

“Her Pain Is Becoming A Problem”

Adding Complementary Medicine for Persistent Pain when Opioids are not THE Solution.

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PCSS-O Training
Providers' Clinical Support System for Opioid Therapies

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Yes, We do have a problem

- In 2006, 78 million had CP, 50% didn't receive ANY treatment
- In 2010, **100 million**
- Diabetes: 25.8 (dx and estimated)
- Coronary Heart Disease: 16.3
- Heart attack, chest pain, stroke: 7 million
- Cancer: 11.9 million

National Institute of Medicine
ADA, American Heart, ACS

Problem of Unrelieved Pain

Impact on Quality of Life

- (59%) reported an impact on QOL.
 - (77%) reported feeling depressed.
 - 74% said energy level impacted by pain.
 - 86% reported inability to sleep well.
 - 3 out of 4 individuals report their pain is not relieved to their satisfaction
- \$560-634 billion/yr
 - 61 billion/yr lost in productivity
 - Or 2 mill/per employee w CP
 - Rx: \$63. billion/yr
 - Sx: increased by 55%,1985-1995, at \$15,000 a sx

System Affected	Response to Pain
Cardiovascular	↑ heart rate, ↑ cardiac output, ↑ peripheral vascular resistance, hypertension, deep vein thrombosis
Cognitive	↓ cognitive function, mental confusion
Developmental	↑ behavioral and physiologic responses to pain, irritability, higher somatization, addictive behavior, anxiety states
Endocrine	↑ adrenocorticotrophic hormone, ↑ cortisol, ↑ antidiuretic hormone, ↑ epinephrine, ↑ norepinephrine, ↓ insulin, ↓ testosterone
Future pain	Debilitating chronic pain syndromes, phantom pain, postherpetic neuralgia, postmastectomy pain, postthoracotomy pain
Gastrointestinal	↓ gastric and bowel motility
Genitourinary	↓ urinary output, urinary retention, fluid overload, hypokalemia
Immune	↓ immune response
Metabolic	Gluconeogenesis, hepatic glycogenolysis, hyperglycemia, glucose intolerance, insulin resistance, muscle protein catabolism
Musculoskeletal	Muscle spasm, impaired muscle function, fatigue, immobility
Respiratory	↓ flows and volumes, atelectasis, shunting, hypoxemia, ↓ cough, sputum retention, infection
Quality of life	Sleeplessness, anxiety, fear, hopelessness, ↑ thoughts of suicide

↑- increased, ↓- decreased. Adapted from McCaffery M, Pasero C: Pain: Clinical Manual, St. Louis, 1999, Mosby

Addiction: Fact or Fear

- Prescriptions are second most abused category of drugs after MJ
- In 2009 nonmedical use of prescription drugs exceeded the use of cocaine, heroin, hallucinogens, and inhalants combined
- In 2008 5.1 million persons reported that they used prescription pain relievers for nonmedical or nonprescribed purposes
- Visits to ED involving the nonmedical use of prescription analgesics rose 111%, more than doubling the number of visits from 2004 to 2008
- 70% of individuals who use opioids for nonmedical use, obtain from friends/family-who have 1 prescriber.

- **Yet only ?% of those with pain are shown to have true addiction to pain medication**

4 C's Addiction

- **Craving**
- **Impaired control**
- **Continued use despite harm**
- **Compulsive use**

Acute Pain / Medical Model



Biomedical vs Biopsychosocial

Acute Pain

- New and different
- Less than 3 months
- Test it
- Diagnosis it
- Treat it
- Goes away

Persistent Pain

- Same old thing
- Greater than 6 mo or longer than normal healing
- May or may not show up on tests
- May or may not have a diagnosis (Poss. “unknown cause”)
- Manage it
- Does not go away

Medical model



Figure 1: **The “biopsychosocial” model of pain**

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Medications: Just 1 tool in the box



Brief History

- **1980's Alternative Medicine Emerged**
- **Early 1990's Alternative and conventional options to “complement” each other**
- **1996 NIH recommends use of mind body therapies for chronic pain**
- **1999 NIH adopted term Complementary and Alternative Medicine as part of National Institutes of Health's National Center on Complementary and Alternative Medicine (NCCAM)**

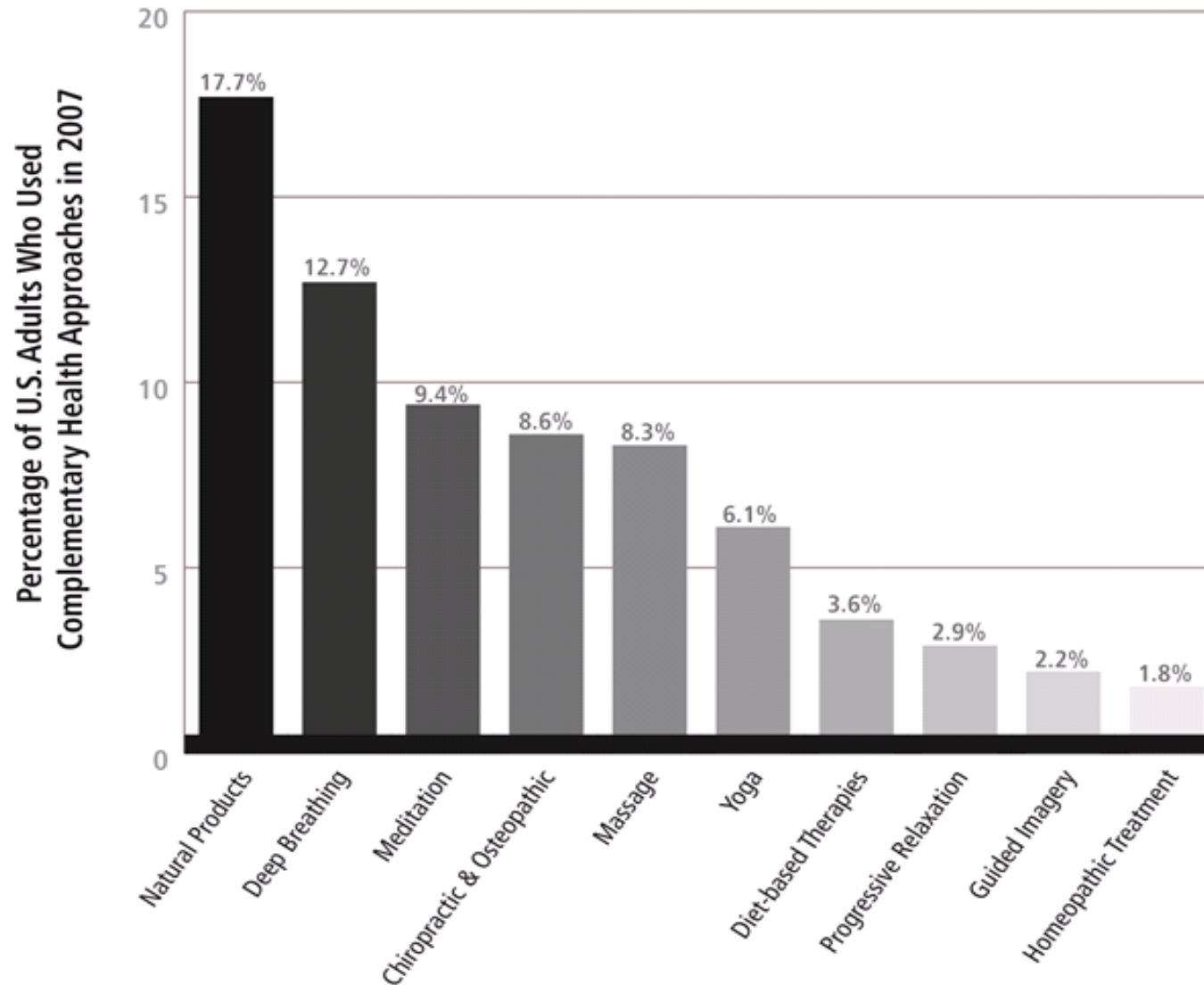
Definitions

- **Conventional/Western Medicine**
Medical care in systems based on the laws of science and the application of the scientific method.
- **Complementary Medicine**
Non-conventional, healing practices used in conjunction with conventional/traditional medicine practices.
- **Integrative Medicine**
A new medical specialty focused on the use of evidenced based treatments that combine aspects of CAM and conventional medicine.
- **Alternative:** “Alternative” refers to using a non-mainstream approach in place of conventional medicine

American Academy of Child and Adolescent Psychiatry. 2014. Fact Sheet and NCCAM Basics <http://nccam.nih.gov/health/whatiscam>

10 Most Common Complementary Health Approaches Among Adults—2007

Cindy R. Heck MA LCPC RN-BC CCM Feb 2014



Why is complementary medicine effective for some...

- Works on mind and body (integrated self)
 - We cannot divide the mind and body
 - Mind drives body- ex
 - Pain involves perception
- People believe they work
- May have analgesic effect, addresses unpleasant side effect symptoms, distraction, **perception,**
and sense of control

Affects sense of suffering

Suffering and Pain

- “Treating a disease and treating a person are very different concerns, because recovery depends in large part on the mind and spirit of the patient.

Suffering, a state of mind, involves the entire person.”

Dr. Paul Brand

Pain and Suffering

- Perception of control and meaning that modulates sense of suffering
- Childbirth....
 - 1. Sense of control
 - Melzack discovered 2nd time mothers rated labor pain lower.
 - First time mothers with lamaze
 - 2. Sense of suffering
 - Pain had positive meaning... purpose.. wasn't mystery.

Control vs Manage

- **Control... “to have power over”**
- **Manage “cope, pull off, come to terms with” ,
handle effectively, carry on or function”**

8 Meanings of Pain

Mysterious	"What is causing this"
Punitive	"I deserve this."
Entitled	"I didn't hurt before, I shouldn't hurt now."
Fatalistic	"Nothing will help"
Progressive	"It will only get worse."
Curative	"There has to be a cure and I will find it."
Stoic/Heroic	"Good people don't c/o pain."
Functional	"Would I be accepted/loved w/o my pain."
Accepting	Refuse to be disabled despite pain

Meaning: Most difficult to treat

- **Feather vs Scorpion**
 - Same nerve endings
- **Feather.. delight or pain...**
 - anticipatory fear/pain
- **False alarm or Further Injury**

Existential Pain

- Need to clarify what is hurting
- One Boston Psychiatrist said,

“half the people who go to clinics with physical complaints are really saying “My life hurts” Pain is really an existential expression.”

Thoughts/Beliefs

- **In fact, beliefs, anticipation, and expectation are better predictors of pain and disability than any physical pathology. (IOM report on pain, p. 62)**

Intensifiers and Interactions (heart of CBT of Pain Management)

Fear, Depression, Anxiety, Guilt,
Anger

Fear as intensifier

- Fear is physical not just emotional
- No pill or injection will address the fear
- Tx the fear and the pain:
 - Dr. Brand. “pain cannot be tx purely as a physical phenomena. We have to face the fear together with our pts. What does the pain mean to the pt?”
 - HCP Tip:
 - Address/Validate fear
 - Provide resource to increase coping
 - Determine together next steps

Fear and Pain

- Memory of pain is locked into the brain and protects us in future.
- Touch hot pot..burn hand...use hot pad.
- Foot hurts with full wt bear so limp when stand next time to avoid pain.
- Anticipatory pain.
 - Kinesophobia...deconditioned...increased pain...kinesophobia

Anxiety and Pain

- **Inability to differentiate what is in distress...the mind or body**

Anxiety

- Activates stress response—
With physical consequences
delaying healing
- Leads to behavioral avoidance,
leading to kinesiophobia
- Less likely to utilize effective
coping strategies
- Can paralyze
 - Unable to hear your
instructions, i.e won't follow
them.. jeopardizes care
 - Repeatedly calls you back

- **HCP Tips/Tools:**

- Write it down
- Keep it concrete and simple
- Provide reassurance
- Provide education (about
procedure/tests etc)
- Highlight their power
- Allow extra time
- Go slow
- Teach visualization/relaxation
- Encourage purposeful self-
awareness
- Biofeedback
- Assess diet
- Sleep hygiene
- Massage
- Meditation
- Yoga/Tai Chi

Depression

And Pain

Prevalence

- Depression is 3-4xs greater in pain population than general population
- Depression consistently predicts
 - Lower levels of fx
 - Poorer coping
 - More pain related disability



HCP Tip/Tools

- Depression/Suicide Screenings
- Refer for psychological consult specific to pain
- Obtain Medication consult for depression
- Encourage volunteer activities
- Validate/Non judgmental Listening/Provide Empathy
- Encourage journaling, thought logs
- Meditation
- Movement: exercise/Yoga/Tai Chi
- Music and expressive therapies
- Sleep hygiene

Pain and Suicide

- Pain sufferers are 2-3xs more likely to commit suicide
- Of those who completed suicide
 - 52% suffered from a chronic illness/chronic pain
 - 21% were taking analgesics daily for pain

Chicken or Egg Debate

- **Debate is over. Current trend is accepting interrelatedness.**
- **Shared neurotransmitters: serotonin, norepinephrine, endorphins regulate both mood and pain.**
- **Hans Selye:**
- **Emotions Buried Alive**

Depression presents as pain

- **75% of those with depression present to PCP with complaints of physical sx, esp pain.**
- **Why?**

Losses

- Many losses accompany chronic pain
- Each loss is experienced on an emotional level
- Emotions activate the physiological stress response which affects the body increasing pain
- Pain causes stress: stress affects pain

Anger

And Pain

Who angry with

- **Insurance co**
- **Employers**
- **Atty**
- **Medical Providers**
- **God**
- **World**
- **Themselves/their body**

Anger and the body

- Anger greater risk factor for HD than smoking, HTN, and high cholesterol
- Less likely to utilize and receive from a support network
- Increases sympathetic system
- Decreases efficiency of parasympathetic system
- Weakens immune system
 - Deactivates Natural killer cells
- Inc risk for anxiety and depression, Asthma, HTN, Coronary Artery Disease
- Higher incidence of risk taking, compulsive behaviors, cynical hostility.. "why bother"

Anger and Pain

- Increased sensitivity to pain amongst those who are easily angered or who bottle anger
- Suppressed anger worsens depression, worsens pain
- Compromises adjustment to pain
- Anger precipitates pain....such as migraines and tension headaches (Marcussen & Wolf, Martin & Teoh)
- Hostile people release more adrenaline and norepinephrine into blood stream than nonhostile people.

Anger/Grief/Loss

- Grief cycle
- Shock, denial, anger, depression, acceptance

HCP Tips/Tools:

- Be sensitive to loss behind anger
- Look for root. Anger is a secondary emotion
- Look for need and address it
- Be respectful for level of readiness
- Don't take it personal/detach-don't react
- Be mindful of boundaries, be self aware, avoid defensiveness
- Assist in increasing support
- Teach Relaxation/Breathing exercises,
- Teach Meditation individual to patient
- Music therapy

Guilt

- **Immobilizes**

You want me to see a what?!?!?!?



- Gold standard of care
- Beliefs
- Coping
- Meaning
- Thoughts
- Emotions
- Suffering
- Perceptions

Final Thoughts

“To cure sometimes, to relieve often, to comfort always”

-ascribed to Hippocrates (Greek physician, 460-370 BC)



Resources

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