

# Patient Interview

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THE POWER OF EFFECTIVE TEAM BASED CARE

# Basics

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Three important steps to relieving chronic pain:

- 1. Educate** patients about the pain system
- 2. Reassure** your patient that you are not abandoning them
- 3. Change** the focus from relieving pain to restoring function

Things that  
should always  
be considered

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Patient history and experiences

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Psychosocial supports

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Current and past stressors

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Past treatment experiences

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Beliefs

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Values

# Case Example Chronic Back Pain

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## ***59-year-old man with a 15-year history of chronic back pain***

- Reported “constant aching” in spine, hands, shoulders; numbness and tingling in upper and lower extremities

## **Daily oral morphine equivalence: 185-250 mg**

- Medications include morphine sulfate ER 15 mg 3 tabs TID, hydromorphone 4 mg 2 tabs QD, diazepam 5mg Q am, temazepam 30mg HS PRN, lisdexamfetamine 70mg Q am, bupropion XL 450 mg daily, melatonin 5mg Hs, Lisinopril-hctz 10/12.5 QD, testosterone topical 10mg Qam.

## **Treatment history**

- Multiple back surgeries, physical therapy, chiropractic, nerve blocks, mental health counseling, massage, ice/heat

## **Current functioning**

- Works part time
- Prolonged periods of rest/inactivity
- Significant sleep disturbance
- Worsening depression
- Would like to return to full-time work and recreational activities (fishing, golfing, swimming)

# Case Example

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## **Medical History**

- Hypertension, obstructive sleep apnea, viral hepatitis C

## **Mental Health History**

- Depression, anxiety, ADHD
- Prior suicide attempt
- Multiple psychiatric hospitalizations

## **Substance Use History**

- “Various substances” since age 9
- Past alcohol use and heroin use disorder

## **Social History**

- History of childhood trauma
- U.S. Army veteran
- Married

# Case Example

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## Treatment Progress

- Opioid taper continued after discharge– no daily narcotics present.
- Returned to previously valued activities (golfing, home activities, exercise)

**Patient Reported:** more positive affect and energy, decreased pain, using behavioral strategies to manage pain

- Disability (ODI): Intake: 52%; Discharge: 38%
- Average pain over past month (0-10 scale): Intake = 6; Discharge = 3
- Depressed mood (CES-D): Intake = 22 (mild); Discharge = 11 (normal range)
- Anxiety (Burns): Intake = 50 (severe); Discharge = 16 (mild)
- Pain Catastrophizing (PCS): Intake = 42 (severe); Discharge = 8 (normal range)