

Understanding What Works and Why: Explaining Pain in Women

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Follow Up to Fall 2016 Conference

- Identified the problem of Opioid use/ abuse
- Started to look at the Rhode Island Plan with the Opioid task force

Post Fall 2016 Conference

- Evaluation and survey information:
 - What were you looking for?
 - How did we do?
 - Survey: what further information are you asking for?

Fall 2016 Conference

- 57% nursing
- 12% physicians:
 - internal medicine
 - OB
 - Psychiatry
 - Family medicine
- 14% counselors, addiction therapists, substance abuse program directors

What was Learned

- Scope, incidents in Rhode Island
- Need for alternatives for care
- It is growing
- Dependence vs. Addiction

More than 73% said the program would impact
their “practice”

Survey Before this Conference

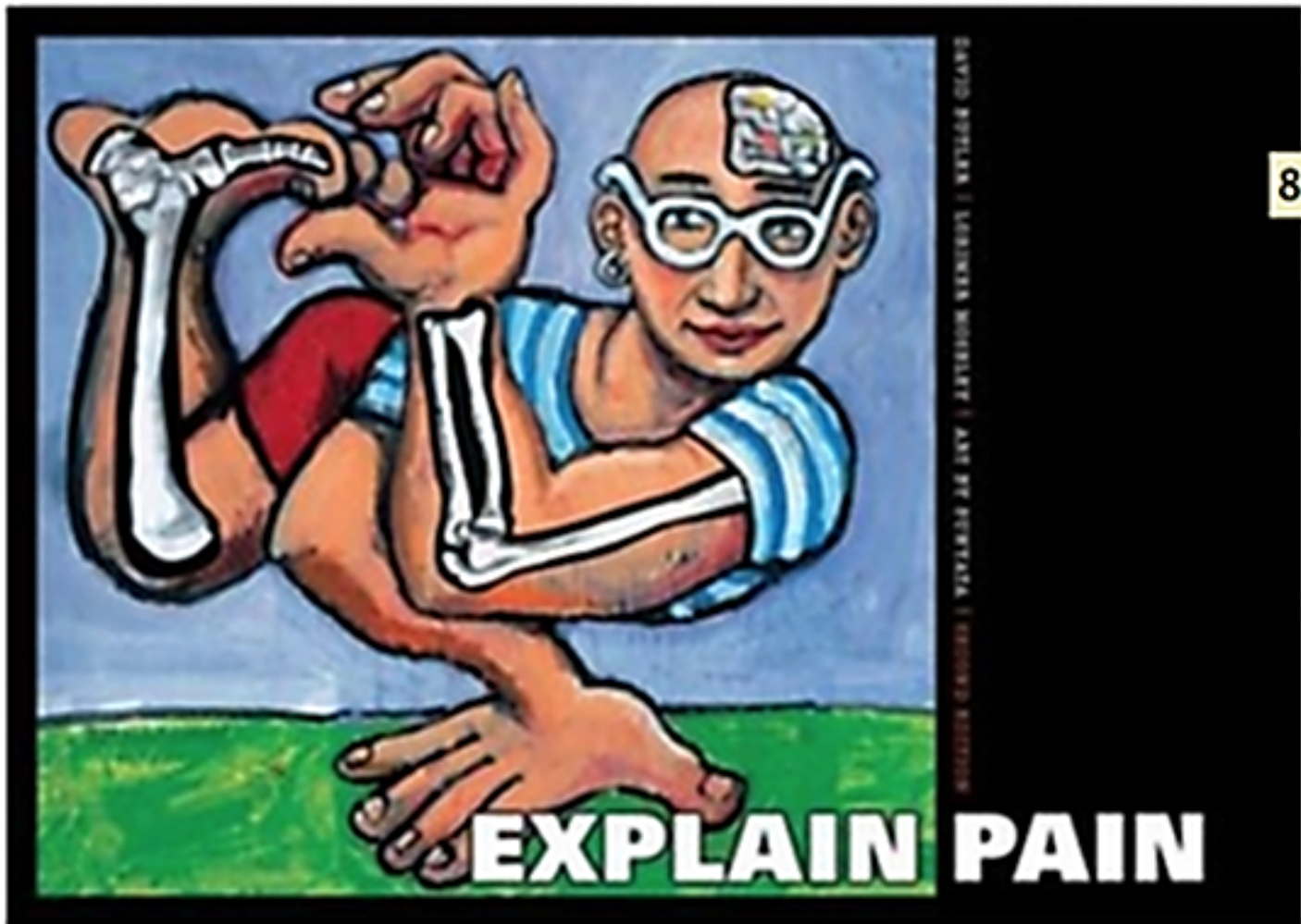
- More than 50% came from nursing
 - More than 20% came from social work
 - About 14% came from physicians
-
- 65% said they routinely screen for the problem
 - Less than 50% report they have good referral options

Barriers for PATIENTS to Use Non-Opioid Pain Management Options

Depression/ Anxiety Won't Make and Effort	3.67
Insurance Coverage with Meds Cheaper	3.31
Costs	3.30

Resources Helpful to Providers for Referring

Information on Who to Refer to for what	4.38
Information on what insurance coverage in for each option	4.30
Information on the Success of Each Option	4.17
Elimination of a Copay for options	4.06



How to Discuss with Our Patients/ Clients

- The concern of health literacy
 - In the US 36% of adults have only basic or below basic health literacy, these levels are considered inadequate for understanding information routinely encountered in a health care setting

(C. Coleman, MD, MPH, Oregon Health and Science University, 2016)

- Health literacy is defined by the Affordable Care Act as Patients ability “to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions.”
- 2 Core Principles:
 - All people have the right to health information that helps them make informed decisions
 - Health service should be delivered in ways that are easy to understand, improve health, longevity, and quality of life

“Whenever anyone- regardless of how they do on a health literacy test- is sick, scared, or hurt, they will predictably have a harder time processing new information, recalling it later, and using it to make informed health decisions.”

(C. Coleman, MD, MPH, Oregon Health and Science University, 2016)

- Plain non- medical language
- Slow-down
- Teach back

What is Pain?

The International Association for the Study of Pain defines pain as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage."

- Pain is a symptom that all healthy human beings experience at some point in their lives. The sensation of pain is necessary for survival; if we did not experience it, we would not know that we were injured or unwell.

How Does it Feel?

Pain is a completely individualized experience

- pain is a subjective experience
- science has not developed accurate ways to measure pain tolerance.

Understanding How and Why Pain Exist

- Pain was thought to originate at the level of the tissues (Biomedical approach 1965)
- It is now believed that pain is not perceived until the brain concludes there is a *potential* threat to those tissues.
(Biopsychosocial approach 1998)

- **A newly constructed model for classifying pain, 3 Classes of Pain:**
 - **Nociceptive triggers**
 - **Peripheral neuropathic-induced pain**
 - **Central sensitization**

- **Acute pain**, often from a nociceptive mechanism, generally results in discomfort locally at the injured tissue. This pain will increase when the injured tissue is provoked or compromised, and will decrease when the trigger is removed.

- Peripheral Neuropathic
 - History of a nerve injury pathology or mechanical compromise
 - Pain in a dermatomal or cutaneous distribution
 - Pain/ symptoms provocation with movement test

- **Chronic pain**, often from a central sensitization mechanism, results in widespread pain that is often unpredictable.

- Central Sensitization

- Pain is disproportionate to the nature or extent of injury/ pathology
- Disproportionate/ non- mechanical unpredictable pattern of pain provocation and response to aggravating/ easing factors
- Strong association with maladaptive psychological factors
- Diffuse/ non-anatomic areas of pain/ tenderness to palpation

**Opioids increase
the risk of depression.**

**Ask a physical
therapist about
safer ways to
manage pain.**

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How much did we spend?

2010: \$500 - \$635 Billion

1995: \$ 150 Billion

2010: \$309 Billion treating heart disease

\$243 Billion treating cancer

\$188 Billion treating diabetes

What Drove Up the Costs?

- Prescription Opioids
 - Quadrupled since 1999
 - 1 out of 5 present to the physicians office with complaints of pain will be prescribed an opioid
 - 2012: 259 million prescriptions for opioid pain medication was written
- **In 2012, 300 million people living in the US**
- **In 2015, over 20,000 US overdose deaths were related to prescription pain medications**
- **In 2015, 2 million Americans had a substance abuse disorder involving prescription pain medications**

No Discrimination

- Opioid and heroin use have increased significantly across most demographic groups
 - 1 in 4 people who receive prescription opioids long-term for noncancer pain in primary care settings struggles with addiction (CDC)
- 78% of diagnosed heroin overdoses between 2009 and 2014 were of people in the ages of 19-35
- From 2002-2004 to 2011-2013, heroin use grew by 100% among females, compared with 50% among males.



**In 2015, nearly 30%
of Medicare beneficiaries
were prescribed opioids.
There are safer ways
to manage pain.**

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Particular Concern for Women

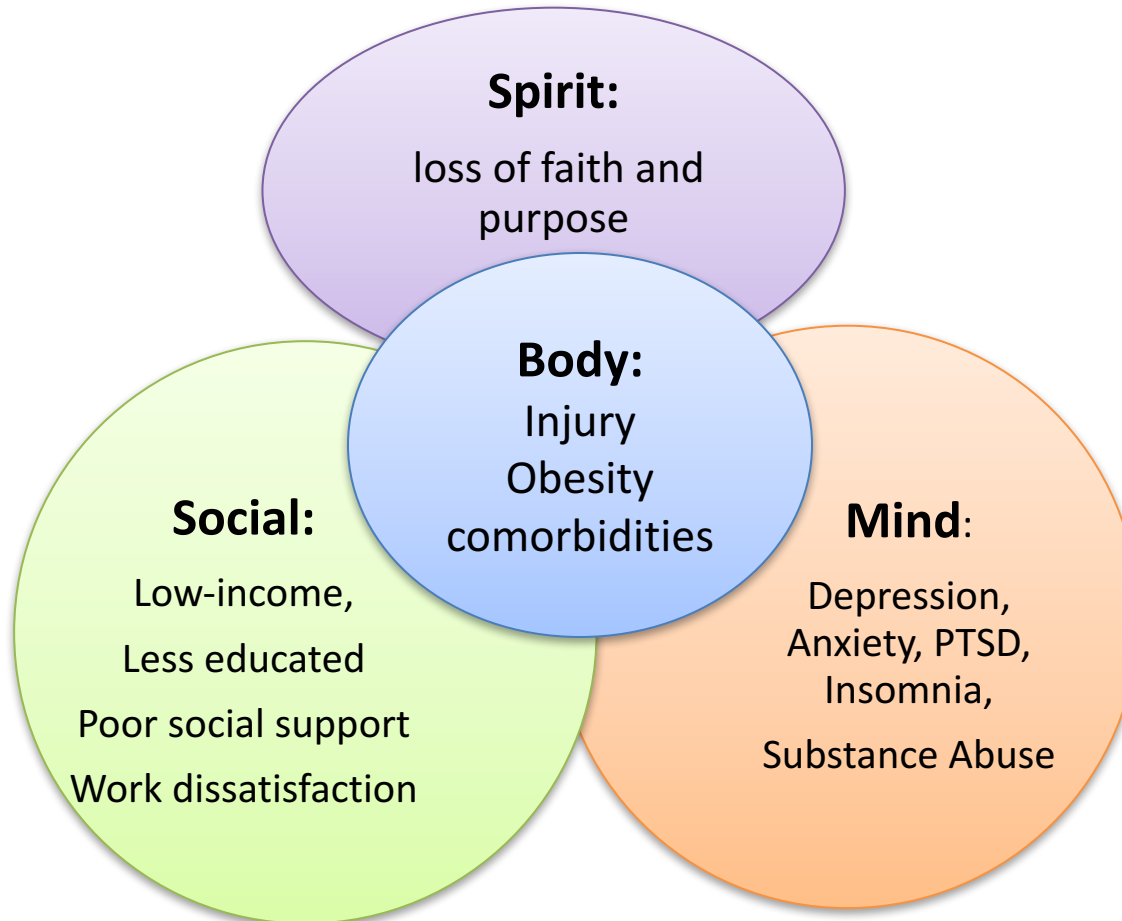
- Per the CDC women are more likely to present with chronic pain, be prescribed prescription pain medication, be given higher doses and use the longer
- Women's related deaths increased for 400% from 1999 to 2010 (men 237% increase)
- 500% rise in neonatal abstinence syndrome from 2004-2013, related to mothers taking opioids during pregnancy

- Every 25 minutes, a baby is born suffering from opioid withdrawal
 - This is a 5 fold increase since 2000
 - Increase in hospital stay, therefore increasing costs

The Risk is Real

- According to the CDC, among new heroin users, about 3 out of 4 report abusing prescription opioids before using heroin
- Deaths related to prescription opioids have quadrupled
- Opioids killed more than 33,000 people in 2015, more than any year on record
 - Nearly half of those deaths involved prescription opioids

The Biopsychosocial Model of Chronic Pain



The biopsychosocial model of disease

My long-term health conditions are biological in origin, but the impact has been felt physically, psychologically and socially. My long-term health condition can't be treated just through the biological medical model alone. . . .



pathology
disease
symptoms
science
doctors
tests
treatments



depression
guilt
identity
tears
stress
anxiety



hobbies
isolation
career
burden
family
money
friends

"The medical support keeps me alive, but it is the psychological and social support that enables me to live."

Pain Management Pyramid:

