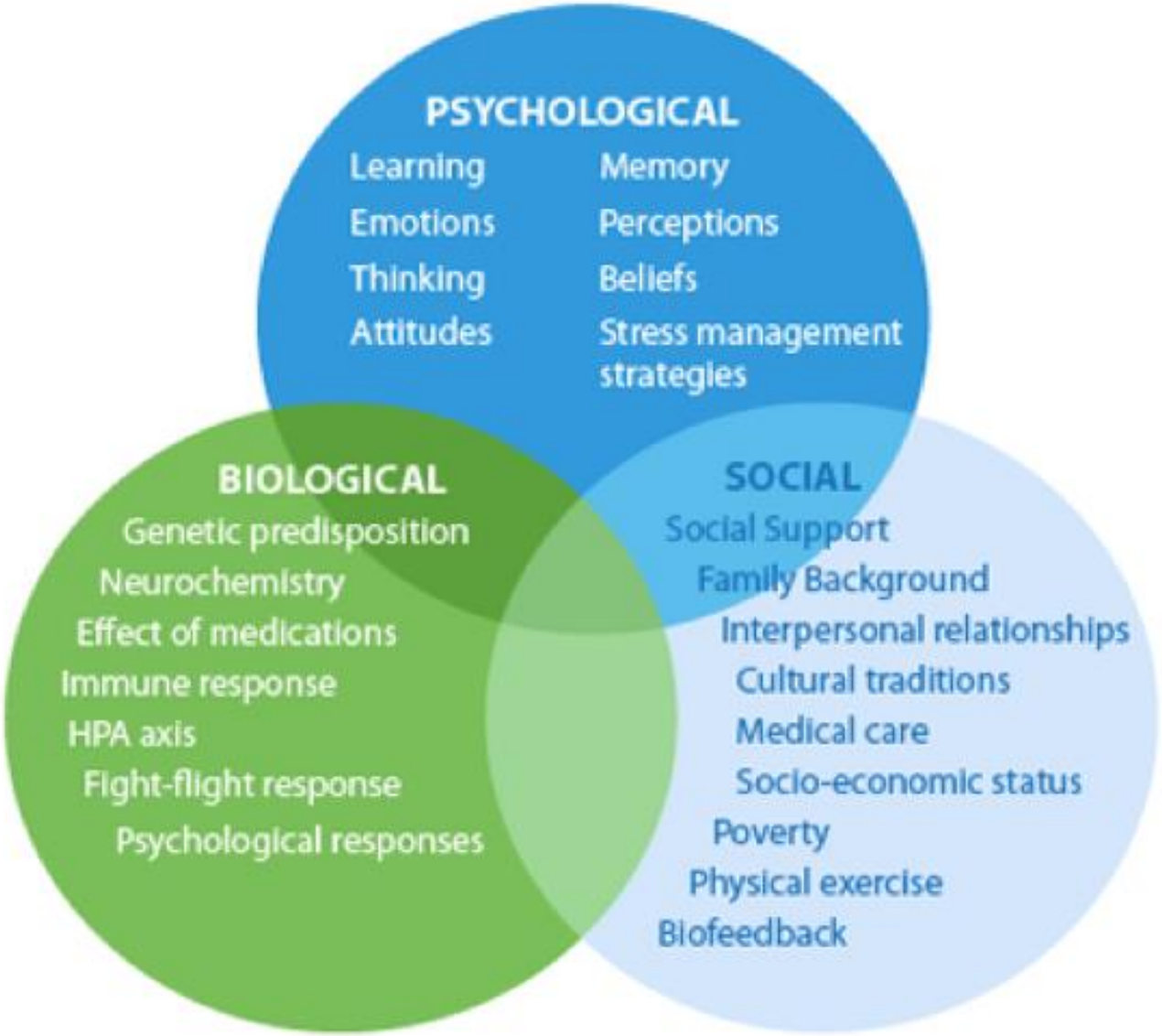
Peripheral (nociceptive)	Peripheral Neuropathic	Central neuropathic or "centralized" pain
- Inflammation or mechanical damage in tissues - NSAID, opioid responsive - Responds to procedures - Classic examples: - Osteoarthritis - Rheumatoid arthritis - Cancer pain	- Damage or dysfunction of peripheral nerves - Responds to both peripheral and centrally active pharmacological therapies - Classic examples: - Diabetic neuropathic pain - Post-herpetic neuralgia	- Characterized by central disturbance in pain processing (diffuse hyperalgesia/allodynia) - Responsive to neuroactive compounds altering levels of neurotransmitters involved in pain transmission - Classic examples: - Fibromyalgia - Irritable bowel syndrome - TMJD - Tension headache

Mechanistic characterization of pain

What Are We Often Really Medicating With Opiates???

"It's got to come out, of course, but that doesn't address the deeper problem."

- Depression
- Anxiety
- PTSD
- Trauma history (neglect, abuse, exposure to violence)
- Complex grief
- Substance disorder
- SUFFERING

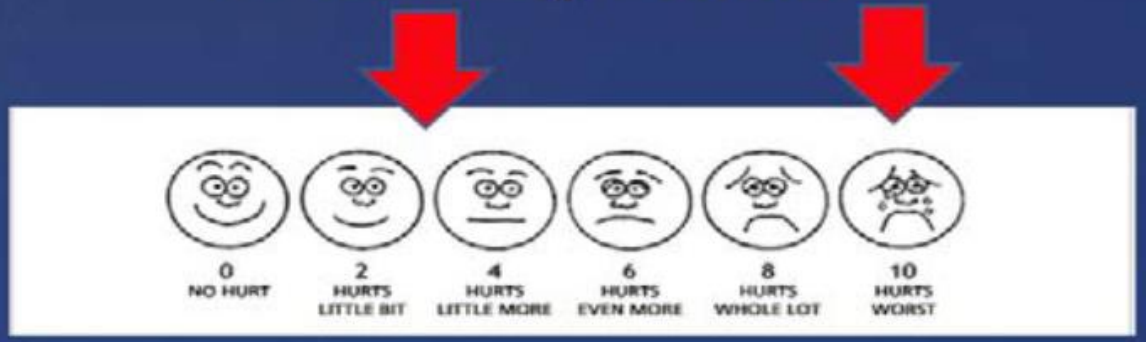


Biopsychosocial model of pain

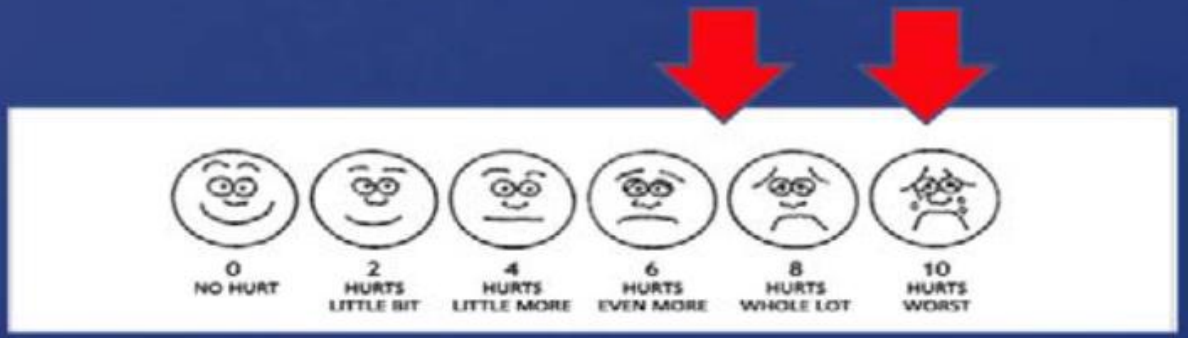
Championed by Butler and Moseley and others. 2000

Expectation (75%) vs Reality (30%)

Patient Expectation



Medical Reality



Courtesy of Dr. Coelho)

Redirecting conversations away from eliminating pain and moving towards managing pain with a focus on

1. Function
2. Quality of life
3. Living a meaningful life.

In Your Conversations with the Patient it is Important to Emphasize:

- Your concern for the patient's safety
- You are there to support them and help them safely and effectively manage their pain
- Involve the patient in decisions that affect them and make them partners in their care team (shared decision making)

Practice Your Narrative of Caring and Safety –

"Recent research has demonstrated that the use of opioids is proving to be less effective and less safe than we were once lead to believe. In fact, there are some potentially dangerous side effects. We are learning that when we follow certain guidelines when treating people with chronic pain, we can increase both the safety and effectiveness of treatment. I would like to take a few minutes to share how these new safety guidelines relate specifically to your medical treatment."

Managing Your Reactions and Emotions

- These conversations can provoke anxiety and discomfort for the most confident and experienced providers
- Manage your reactions before you go into room
- Breath and remind yourself your role is to safely guide the patient's treatment
- Be clear on the outcome you hope to reach before you enter the room
- Practice what you might say
- Use permission phrases
- Actively listen to the patient's concerns, emotions, opinions
- Be prepared to "agree to disagree" with your patient
- State how much you care about them and emphasize your confidence in their ability to make the proposed changes

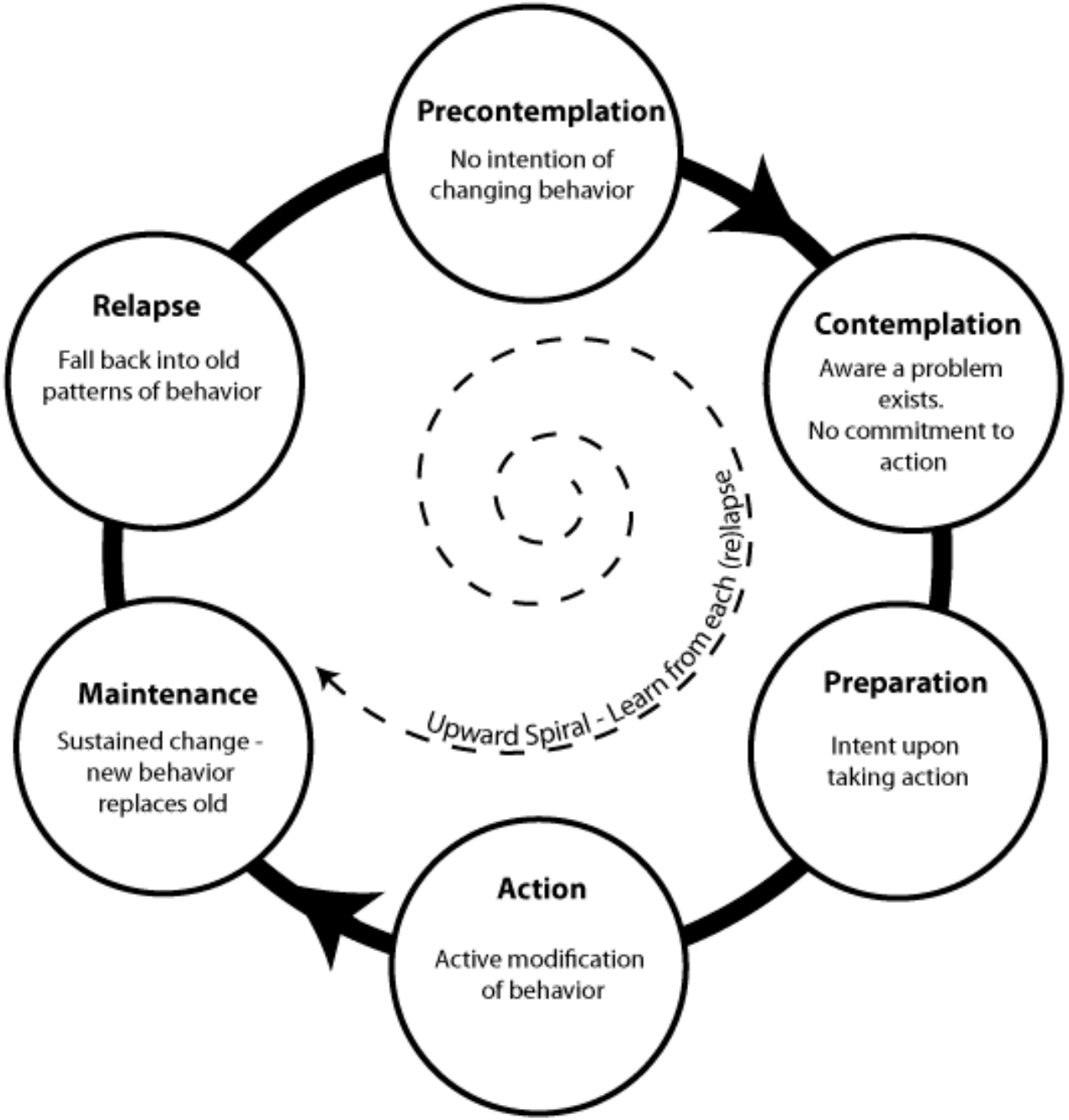
The challenge is to get patients working with you

- Changing behavior can be scary and create FEAR for the patients
- Fear can look like resistance
- You should not be working harder than your patient to help them change their behavior
- Be supportive and provide resources:
  - "I care about you and this is not safe, we need to make some changes."
  - "It is normal for you to feel anxious and skeptical about going to the pain program, but I am confident that you can do it."

STAGES OF CHANGE

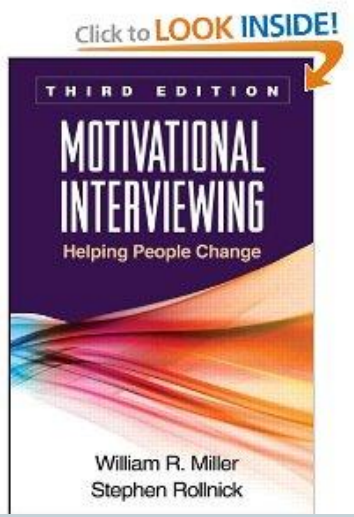
Prochaska and DiClemente

Psychology Tools



Motivational Interviewing

(Miller and Rollnick, 2009)



A collaborative person-centered process (using warmth, genuine empathy, and acceptance) to engage client, elicit change talk and evoke motivation to make positive changes from the client.

<u>Empower the patient by giving them options:</u>

"Based on your risk factors, opioids are not a safe option, would you be willing to discuss some non-opioid treatments?"

<u>Use Reflection and validation</u>:

"You seem ___(upset, anxious, fearful, scared) by what I have said"

The Efficacy of Motivational Interviewing in Adults with Chronic Pain: A Meta-Analysis and Systematic Review Dion Alperstein & Louise Sharpe The Journal of Pain, Vol 17, No 4 (April), 2016: pp 393-403.
"MI significantly increased adherence to chronic pain treatment in the short term…"

Motivational Interviewing for Healthcare Professionals - Online Education

College of Nursing at the University of Colorado

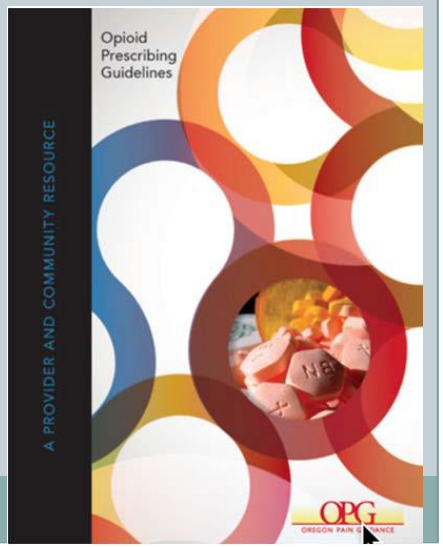
HTTP://WWW.UCDENVER.EDU/ACADEMICS/COLLEGES/NURSING/PROGRAMS-ADMISSIONS/CE-PD/PAGES/MOTIVATIONAL-INTERVIEWING-FOR-HEALTHCARE-PROFESSIONALS.ASPX

This Change is a Team Effort

- Consistently apply established policies and procedures
- Equip all team members with tools and training

(https://www.scopeofpain.com/)

- Have a toolkit of resources (www.oregonpainguidance.org)
- Know your community resources



Free Training from Washington State
www.coperems.org

COPE

Treating chronic pain / Managing risk / Restoring lives

Tips on How to Safely Taper Patients Off of Prescription Opioids

An Interview with Mark Sullivan, MD, PhD

READ MORE

Free Video Training on Difficult Conversations
https://www.scopeofpain.com/

- SCOPE of Pain is a series of continuing medical education/continuing nursing education activities designed to help you safely and effectively manage patients with chronic pain, when appropriate, with opioid analgesics.

- Trainer's toolkit - 7 videos:
  - Initiating opioid therapy, discussing safety and benefit
  - Assessing and managing aberrant opioid taking behavior
  - Discussing discontinuation of opioids due to lack of benefit and excessive risk
  - Modifying treatment plan of inherited patient on high doses
  - Assessing and managing illicit drug use in patient with chronic opioid therapy
  - Assessing and managing PDMP questionable activity in established patient and in a new patient

Our Goal as a Community is To Give the Same Message

- Ensure the safe use of opioid medication for chronic illness
- Prevent diversion and misuse of opioids
- Develop treatment plans that promote improvement in function and self-management, address psychological barriers that may interfere with treatment

"You can leave my practice, but other providers in the community are using the same prescribing practices."

This is what you can say when trying to help the patient understand why you are sending them to other disciplines or a pain program…

- Learning to manage chronic pain is most effective when it involves a team (PT, MD, psychologist, and CAM providers)
- Similar to other chronic conditions (such as diabetes, hypertension) it is helpful to have education to learn tools to manage your pain more effectively.
- The team will help you develop a toolbox to manage your pain and help you get back to some of the activities you enjoy

Non-pharmacological Options for Pain Management

Interagency Guidelines on Prescribing Opioids for Pain 2015

	Adapted from Argoff, 2009 & Tauben, 2015
Cognitive	Address distressing negative cognitions and beliefs, catastrophizing (pain coping characterized by excessively negative thoughts and statements about the future)
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

FREE Pain Programs for Medicaid that focus on Biopsychosocial issues and include CBT/ACT, CAM and Movement

- Warrenton: North Coast Pain Clinic 503-501-4774 (Columbia Pacific CCO)
- Tillamook: Ivey Avenue Wellness Center 503-815-2704 (Columbia Pacific CCO)
- Scappoose: Revitalize Wellness Center 503-396-4807 (Columbia Pacific CCO)

- Beaverton: Progressive Rehabilitation Associates 503-292-0765 (CareOregon CCO)
- Vancouver: Progressive Rehabilitation Associates 360-828-8912 (Molina Medicaid)
- Portland: Quest Center for Integrative Health (Burnside) 503-238-5203 (Family Care CCO, CareOregon CCO)
- Portland: Providence Persistent Pain Program: 800-562-8964 (Family Care, CareOregon, and Providence)
- Salem: Mid Valley Pain Clinic 503-371-1970 (Willamette Valley CCO)
- Baker City: Total Health Pain Program 541-524-9070 (Eastern OR CCO)
- McMinnville: Persistent Pain Program 503-376-7426 (Yamhill Community CCO)

- Coming soon:
  - La Grande: Center for Human Development
  - Hermiston:Lifeways Pain Program

Our goal is to help people get their life back…

"People don't hurt if they have something better to do." **W. Fordyce, Ph.D.**

Case 1: Teresa

75y/o retiree with diffuse OA. Lives alone in Seaside. Uses Oxycodone-APAP 10/325, five per day (MED 70). No h/o aberrant behavior or addiction.

Case 1: Teresa

Teresa reports that the medications give her comfort. She was started on her current dose years ago.

Recommendations: Continue as prescribed.

Case 2: Cleatus

68y/o retired logger with failed back surgery syndrome. Lives with spouse Rx'd Methadone 10mg (MED~120). No h/o addiction or aberrant behaviors.

Case 2: Cleatus

Recommendations:

Call Cleatus & his spouse in.

Explain that his dose and medication are both unsafe and will need to change.

a. Prescribe nasal naloxone & train spouse in assembly and use.

b. Offer a conversion to Morphine Sulfate ER 75mg QD (30,15,30) at his next refill.

http://www.slideshare.net/101N/opioid-withdrawal-attenuation-cocktail-61348202

Case 3: Jane

55y/o woman with FMS.
Lives alone in Tillamook. Uses OxyContin 30mg PO BID (MED 80), and alprazolam 0.5mg po QID. No h/o aberrant behavior or addiction.

Case 3: Jane

Recommendations:

Call Jane in to clinic.

Explain that the combination of alprazolam and Oxycodone is unsafe.

a. Offer a conversion to clonazapam 2mg BID.

b. Taper clonazepam by .5 - 1mg/mo over 4-8mo.

c. Offer non-benzodiazepine alternatives for anxiety/sleep/panic attacks.

www.slideshare.net/101N/alternatives-to-benzodiazepines-60678319

Case 4: Luc

49y/o married restaurant owner with chronic migraine. Prescribed Oxycodone 5mg BID, 30/mo over many years. No h/o addiction or aberrant behavior. Recent review of the PDMP with at a f/u visit reveals visits to 6 other prescribers over the past 3mo for opioids. Patient acknowledges that he is overusing pain medication and wants your help in getting off opioids entirely.

Case 4: Luc

Recommendations:

Use your data-2000 waiver to offer Luc treatment of opioid use disorder. Stop opioids.

a. Offer conversion to buprenorphine (Suboxone/Subutex) with a planned 3mo taper off. (8mg QD, 4mgQD, 4mg QOD)
b. Offer an addiction counseling referral.
c. Continue to see frequently for followups with both urine or saliva drug screens and frequent checks of the PDMP to ensure adherence.

Resources

Alternatives to Benzodiazepines:
http://www.slideshare.net/101N/alternatives-to-benzodiazepines-60678319

Opioid Dose Calculator
http://agencymeddirectors.wa.gov/mobile.html

Withdrawal Attenuation Cocktail
http://www.slideshare.net/101N/opioid-withdrawal-attenuation-cocktail-61348202

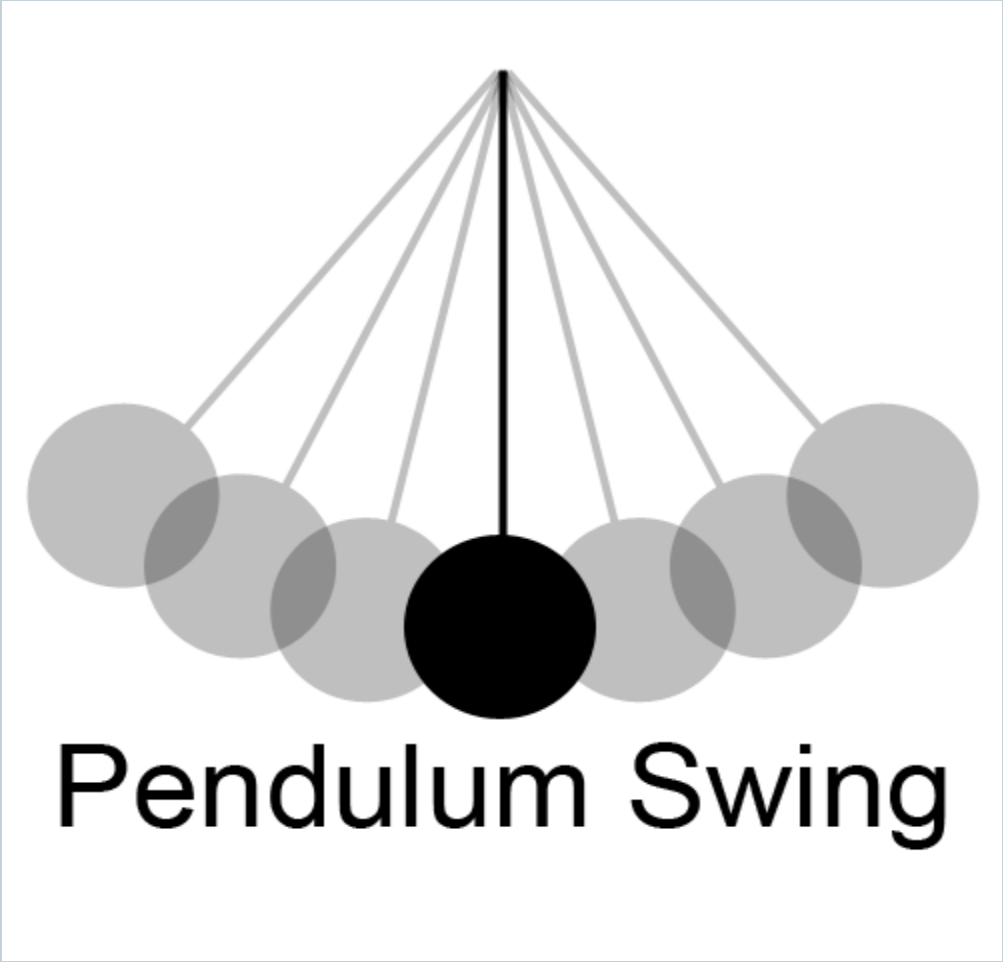
Anatomy of the Difficult Conversation

LYDIA ANNE M BARTHOLOW, PMHNP, CARN-AP

CENTRAL CITY CONCERN

HOMES HEALTH JOBS

Let's talk about lived experiences



Provider Complaints

Patient Complaints

According to our **Patient Experience Coordinators at Jackson Care Connect**, patients stated they were unhappy because:

- they were made to feel like they **did something wrong**
- they were **made to feel like a criminal** or **drug addict**
- they **felt punished**
- they felt like they were being **talked down to**
- they **didn't understand** why they were being **forced** to make these changes
- we **didn't have concern for their pain**, only our policy

Used with permission from Laura Heesacker, LCSW at Jackson CareConnect

Skill Building

- Actively and explicitly involve your patients in decisions that affect their care – treat them as valued **partners** and part of their care team
- Emphasize your **concern for the patient's safety**
- Reiterate your primary objective – to **support them** and to help them **safely and effectively manage their pain**

VEMA

- ***V**alidation*: *Providing reassurance v.s communicating doubt*
- ***E**ducation*: *Providing realistic treatment expectations and current understanding of Complex Chronic Pain*
- **M**otivation: Facilitating self-management understanding that patients willingness to engage in self-management will vary.
- **A**ctivation: Negotiating behaviorally specific/feasible goals, primary clinical focus is on changing the way patients react to pain.

Anthony J. Mariano, PHD Puget Sound VA Health Care

VEMA & EPE/Motivational Interviewing

- ***Validation: Providing reassurance v.s communicating doubt***
  - *Validate hard feelings*
  - *Assuage doubt*

- ***Education: Providing realistic treatment expectations and current understanding of Complex Chronic Pain***

  - ***Elicit:*** *"Would it be okay if I told you about…?"*
  - ***Provide education:*** *"Research shows…"*
  - ***Elicit feedback:*** *"So, what does this mean for you?"*

VEMA & EPE/Motivational Interviewing

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  - ***Elicit:*** *"Would it be okay if I told you about…?"*
  - **Provide education:** "Research shows…"
  - ***Elicit feedback:*** *"So, what does this mean for you?"*

SAFETY

And if this fails…
OR
if you are dealing with Addiction?

- Stay in the medical expert roll
- Emphasize concern and condition
- Avoid Compassion Traps
- Speak to what is behind a patient's comment, not to the comment itself
- Speak to what you know to be true, trust your science

What to say to…?

- Are you accusing me of being an addict?”
  - *I have never accused anyone of diabetes but I’ve diagnosed them with it and that is what I am trying to now, diagnose.*
- “Don’t label me as a druggie”
  - *I have no interest in labels at all, I am interested in helping people who are struggling with medical problems, such as addiction.*
- “So you’re basically saying that I’m a junkie.”
  - *I’m saying that addiction is a medical problem that responds to treatment not a problem of bad morals or behavior*

How to respond to…?

- "Do you want me to lose my job, do you want me to be on the street?"
  - *I want you to have safe and effective pain control and it is my medical opinion that your current medicine won't give you that.*
- "Do you have pain?"
  - *I want to every minute of our time today to talk about your pain management plan.*
- "I wish you could feel my pain."
  - *I know you're suffering and I'm sure that we can work together to reduce pain, so you don't have to suffer*

And if they threaten you…?

- "I heard it's illegal for you to let me go into withdrawal."
  - *Withdrawal is uncomfortable but not life-threatening, I can prescribe you medicines to help with the withdrawal symptoms.*
- "I'll just go and use heroin."
  - *I certainly hope you don't because you know that I don't think any type of opiate will help your pain.*
- "Don't bother with any other meds, I'll just kill myself."
  - *I need to ask you some more questions about your thoughts about suicide.*
- "I'm getting a lawyer." "I'm calling KGW."
  - *You do what you feel is right, of course. That's what I'm doing for you, too.*
- "You have a family, don't you doc?" – Call the police

The bottom line: Boundaries make everyone feel safer!

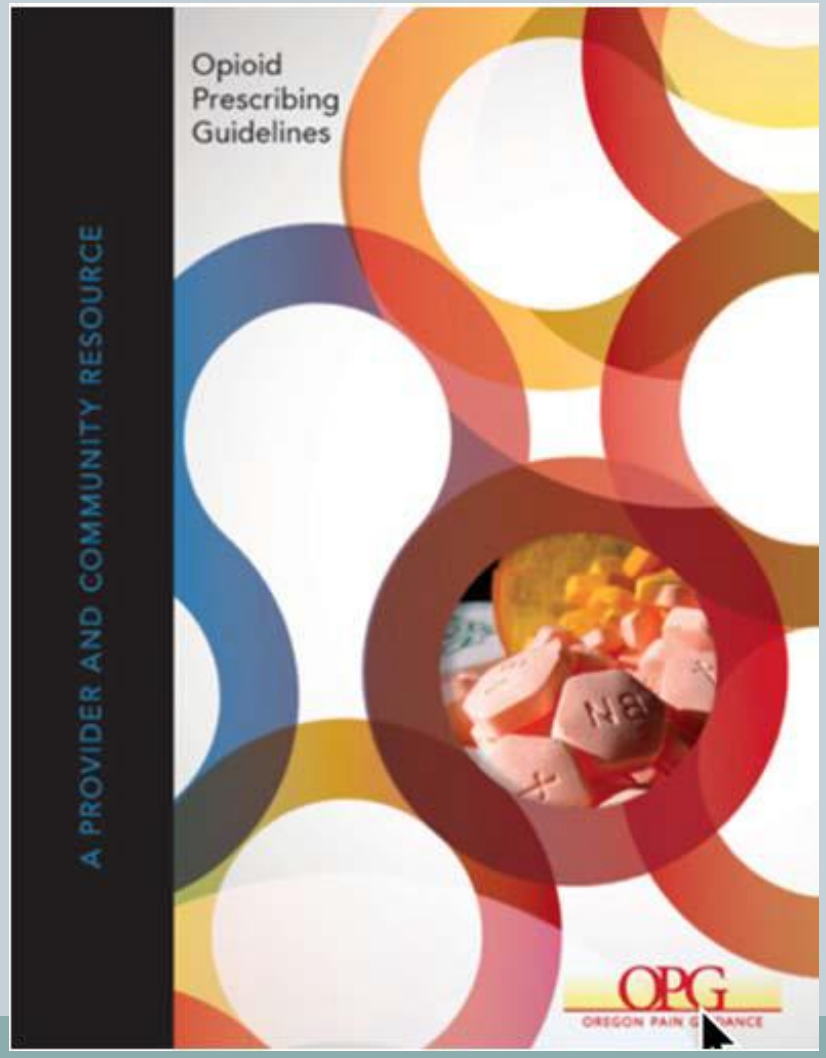
- "Opiates are off the table. How would you like to spend our office visit today?"
- "There is nothing you can do or say to make me prescribe you opiates/increase your dose/give you an early refill"

Used/modified with permission from Dr. Brad Anderson, MD at Portland Kaiser Addiction Medicine

Resources

The Oregon Pain Guidance Group (OPG)

http://www.oregonpainguidance.com/healthcare-professionals/



- Oregon Pain Guidance (OPG) is a group of healthcare providers from Jackson and Josephine Counties in Southern Oregon, who are working together on standardizing community guidelines and best practices for treating patients with chronic pain. An improved quality of life for people with chronic pain can be achieved when patients and their families work closely with their healthcare providers. This website provides educational information, news, community resources and upcoming events for both the public and healthcare providers.

June 2015

Interagency Guideline on Prescribing Opioids for Pain

Developed by the Washington State Agency Medical Directors' Group (AMDG) in collaboration with an Expert Advisory Panel, Actively Practicing Providers, Public Stakeholders, and Senior State Officials.

www.agencymeddirectors.wa.gov

AMDG agency medical directors' group

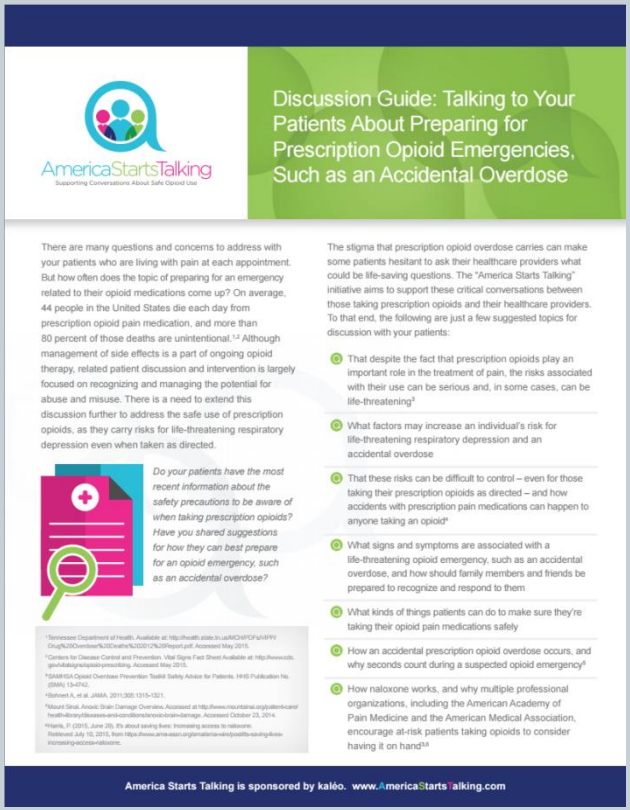
A collaboration of state agencies, working together to improve health care quality for Washington State citizens.

AmericaStartsTalking (sept 2015)

http://america-starts-talking.com/

http://www.aapainmanage.org/academy-in-the-news/dos-and-donts-for-the-safe-use-of-prescription-opioids/

AmericaStartsTalking aims to elevate discussion around the safe use of prescription opioid pain medication and managing opioid emergencies.



OHSU and the NWATTC are proud to bring you two Free Buprenorphine Prescription Training events on April 29th (Portland) & May 19th (Medford - Pre-Conference Training)

- Buprenorphine is a partial opioid agonist (Schedule III) that is safe for use in primary care. It is highly effective for treatment of opioid use disorder and has a lower risk of overdose than other opioids. Currently, patient demand for buprenorphine greatly exceeds the number of Oregon providers trained to prescribe this safe and effective treatment.

Date: April 29th, 2016

- Target Audience: You must be a Primary Care Provider in order to participate.
- Time: 8:30am - 1:00pm
- Location: Health Share of Oregon
- 2121 SW Broadway, Suite 200
- Portland, OR 97201
- Registration (limited to 30 physicians): Please contact Marie Payment at payment@ohsu.edu

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Date: May 19th, 2016

- Buprenorphine Pre-Conference Training
- This training is part of the 5th Annual 'A thoughtful Approach to Pain Management' Conference on May 20-21st, 2016
- Target Audience: You must be a Primary Care Provider in order to participate.
- Time: 2:00 pm - 6:30pm
- Location: Smullin Center on the campus of Asante Rogue Regional Medical Center
- 2825 E. Barnett Road
- Medford, OR 97504*
- Registration (limited to 30 physicians): Please contact Marie Payment at payment@ohsu.edu

- For more information about the 5th Annual 'A Thoughtful Approach to Pain Management Conference please visit their Website: http://cmetracker.net/ASANTE/Catalog?sessiontype=not%20Enduring

Smullin Center

on the campus of

Asante Rogue Regional Medical Center

2825 E. Barnett Road, Medford, Oregon 97504

Tuition:

Physicians
$200 for 2-day registration
or $125 for 1-day registration

Multidisciplinary / Other
$170 for 2 day registration
or $100 for 1-day registration

Early Bird Tuition:
Save 10% if registered before March 15, 2016

Late Fee / Walk-In Tuition:
Add $50 to rate if registered after May 15, 2016.

Registration is limited to 300

CME / CEUs available.
For Information call:
Continuing Medical Education
541-789-4837

Purpose: The appropriate treatment of chronic pain is an evolving, and sometimes controversial, practice. This conference will present factual information concerning the use of opioids in Oregon, community effects of opioid prescribing, current best practices for the treatment of chronic pain.

5th Annual

A Thoughtful Approach to Pain Management

May 20-21, 2016

Friday and Saturday

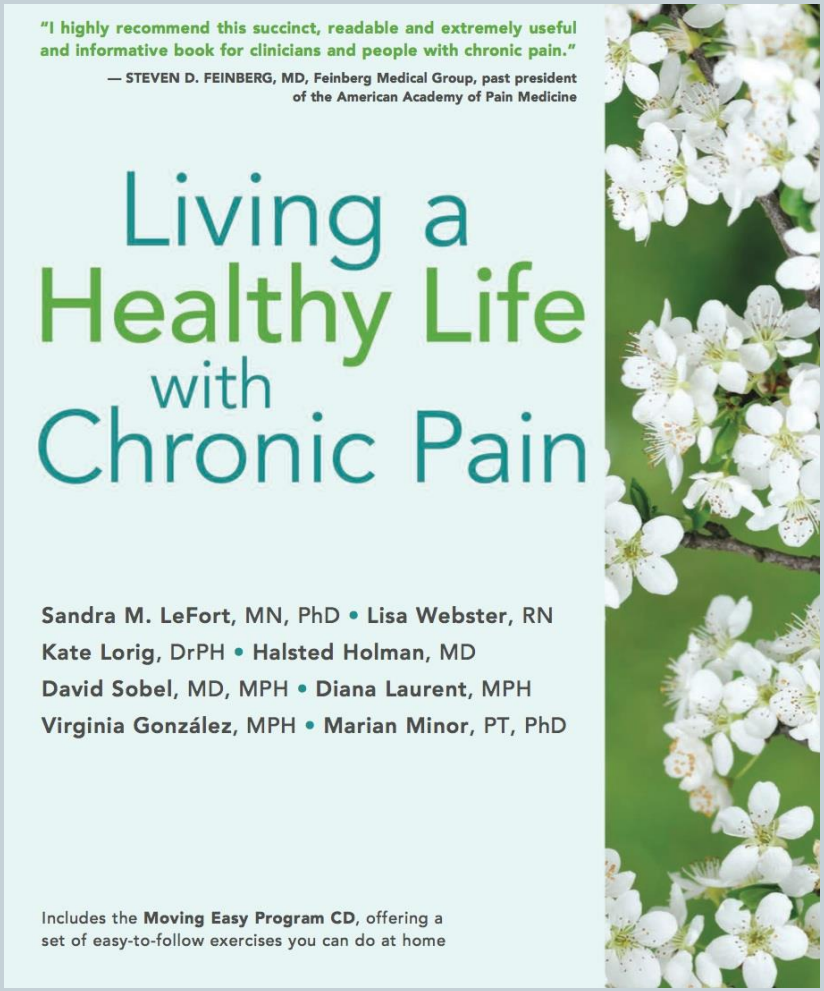
Target Audience: All Health Care Professionals

Buprenorphine Pre-Conference Training on Thursday, May 19, 2016, FREE but limited to 30 providers; contact Marie Payment for registration information (payment@ohsu.edu);
see additional information on page 3

Pain Education and Support Groups in Oregon and Washington

- Vancouver: Progressive Rehabilitation Associates 360-828-8912
- Albany, Lebanon, Corvallis: ACT Beyond Pain group 541-967-2529
- Newport, Waldport: Pain Management Group 541-563-3197
- Providence Pain Education Classes: Portland, Newberg, Hood River, Seaside, Medford 503-574-6595
- Central Oregon: Living Well with Chronic Pain – Deschutes County MH (coming soon)
- Bend & Redmond: Pain School for St. Charles Family Care Clinics (Bend 541-706-4800) (Redmond 541-548-2164)
- Bend: Mosaic Medical has Quality of Life class 541-323-4628

Classes on Living Well with Chronic Pain
www.healthoregon.org/livingwell



- This 2015 book is designed to help manage pain so people with chronic pain can get on with living a satisfying, fulfilling life, and includes the *Moving Easy Program* CD. This book and CD are the companion resources to the Chronic Pain Self-Management workshop.

Arthritis Foundation Aquatic, Exercise, and Tai Chi Programs

https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/LivingWell/Documents/Programs/afprgrms.pdf

Natural resistance builds muscle

Buoyancy may reduce nociception by acting on thermal and mechnoreceptors

Decreases load on lower extremities

Strong evidence for hydrotherapy & balneotherapy

Langhorst, 2009, Rheum; McVeigh, 2008, Rheum Intern; Verhagen, 2012 Best Pract Res Clin Rheumatol; Nüesch, 2012 Ann Rheum Disease

(courtesy of Kim Jones)

Silver Sneakers & Silver and Fit Programs free services for many Medicare Patients

What do SilverSneakers and Silver & Fit memberships include?

- These programs allow older adults a variety of resources to meet their health needs including: a free basic fitness membership at any participating location around the country with access to all amenities; a variety of aquatics and land classes like balance, yoga, and cardio; and an online portal to track progress.

Who is eligible?

- SilverSneakers and Silver & Fit are offered through many leading Medicare health plans and Medicare Supplement carriers throughout the United States. Major carriers include United Health Care, Anthem Blue Cross and Blue Shield, Humana, Aetna and more.

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.*

Goals for 2016:

- Revise the 1 hour required pain management web-based module
- Review pain education curriculum for schools
- Review the delivery system models of care as relates to changes in healthcare and integration of pain treatment into primary care

pain society of OREGON

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

HTTPS://WWW.PAINSOCIETY.COM/

541-345-7300 or 503-804-3072

Worthwhile Resources for Providers and Patients

YouTube Videos on pain:
- (new VA 6 min video on chronic pain):
http://www.dvcipm.org/clinical-resources/joint-pain-education-project-jpep
- Understanding Pain: What to do about it in less than 5 Minutes (from Australia)
- Brainman Chooses
- Brainman Stops His Opioids
- Back Pain by Mike Evans
- TED talk by Lorimer Moseley – Why Things Hurt

Smart phone apps: IREHAB Back Pain, My Pain Diary, or Pain Free Back for the iphone

Exercise programs on YouTube from Bree Collaborative:
Exercises for lower back http://www.youtube.com/watch?v=u_alXoZ4774
Low back pain remedy stretching exercises http://www.youtube.com/watch?v=019f62bu364
Top 5 stretches to relieve low back pain http://www.youtube.com/watch?v=XNN3K2qj_LO
Yoga for back pain http://www.youtube.com/watch?v=aSthNvRxvaE

Kevin Vowels ACT Manual for Chronic Pain:
https://contextualscience.org/files/CP_Acceptance_Manual_09.2008.pdf

Free Resources

Continuing Education Examination available
http://www.cdc.gov/mmwr/cme/conted.html

AMDG Opioid Dosing Guideline Available as mobile app
http://www.agencymeddirectors.wa.gov/opioiddosing.asp

Free CMEs
http://www.agencymeddirectors.wa.gov/opioiddosing.asp

American Chronic Pain Association

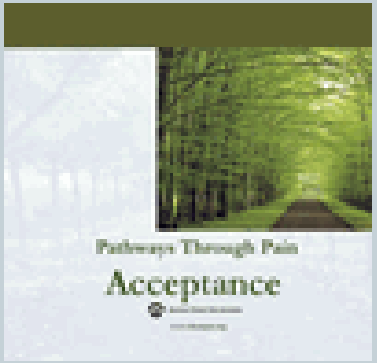
www.theacpa.org

Our Mission:

To facilitate peer support and education for individuals with chronic pain and their families so that these individuals may live more fully in spite of their pain.

To raise awareness among the health care community, policy makers, and the public at large about issues of living with chronic pain.

- Resources for patients and providers



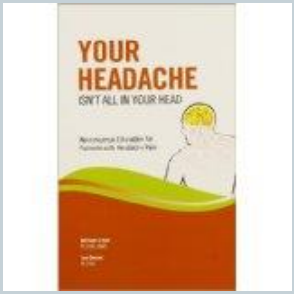
Headache Resources

American Headache Society
http://www.americanheadachesociety.org/

International Headache Society http://www.ihs-headache.org/

Migraine Research Foundation
http://www.migraineresearchfoundation.org/

National Headache Foundation
http://www.headaches.org/



Your Headache Isn't All in Your Head by Adriaan Louw

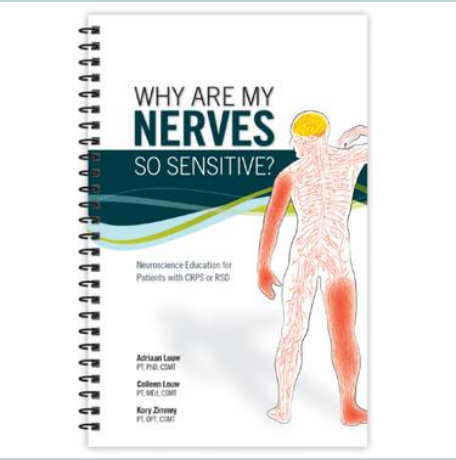
CRPS Resources

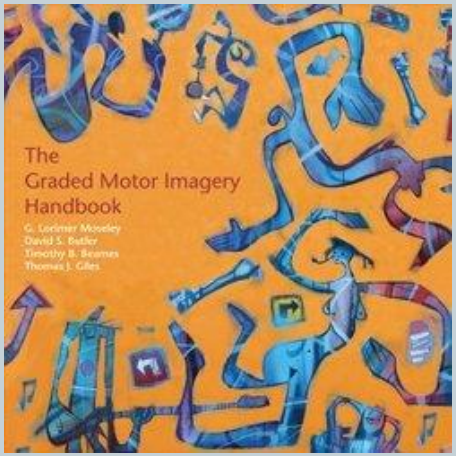
- Pain Medicine 2013; 14: 180-229 Special Article

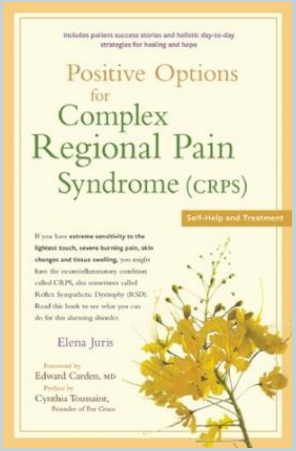
Complex Regional Pain Syndrome: Practical Diagnostic and Treatment Guidelines, 4th Edition.

(Harden, R., Oaklander, A., Burton, A., Perez, R., Richardson, K., Swan, M., Barthel, J., Costa, B., Graciosa, J., Bruehl, S

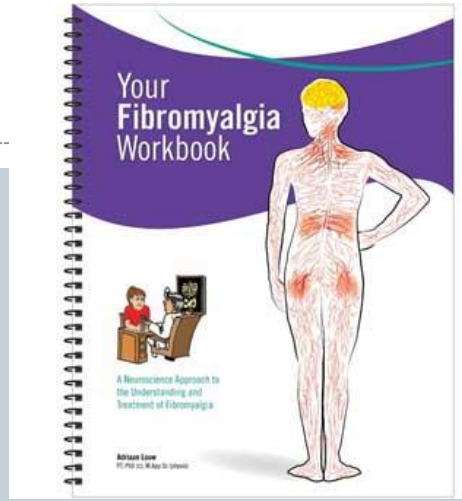
- www.rsdsa.org







Fibromyalgia Resources



www.myalgia.com

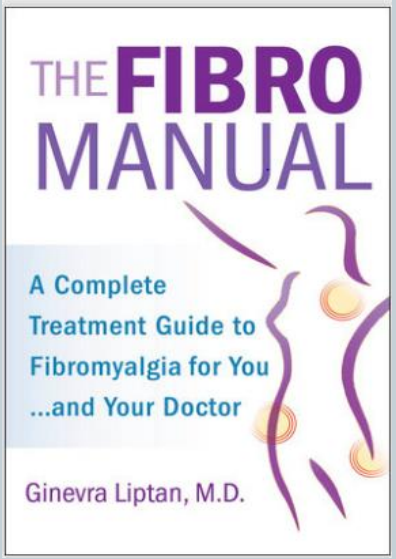
Your Fibromyalgia Workbook – Adriaan Louw

Dan Clauw from UM utube – Chronic Pain
Is It All in Their Head (central sensitization)
https://www.youtube.com/watch?v=pgCfkA9RLrM

YouTube: Kim Jones/fibromyalgia/exercise
https://www.youtube.com/watch?v=d3M9R0pc1jI

Exercise DVDs for fibromyalgia
www.myalgia.com/videos

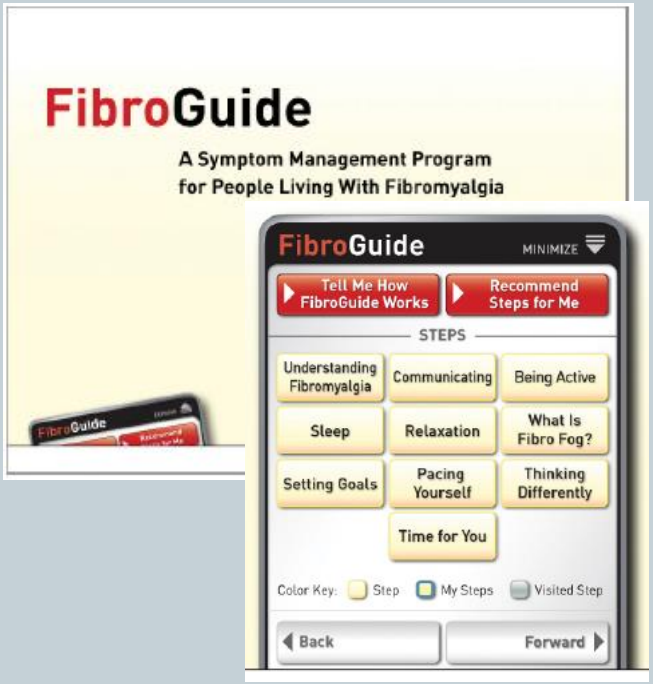
Instructions for modification to share with exercise trainers
www.myalgiateam.com/exercise



Web Based CBT Resource for Fibromyalgia Patients

(from Kim Jones)

www.fibroguide.com



- Program features 10 CBT modules:
  - Understanding Fibromyalgia
  - Being Active
  - Sleep
  - Relaxation
  - Time for You
  - Setting Goals
  - Pacing Yourself (Task Player App)
  - Thinking Differently
  - Communicating
  - Fibro Fog

- In a RCT of 118 FM patients comparing the earlier version of this website plus usual care, to usual care alone, Williams demonstrated statistically significant improvements in pain (29% in the WEB group had 30% improvement in pain vs 8% in usual care, p=.009) and function (i.e., 31% in WEB-SM had .5 SD improvement in SF-36 PF vs. 6% in standard care, p<.002) Williams et. al. Pain. 2010;151(3):694-702 & Bernardy, et al., 2010, J Rheumatology

A Fibromyalgia Awareness Day Fundraiser and Book Release Party

Saturday
May 7, 2016
1-4 PM
17245 Holy Names Dr.
Lake Oswego, OR 97034

Silent Art Auction to raise money for Fibromyalgia Awareness

- Bid for handmade arts, crafts, and jewelry
- All proceeds donated to the National Fibromyalgia & Chronic Pain Assoc.

Launch Party for Dr. Ginevra Liptan's new book

- Book reading and signing of *The FibroManual*, releasing May 3, 2016

Celebrate Fibromyalgia Awareness Day

- Learn about current research studies
- Meet support group leaders from new Portland group

Full details at www.fridacenter.com/releaseyourinnerfrida

Sponsored by The Frida Center for Fibromyalgia and the Fibromyalgia Information Foundation

This book reveals the ramifications of opioids and provides a low or no-risk alternative. Armed with the right information, you can make informed decisions about your pain care. By appreciating the risks and limitations of prescription opioids, and by learning to reduce your own pain and suffering, you will gain control over your health and well-being. Each copy includes Beth Darnall's new binaural relaxation CD, Enhanced Pain Management.