

Beyond the Pill:

Effective Strategies for Managing Chronic Pain and Reducing Opioid Usage

Speakers:

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Introduction: Nick Szubiak



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Speakers



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Background



Elizabeth Peterson-Vita, PhD



Clinical Director,
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What is “Pain”?

- At its most generic, “pain” is an unpleasant feeling conveyed to the brain by sensory neurons
- Can range in intensity from mild discomfort to agony
- A signal of harm or threat, its function is to alert a person to injury or illness
- People seek to escape the experience

Common Physiologic Experiences Accompanying Pain



- Elevated heart rate
- Rapid and shallow breathing
- Muscle tightening to “brace” against pain
- Blood vessel constriction
- Subjective feelings of distress
- Counterpoint to typical experience of “relaxation”

How Pain is Assessed

- Physical experience of pain can be assessed in numerous ways, often on a 0-10 point scale
- Frequent tools include:
 - FACES scale
 - SOCRATES questions

Wong-Baker FACES® Pain Rating Scale



via <http://wongbakerfaces.org/>

Acute Pain vs. Chronic Pain

- Acute pain is often the result of tissue damage, and may be alleviated as an injury heals or the cause/source of pain is removed
- Chronic pain persists after an injury heals (typically 3-6 months), is related to a persistent or degenerative disease, or is long-term pain from an unidentifiable cause

Chronic Pain (cont'd.)

- Often lasts more than half the day
- Adversely affects a person's well-being across domains of experience and function
- Persists indefinitely despite medical attention
- May result in feelings of frustration and discouragement for the patient
- May result in feelings of frustration and discouragement for the family, significant others, and medical providers

Who is Affected?

- Chronic pain is reported in both adult and pediatric populations
- In children, may especially be seen as reported musculoskeletal pain, headaches, or abdominal pain
 - Impacts the family system in addition to the identified child, and parents may need guidance in how to respond



At Times Under Inquired and Unrecognized

- Despite general prevalence, information about chronic pain often not questioned of:
 - The elderly (despite multiple medical conditions and medication sensitivities)
 - Racial and ethnic minorities (reflecting health disparities)



Ramifications if Unrecognized

- Social Consequences
 - Patient's complex activities are limited
 - Lost work/school productivity
 - Decreased quality of life
 - Stigma
 - At risk for inadequate treatment, including lack of referral/access to behavioral approaches



Why Is It a Current Focus?

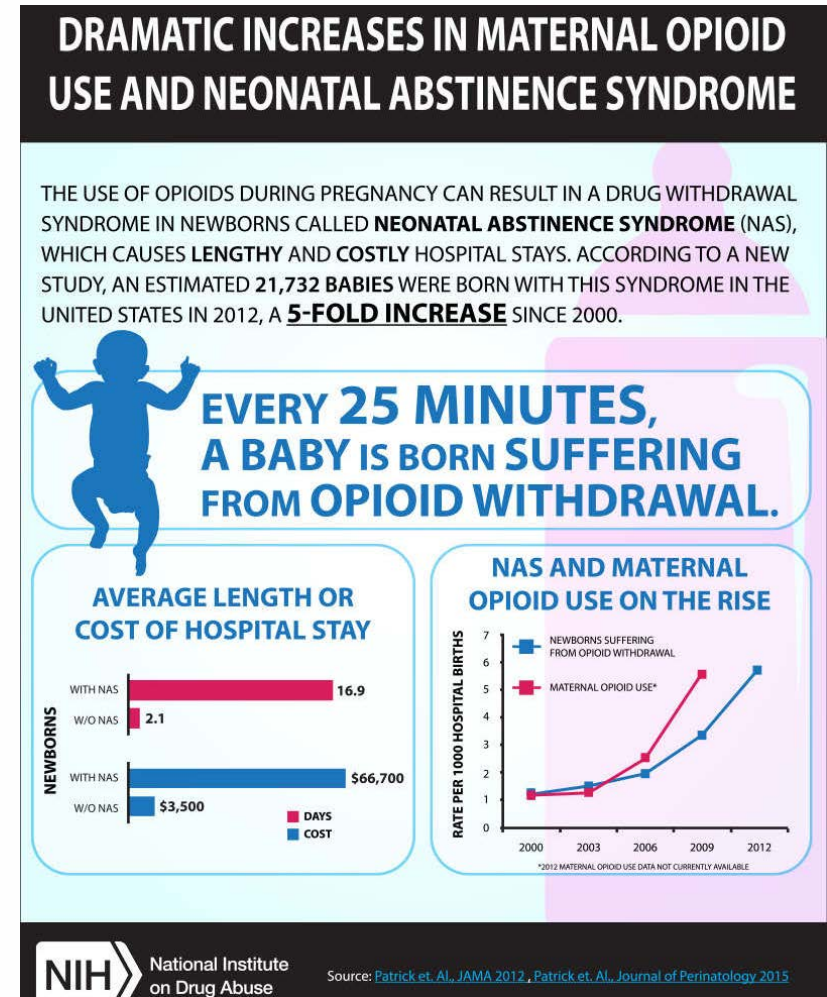
- Significant overlap of pain, suffering, and addiction
- Per the CDC, over 100 million Americans have chronic pain (more than those with diabetes, heart disease, and cancer combined)
- High number of opioid prescriptions constitute significant iatrogenic health crisis in the US (in 2012, 259 million prescriptions written for opioids)

More Alarm Bells

- 20% of patients coming to physicians' offices for non-cancer pain get opioid prescriptions
- In 2015, over 20,000 US overdose deaths were related to prescription pain medicines
- In 2015, 2 million Americans had a substance abuse disorder involving prescription pain medicines (including oxycodone, hydrocodone, codeine, morphine, fentanyl)

Particular Concern for Women

- Per the CDC, women are more likely to present with chronic pain, be prescribed prescription pain medicines, be given higher doses, and use them longer
- Women's related deaths increased over 400% from 1999-2010 (vs. an increase of 237% for men)
- 500% rise in Neonatal Abstinence Syndrome from 2004-2013, related to mothers taking opioids during pregnancy (including abuse of prescription opiates)



Education Opportunities for Patients



- Reframing “opiates” as more common term “narcotics”, with physical risks
- Understand how to take medications responsibly, without sharing
- Recognize that treatment of chronic pain can be significantly different than that for acute pain
- Learn about relationship among pain, depression, and anxiety, and possibility of antidepressant therapy (especially SNRIs)



Learning Opportunities (cont'd.)

- Awareness of non-pharmacologic (i.e., behavioral) treatment possibilities, including interventions such as Cognitive Behavioral Therapy (CBT), mindfulness, relaxation techniques
- Promote engagement of patients as partners in their own health care

Special Considerations for Depression

- 75% of patients with clinical depression present to PCPs with physical symptoms
- 30% of patients with chronic pain have clinical depression, and almost all have sub-clinical mood changes
- Similar neurochemistry in depression and chronic pain (related to serotonin and especially norepinephrine)
- Be aware of increased risk for overdose in patients with co-occurring clinical depression and chronic pain

Re-Definition of Successful Treatment

- Person learns to independently self-manage pain to achieve maximum functioning for daily activities
- Person experiences minimum discomfort
- Person avoids a bad outcome from treatment (e.g., opioid dependence)



Successful Treatment (cont'd.)

- Recognize that behavioral interventions can be important primary or adjunctive treatments
- Redefine such interventions as legitimate pain management tools; they do not mean “pain is in [the patient’s] head” or that it indicates psychiatric illness
- Emphasize that interventions like CBT focus on the present, on acquiring better coping skills, on asserting more control over personal experience, and gaining more confidence

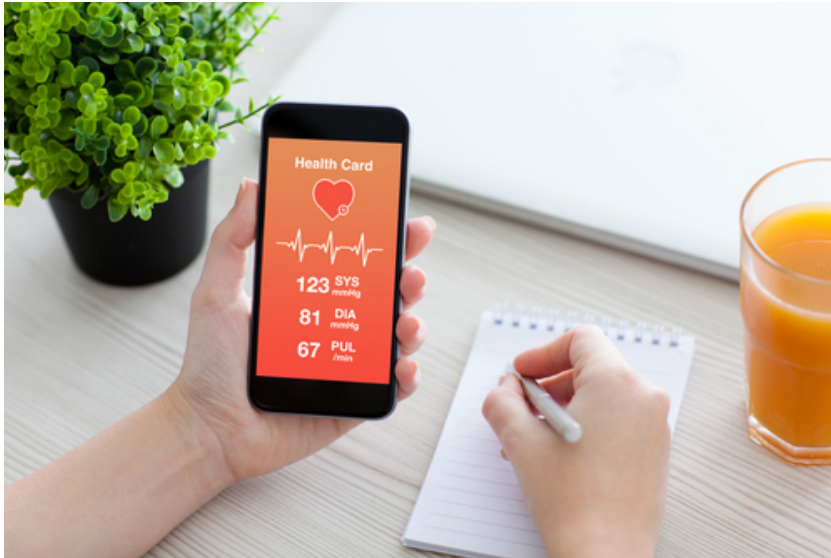
Challenges for Providers

- Adopt routine assessment of pain throughout the patient's treatment experience, and actively incorporate results into treatment plans
- Screen for depression and anxiety with standard measures (e.g., PHQ-9), and incorporate results into treatment plans
- Evaluate patients for past history of substance use as well as current use

Challenges for Providers(Cont'd.)

- Become knowledgeable about behavioral interventions and refer to providers who have expertise in EBPs for pain management (i.e., not all behavioral health providers have the same training, interest, and experience)
- Have an awareness of what behavioral health interventions/providers may or may not be covered by various insurance plans (thus avoiding unsuccessful referrals)

Challenges that can be Opportunities



- Seek ways to engage in shared decision-making with patients
- Embrace the concept and practice of integrated health teams
- Become familiar with 21st century patient self-management tools through wellness “apps”

Paula Gardiner, MD

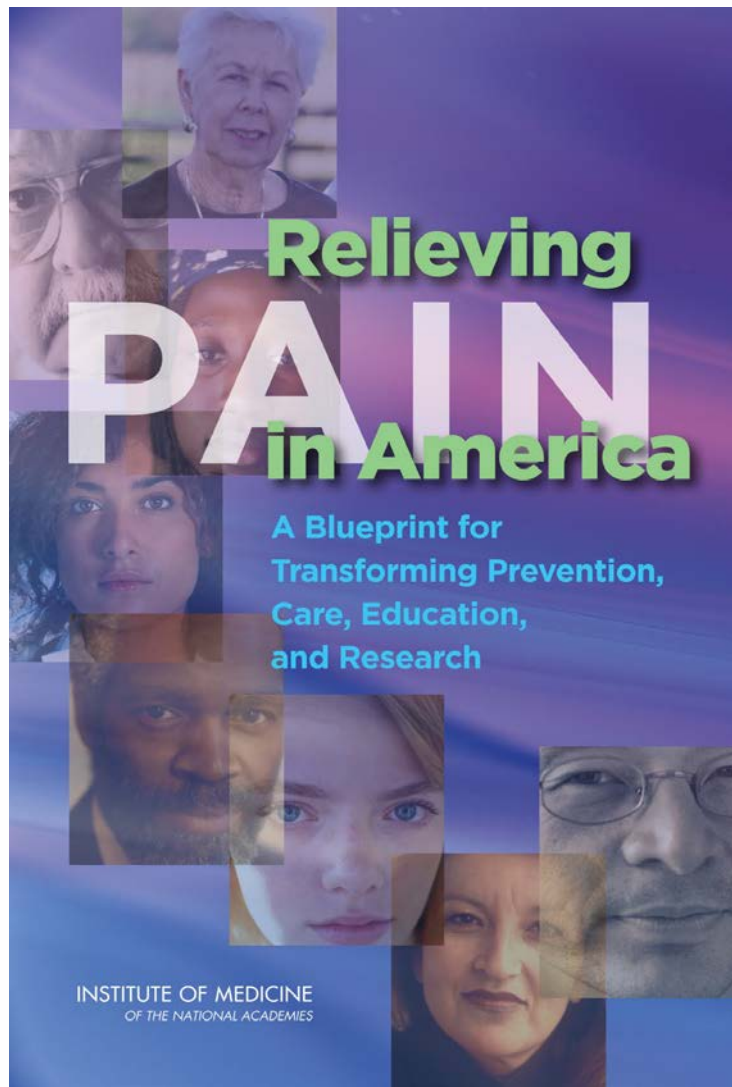


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Disclosure Statement

- Nothing to declare



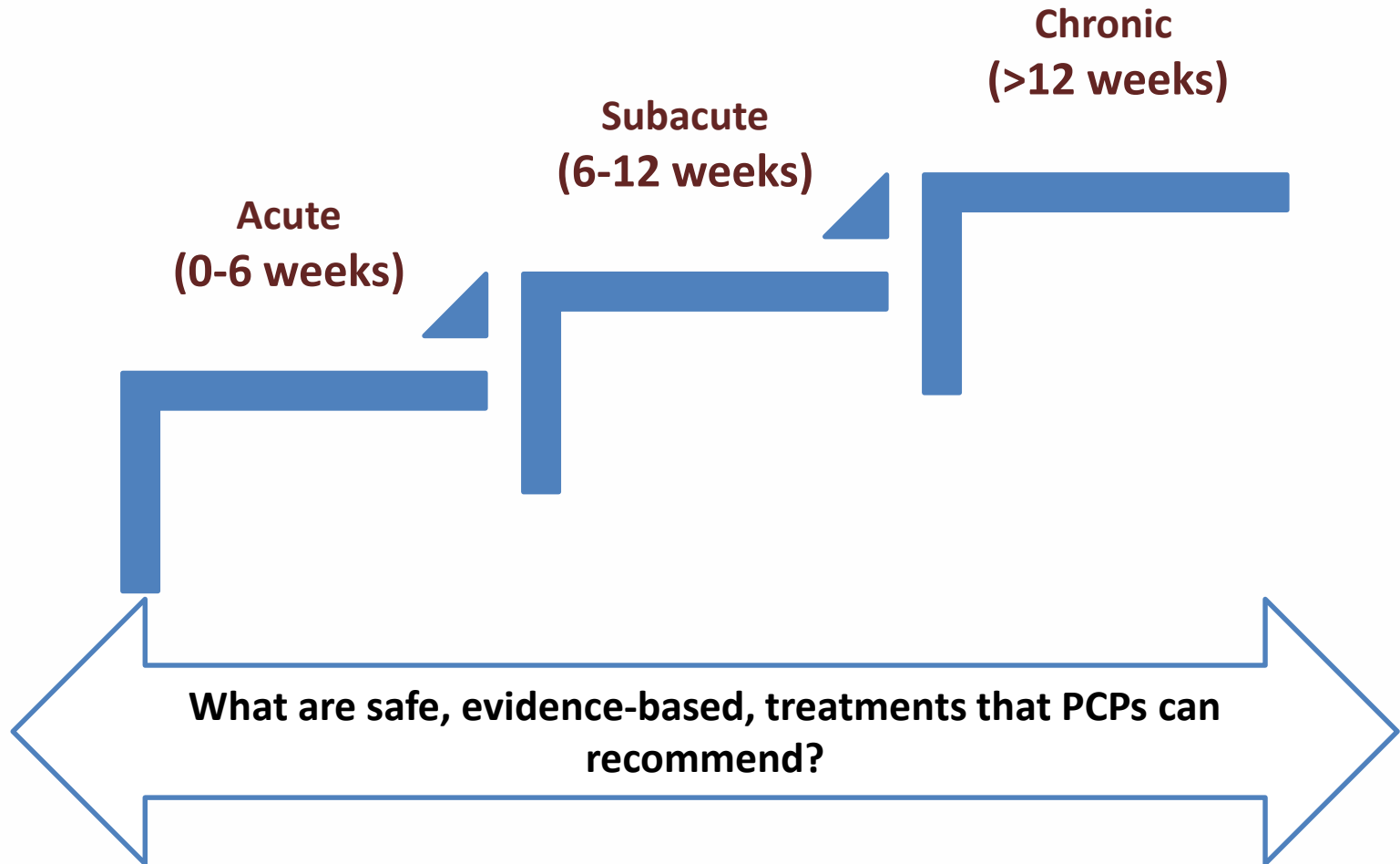


"100 million U.S. adults are burdened by chronic pain."

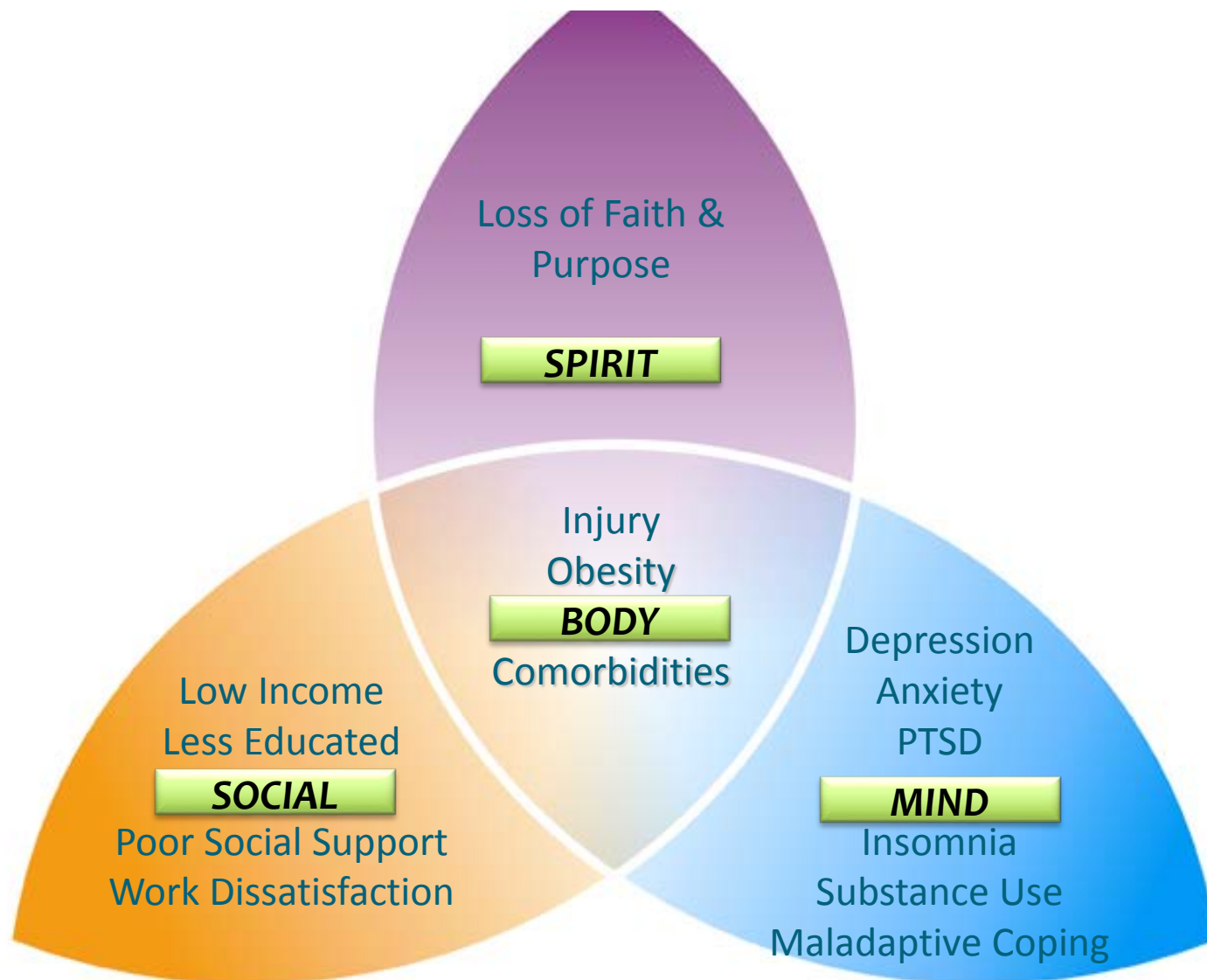
In 2010 there were 89 million office visits for pain with primary care.

Primary care clinicians urgently need greater support and access to comprehensive multi-disciplinary pain management

The Trajectory of Pain: Primary Care Challenges

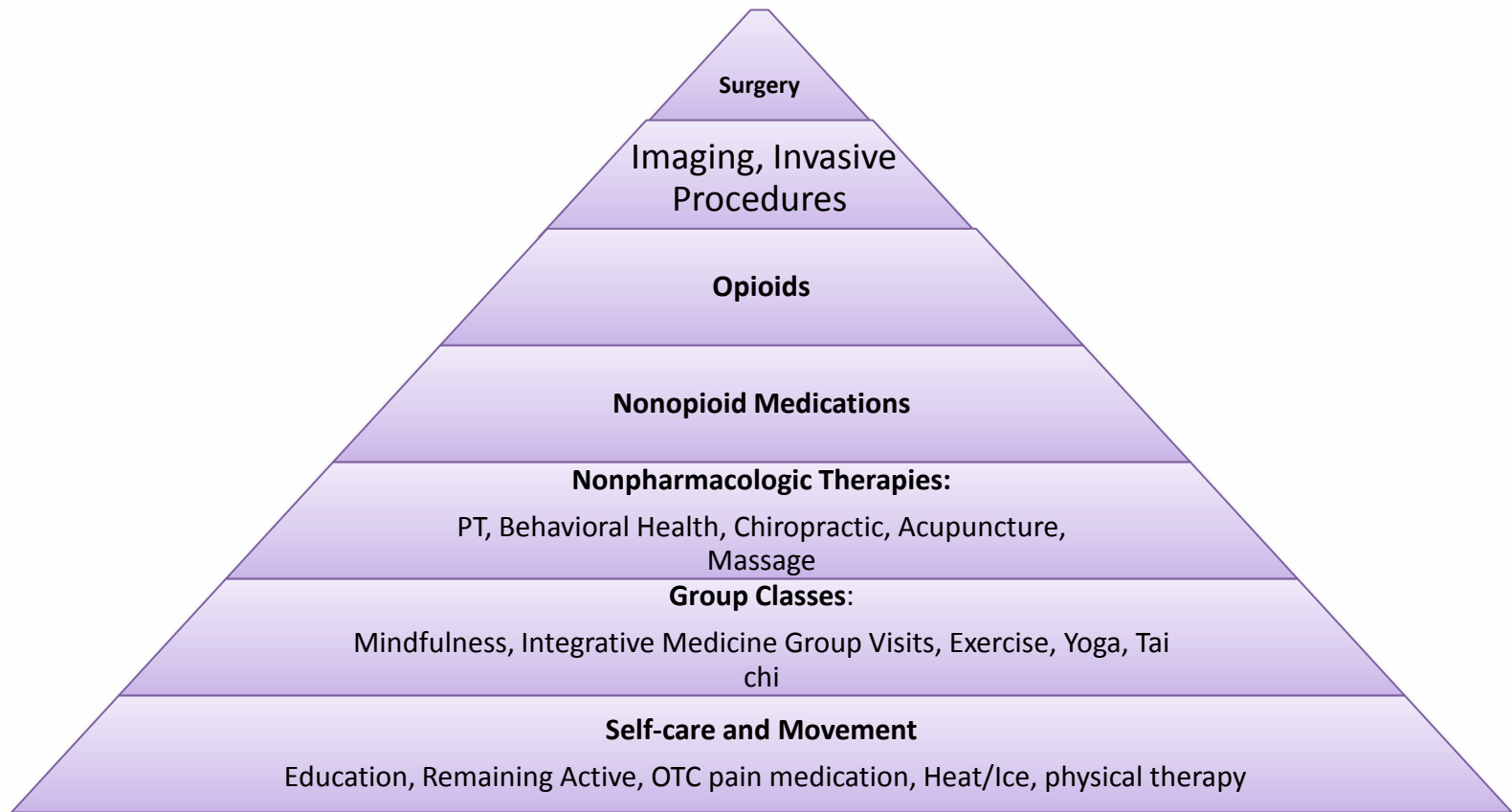


The Biopsychosocial Model of Chronic Pain



Pain Management Pyramid:

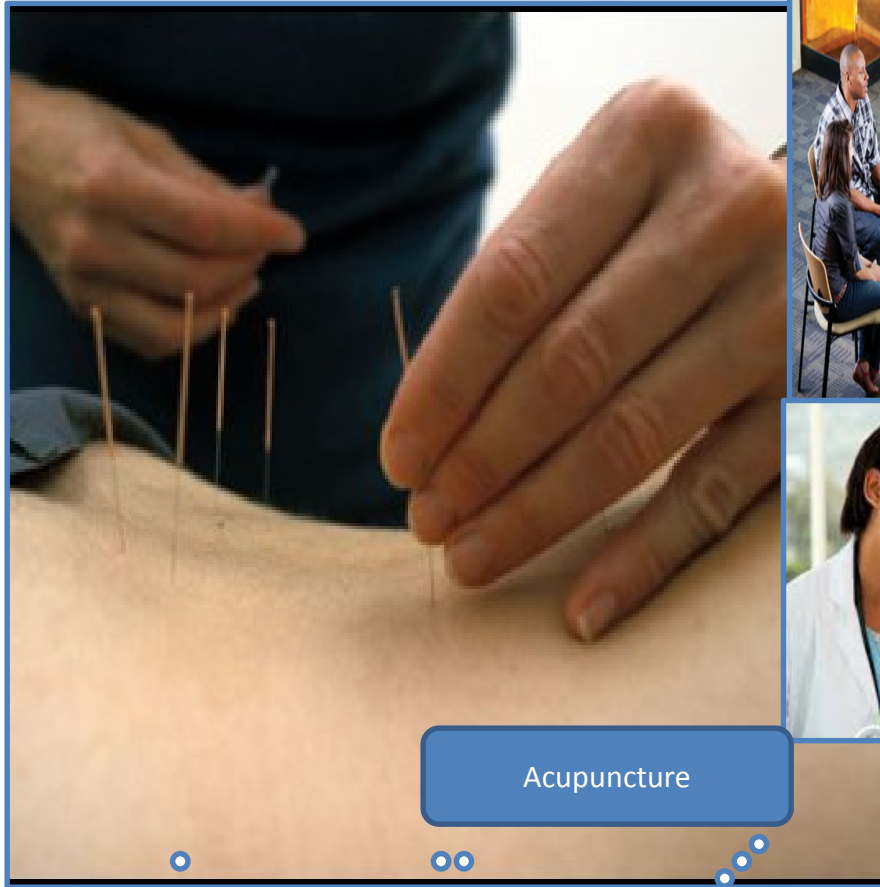
Comprehensive, Guideline-based, & Multidisciplinary



What is Integrative Medicine?



Integrative Medicine



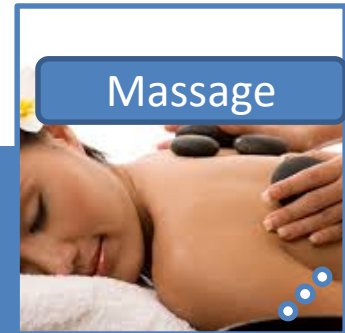
Acupuncture



Mind Body



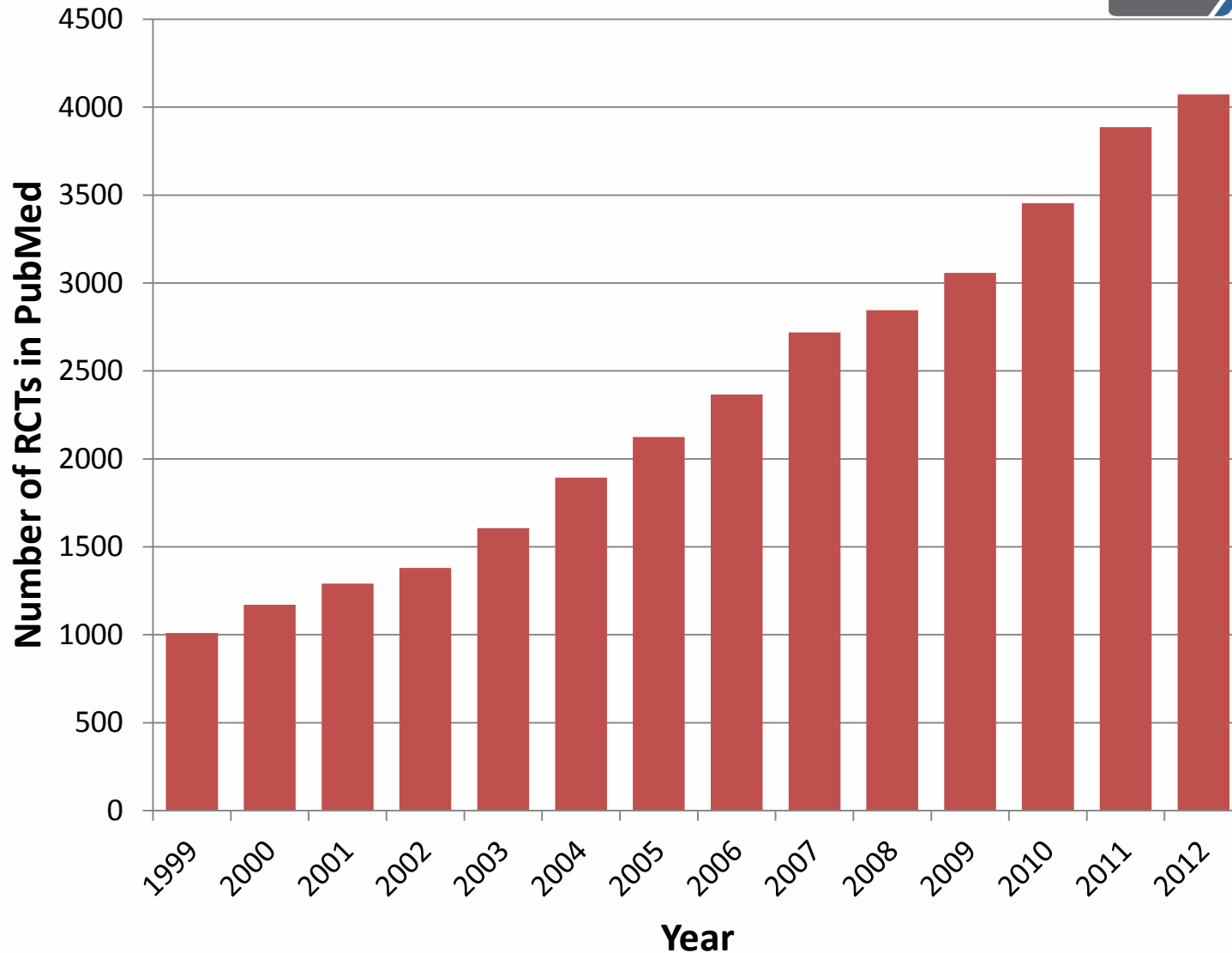
Massage



Integrative Medicine RCTs Published 1999-2012



National Center for
Complementary and
Integrative Health





National Center for
Complementary and
Integrative Health



Mayo Clinic
Proceedings

A review of
**105 randomized
controlled trials,**

- Acupuncture
- Massage therapy
- Relaxation techniques
- Tai chi
- Yoga

which included more than
16,000 participants,
shows that a variety of
complementary health approaches
may help manage pain.

nccih.nih.gov/pain_review

Evidence Based Integrative Medicine

- RCTs - chronic illnesses to manage symptoms and improve coping
- Massage decreases pain intensity and experience, especially when used for low back pain.
- An extensive review and meta-analysis of 29 RCTs revealed that acupuncture also effectively treats chronic pain.

(Cramer et al, 2013; Yeh et al, 2011; Berman et al, 2004, la Cour & Peterson 2015; Tsao 2007, Vickers et al.2012)

Mindfulness Based Stress Reduction (MBSR)

- MBSR consists of 8 weekly sessions taught by a trained instructor and one silent retreat day.
- Major techniques: sitting and walking meditation, body scans, and mindful yoga.
- A 2011 systematic review of MBSR RCTs concluded that MBSR can:
 - Improve mental health
 - Reduce stress, anxiety and depression
 - Improve quality of life as part of medical disease management

(Fjorback et al, 2011)



Working with Integrative Providers

- Ask if you can visit their office
- Ask about referrals and how they will communicate with you
- Ask about insurance and payment structures
- Ask about credentialing and licensure
 - Can vary state to state
- Ask about their training
 - Many professions have 4 years training programs



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Digital Therapies for Chronic Pain

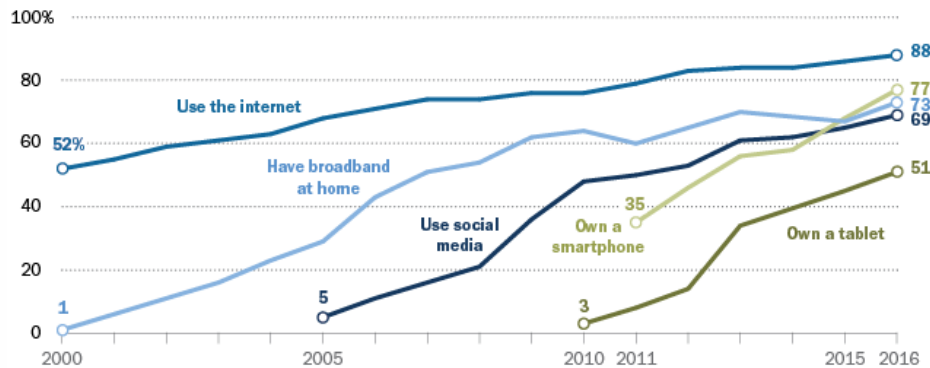


Internet Use Among Americans

- 75% of US adults have broadband internet at home.
- ~1 in 10 American adults are “smartphone-only” internet users.
- Reliance on smartphones for online access is especially common among younger adults, non-whites and lower-income Americans.

The evolution of technology adoption and usage

% of U.S. adults who ...



Source: Surveys conducted 2000–2016. Internet use figures based on pooled analysis of all surveys conducted during each calendar year.

PEW RESEARCH CENTER

Who is NOT connected?

- 13% of Americans not connected to internet.
- Older, Rural
- 48% online content not relevant to their lives.
- 90% not interested in going online.
- 60% not comfortable using internet on their own.



Advantages of Digital Therapies for Pain

- Patients can use online resources at their own convenience
- May be able to reduce their health care-related costs
- Extend professional therapy options
- Encourage and support self-management
- Improve coping



Features of Digital Therapy Tools

- Mobile App
- Text chats
- Web-based Self-help Programs
- Online Blog or Discussion Forums
- Stand Alone vs Integrated with Health
- Treatment vs. Treatment Extender



Frameworks for Chronic Pain Tools

- CBT
- Problem Solving or Coping Support
- Self-Management
- Mindfulness-based Stress Reduction
- Biofeedback
- Motivational enhancement



Literature Review

- 9 unique RCTs were identified (total participants=1796).
- Randomized from 51 to 580 participants (mostly women aged 42-53).
- 4 trials of online cognitive behavioral therapy (CBT)
- 5 trials studied other Web-based interventions
- Empowerment/control was improved in six studies.
- Use of CBT associated with reduced catastrophization.
- Mixed results were reported with regards to reduction in pain levels and disability.
- One study that measured health care utilization reported reduced utilization with the use of moderated email discussion.

Garg S, Garg D, Turin TC, Chowdhury MFU. Web-Based Interventions for Chronic Back Pain: A Systematic Review. J Med Internet Res 2016;18(7):e139

Mobile App Literature Review

- A total of 279 apps identified for treating chronic pain.
- Majority support a single self-management function (58.5%)
- Pain self-care skill support was the most common self-management function (77.4%).
- Pain education (45.9%),
- Self-monitoring (19%),
- Social support (3.6%), and
- Goal-setting (0.72%).
- Only 8.2% of apps included a health care professional in development,
- None provided a theoretical rationale, and
- Only 1 app underwent scientific evaluation.

Source: Lalloo C, Jibb LA, Rivera J, Agarwal A, Stinson JN Clin J Pain. 2015 Jun;31(6):557-63.

Examples: Wellness Workbook

Wellness Workbook – online CBT for chronic pain with mindfulness strategies.

- 6 sequential chapters: *Introduction. All About Pain. Thoughts and Pain. Stress and Relaxation. Getting Active. Relaxation and Meditation.*
- Each chapter 1-1.5 hours to complete.
- The basic outline - checking in; didactic and interactive exercises; didactic mindfulness and meditation instruction; examples of how to practice new skills and integrate strategies into daily living with printable tracking forms.
- Instruction Modalities: text and graphics, videos, animations, patient stories, reflective and interactive exercises, guided meditation and exercises.

Example: My Strength

- Evidence-based content
- Available 24/7
- Based on CBT principles
- Patient stories
- Interactive reflection activities
- Emphasizing empowerment and self-management.



Summary

- 85% of Americans Use the Internet
- Rapid growth in online digit resources for chronic pain
- Affordable and safe alternative to pharmacotherapy
- More research is needed



Thank you!



Q & A



Closing

