Ways to Live Well with Chronic Pain

Trillium University/Lane County Summit on Chronic Pain and Reduced Opiate Use

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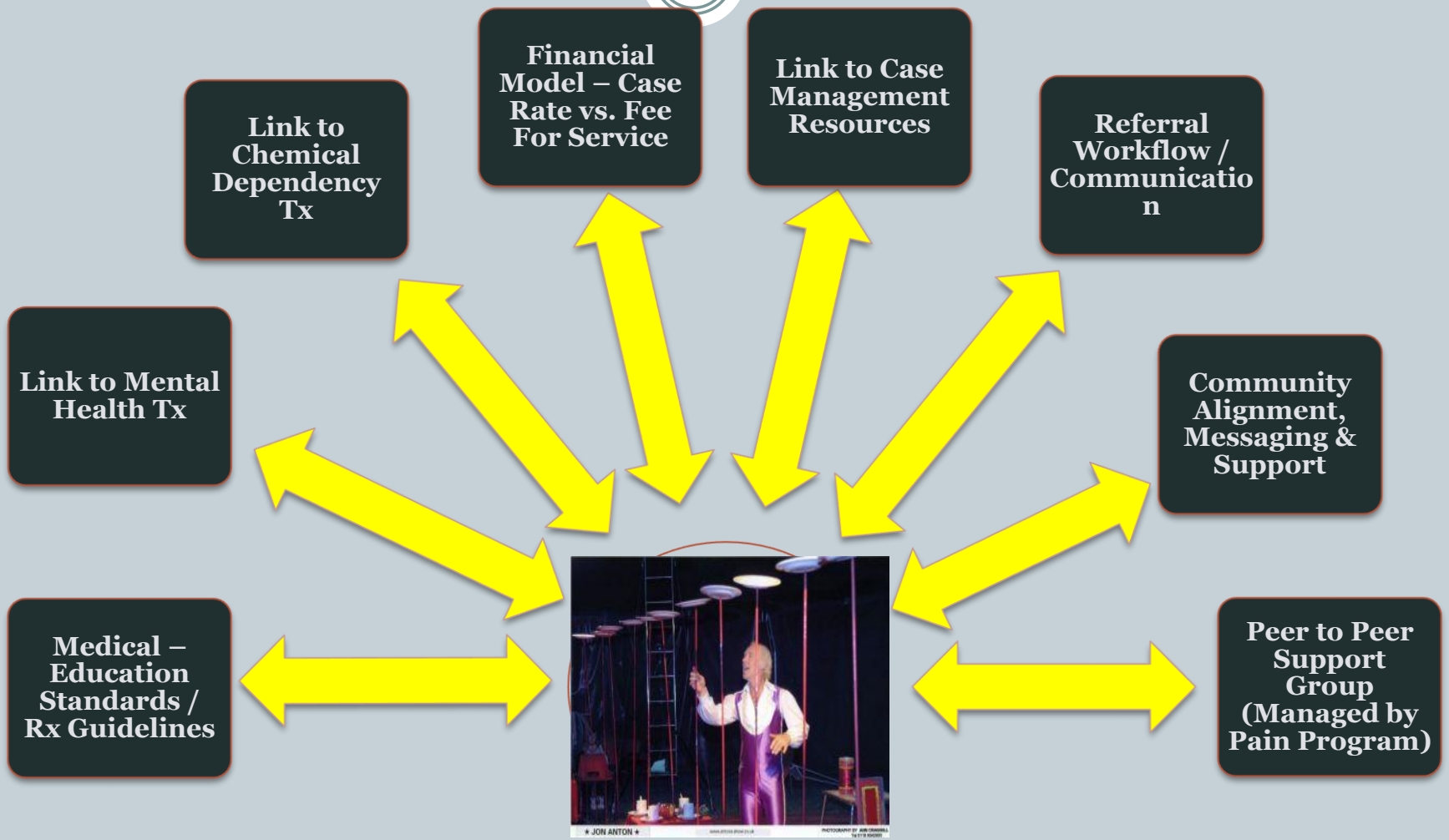
EUGENE, APRIL 20, 2016

Disclosure and Conflicts of Interest

WE HAVE NOTHING TO DISCLOSE

WE HAVE NO CONFLICTS OF INTEREST

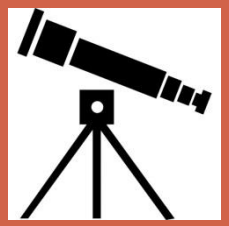
Community / Health System Factors to Consider prior to Pain Program Implementation



Crucial Components…

Gather

Connect



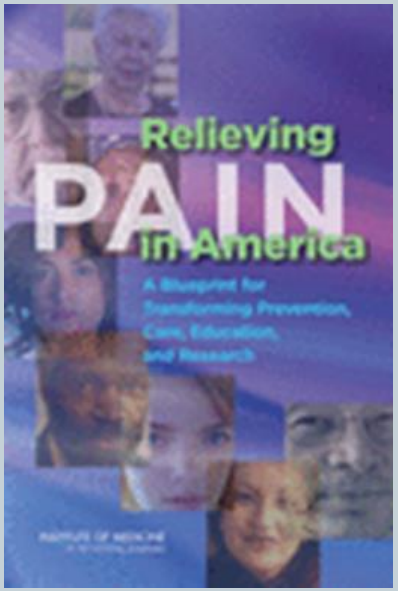
Discover

Plan

Institute of Medicine Report 2011:

A cultural transformation in pain prevention, care, education and research

Chronic pain costs the nation up to $635 billion each year in medical treatment and lost productivity. *The 2010 Patient Protection and Affordable Care Act* required the Department of Health and Human Services (HHS) to enlist the IOM in examining pain as a public health problem.



In this report, the IOM offers a blueprint for action in transforming prevention, care, education, and research, with the goal of providing relief for people with pain in America.

March 18, 2016

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

1. Develop methods and metrics to monitor and improve the prevention and management of pain
2. Support the development of a system of patient centered integrated pain management practices based on a biopsychosocial model of care
3. Improve quality of pain care for vulnerable, stigmatized and underserved populations
4. Increase public awareness of pain
5. Increase patient knowledge of treatment options and risks
6. Improve provider education on pain management
7. Improve patient self-management strategies
8. Increase access to quality, multidisciplinary care
9. Provide patients with educational tools
10. Conduct research on best pain treatment

Noninvasive Treatments for Low Back Pain - Feb 2016

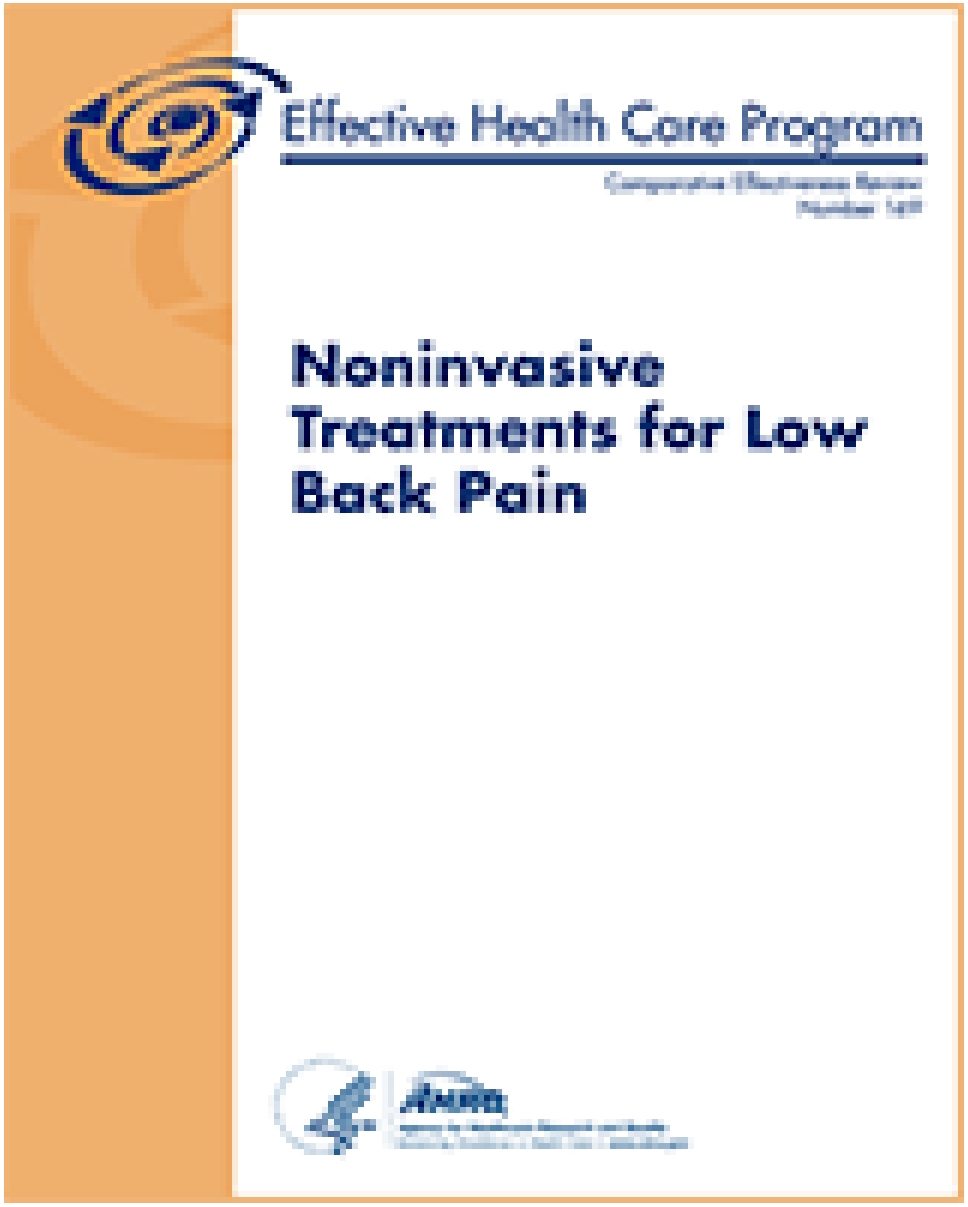
Comparative Effectiveness Reviews, No. 169

Investigators: Roger Chou, MD, FACP, Richard Deyo, MD, MPH, Janna Friedly, MD, Andrea Skelly, PhD, MPH, Robin Hashimoto, PhD, Melissa Weimer, DO, MCR, Rochelle Fu, PhD, Tracy Dana, MLS, Paul Kraegel, MSW, Jessica Griffin, MS, Sara Grusing, BA, and Erika Brodt, BS.

Pacific Northwest Evidence-based Practice Center

Rockville (MD): Agency for Healthcare Research and Quality (US); 2016 Feb.

Report No.: 16-EHC004-EF



Predictors of Persistent Disabling LBP

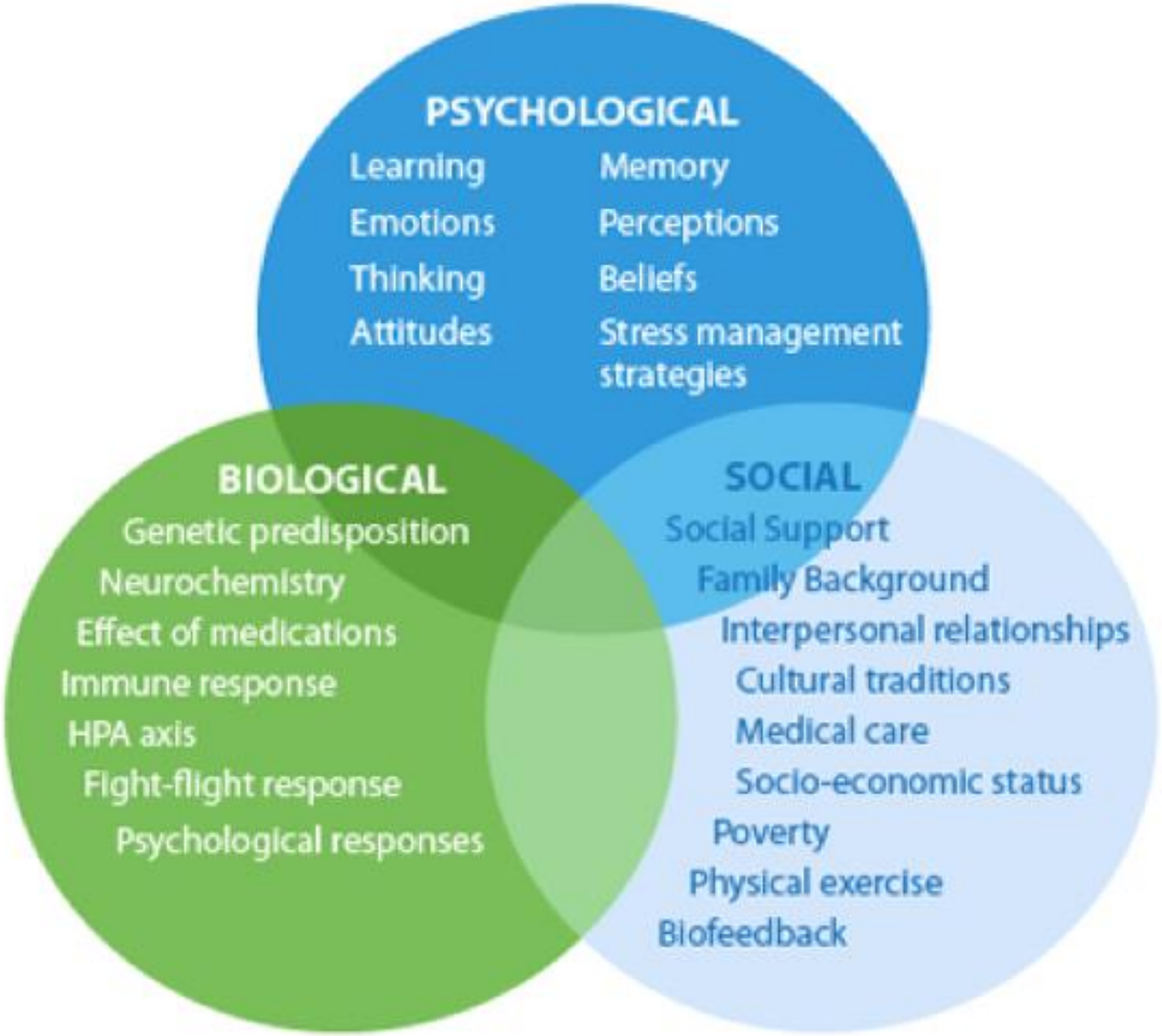
- Maladapative pain coping behaviors
  - Fear avoidance (avoiding movement, activities)
  - Catastrophizing (excessive negative thoughts)
- Nonorganic signs (somatic focus)
- Functional impairment
- Low general health status
- Presence of psychiatric co-morbidities

Chou, R., & Shekelle, P. Will This Patient Develop Persistent Disabling Low Back Pain? JAMA. April 7, 2010; Vol 303, No. 13, 1295-1302

Evidence Based Practice Non-opioid therapies for chronic pain

(courtesy of Dr. Roger Chou, 2016)

- Routinely integrate psychotherapeutic co-interventions
  - Chronic pain often a complex biopsychosocial issue
  - Opioids do not address psychosocial contributors to chronic pain; use as part of a multimodal treatment program
  - Assess and treat for PTSD
  - Cognitive-behavioral therapy, functional restoration, interdisciplinary therapy
  - Motivational interviewing, relaxation techniques
- Address sleep issues
  - Avoid benzodiazepines



Biopsychosocial model of pain

Championed by Butler and Moseley and others. 2000

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

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

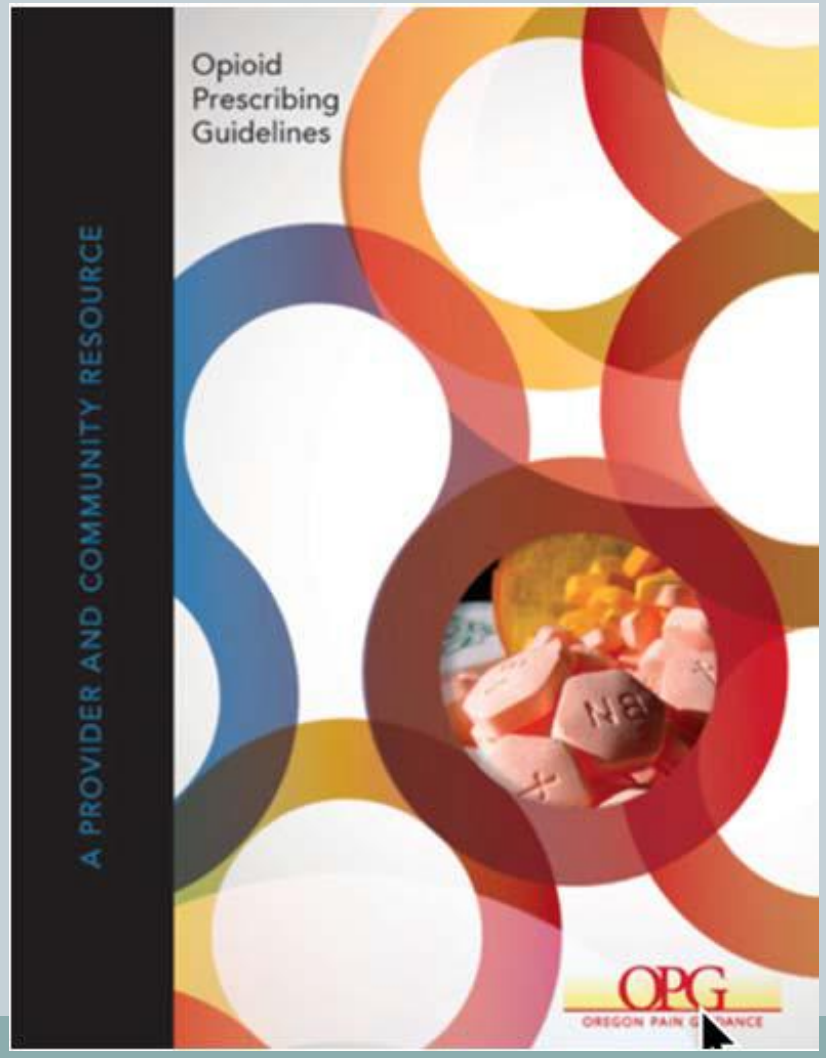
A collaboration of state agencies, working together to improve health care quality for Washington State citizens.

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

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.

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)
- Complicated grief
- Substance disorder
- SUFFERING

Validated Tools for Screening and Assessment

(* = most commonly used in primary care)

- PHQ-9 (depression) *
- GAD-7 (anxiety) *
- PHQ-4 (depression and anxiety)*
- Pain Self-Efficacy Scale
- Pain Anxiety Symptoms Scale
- Pain Disability Questionnaire
- PHQ-15 (somatic focus) *
- Oswestry (LBP disability)
- Neck disability Index
- PCL-C (PTSD Checklist)
- PC-PTSD *
- Fear Avoidance Beliefs Questionnaire
- Tampa Scale of Kinesiophobia
- Pain Catastrophizing Scale
- Pain Disability Index
- Brief Pain Inventory
- Multi-dimensional Pain Inventory
- CAGE Adapted to Include Drugs (CAGE-AID)
- Alcohol Use Disorders Identification Test (AUDIT)
- Opioid Risk Tool *
- Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R)
- Current Opioid Misuse Measure (COMM)
- DIRE
- The Berlin Questionnaire (sleep)
- STOP-Bang (sleep apnea)
- Pain, Enjoyment of life, General activity (PEG) *
- 2- Item Chronic Pain Scale *
- STarTBack Tool *
- Functional Recovery Questionnaire

People are asked to indicate the degree to which they have the above thoughts and feelings when they are experiencing pain using the 0 (not at all) to 4 (all the time) scale. A total score is yielded (ranging from 0-52), along with three subscale scores assessing rumination, magnification and helplessness.

A total PCS score of 30 represents clinically relevant level of catastrophizing. A total PCS score of 30 corresponds to the 75th percentile of the distribution of PCS scores in clinic samples of chronic pain patients (Sullivan MJL, Bishop SR, Pivik J. The Pain Catastrophizing Scale: Development and Validation. Psychol Assess, 1995; 7(4): 524-32)

Pain Catastrophizing Scale (PCS)

0 – not at all **1** – to a slight degree **2** – to a moderate degree **3** – to a great degree **4** – all the time

When I'm in pain …

1. ☐ I worry all the time about whether the pain will end.
2. ☐ I feel I can't go on.
3. ☐ It's terrible and I think it's never going to get any better.
4. ☐ It's awful and I feel that it overwhelms me.
5. ☐ I feel I can't stand it anymore.
6. ☐ I become afraid that the pain will get worse.
7. ☐ I keep thinking of other painful events.
8. ☐ I anxiously want the pain to go away.
9. ☐ I can't seem to keep it out of my mind.
10. ☐ I keep thinking about how much it hurts.
11. ☐ I keep thinking about how badly I want the pain to stop.
12. ☐ There's nothing I can do to reduce the intensity of the pain.
13. ☐ I wonder whether something serious may happen.

_____

…Total

Patient Health Questionnaire (PHQ-4)- tool to help you identify individuals who are at risk of misusing opioids and benzodiazepines due to mental health issues.

Over the last 2 weeks, how often have you been bothered by the following problems? *(Use "✓" to indicate your answer)*

Not at All day	Several Days	More than half the days	Nearly every
0	1	2	3

1. Feeling nervous, anxious or on edge	0 1 2 3
2. Not being able to stop or control worrying	0 1 2 3
3. Little interest or pleasure in doing things	0 1 2 3
4. Feeling down, depressed, or hopeless	0 1 2 3

(*For office coding: Total Score T*_____ = _____ + _____ + _____)

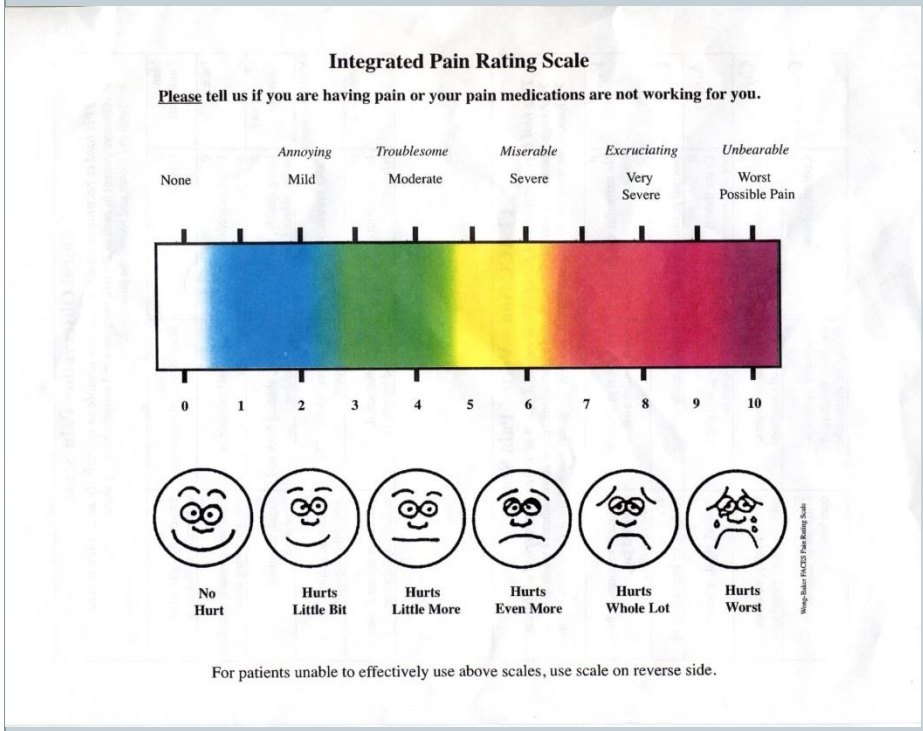
Total score is determined by adding together the scores of each of the 4 items. Scores are rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9-12). Total score ≥3 for first 2 questions suggests anxiety. Total score ≥3 for last 2 questions suggests depression. Reprinted with permission from Kroenke K, Spitzer RL, Williams JB, Löwe B. An ultra-brief screening scale for anxiety and depression: the PHQ-4. Psychosomatics. 2009;50(6):613-21. From Principles of Neuropathic Pain Assessment and Management, November 2011.

PC- PTSD

- In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:
- Have had nightmares about it or thought about it when you did not want to? YES / NO
- Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? YES / NO
- Were constantly on guard, watchful, or easily startled? YES / NO
- Felt numb or detached from others, activities, or your surroundings? YES / NO

Current research suggests that the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any three items.

For chronic pain we are often focusing on the wrong thing…
pain rating and identifying a pain generator



Integrated Pain Rating Scale

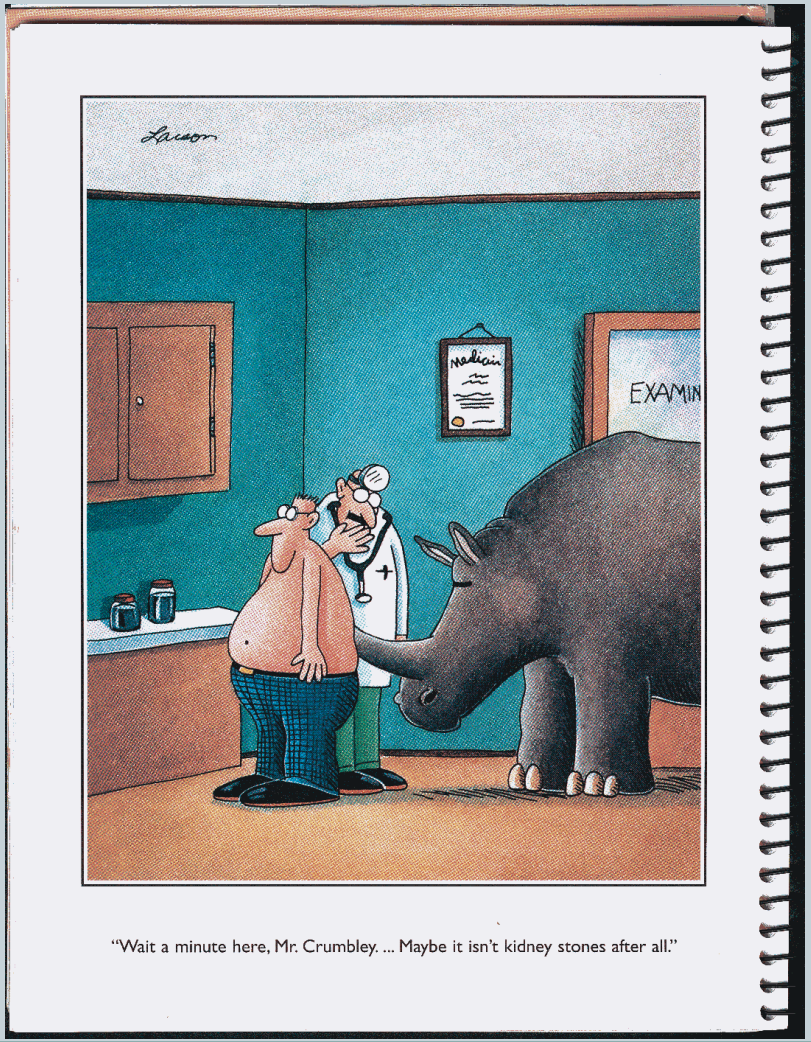
Please tell us if you are having pain or your pain medications are not working for you.

None	*Annoying* Mild	*Troublesome* Moderate	*Miserable* Severe	*Excruciating* Very Severe	*Unbearable* Worst Possible Pain

0 1 2 3 4 5 6 7 8 9 10

No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst

For patients unable to effectively use above scales, use scale on reverse side.

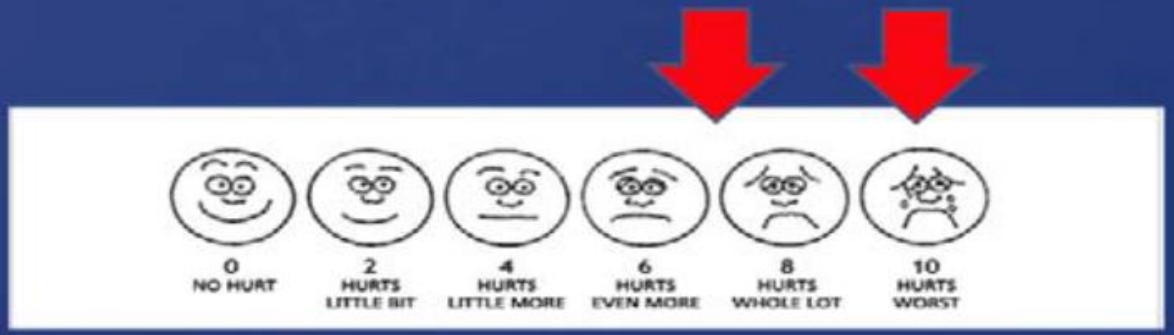


"Wait a minute here, Mr. Crumbley. ... Maybe it isn't kidney stones after all."

Expectation (75%) vs Reality (30%)

Patient Expectation

Medical Reality



(Courtesy of Dr. Coelho)

PEG Measure of function– validated 3 item tool to assess pain intensity, interference with enjoyment of life and interference with general activity (Krebs, 2009)

PEG score = average the 3 questions (30% improvement is clinically meaningful)

1. What number best describes your pain on average in the past week:

0 1 2 3 4 5 6 7 8 9 10

No pain — Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

3. What number best describes how, during the past week, pain has interfered with your general activity?

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

Interagency Guidelines on Prescribing Opioids for Pain 2015 & CDC Guidelines 2016

Three Key Shifts in Perspective to Effectively Self-Manage Chronic Pain

1. Accept the diagnosis of chronic pain (ACT)

2. Understand the mind/body connection with regard to pain symptoms (mindfulness)

3. Change to an active orientation regarding self-management (CBT and movement)

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

Tackling Musculoskeletal Problems: A Guide for Clinic and Workplace, 2009

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

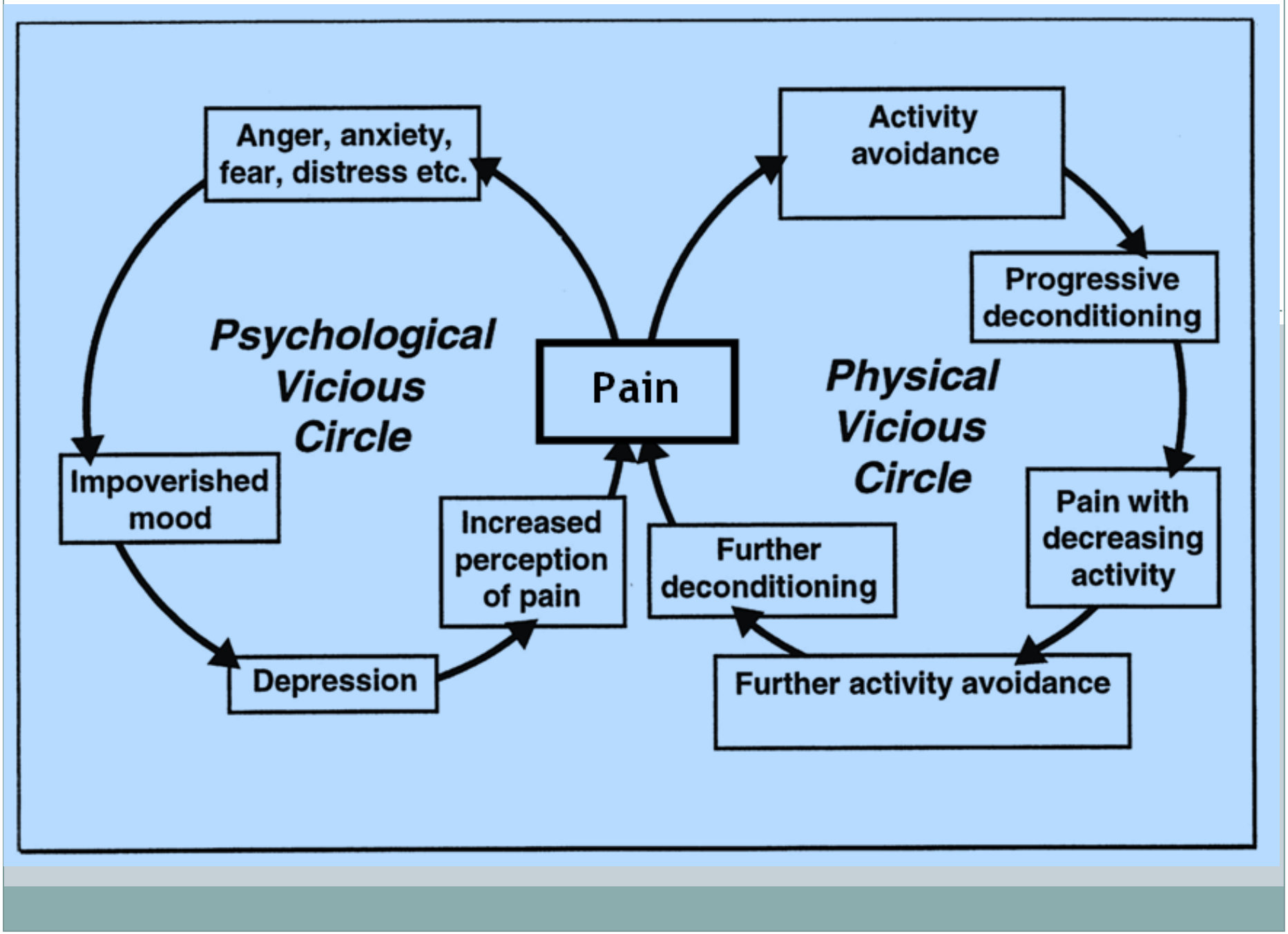
Standard recovery curve for musculoskeletal problems

The first part of the curve is quite steep, illustrating that many people recover or return to work within days or weeks. But, as time passes, the recovery curve flattens showing the mounting effect of obstacles – people then find it increasingly difficult to recover and get back to work.

Improved recovery curve

Effectively identifying Flags and tackling the obstacles will squash the curve. The effect will be increased recovery rates, leading to reduced sickness absence and less long-term disability.

Initial (0-2 weeks) **Early (2-12 weeks)** **Persistent (>12 weeks)**


Anger, anxiety, fear, distress etc.
Activity avoidance
Progressive deconditioning
Psychological Vicious Circle
Pain
Physical Vicious Circle
Impoverished mood
Increased perception of pain
Further deconditioning
Pain with decreasing activity
Depression
Further activity avoidance

Stages in the Development of Disability

Premorbid Stage	Crisis build-up	Demanding work, job dissatisfaction, situational stress, poor general coping skills, social model for disability
Stage 1	The accident	Relationships among the nature of the accident, the severity of the injury, & the claimed inability to work are often weak.
Stage 2	Medical intervention	Following recovery from the injury, pt fails to return to normal social roles & productivity. Repeated medical interventions may be performed, leading to possible iatrogenic complications, chronicity, & learned pain behavior
Stage 3	Stabilization of chronicity	Confusion, anger & hostility; increasing dependency & idleness; economic preoccupation & difficulty; decline in competence for gainful employment.
Stage 4	Legal intervention	Lack of systematized documentation to support proof of disability & the adversary system further foster attitudes of passivity, exaggerated illness behavior, & possibly malingering.
Stage 5	Learned helplessness	Sick role solidifies; loss of hope for health recovery; generalized incompetent coping, frequently irreversible.

Brena SF, Chapman, SL. Pain and litigation. In Wall PD, Melzack R, eds. Textbook of Pain. Edinburgh: Churchill Livingstone; 1989

Self-Management Tools

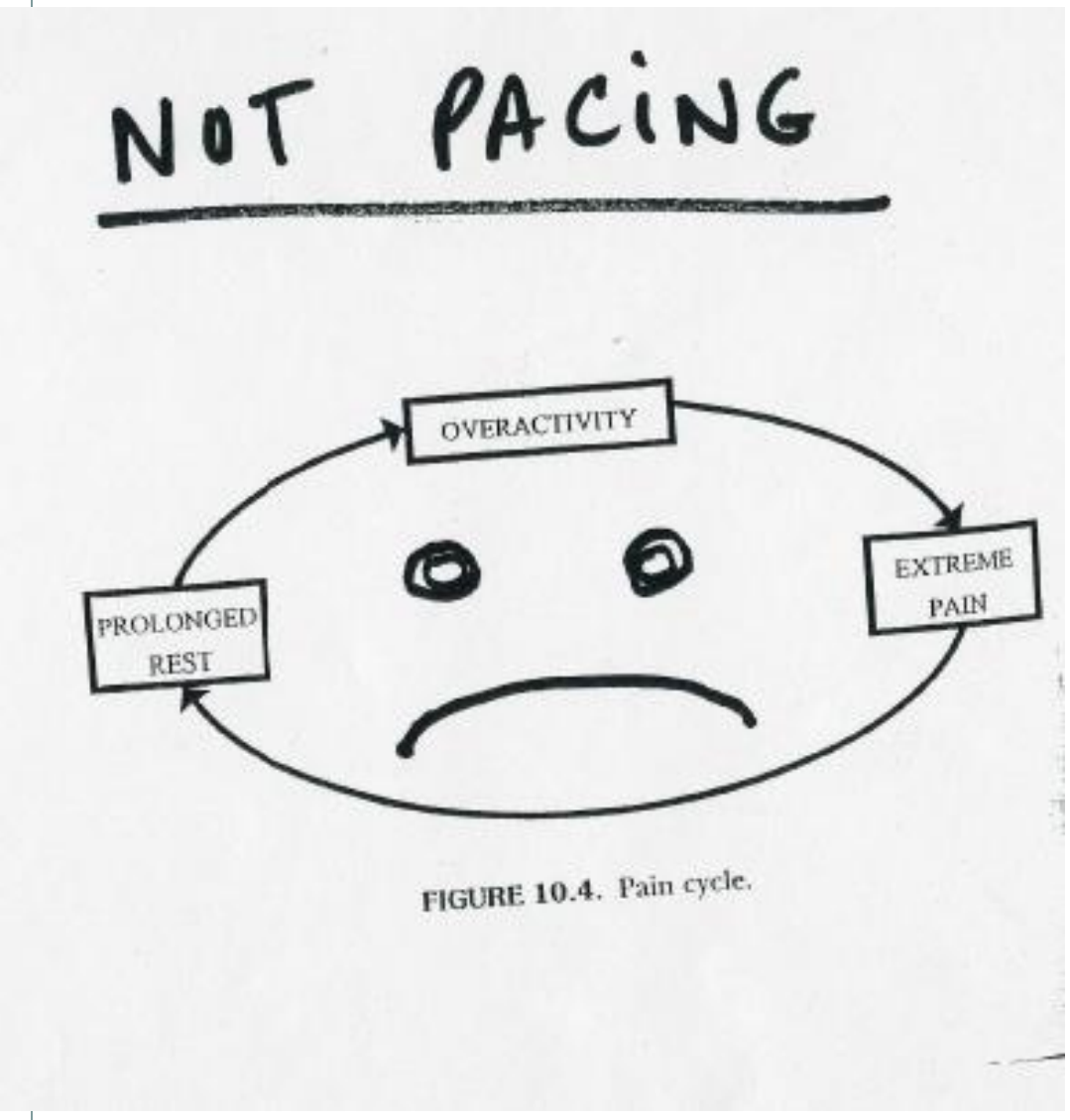
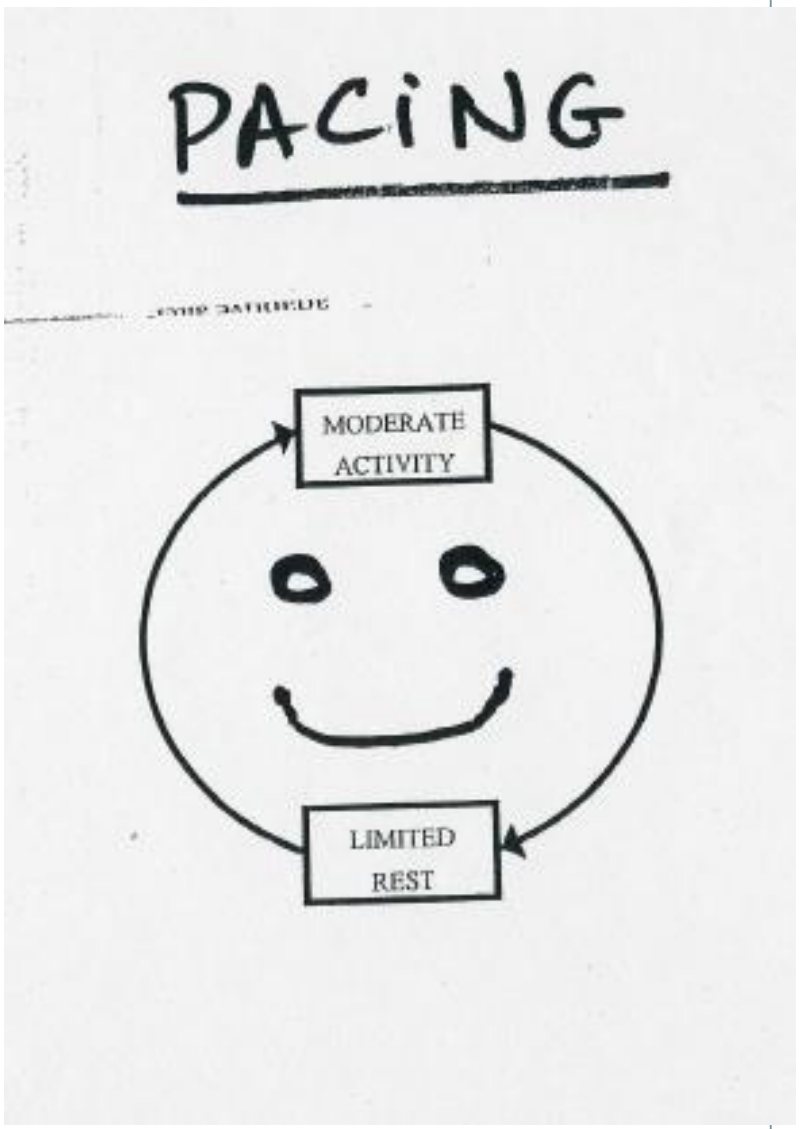
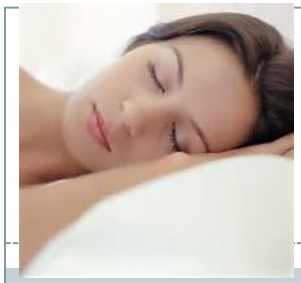


FIGURE 10.4. Pain cycle.



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)

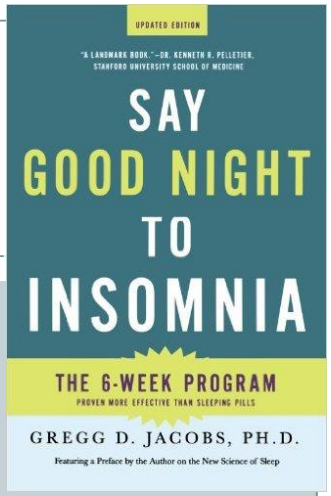


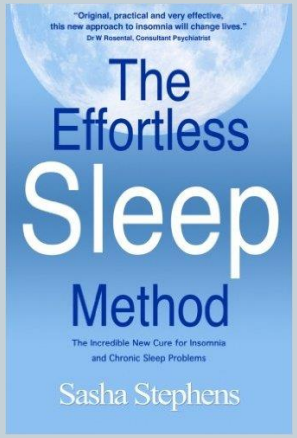
Sleep Hygiene

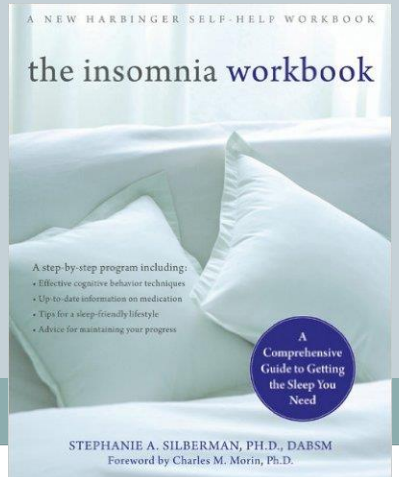
Sleep Tips from the National Sleep Foundation

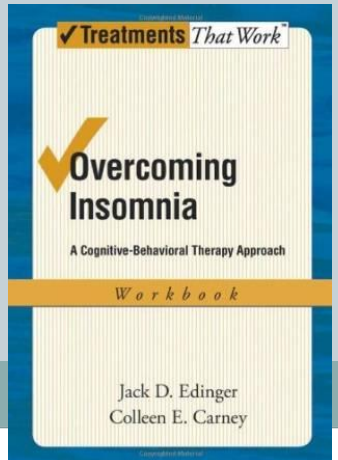
1. Maintain a regular bed and wake time schedule, including weekends
1. Establish a regular, relaxing bedtime routine
2. Workout regularly (stop exercise 3 hours before bed)
3. No electronics in bedroom - TV, phones
4. No exposure to TV or computers 2 hours prior to bedtime
5. Use bedroom only for sleep and partner time
6. Finish eating at least 2-3 hours before bed
7. Refrain from taking naps (not more than 20')
8. Avoid caffeine afternoon
9. Avoid alcohol close to bedtime

Resource: CBT-i Coach



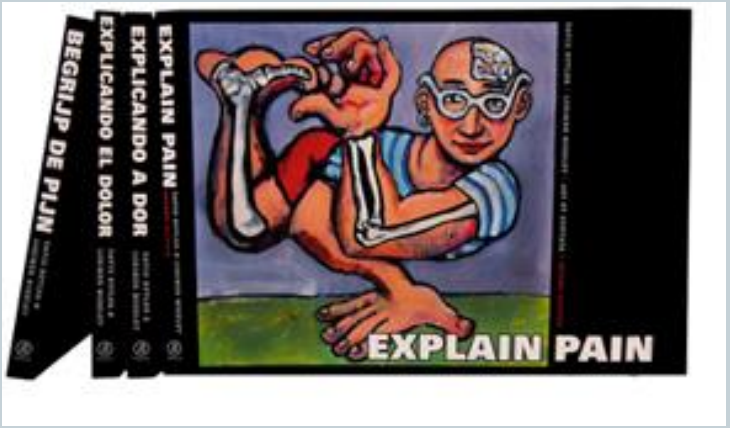


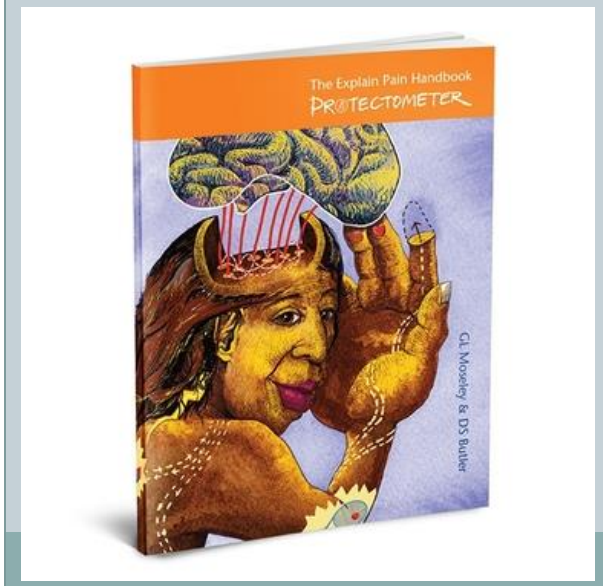


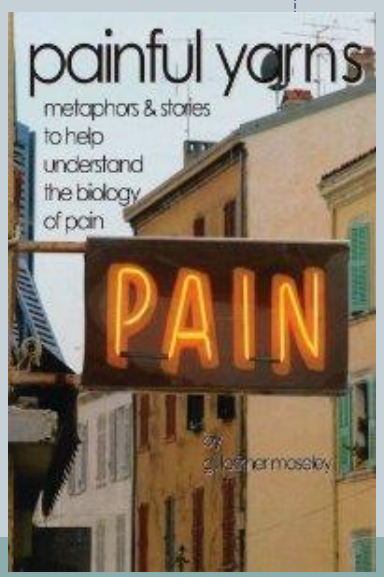


Explain Pain

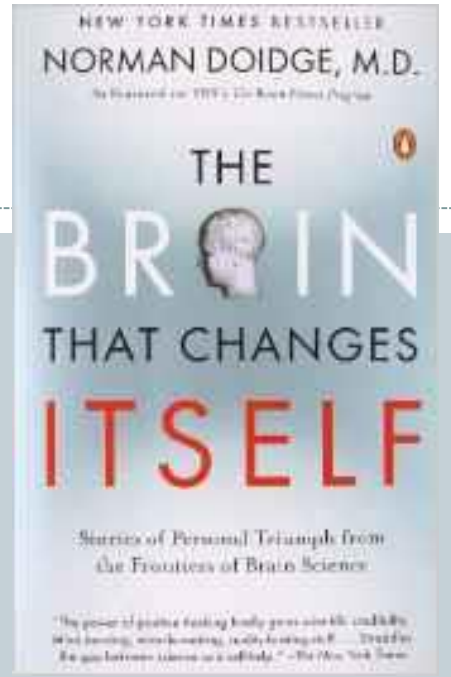
David Butler & Lorimer Moseley, Ph.D. (2003)





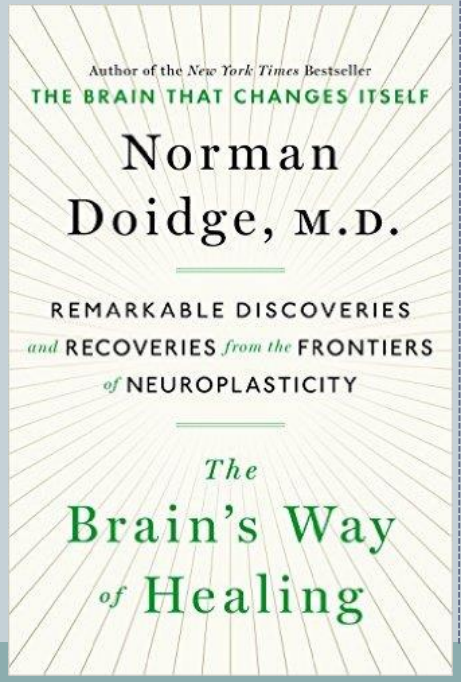


- Explain Pain by David Butler and Dr. Lorimer Moseley is an evidence based book designed for therapists, patients and students. It answers the most common questions asked by pain sufferers: 'why do I hurt?' and 'what can I do for my pain?' Written in simple language that anyone can understand, it encourages patients to move better and research shows that they will have less pain once they have understood its underlying causes.



The Brain That Changes Itself

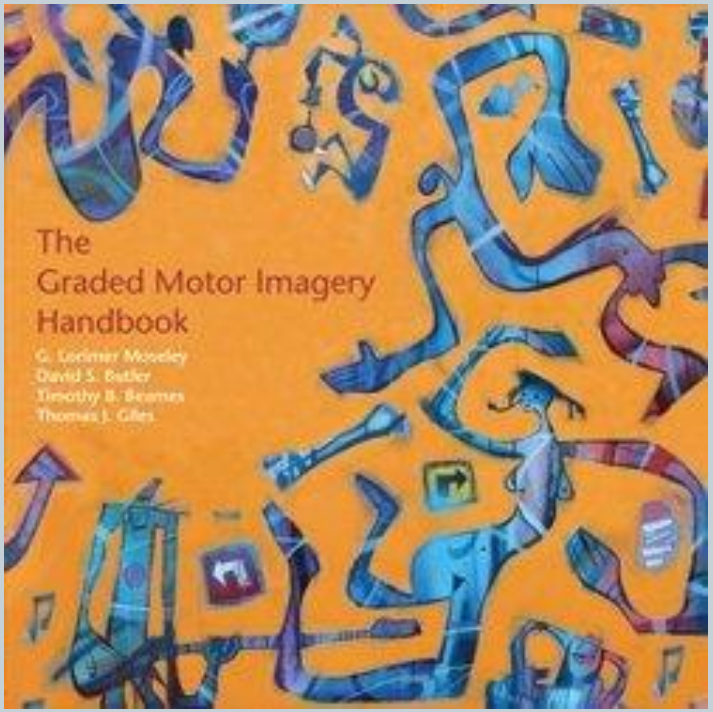
Norman Doidge, MD (2007)



- An astonishing new science called "neuroplasticity" is overthrowing the centuries-old notion that the human brain is immutable. In this revolutionary look at the brain, psychiatrist and psychoanalyst Norman Doidge, M.D., provides an introduction to both the brilliant scientists championing neuroplasticity and the people whose lives they've transformed. From stroke patients learning to speak again to the remarkable case of a woman born with half a brain that rewired itself to work as a whole, *The Brain That Changes Itself* will permanently alter the way we look at our brains, human nature, and human potential.
- "The neurons that fire together, wire together."

The Graded Motor Imagery Handbook for CRPS

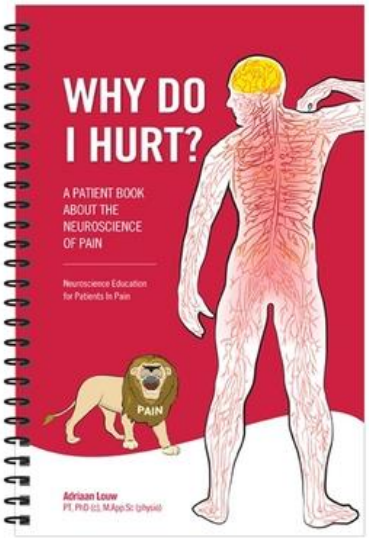
Moseley, Butler, Beames, Giles (2012)

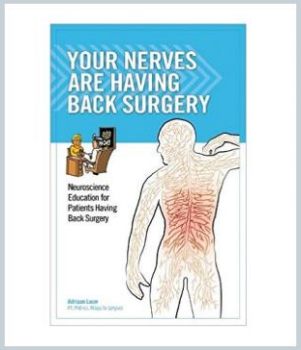


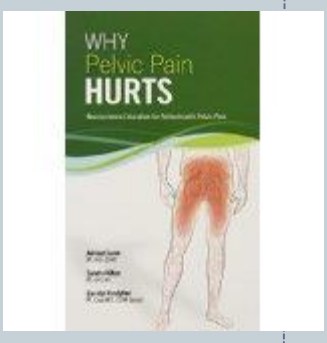
Designed for both clinicians and pain sufferers, The Graded Motor Imagery (GMI) Handbook offers a novel three-stage synaptic exercise process for neuropathic pain using left/right discrimination, imagined movements and mirror therapy to explore the representation of body parts in our brains and how these may be affected by injury.

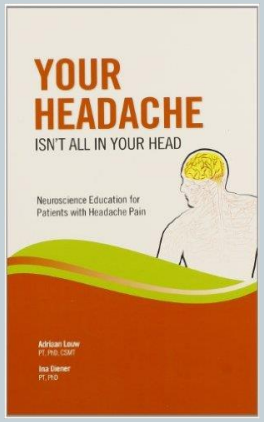
Why Do I Hurt?

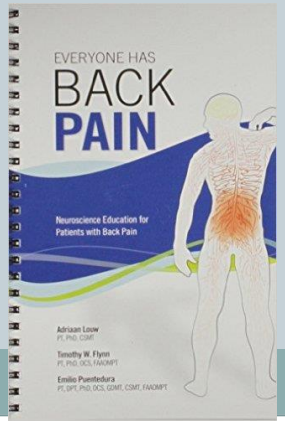
Adriaan Louw, PT, Ph.D., M.App.Sc (2013)

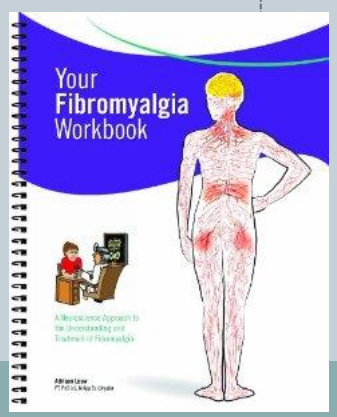












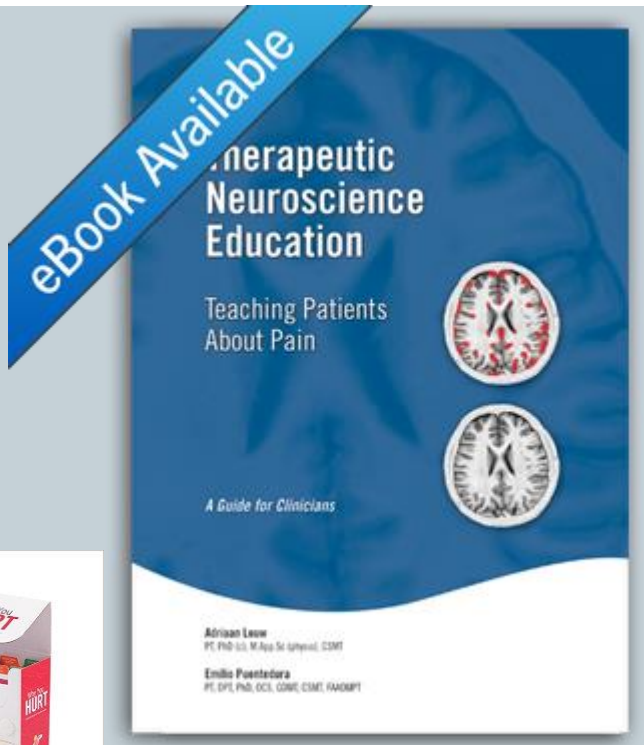
- "Pain is normal – living in pain is not. Chronic pain is commonly due to an extra-sensitive nervous system and how the brain processes information from the nerves. Understanding more about the neuroscience of pain has been shown to allow patients to hurt less, exercise more and regain control of their lives. "Why Do I Hurt?" teaches patients the science of pain in approachable language with metaphors, examples and images"

The Effect of Neuroscience Education on Pain, Disability, Anxiety, and Stress in Chronic Musculoskeletal Pain

Adriaan Louw, PT, MAppSc, Ina Diener, PT, PhD, David S. Butler, PT, EdD, Emilio J. Puentedura, PT, DPT

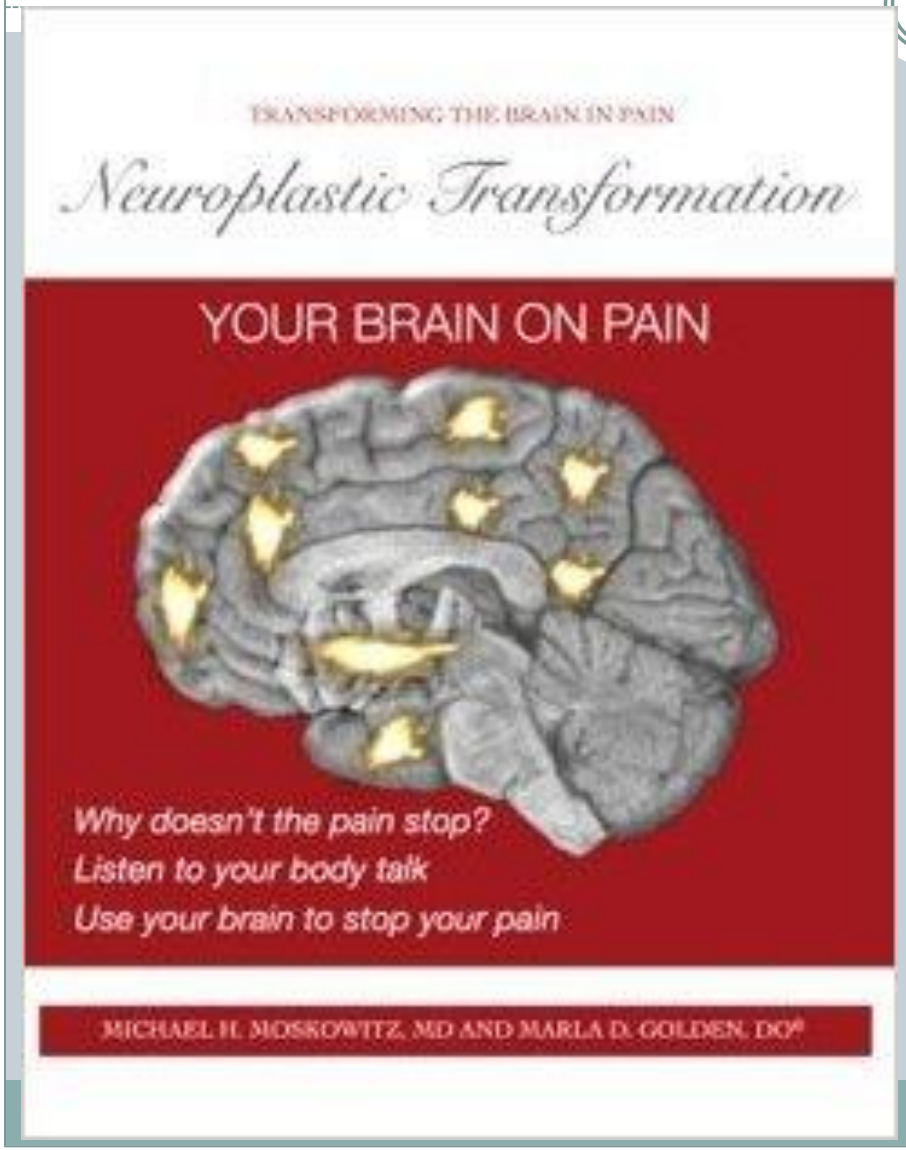
Arch Phys Med Rehabil Vol 92, December 2011

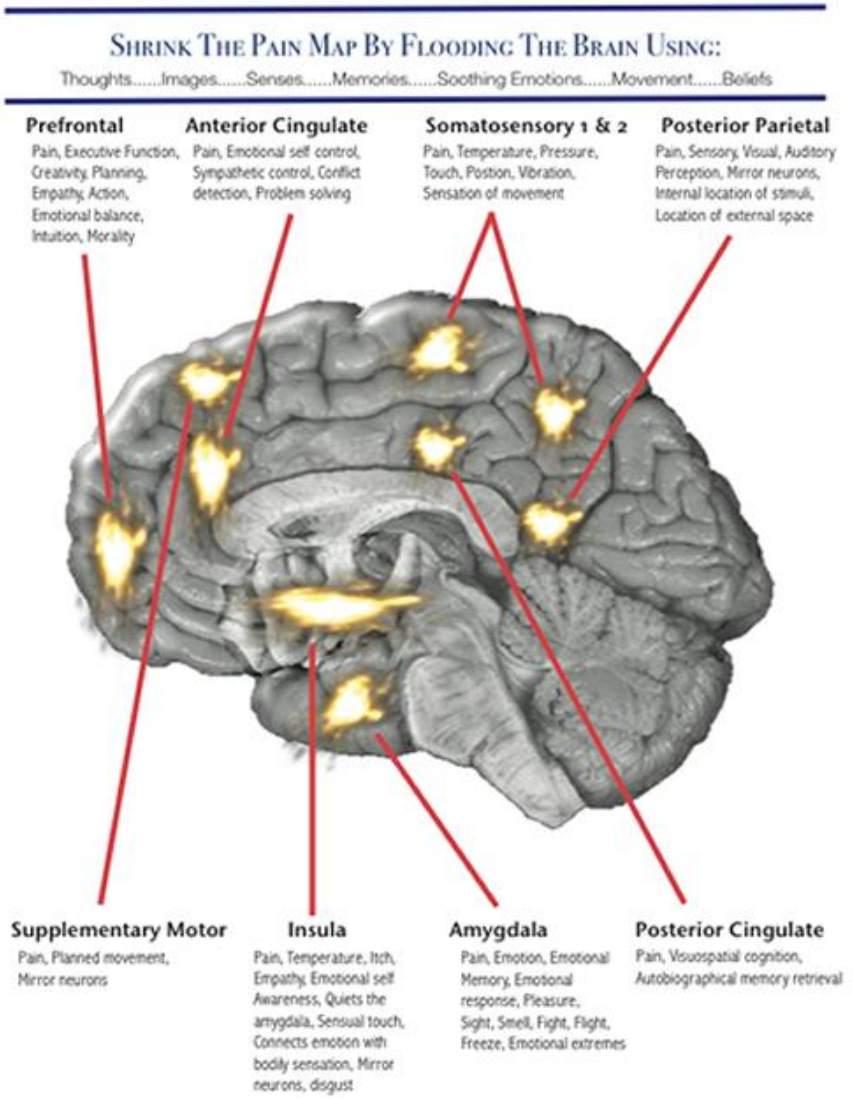
CONCLUSIONS: FOR CHRONIC MSK PAIN DISORDERS, THERE IS COMPELLING EVIDENCE THAT AN EDUCATIONAL STRATEGY ADDRESSING NEUROPHYSIOLOGY AND NEUROBIOLOGY OF PAIN CAN HAVE A POSITIVE EFFECT ON PAIN, DISABILITY, CATASTROPHIZING, AND PHYSICAL PERFORMANCE.



Neuroplastic Transformation (Moskowitz & Golden, 2013)

http://www.neuroplastix.com/

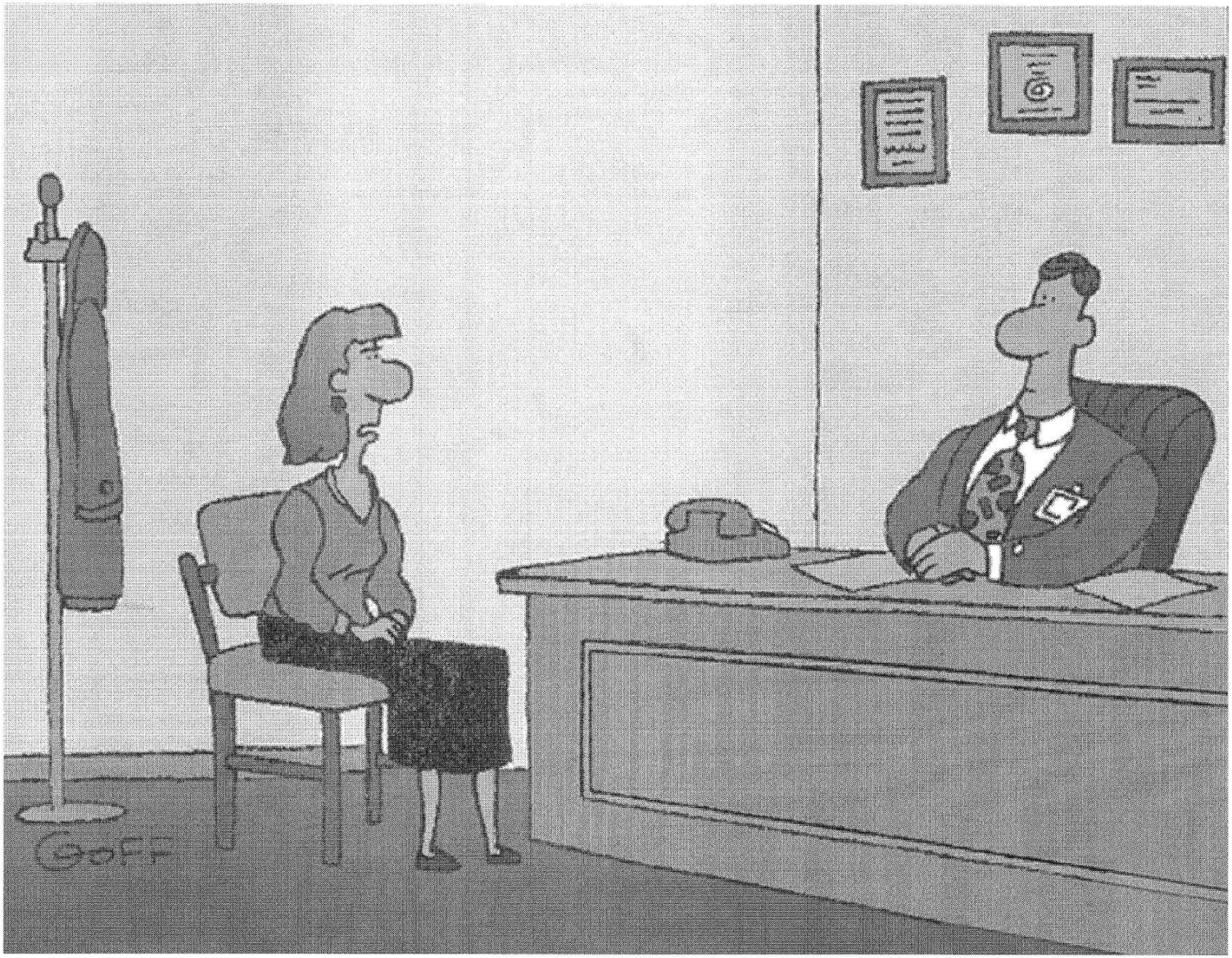




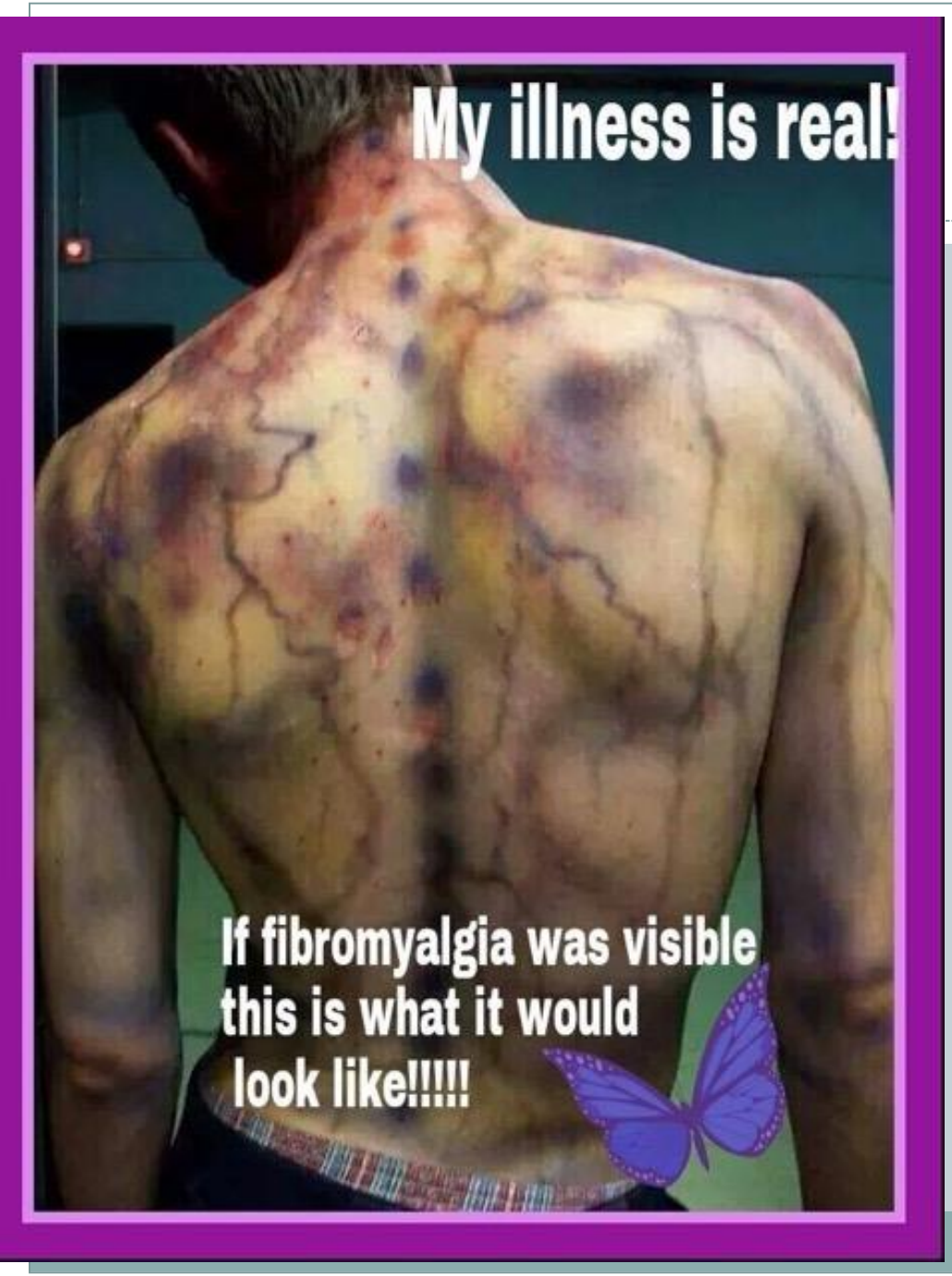
Shrink the Pain Map by Flooding the Brain Using Positive:

- Beliefs and Thoughts
- Images
- Smell (peppermint blocks release of Substance P)
- Touch
- Sound (Brain Music – low frequency sounds)
- Memories
- Soothing Emotions (serenity, relaxation, empathy, attunement, gratitude, happiness, and love)
- Movement (connects brain and body)
- Pleasure (citrus oils evoke pleasure circuits)

From Neuroplastic Transformation, Moskowitz and Golden, 2013



"I hope you're not going to be like the twenty incompetent doctors who couldn't find anything wrong with me."



Fibromyalgia A Clinical Review

Clauw, D.J. JAMA, April 16, 2014, Vol 311, No 15

- Reviewed FM literature from 1955-2014
- FM is a constellation of symptoms characterized by central nervous system pain amplification with concomitant fatigue, memory problems and sleep and mood disturbances.
- Evidence based tx for FM: education, exercise, CBT, tricyclics, SNRIs, and gabapentinoids

Central Sensitization

- Centralization implies that peripheral nociceptive input might be responsible for some of a patient's pain but central nervous system factors likely amplify the pain. Volume control is set by levels of neurotransmitters. Clauw, D.J. JAMA, April 16, 2014, Vol 311, No 15

- Central factors may result in:
  - fatigue
  - memory problems
  - sleep and mood disturbances
  - probably because the same neurotransmitters that control pain and sensory sensitivity also control sleep, mood, memory and alertness (Phillips, Clauw. Arthritis Rheum. 2013;65(2):291-302).

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 Happens When Stress Continues

- Depression
- Mood swings
- Cell death in the hippocampus
- Memory changes
- Poor tissue healing
- Weight gain
- Altered immunity

(From Explain Pain, 2003)

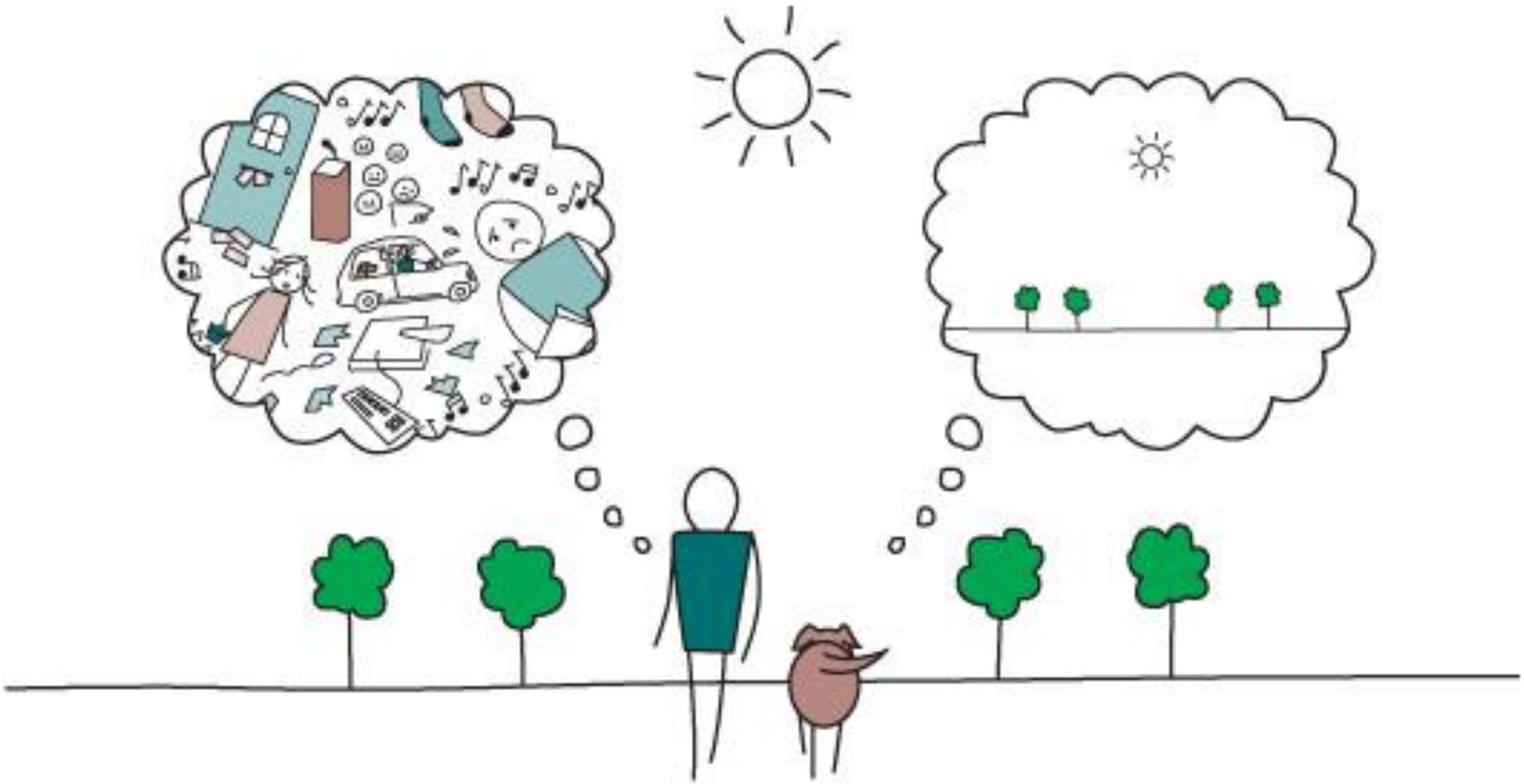
PTSD and Chronic Pain

- Prevalence of PTSD is substantially elevated in pts with chronic pain (15-35%) compared to those who do not have chronic pain (2%) (Asmundson, Bonin, Frombach, & Norton, 2000)
- For those with history of abuse, having chronic pain can feel like being abused again. Anxiety, vulnerability, lack of control, and not being believed can magnify pain emotionally and physically (Caudill, MA., 2002)
- The pain may serve as a reminder of the traumatic event, which will tend to exacerbate the PTSD (DeCarvalho, L. T.)
- Important to treat the PTSD and the pain

Factors That Improve our Immune System

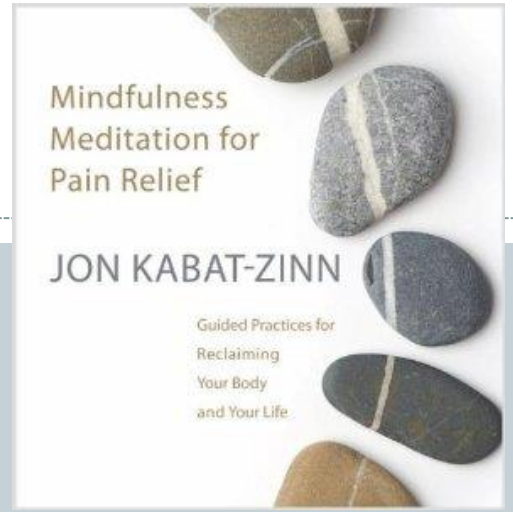
- An ability to develop coping skills
- The perception of the stressor
- Health perceptions
- Social interactions
- Medical support system
- Belief systems
- Exercise
- Humor
- Intimacy
- Diet

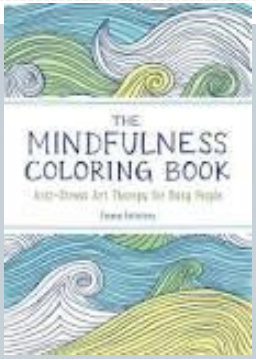
"People don't hurt if they have something better to do." W. Fordyce, Ph.D.

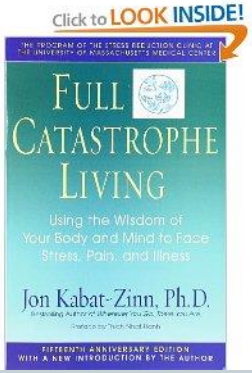


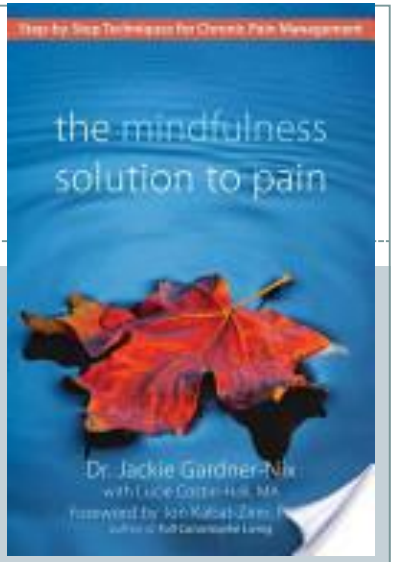
Mind Full, or Mindful?

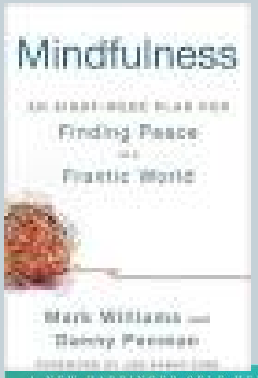
Mindfulness



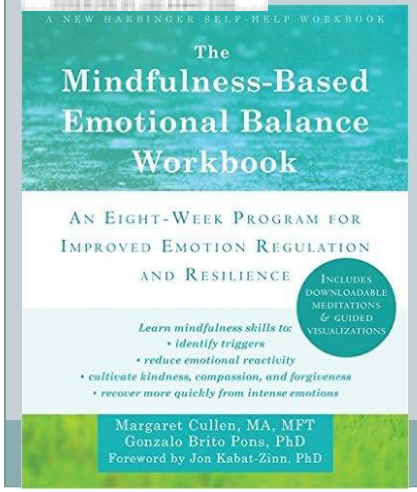


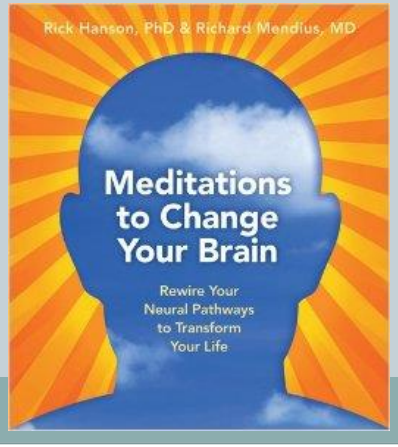


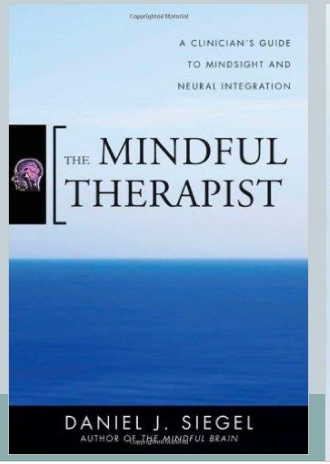


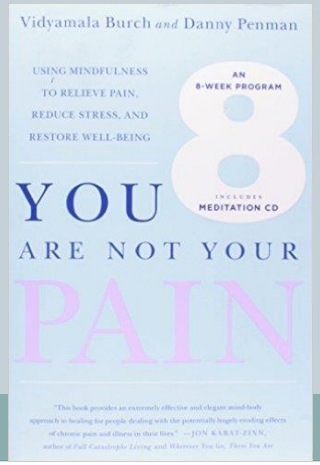


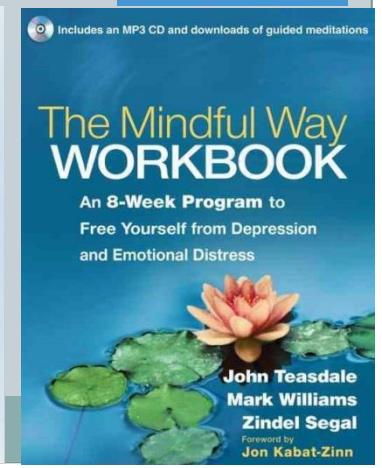
Mindfulness means paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally.
Jon Kabat-Zinn











Mindfulness-based Stress Reduction

Jon Kabat-Zinn, 1979

Effect of Mindfulness-Based Stress Reduction vs Cognitive Behavioral Therapy or Usual Care on Back Pain and Functional Limitations in Adults With Chronic Low Back Pain A Randomized Clinical Trial

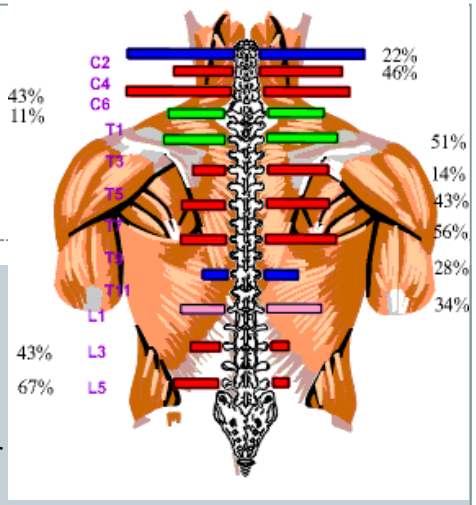
Daniel C. Cherkin; PhD, Karen J. Sherman; PhD, Benjamin H. Balderson, PhD; Andrea J. Cook; PhD, Melissa L. Anderson; MS, Rene J. Hawkes; BS[1]; Kelly E. Hansen, BS; Judith A. Turner, PhD

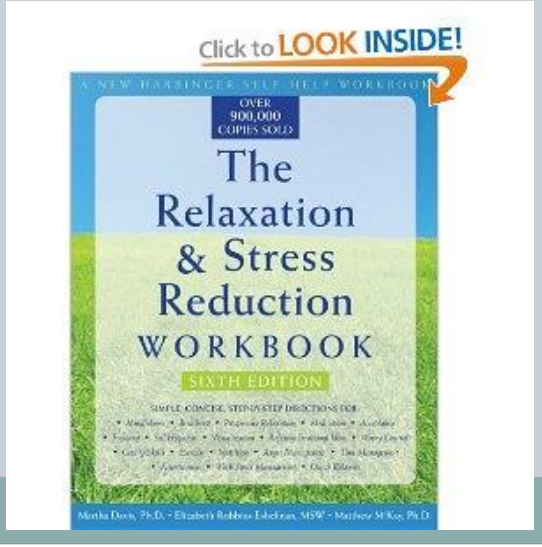
JAMA. 2016;315(12):1240-1249. doi:10.1001/jama.2016.2323.

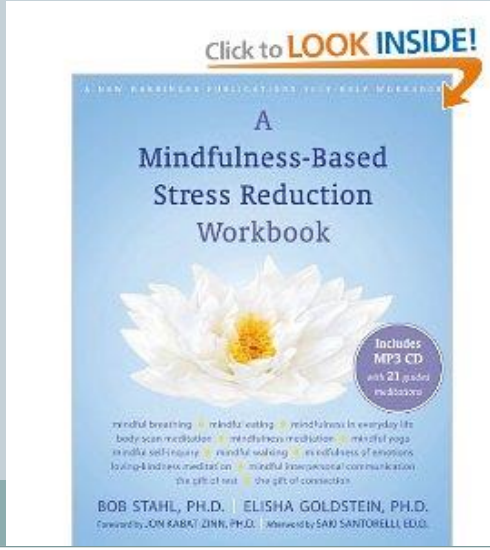
- MBSR involves combination of meditation, body awareness and yoga
- Focuses on increasing awareness and acceptance of one's experiences
- Conclusion: people with LBP who did 8 x 2 hour sessions of group showed greater improvements in function compared to CBT alone

Biofeedback

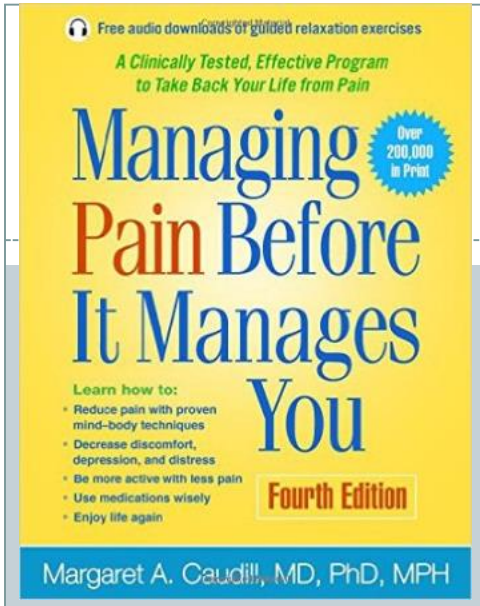
- Diaphragmatic breathing
- Stress management through relaxation
- Muscle tension reduction
- Heart rate variability
- I phone apps:
  - Breathe2Relax
  - Breath Pacer

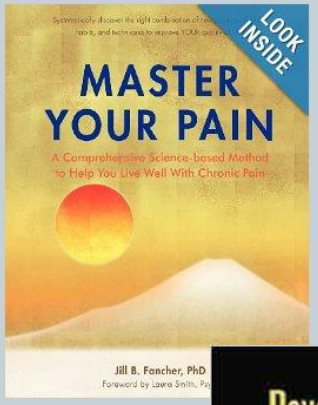


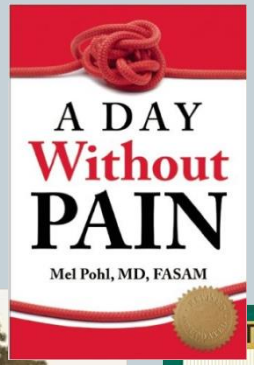


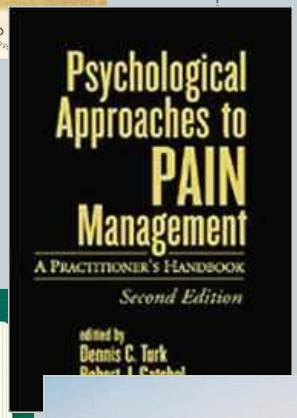


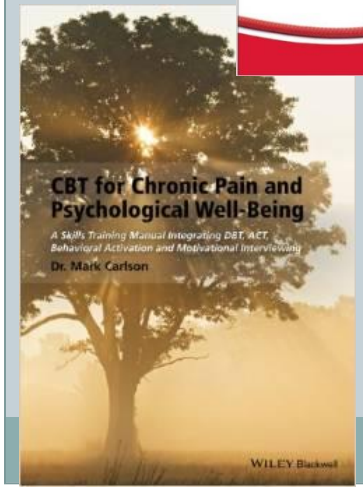
Cognitive Behavioral Therapy

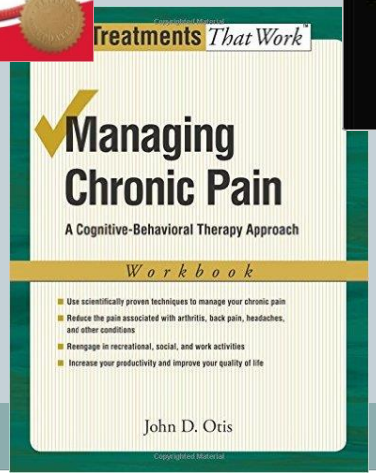


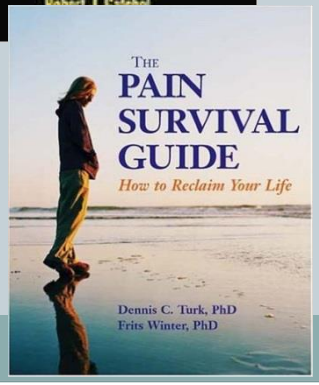












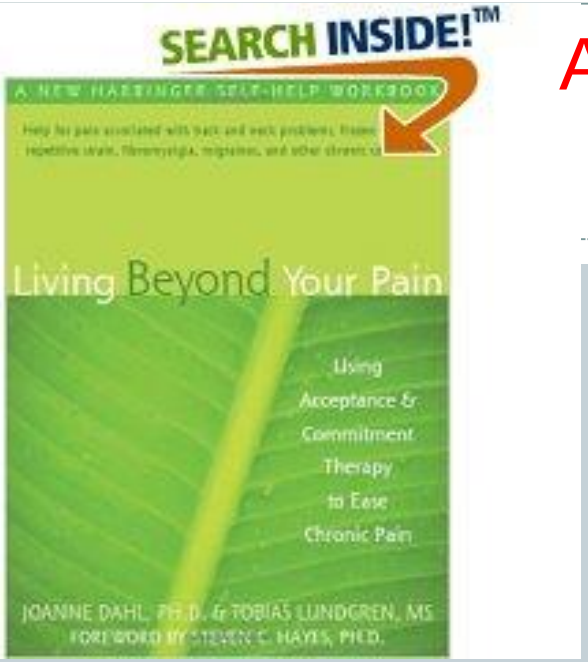
- "CBT is based on the premise that perceptions and observable displays of pain are influenced by complex interactions between environmental events and individuals' emotional, physiological, behavioral, and cognitive responses. Effective interventions for chronic pain must address the emotional, cognitive,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

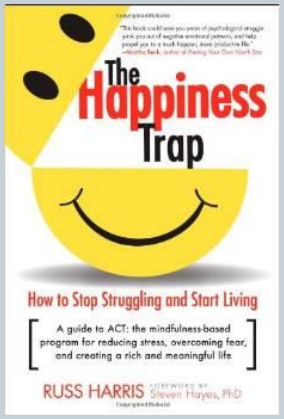
Common Cognitive Distortions to Address in Therapy

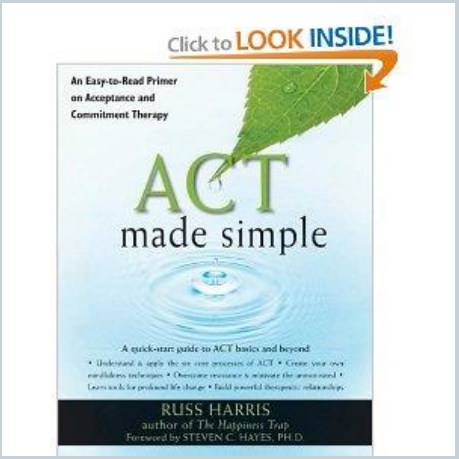
Catastrophizing	Magnifying the negative and anticipating the worst case scenario for events and experiences. "If my pain continues like this I'll end up in a wheelchair."
Selective Abstraction (Black and White thinking)	Attending to negative aspects of experiences and disqualifying the positive aspects. "If I can't keep up with my friends when we shop, then there is not pain in going with them."
"Should" statements	Expectations (often unrealistic) about what one should or must be able to accomplish. "I should be able to clean the house like I did before."
Overgeneralizing	Assuming that the outcome of one event inevitably applies to other or future events. "My pain always ruins my plans." "I'll never have a normal life again."

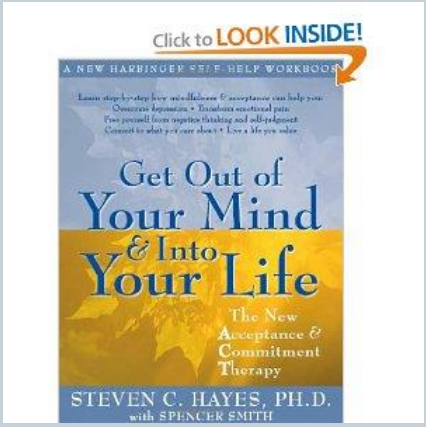
Acceptance & Commitment Therapy

Steven Hayes, 1994







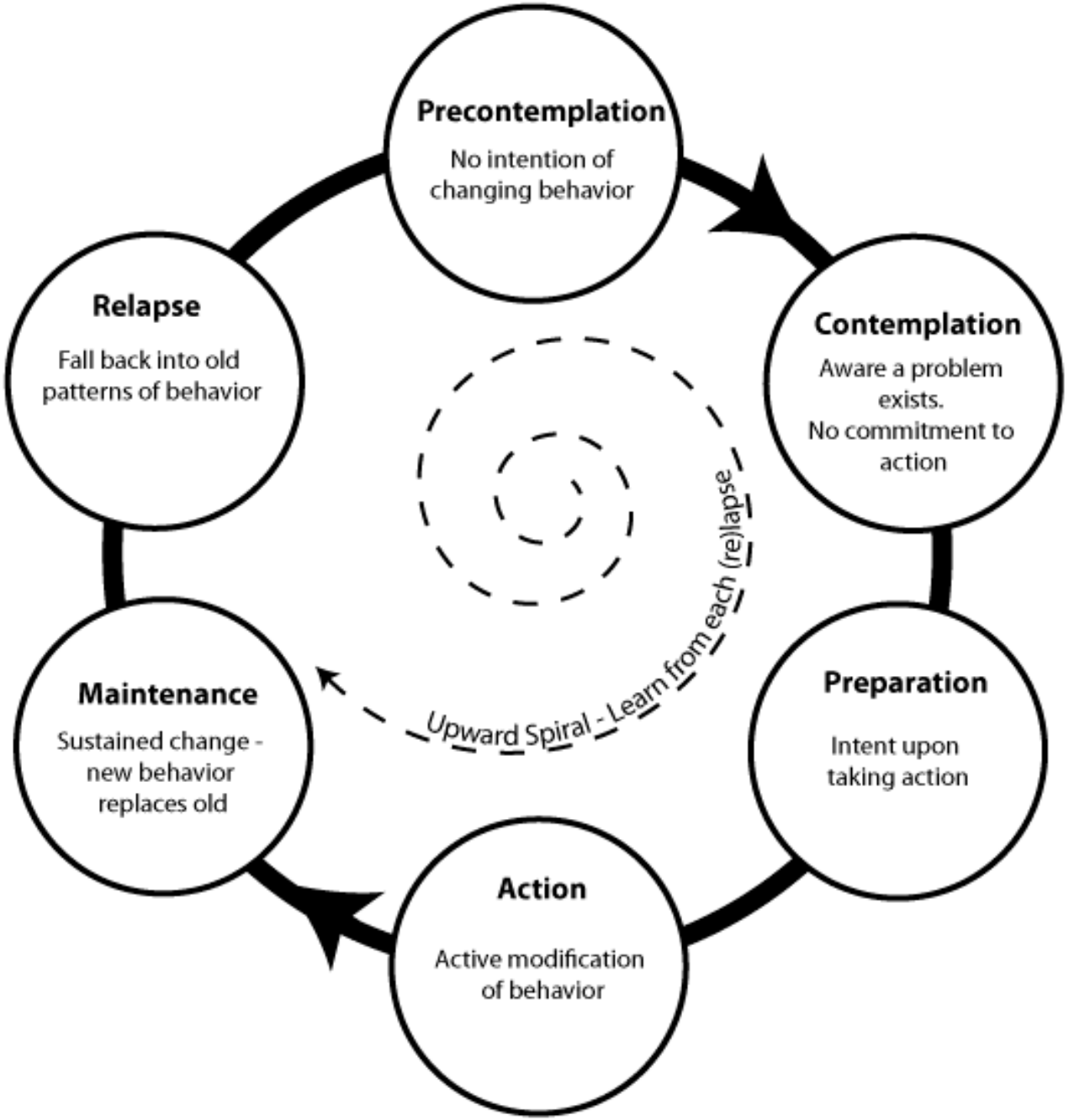


Goal of ACT is to help you live a rich, full, and meaningful life while effectively handling the pain that inevitably comes your way.

STAGES OF CHANGE

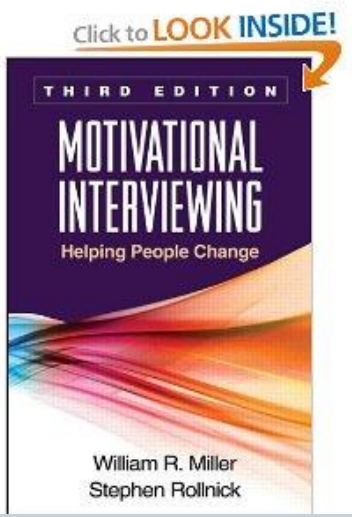
Prochaska and DiClemente

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.

- Empower the patient by giving them options:

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

- Use Reflection and validation:

"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…"

When to Refer to more Comprehensive Services

- Depression, anxiety, PTSD
- Social, interpersonal and intimate activities limited by the fear of pain
- Multiple and varied treatments have not been satisfactory to the patient
- Patient views their role in treatment as passive and put their lives on hold until the providers fix the pain
- Escalation of medications without increase in function
- When downtime exceeds uptime
- Self-appraisals and beliefs that they are unable or helpless to resume a modified normal life because of the pain

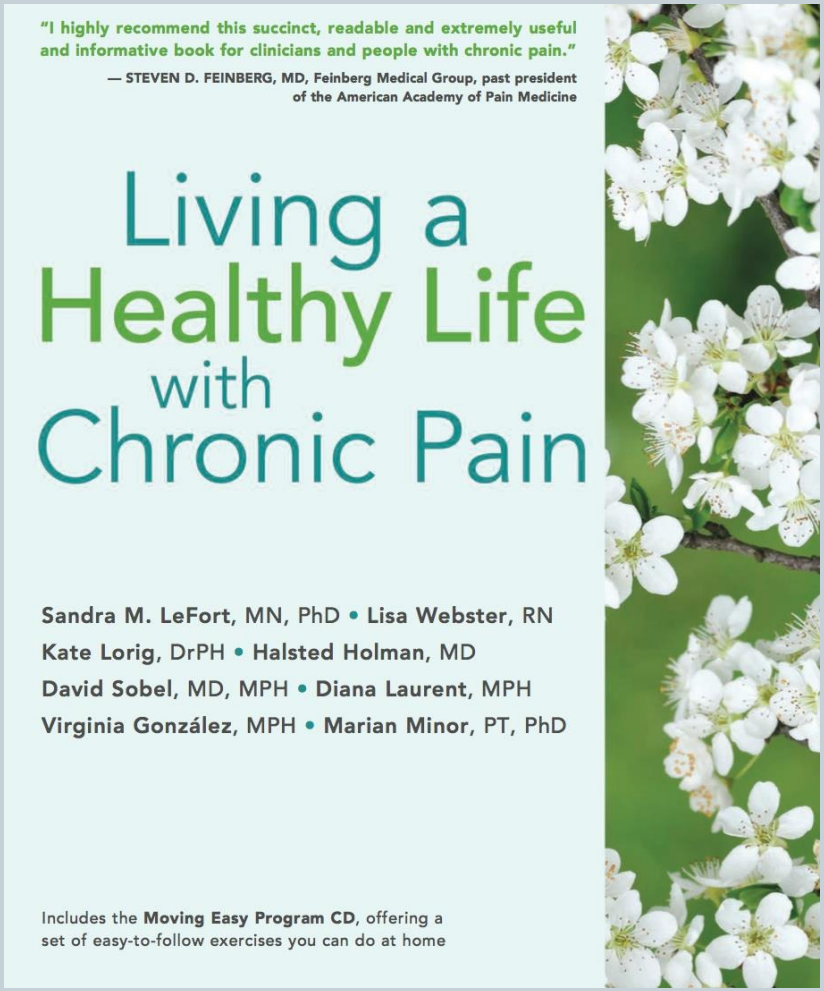
This is what you can say when trying to help the patient understand why you are sending them to other disciplines…

- 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

New Free 6 week Classes on Living Well with Chronic Pain

www.healthoregon.org/livingwell Lane County

Call 541-682-4103 to register



- Learn how to manage stress
- Improve the ability to relax
- Fight fatigue and frustration
- Eat better
- Exercise safely
- Control pain and improve activity
- Improve communication with your healthcare provider and family
- Solve problems and get the support you need

Contact Information

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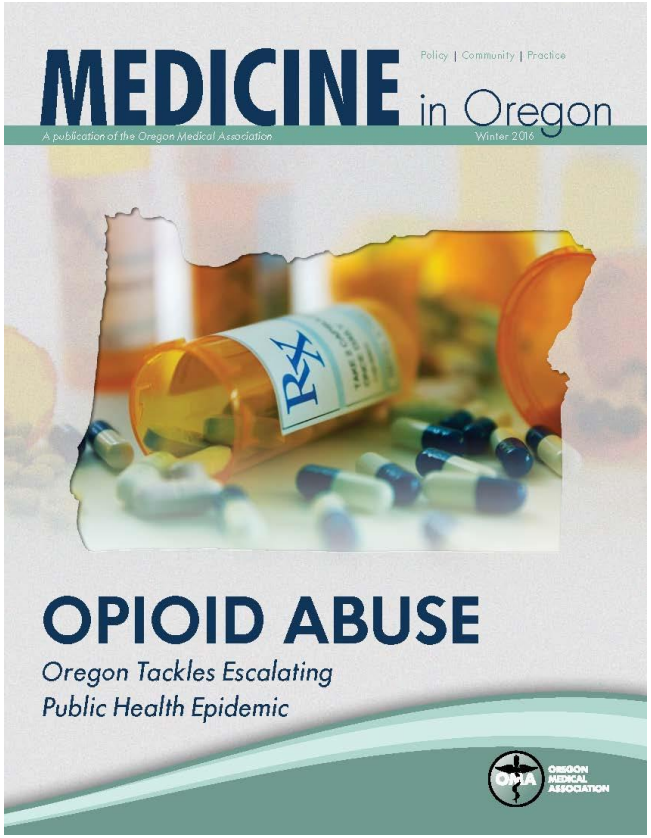
mark@painadvisors.com

Catriona Buist, Psy.D.

Comprehensive Pain Center at OHSU

503-494-4907
buistc@ohsu.edu

RESOURCES



OMA OREGON MEDICAL ASSOCIATION

* NEW LOCATION *

You're invited to Oregon Medical Association's

Annual Meeting

OPIOID EPIDEMIC: The State of the State

Saturday, April 23 • 7:30 am – 4:30 pm

7:30 am Breakfast/Registration • 8:00 am Members Only Forum • 8:30 am General Session/Keynote Address
With networking and happy hour immediately following the event

Embassy Suites • Washington Square
9000 SW Washington Square Road, Tigard, OR 97223

Target audience: Physicians, PAs, and all other health care practitioners of all specialties

In an effort to combat the opioid epidemic, prescribers need to better understand the scope of the problem, alternatives that are available, optimizing the use of the PDMP and EDIE systems, along with understanding the civil, legal and state regulatory consequences involved in prescribing decisions.

Learning objectives:

- Review the efforts to combat opioid abuse and misuse nationally, regionally, and throughout the state of Oregon to provide best practice
- Review the current status of care standards and guidelines
- Learn about alternative methods to treat chronic pain
- Provide information about the PDMP and EDIE systems and how new legislation increases its accessibility.
- Better understand the possible legal implications of the legislative initiatives, over and under prescribing

The day includes:

- Installation luncheon for the 142nd OMA President Robert Orfaly, MD, OHSU with presentation by Mark Richardson, MD, MSCB, MBA, OHSU
- Presentation of the Doctor-Citizen Award and the George E. Miller, MD Patient Safety Award

Keynote address – National Perspective of the Opiate Crisis
David O. Barbe, MD, MHA, Member, Board of Trustees, American Medical Association

Regional Perspective – Washington: What Has Worked, What Has Not, and Where are They Going
Gary Franklin, MD, MPH, Research Professor, University of Washington; Medical Director, Washington State Department of Labor and Industries

Oregon Perspective – From PDMP and EDIE to What is Happening Around the State
Sharon Meieran, MD, JD, FACEP, Emergency Physician, Kaiser NW Permanente; Dwight Holton, JD, CEO, Lines for Life

What is the Plan: Clinical Guidelines and Standards
Katrina Hedberg, MD, MPH, State Epidemiologist and State Health Officer, Oregon Health Authority; Paul Lewis, MD, MPH, Health Officer, Multnomah County Health Department

A Pain Specialist Perspective
Paul Coelho, MD, Pain Management Specialist, The Corvallis Clinic

Oregon Pain Guidance: What Has Worked in Southern Oregon
John Kolsbun, MD, Senior Medical Director, AllCare
Laura Heesacker, MSW, LCSW, Behavioral Health Innovation Specialist, Jackson Care Connect

Possible Legal Implications
Mark Bonanno, JD, MPH, General Counsel and Director of Health Policy, Oregon Medical Association; Gwen Dayton, JD, Executive Vice President and General Counsel, Oregon Health Care Association

Next Steps for Oregon: How to Move Forward as a Unified Medical Community
Faculty Panel

Oregon Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Oregon Medical Association designates this live activity for a maximum of ***5 AMA PRA Category 1 Credits™***. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This complimentary event would not be possible without the generosity of our sponsors:

CNA Insurance, The Partners Group, Ferguson Wellman, OHSU, Portland IPA, UnitedHealthcare, CareOregon, Oregon Patient Safety Commission, Pacific University, Portland Business Journal and Providence Health & Services

OMA OREGON MEDICAL ASSOCIATION

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

5TH Annual Thoughtful Approach to Chronic Pain

May 20-21, 2016

Smullin Education Center
Medford, Oregon

All health care professionals

http://www.oregonpainguidance.com/events/professional/5053/

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

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

- Eugene: Living Well with Chronic Pain 541-682-4103
- 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)
- 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)
- 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

Pain Education and Support Groups Oregon and Washington

- Eugene: Living Well with Chronic Pain 541-682-4103
- Vancouver: Progressive Rehabilitation Associates 360-828-8912
- Vancouver/Salmon Creek: Evergreen Behavioral Health - Mastering Pain 101 360-450-0140
- 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

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 mechanoreceptors

- Decreases load on lower extremities

- Strong evidence for hydrotherapy

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.

American Chronic Pain Association

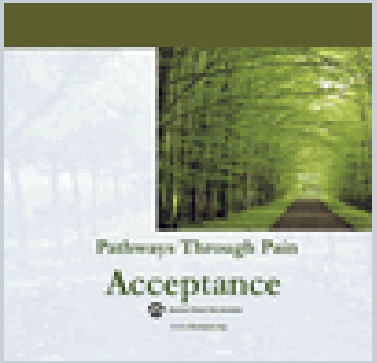
www.theacpa.org

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



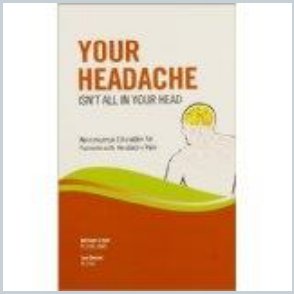
Headache Resources

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

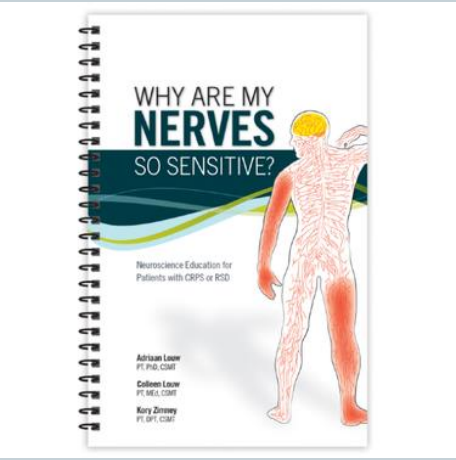
CRPS Resources

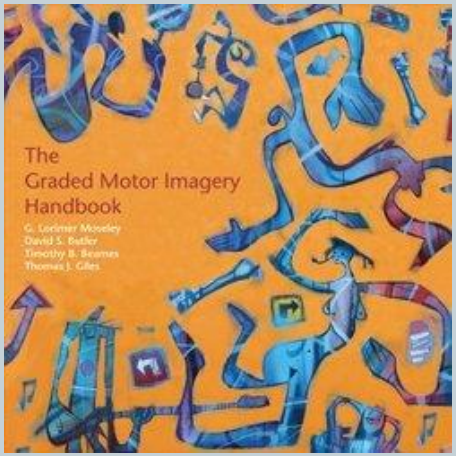
- Pain Medicine 2013; 14: 180-229 Special Article

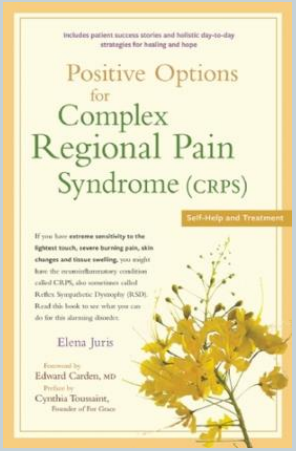
Complex Regional Pain Syndrome: Practical Diagnostic and Treatment Guidelines, 4th Edition.

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

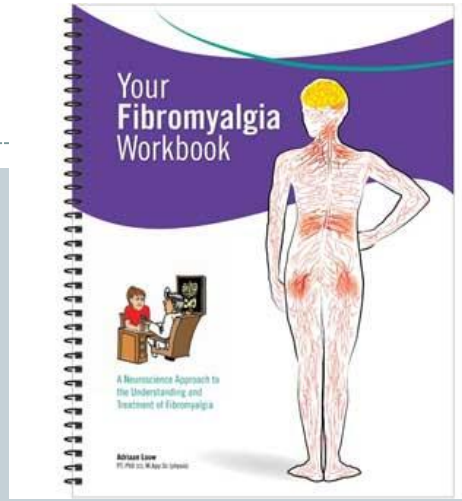
- www.rsdsa.org







Fibromyalgia Resources



www.myalgia.com

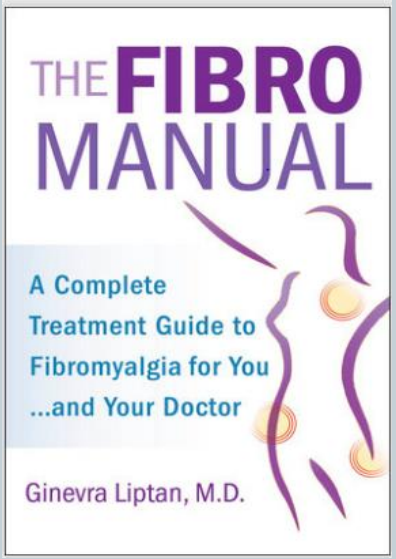
Your Fibromyalgia Workbook – Adriaan Louw

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

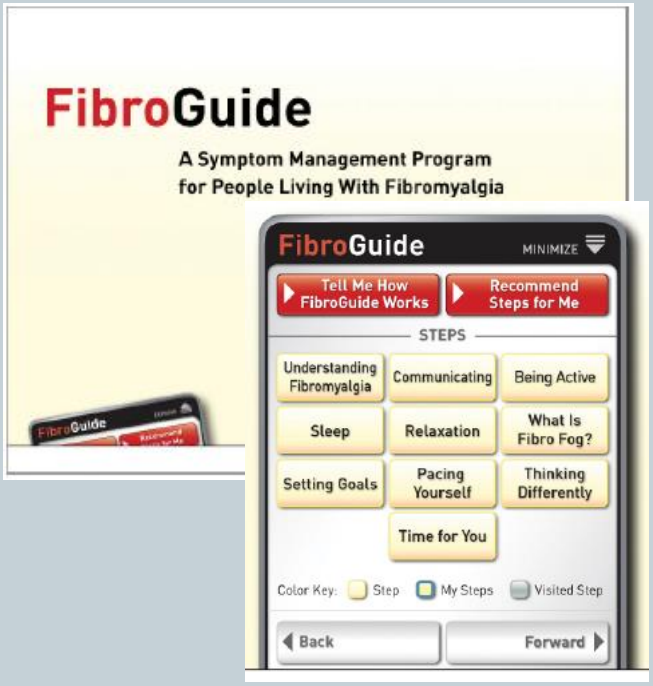
Instructions for modification to share with exercise trainers
www.myalgiateam.com/exercise



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.