Care Management Care Review Collaborative

February 16, 2018
Guest Specialist Dave Williams PHD



SCR Guidance

- The case study review is to serve as a learning platform only
- Input on the cases reviewed are to serve as suggestions and ideas. They are not to serve as an order
- All recommendations require the patients treating provider decision(s) to implement suggestions into the plan of care

Today's Guest David Williams Ph.D.

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Guest Topic

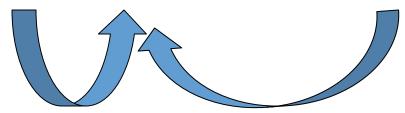
Considering the biopsychosocial aspect of managing patients with chronic pain

Shared Neurotransmitters Explain

The complexity of chronic pain presentation



• Sleep, Pain, Affect, Cognition, Energy



Shared Neurotransmitters Explain

- The complexity of chronic pain presentation
- By considering associated symptomatology,
 Clinicians have more targets upon which to intervene.

How is Pain Classified?

| Time | Body Location | Suspected Etiology |
|------------------|--------------------------|-------------------------|
| Acute Vs Chronic | Head, Neck, Back, Pelvis | Cancer, Rheumatic, etc. |

Newest Classification: Pain Mechanisms

| Adaptive Pain 1,2 | Pain as Disease State 3,4 |
|---|---|
| □ Alert to Danger Nociceptive Pain | ☐ Damage to the nervous system Neuropathic Pain |
| ☐ Facilitate immobility / healing Inflammatory Pain | ☐ Augmented central pain processing Central Pain |

¹Woolf CJ. *J Clin Invest.* 2010;120(11):3742-3744. ²Costigan M, et al. *Annu Rev Neurosci.* 2009;32:1-32. ³Dickinson BD, et al. *Pain Med.* 2010;11:1635-1653. ⁴Williams DA, Clauw DJ. *J Pain.* 2009;10(8):777-791.



A Closer Look at Central Pain



Chronic Overlapping Pain Conditions

| COPCs | US Prevalence |
|---|---------------|
| Irritable Bowel Syndrome | 44 Million |
| Temporomandibular Disorder | 35 Million |
| Chronic Low Back Pain | 20 Million |
| Interstitial Cystitis / Bladder Pain Syndrome | 8 Million |
| Migraine Headache | 7 Million |
| Tension Headache | 7 Million |
| Endometriosis | 6 Million |
| Vulvodynia | 6 Million |
| Fibromyalgia | 6 Million |
| Myalgic Encephalopathy / CFS | 4 Million |

¹Veasley, C. et al (2015). White paper from the *Chronic Pain Research Alliance*.

Central Sensitization

Clinical Assessment:

- Pain disproportionate to nature and extent of injury (not nociceptive)
- Not due to lesions or damage within CNS (not neuropathic)
- Wide-spread pain distribution
- General hypersensitivity of senses, stress, emotions, mental load,
- S.P.A.C.E.





Action of Non-Pharmacological Interventions across COPC's

- Interventions that are successful at desensitizing or calming CNS activity associated with central sensitization are likely to be beneficial across conditions
- Interventions that diminish "central load" are likely to be helpful over time. It takes time to calm (reset) a sensitized CNS.

So what's a doctor to do?





Dually Focused Management of Chronic Pain



- Nociceptive processes (damage or inflammation of tissues)
- Disordered sensory processing



Pharmacological therapies to improve symptoms



Functional Consequences of Symptoms

- Increased Distress
- Decreased activity
- Isolation
- Poor sleep
- Maladaptive illness behaviors



Nonpharmacological therapies to address dysfunction



Non-Pharmacological Therapies for Chronic Pain States

Strong Evidence

- Education
- Aerobic exercise
- Cognitive behavior therapy

Modest Evidence

- Strength training
- Hypnotherapy, biofeedback, balneotherapy

Weak Evidence

 Acupuncture, chiropractic, manual and massage therapy, electrotherapy, ultrasound

No Evidence

Tender (trigger) point injections, flexibility exercise

How to ERASE S.P.A.C.E.

Exercise & Energy

Reframing & Relaxation

Affect & Action

Sleep & Social

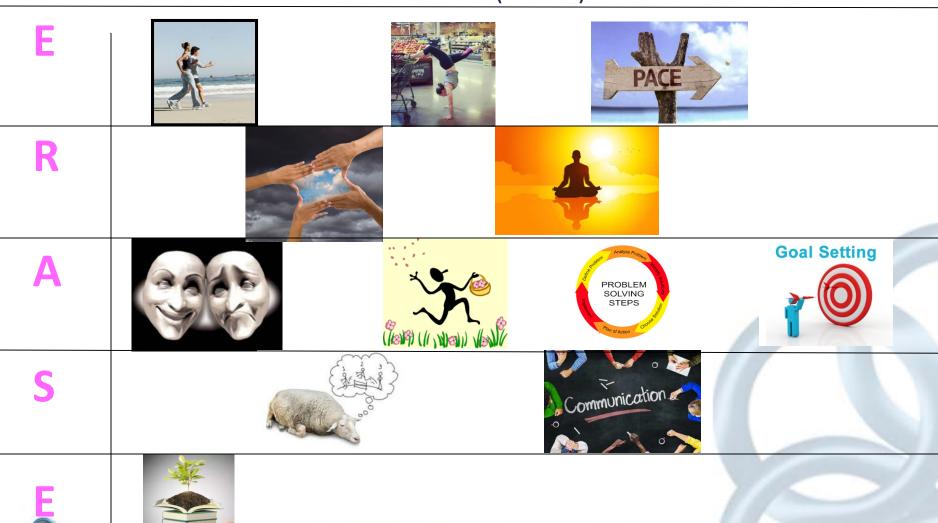
Education





Topics in Psychosocial Pain Interventions

Exercise/Energy, Reframing/Relaxation, Affect/Action, Sleep/Social, Education (ERASE)



Center for Clinical Systems Improvement



Exercise and Energy

- Multiple reviews and metaanalyses, and professional society guidelines recommend exercise and physical activity for the treatment of chronic pain and fatigue
- Increase Fitness
- Increase Function





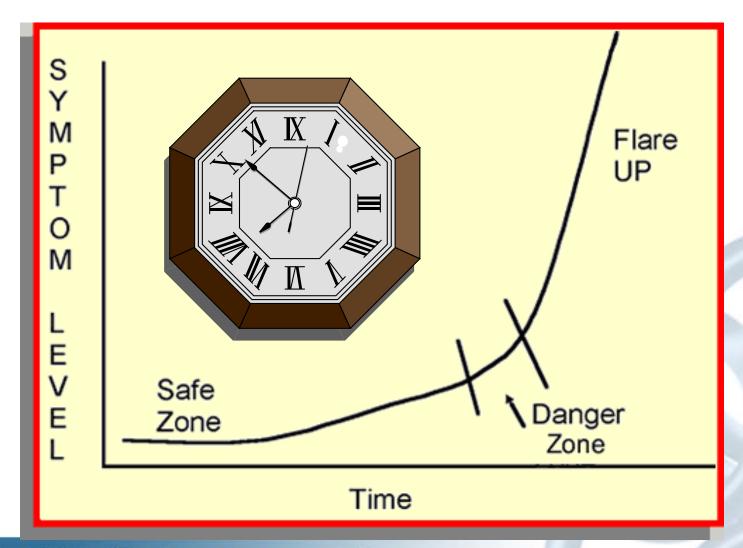
Lifestyle Physical Activity







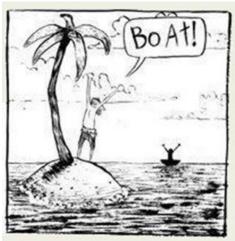
Behavioral Time-Based Pacing





Reframing







Perspective...



If Novel Learning is Negative, Automatic Thinking becomes Negative

Acute pain is awful

- Feels better with rest, avoiding tasks, withdraw socially
- Prepares self for the worst
- Catastrophizing produces negative emotions



When pain becomes chronic

- Tendency to retain acute pain thinking
- Don't revisit assumptions about pain
- Physiological toll deconditioning
- Need to focus on challenging old assumptions



ERASE

The Relaxation Response







Visual Imagery



Meditation

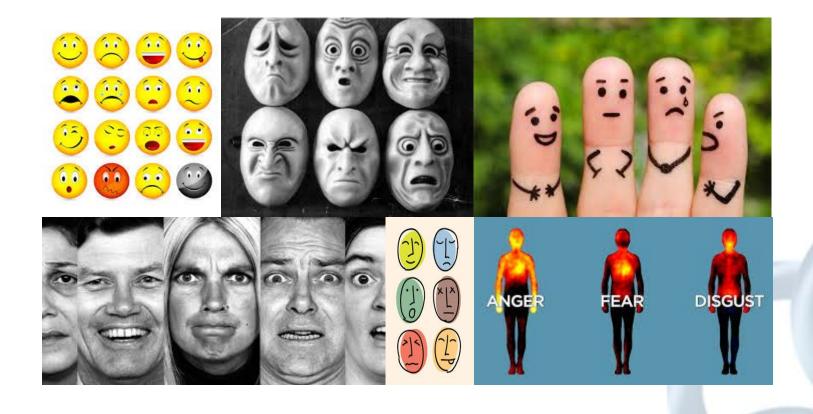


Biofeedback

Systems Improvement

ERASE

<u>A</u>FFECT



Psychiatric Co-Morbidities





Psychiatric Co-Morbidity in Chronic Pain

Depression Anxiety
6.6% 18.1%

General Population:

Chronic Pain:

30-54%

Personality Disorders in Chronic Pain Patients

Personality Disorders

gen. pop: 5%-15%

chronic pain: 51-%-58%

Cluster A:
Odd/Eccentric

- *Paranoid
- *Schizoid
- Schizotypal

44%

Cluster B Emotional/Erratic

- Antisocial
- *Histrionic
- Narcissistic
- Borderline

31%

Cluster C
Anxious/Fearful

- Avoidant
- *Dependent
- OCPD

25%

Personality Disorders

Predictive of transition from acute to chronic status

Sub clinical P.D. impacts pain and treatment compliance





Patients do not need to be mentally ill to have chronic pain





Approaches to Resolve Negative Affect Influencing Chronic Pain



Emotional Awareness and Expression Therapy (EAET)



Pleasant Activity Scheduling



Traditional Psychotherapy



Sleep







Social Challenges



Dr. -Patient



Family



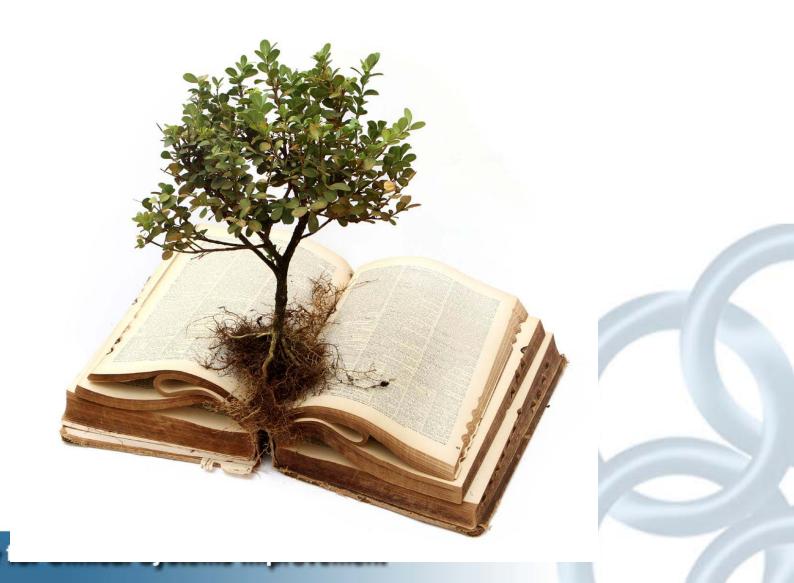
Friends



Employer and co-workers

ERASE

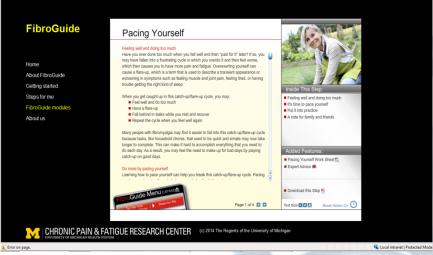
Education





Web-based self-management "FibroGuide"





http://fibroguide.med.umich.edu/

Bringing the concepts to practice

Case Study Review





Case Study #1

Cherie Bostwick of MHC



Sharing of Ideas

Dr. Williams

Dr. Baty

Others



Case Study #2

Robin Schreur of SHMG



Sharing of Ideas

Dr. Williams

Dr. Baty

Others



Thank You

We hope this session provided new knowledge and ideas for the management of chronic pain!

If you have topics you would like to have considered for a future case review, please submit them to sue.vos@miccsi.org