Team Based Pain Care

James D Hudson, MD

Medical Director Mary Free Bed Pain Rehabilitation Programs

Declaration

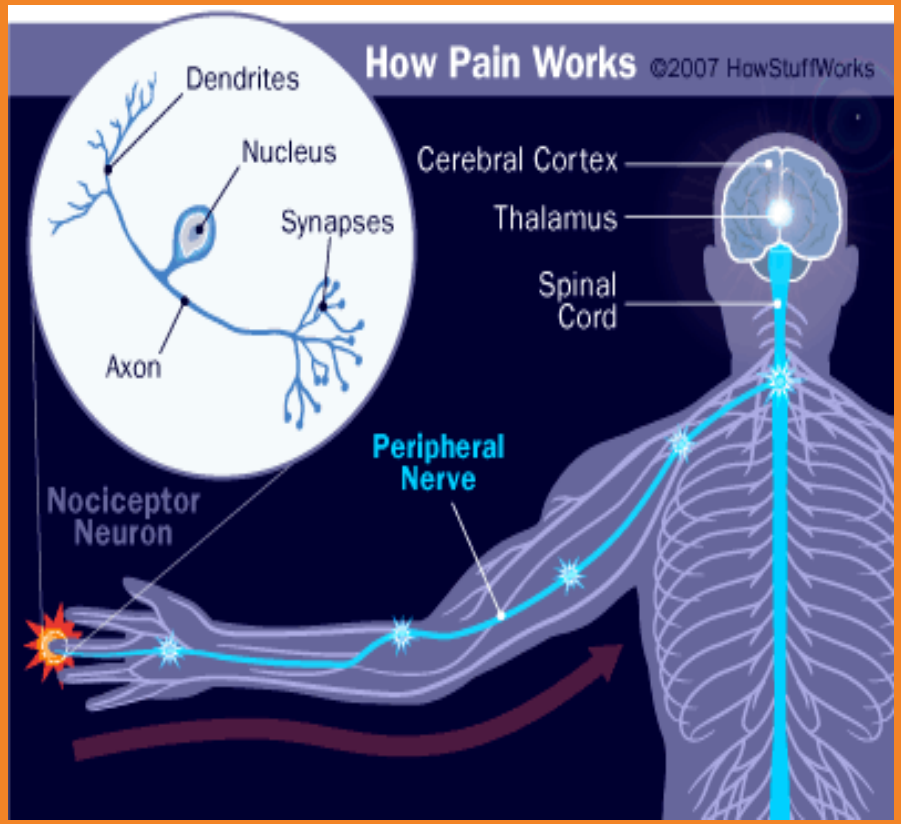
I have no conflict of interest to declare.

Title

What is Pain?

What is Pain?

- Is it Nociception?

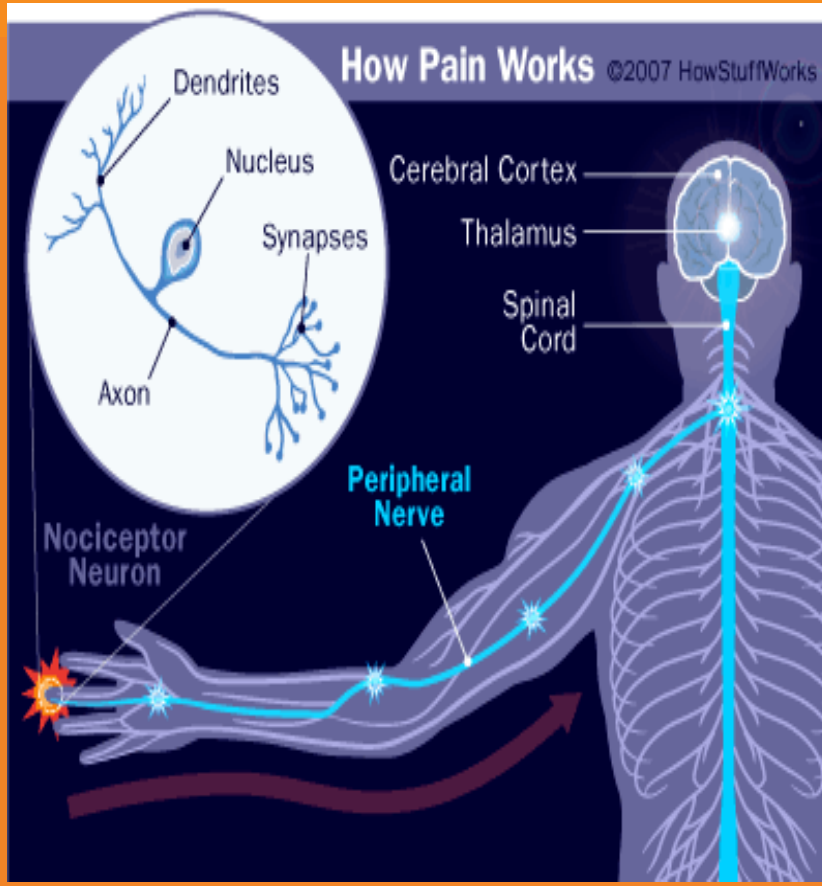


Is it nociception?

- Nociception is the input into the spinal cord and the somatosensory cortex from the periphery.
- Nociception is neither sufficient nor necessary to the experience of pain.
- Pain is more properly seen as an output of the central nervous system.

What is Pain?

- A Biomedical Model? Rene' Decarte
- In absence of confirmatory evidence of tissue damage we must conclude that your pain is "All in your head."



What is Pain?

- A biopsychosocial model?
- Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

IASP definition (1994)

Biopsychosocial pain

"Biological contributors are bodily events that activate nociceptors or drive tissue states outside of the safe homeostatic zone."

Moseley GL, Butler DS (2017) *Explain Pain Supercharged*, Noigroup Adelaide

Biopsychosocial pain

"Psychological Contributors are…the things we think, say, believe, predict, feel, and do…"

Moseley GL, Butler DS (2017) *Explain Pain Supercharged*, Noigroup Adelaide

Biopsychosocial pain

“Social contributors relate to any interactions one has with others and the roles a person plays in his or her social world.”

Moseley GL, Butler DS (2017) *Explain Pain Supercharged*, Noigroup Adelaide

Pain Neuroscience Education

- ***The Neuromatrix Model of Pain; A biopsychosocial model that sees each experience of pain as unique and determined by multiple factors operant at that particular time and place and influenced by similar prior experiences, present state of physical and mental health and social determinants.***

Pain Neuroscience Education

- “So what is Pain Neuroscience Education?
- Patient education that focuses on the complexity of pain. If pain isn’t nociception than “Hurt doesn’t necessarily mean Harm”
- Metaphors
- What you think and say and do is very important to your experience of pain and this is what we mean by active treatment on a broader scale.

Pain Neuroscience Education

- ***Explain Pain Supercharged ;***Moseley and Butler: NOI Publications, Adeleide 2017
- https://www.retrainpain.org: Retrain Pain Foundation, NY, NY
- https://www.painscience.com; Paul Ingraham
- ***Recovery Stategies - Pain Guidebook***: Greg Lehman on Line Free Download

Biopsychosocial pain

- It’s complicated
- We can make it worse by what we say about an injury or an imaging study and how we treat the patient.

- Degenerative Disc
- Bone on Bone
- Whiplash
- Frozen Shoulder
- Back of an 80 year old
- There is nothing we can do.

Biopsychosocial pain

- It’s complicated
- We can make it better by what we say and how we treat the patient.

- Acute back pain is a common problem and it almost always clears up.
- The body is incredible at healing itself.
- Know pain, know gain.
- We will help you get back.
- Pain protects you - use it.

Biopsychosocial pain

- It’s complicated
- It can be made worse by what happens to the patient.
- Lost income
- Loss of roles at work and home
- Friends and family treat them differently.

Biopsychosocial pain

- It’s complicated
- It can be made worse by what the patient tells themselves.

- I’m screwed!
- I told my supervisor there was a problem.
- That idiot should never have been driving.
- I’ll never be the same.

Biopsychosocial pain

- It’s complicated
- It can be made better by what the patient tells themselves.
- I know someone who has recovered from this.
- I’ll make it back.
- I’m lucky it wasn’t worse.
- I’m willing to work at it.

Treating Pain Differently?

- How?
  - Complete History of Chronic Pain
  - Body Map of pain.
  - Walk me through a usual day.

Treating Pain Differently?

- How?
  - Recognize injury management and pain management are not identical.
  - Assess any mismatch between identified injury or illness and type, location and level of pain.
  - Assess patient's attitude toward pain. Is there evidence of significant psycho-social aspects of their presentation that you need to address?

Treating Pain Differently?

- How?
  - Ask about the patient's overall experience.
    - Emotional reaction
    - Sleep
    - Financial implications
    - Attitude toward work
    - Fear of pain
    - Expectations for recovery

Treating Pain Differently?

- How?
  - Specific Questions
  - Are you getting dressed every day?
  - How much are you talking about your pain?
  - What is your activity level?

Treating Pain Differently?

- How?
  - Normalize the patient's experience
  - Setting specific goals
  - Pair goals in medication reduction with goals in functional improvement
  - Decide what team members you need to enlist to achieve these goals. PT, OT, Mental Health, Specialists.

Treating Pain Differently?

- How?
  - What do you do for your pain?
  - How is it working for you?
  - If we want a different result we must do something different.
  - Do you have headaches? Any other kinds of pain? How are your meds working for that?

Tapering

- How?
  - Take one medication at a time, let the patient choose if on 2 opioids.
  - Give activity goals to go along with the tapering, what does the patient want to do?
  - Consider 1 - 2 week Rx at time.
  - Address sleep, anxiety and depression as indicated.

Tapering

- Risks of tapering

- HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics.
- https://www.hhs.gov/opioids/sites/default/files/2019-10/Dosage_Reduction_Discontinuation.pdf

Tapering

- Risks of tapering
- Opioids should not be tapered rapidly or discontinued suddenly due to the risks of significant opioid withdrawal.

Tapering

- Risks of tapering

- Risks of tapering or sudden discontinuation of opioids in physically dependent patients include acute withdrawal symptoms, exacerbation of pain, serious psychological distress and thoughts of suicide, Patients may seek other sources of opioids, potentially including illicit opioids as a way to

Tapering

- Risks of tapering
- Unless there are indications of a life-threatening issue , such as warning signs of impending overdose, HHS does not recommend abrupt opoid dose reduction or discontinuation.

Tapering

- Testing
  - PHQ-2 and PHQ-9
  - Opioid Risk Tool
  - GAD- 7
  - ACR diagnostic criteria for Fibromyalgia 2010
  - Budapest Criteria for CRPS
  - COW scale

Pharmacologic Pain Management

- What about opioids?

- Must establish personal history of alcohol, substance abuse, mental health, family history and access MAPS. Limit treatment to 3 – 7 days, use short acting and obtain written informed consent (Let's start Talking"), proper disposal, risk in pregnancy, bona fide patient relationship, review and document in Medical Record and follow up.

References

- Aldington D.,Eccleston C.,Evidence-based Pain Management:Building on the Foundations of Cochrane Systematic Reviews. Am J Public Health. 2019 January. Doi: 10.2105AJPH2018.304745
- Moseley GL, & Butler DS. *Fifteen Years of Explaining Pain: The Past, Present and Future*. J of Pain, vol 16,No 9, 2015: pp 807-813
- https://www.fda.gov/drugs/drug-safety-and-availability/fda-identifies-harm-reported-sudden-discontinuation-opioid-pain-medicines-and-requires-label-changes
- https://www.ncbi.nlm.nih.gov/pubmed/26987082
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2656330/#
- https://www.hhs.gov/opioids/sites/default/files/2019-10/Dosage_Reduction_Discontinuation.pdf