Chronic Pain

NDAFP Family Medicine Update
Big Sky, Montana
January 20, 2016

Objectives

• Identify the benefits of improving the doctor-patient relationship and increasing patient self-management of chronic pain
• Identify behavioral changes that improve chronic pain outcomes
• Identify practical and brief interventions to increase self-management in patients with chronic pain

Good Quality Patient-Oriented Evidence

• Physician-Patient Partnership
• Physical Rehabilitation and Psychosocial Management

• The evidence for other interventions including medications is inconsistent, poorer quality, or based on usual care without RCTs


Physician-Patient Partnership

Communication:
• I know this is really frustrating for you.
• I can see you are upset. You are focused on now and I am focused on now and the future.
• I want to help your pain now AND in the future.
• I want to help you and I want to keep you safe.
• I wish the medications worked that way.
• I cannot choose a treatment that I believe will make you worse off in the future.
• Which of these things would you be willing to work on this month?

We are all on the same side - why the disconnect?

• Chronic Pain is not Acute Pain
• Interpersonal experiences of pain patients
• Prejudice and transference of physicians
• Impact of pain on coping behaviors and interpersonal presentation
• Impact of opioids on pain, cognition, and behavior
• Inadequacy of available interventions
• Time
What works for chronic pain?

- Prevention of pain flares works better than rescue
  - Keep this in mind with PT
  - Activity pacing
- Things that impact pain centralization.
  - Physical activity
  - Emotional Management
  - Medications: NSAIDs, AD, neuro, muscle relaxers
  - Opioids can make centralization worse
- Reducing behaviors that cause secondary pain

Physical Rehabilitation and Activity Pacing

- Chronic pain friendly strengthening and conditioning
- Ergonomics and posture
- Activity Pacing
- Slow, gentle, regular, increase slowly
- When your patients say that PT made them worse - this can easily happen

Pain Flares and Activity Pacing

- Too much activity
- Not enough activity
- Pain Flare
- Increased Brain Sensitivity

Slowly changing activity - rest cycle

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Limit setting

- Say no to things that trigger flares
  - Intensity
  - Repetitive
  - Duration
- Offer an alternative
**Emotional Management**

- Pain is designed to stimulate our fight-or-flight system.
- "When it fires together, it wires together."
- Physiological changes associated with fight-or-flight also make pain feel worse.
- Prolonged pain causes depression which in turn stimulates passivity, avoidance, lack of motivation.
- Relationship problems are common for patients with chronic pain.

**Substances**

- Tobacco
  - Temporary analgesia, sustained increased pain
  - Smoking cessation: less pain, less opioid use
- Caffeine
  - Impact on fatigue and mood make caffeine attractive
  - Increased sensitivity, arousal, and poorer sleep
- Alcohol
  - Short-term analgesia makes alcohol abuse extremely common for pts. with chronic pain.
- Cannabis
  - Complicated: "dirty drug" parts improve, parts worsen

**Sleep**

- Schedule, esp. wake time
- Caffeine < 200mg qd
- Blue light timing (SCN)
  - Good in the morning, bad at night
  - Screens
    - Computer: Lux (for Macs), or Lux (for Windows)
    - Plan ahead for relaxation/distraction
- Bed association
- Sleep restriction
- Napping
- Relaxation and distraction

**Other**

- Maintaining muscle warmth
- Diet
  - Weight control
  - Anti-inflammatory diet?
  - Social contact and support
- Pain reinforcement
- Pleasurable activities

**Rescue**

- HSAIDS
- Relaxation + distraction
- Heat or Ice
- Topicals
- TENS units and nerve stimulators
- Opioids if not contraindicated
  - Fibromyalgia, tension headaches, IBS, low back pain, addiction have poorer outcomes with opioids
  - Neuropathic pain (MS, burn, stroke, spinal cord injuries, stroke, amputations) tend to respond better
  - Think of opioids using safe procedures like with warfarin and isotretinoin
Education - How CP is different from AP

- Brain and spinal cord turn UP the volume of pain signals
- Your brain gets better and better at processing pain.
- Physical activity helps reverse this.

Education Opioids

- Limits of opioids for pain relief
- Dependence will occur to all patients
- Addiction is a side effect of the medication for some
- Hyperalgesia
- Side effects
- Safety

YouTube Resources:
- Australia Pain Video “Understanding pain”
- Doc Mike Evans “Best advice for people taking opioid medications”
- UND CFM Chronic Pain Resources
  - Click on playlists

Education Opioids

- Hyperalgesia

Education

- Preventing flares and reducing brain sensitivity will help the most.
- The more changes you do, the more impact you will have on your condition.
- Start where you can.
- Biggest impacts:
  - Activity pacing
  - Physical activity/strengthening
  - Relaxation and emotional management

SET GOALS

1. Functional Goals - not the elimination of pain
2. Use a menu
3.
Make a plan

- Opioids + inactivity = worsening pain
- Start where they can
- Activity pacing is really difficult and also worth it
- Heating pad + relaxation is a relatively non-threatening place for a discouraged patient to start.
- Follow-up: Morbidity and mortality for poorly managed chronic pain is tremendous.

Summary

- Physician Patient Partnership is essential
  - Made challenging by the nature of pain and opioids
- Physical Rehabilitation and psychosocial management
  - Gentle, gradual, slowly increasing physical activity
  - Activity pacing to prevent flares
  - Emotional management
  - Substances
    - Rescue: heat, relaxation, distraction
- Use menus and ask patients to choose one thing to work on
- Follow-up

Learn more


Thank You!

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Please email me if you’d like copies of the menus, care plans, patient education materials, and/or pain class powerpoint.