Ways to Live Well With Chronic Pain

SW OREGON OPIOID SUMMIT
N. BEND, OREGON
OCTOBER 27, 2016

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OREGON HEALTH & SCIENCE UNIVERSITY
CHAIR OF THE OREGON PAIN MANAGEMENT COMMISSION
CO-CHAIR OF THE TRI COUNTY OPIOID SAFETY COALITION:
IMPROVING ACCESS TO CHRONIC PAIN CARE WORK GROUP
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
Acute Phase (< 2 weeks)
  Maintain activity
  Provide support
  Most return to activity & work

Sub-acute (2-12 weeks)
  Identify biopsychosocial obstacles to prevent the development of long term consequences including work loss

Chronic (> 12 weeks)
  Multidisciplinary approach
**Psychological Vicious Circle**

- Anger, anxiety, fear, distress etc.
- Impoverished mood
- Depression

**Increased perception of pain**

- Pain

**Further deconditioning**

**Physical Vicious Circle**

- Activity avoidance
- Progressive deconditioning
- Pain with decreasing activity
- Further activity avoidance

- Further deconditioning
Biopsychosocial model of pain
Championed by Butler and Moseley and others. 2000
Chronic pain often a complex biopsychosocial issue
Opioids do not address psychosocial contributors to chronic pain
Use opiates as part of multimodal treatment program that includes:
- Cognitive-behavioral therapy
- Functional restoration
- Interdisciplinary therapy
- Motivational interviewing
- Relaxation training
- Addresses sleep issues

Assess and treat for PTSD and other MH disorders
Non-pharmacological Options for Pain Management
(Interagency Guidelines on Prescribing Opioids for Pain 2015)

<table>
<thead>
<tr>
<th></th>
<th>Adapted from Argoft, 2009 &amp; Tauben, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>Address distressing negative cognitions and beliefs, catastrophizing (pain coping characterized by excessively negative thoughts and statements about the future)</td>
</tr>
<tr>
<td>Behavioral Approaches</td>
<td>Mindfulness, meditation, yoga, relaxation, biofeedback</td>
</tr>
<tr>
<td>Physical</td>
<td>Activity coaching, graded exercise</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Identify existential distress, seek meaning and purpose in life</td>
</tr>
<tr>
<td>Education (patient and caregivers)</td>
<td>Promote patient efforts aimed at increased functional capabilities</td>
</tr>
</tbody>
</table>
Who Could be on the Team:

- Patient
- Primary care provider
- Psychologist / Behavioral Health provider
- Psychiatrist
- Specialist
- Addiction specialist
- Physical therapy
- Occupational therapy
- Acupuncturist

- Chiropractor / Osteopath
- Massage therapy
- Yoga / movement
- Nutritionist
- Pharmacist
- Peer support
What Are We Often Really Medicating With Opiates???

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

- Function
- Quality of life
- Living a meaningful life
PEG – 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:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain</td>
<td>Pain as bad as you can imagine</td>
<td></td>
<td></td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not interfere</td>
<td>Completely interferes</td>
<td></td>
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<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>0</th>
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<th>7</th>
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The fear of pain is more disabling than the pain itself

(Waddell, 1993)
2 Predictors of Persistent Disabling LBP

Fear Avoidance
kinesiophobia
(ex. avoiding movement/activities)

Catastrophizing
excess negative thoughts
(ex. This is terrible
This is never going to get better)

Chou, R., & Shekelle, P. Will This Patient Develop Persistent Disabling Low Back Pain? JAMA. April 7, 2010; Vol 303, No. 13, 1295-1302
* Starting July 1st 2016 the Oregon Health Plan started reimbursement for alternative pain care for LBP *

- Addresses biopsychosocial needs
- Goals are to increase function and quality of life
- **Added evidence based tx:** CBT, physical therapy, chiropractic manipulation, osteopathic manipulation, acupuncture, yoga, groups
- **Restricts or eliminates ineffective or harmful tx:** long term opioid prescribing, unnecessary intervention
- **Programs are expected to address:**
  - Managing comorbid conditions (sleep, PTSD...)
  - Fear and exercise avoidance, catastrophizing
  - Teach self-management skills (gentle exercise, relaxation, mindfulness)

The Keele STarT Back Screening Tool

Patient name: __________________________ Date: ____________

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

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

Total score (all 9): ____________ Sub Score (Q5-9): ____________

The STarT Back Tool Scoring System

<table>
<thead>
<tr>
<th>Total score</th>
<th>Sub score Q5-9</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 or less</td>
<td>3 or less</td>
</tr>
<tr>
<td>4 or more</td>
<td>4 or more</td>
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</tbody>
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Low risk  Medium risk  High risk

© Keele University 01/08/07
Funded by Arthritis Research UK
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.
<table>
<thead>
<tr>
<th>Peripheral (nociceptive)</th>
<th>Peripheral Neuropathic</th>
<th>Central neuropathic or “centralized” pain</th>
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</thead>
<tbody>
<tr>
<td>Inflammation or mechanical damage in tissues</td>
<td>Damage or dysfunction of peripheral nerves</td>
<td>Characterized by central disturbance in pain processing (diffuse hyperalgesia/allodynia)</td>
</tr>
<tr>
<td>NSAID, opioid responsive</td>
<td>Responds to both peripheral and centrally active pharmacological therapies</td>
<td>Responsive to neuroactive compounds altering levels of neurotransmitters involved in pain transmission</td>
</tr>
<tr>
<td>Responds to procedures</td>
<td>Classic examples: Diabetic neuropathic pain</td>
<td>- Classic examples:</td>
</tr>
<tr>
<td>Classic examples:</td>
<td>Post-herpetic neuralgia</td>
<td>- Fibromyalgia</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td></td>
<td>- Irritable bowel syndrome</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td></td>
<td>- TMJD</td>
</tr>
<tr>
<td>Cancer pain</td>
<td></td>
<td>- Tension headache</td>
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</table>

Mechanistic characterization of pain
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
When to Refer to the Rest of the Team

- Depression, anxiety, PTSD
- Social, interpersonal and intimate activities limited by the fear of pain
- Multiple and varied tx have not been satisfactory to the patient
- Patient views their role in tx 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 due to pain
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.

Managing chronic pain often requires changing behavior (sleep patterns, eating habits, and exercise).

The team will help you develop a toolbox to manage your pain and help you get back to some of the activities you enjoy.
The Goals of Treatment

IMPROVE FUNCTION

&

IMPROVE QUALITY OF LIFE

&

DECREASE SUFFERING
Their Shrinking World...
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.
3 Key Shifts in Perspective Necessary to Effectively Self-Manage Chronic Pain

1. **Accept** the diagnosis of chronic pain

2. Understand the **mind/body connection** with regard to pain symptoms

3. Change to an **active orientation** regarding self-management
STAGES OF CHANGE

Prochaska and DiClemente

Psychology Tools

Precontemplation
No intention of changing behavior

Contemplation
Aware a problem exists. No commitment to action

Relapse
Fall back into old patterns of behavior

Maintenance
Sustained change - new behavior replaces old

Action
Active modification of behavior

Preparation
Intent upon taking action
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
“MI significantly increased adherence to chronic pain treatment in the short term...”
MI Great Technique to Help Behavior Change

- Pain management
- Smoking cessation
- Weight loss
- Sleep hygiene
- Healthy eating
- Drug and alcohol rehab
Gate Control Theory
(Melzak & Wall, 1965)

**OPENS GATE** – feel more pain
- Stress
- Anxiety
- Worry
- Frustration
- Focus on pain
- Depression
- Catastrophizing
- Fear of movement

**Closes Gate** – feel less pain
- Mindfulness
- Relaxation
- Pacing
- Happiness
- Accomplishment
- Exercise
- Medications
- Acupuncture
- Massage
- Doing things you enjoy
Self-Management Tools
Sleep Hygiene

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

Resource: CBT-i Coach
Cognitive Behavioral Therapy (CBT)

“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.)
<table>
<thead>
<tr>
<th>Common Cognitive Distortions to Address in CBT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Catastrophizing</strong></td>
</tr>
<tr>
<td>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.”</td>
</tr>
<tr>
<td><strong>Selective Abstraction (Black and White thinking)</strong></td>
</tr>
<tr>
<td>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.”</td>
</tr>
<tr>
<td><strong>“Should” statements</strong></td>
</tr>
<tr>
<td>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.”</td>
</tr>
<tr>
<td><strong>Overgeneralizing</strong></td>
</tr>
<tr>
<td>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.”</td>
</tr>
</tbody>
</table>
Acceptance & Commitment Therapy (ACT)
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.
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)
Factors That Decrease Stress

- Coping skills
- Perception of the stressor
- Health perceptions
- Doing things you enjoy
- Medical support system
- Social interactions
- Belief systems
- Exercise
- Humor
- Intimacy
- Diet
Mind Full, or Mindful?
Mindfulness means paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally.

Jon Kabat-Zinn
Biofeedback

- Diaphragmatic breathing
- Stress management through relaxation
- Muscle tension reduction
- Heart rate variability

I phone apps:
- Breathe2Relax
- Breath Pacer
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.
“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.”
ASSESSMENT TOOLS
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
- 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.

Scoring

PHQ-4 total score ranges from 0 to 12, with categories of psychological distress being:

None  0-2
Mild   3-5
Moderate  6-8
Severe  9-12

Anxiety subscale = sum of items 1 and 2 (score range, 0 to 6)
Depression subscale = sum of items 3 and 4 (score range, 0 to 6)

On each subscale, a score of 3 or greater is considered positive for screening purposes

PHQ-4

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

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Primary Care PTSD Screen – (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.
PEG – 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
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
Resources
What’s Happening In Oregon for Pain?

- Pain Society of Oregon (Eugene, Portland) [https://www.painsociety.com/](https://www.painsociety.com/)
- The Oregon Opioid Guidelines Taskforce 2016
- New OHA grant from the CDC to support statewide implementation of opioid prescribing guidelines, expand regional funding and support regional symposia and training opportunities
- New grant at OHA going to fund consultation services for providers treating pain and addiction through the University of Washington TelePain starting 1/2017
- New SAMHSA grant funding live bupenorphine trainings for providers – contact Dr. Melissa Weimer, OHSU ([weimerm@ohsu.edu](mailto:weimerm@ohsu.edu))
- New grant funding to provide ECHO at OHSU – 40 1 hour sessions.
- The Tri-County Opioid Safety Coalition 2016 (Multnomah, Washington, Clackamas)
What’s Happening In Oregon for Pain?

- September 2016 HB 4124 permits pharmacists to prescribe and distribute packages of naloxone to individuals who complete the OHA approved training.


- Oregon Pain Guidance [http://www.oregonpainguidance.org/](http://www.oregonpainguidance.org/) (local pain resource websites for providers and patients linked to OPG)

- Back Pain brought above the line for Medicaid/OHP (July 1, 2016) [https://www.oregon.gov/oha/herc/FactSheet/Back-policy-changes-factsheet.pdf](https://www.oregon.gov/oha/herc/FactSheet/Back-policy-changes-factsheet.pdf)

- Oregon Pain Management Commission updated 1 hour online pain module [https://www.oregon.gov/oha/OHPR/PMC/Documents/Module.pdf](https://www.oregon.gov/oha/OHPR/PMC/Documents/Module.pdf)
Upcoming Pain Conferences in Oregon


- Portland 12/9/16 - SCOPE of Pain – Boston University – REMS Program – (scopeofpain.org)

- Portland Opioid Summit with OrCRM – 1/17

- 6th Annual A Thoughtful Approach to Pain – Ashland May 4-6, 2017 – Dr. Daniel Clauw keynote speaker
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
HTTPS://WWW.PAINSOCIETY.COM/
541-345-7300
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.
Resources for Patients and Providers

- Oregon Pain Guidance
  http://www.oregonpainguidance.org/

- Central Oregon Pain Guide
  http://www.copainguide.org/

- Portland Metro
  http://portlandmetro.oregonpainguidance.org/
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
Oregon Coalition for Responsible Use of Meds (OrCRM) is a Statewide Coalition launched to prevent overdose, misuse and abuse of amphetamines and opioids, both prescription and illicit, among Oregonians age 12 – 26.

OrCRM’s Goals:

- **REDUCE PILLS IN CIRCULATION**
  Better prescribing practices
  Better use of Prescription Drug Monitoring Program (PDMP)
  Better provider education

- **REDUCE THE VOLUME OF PILLS**
  Better disposal of unused meds

- **EXPAND ACCESS TO TREATMENT**
  Better access to therapies to treat opioid use disorders
  Better distribution of Naloxone to reduce number of overdose deaths

- **EDUCATE THE PUBLIC ABOUT THE PROBLEM**
  Better understanding of the risks & dangers of Rx

EVERY DAY, MORE THAN 75 PEOPLE IN OUR COUNTRY DIE FROM A PRESCRIPTION DRUG OR HEROIN OVERDOSE. IN 2013, NEARLY 249 MILLION PRESCRIPTIONS WERE WRITTEN FOR OPIOIDS – ENOUGH FOR EVERY ADULT IN AMERICA TO HAVE A BOTTLE OF PILLS. OUR COUNTRY IS FACING AN OPIOID EPIDEMIC THAT IS PULLING APART FAMILIES AND COMMUNITIES.

TODAY, AS PART OF HIS NATIONAL CAMPAIGN ON THE PRESCRIPTION OPIOID EPIDEMIC, U.S. SURGEON GENERAL VIVEK MURTHY IS LAUNCHING TURNTHETIDEX.ORG. THIS SITE PROVIDES CRITICAL INFORMATION ABOUT OPIOIDS, INCLUDING RISKS, BENEFITS AND CLEAR GUIDANCE ON HOW BEST TO PRESCRIBE THESE MEDICATIONS. FOR CLINICIANS, THERE ARE TOOLS FOR TREATMENT AND IN-THE-TRENCHES STORIES FROM COLLEAGUES WHO ARE ON THE FRONT LINES OF FIGHTING THIS EPIDEMIC.

HTTP://TURNTHETIDEX.ORG/CONSULT/
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
Free Training from Washington State

www.coperems.org

Tips on How to Safely Taper Patients Off of Prescription Opioids
An Interview with Mark Sullivan, MD, PhD
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

CDC has free 3 hour online CME on new guidelines
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
- 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_LQ
Yoga for back pain  http://www.youtube.com/watch?v=aStNhRxvaE

Kevin Vowels ACT Manual for Chronic Pain:
“Understanding Pain and What to do About it in less than 5 Minutes”

UNDERSTANDING PAIN AND WHAT TO DO ABOUT IT IN LESS THAN 5 MINUTES - JOINT PAIN EDUCATION PROJECT VIDEO FROM THE DEPARTMENT OF DEFENSE AND VETERANS HEALTH ADMINISTRATION TO LEARN MORE ABOUT CHRONIC PAIN MANAGEMENT.

HTTPS://WWW.YOUTUBE.COM/WATCH?V=CLWNTMDGFC5
FREE Pain Programs for Medicaid that focus on Biopsychosocial issues and include CBT/ACT, CAM and Movement

- **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)
- **Eugene**: Trillium Community Health Plan 541-485-2155 (Trillium CCO)
- **Salem**: Mid Valley Pain Clinic 503-371-1970 (Willamette Valley CCO)
- **Warrenton**: North Coast Pain Clinic 503-501-4774 (Columbia Pacific CCO)
- **Tillamook**: Ivy 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

- **Portland:** Progressive Rehabilitation Associates 503-292-0765
- **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
2016 Tri-County Prescription Opioid Safety Coalition: Clackamas, Multnomah, and Washington Counties
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:

- Revised 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
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.
Natural resistance builds muscle

Buoyancy may reduce nociception by acting on thermal and mechanoreceptors

Decreases load on lower extremities

Strong evidence for hydrotherapy & balneotherapy


(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
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
CRPS Resources


- [www.rdsda.org](http://www.rdsda.org)
CBT Resources
Mindfulness and Relaxation Resources
Neuroplasticity Training
Resources to highlight our addiction issues...

Chasing Heroin (Frontline & PBS)

http://www.pbs.org/wgbh/frontline/film/chasing-heroin/
Side Effects of Chronic Opioid Therapy

- Inhibition of endogenous sex hormone production resulting in hypogonadism & infertility
- Immunosuppression
- Falls and fractures older
- Neonatal abstinence syndrome
- QT prolongation with methadone
- Sleep disordered breathing
- Addiction
- Sexual dysfunction

- Opioid induced hyperalgesia (increased pain sensitivity)
- Hyperkatifeia (emotional dysregulation)
- Constipation
- Cognitive impairment
- Sedation
- Difficulty initiating urination
- Death due to respiratory suppression
Self-help books that use cognitive behavioral principals to guide recovery from chronic pain. Includes a relaxation CD.