VIDEO DISCLAIMER:

Video will be taken at this clinic and potentially used in Project ECHO promotional materials. By attending this clinic, you consent to have your photo taken and allow Project ECHO to use this photo and/or video. If you don’t want your photo taken, please let us know. Thank you!

ECHO Nevada emphasizes patient privacy and asks participants to not share ANY Protected Health Information during ECHO clinics.
Disclaimer

In order to support the growth of the ECHO movement, Project ECHO® collects participation data for each teleECHO™ program. This data allows Project ECHO to measure, analyze, and report on the movement’s reach. It is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision making related to new initiatives.

Data collected shows that in 2017 Project ECHO Nevada was attended 2,339 times – 72.4% more than in 2016. Additionally, we consulted on 88 individual patient cases in 2017, double that of 2016.

We thank you for your continued support and participation!
To show this poll

1. Install the app from pollev.com/app
2. Start the presentation

Still not working? Get help at pollev.com/app/help or Open poll in your web browser
PAIN AND DEPRESSION

Dr. Michael Lewandowski
ECNO Clinic 2018
Depression → Pain → Depression

Pain → Depression → Pain
DEPRESSION IS COMMON IN PATIENTS WITH PAIN

US Geriatric Population 5%
Ambulatory Medical Patients 5-9%
Medical Inpatients 15-20%
Pain Clinics 10-100% (~50%)

AND Pain is Common in Patients with Depression

Bair et al, Arch Int Med 2003
DEPRESSION AND PAIN

Patients with pain have 2-5 times increased depression incidence

Greater risk of depression with:
  Multiple pain complaints
  Multiple episodes
  Severe pain

Patients with pain and depression have greater:
  Pain complaints
  Pain intensity
  Chronicity
PAIN IS STRONGLY ASSOCIATED WITH DEPRESSION

** p < 0.001

Thielke, HRS, 2008
UNRECOGNIZED AND UNTREATED DEPRESSION

• Interferes with treatment and rehab
• May increase pain intensity and disability
• Decrease pain threshold and tolerance
• Magnification of medical symptoms
• Less successful treatment outcomes
DEPRESSION IS ASSOCIATED WITH:

• ↑ pain complaints and intensity
• ↑ disability
• ↑ functional limitations
• ↑ utilization (office visits, hospitalizations)
• ↑ costs
• ↑ risk of nonrecovery

PAIN IS ASSOCIATED WITH:

• depressive symptoms
• functional limitations
• unemployment rate
• frequent use of opioid analgesics
• frequent pain-related doctor visits
• worse self-rated health

CHRONIC PAIN AND AGING

• 66% of older adults report chronic pain [lasting 3 months or more] (Gagliese 1997)

• Of older adults with pain, 83% report that pain interferes with daily activities and negatively affects quality of life (Herr 2001)

• Most frequent pain types in those 65 or older are osteoarthritis of hip or knee (58%) and low back pain (35%) (CDC)

• Mean # of pain sites in older adults: 4.3
Many types of chronic pain disorders occur less commonly with advancing age:

- Headache
- Migraine
- Abdominal pain
- Chest pain
- Low back
SLEEP, PAIN, AND DEPRESSION

• 50-80% of patients with chronic pain have a significant sleep disturbance
• Sleep disturbance is one of the cardinal symptoms of depression
• Experimental disruption of slow-wave sleep increases pain sensitivity
TREATMENT RECOMMENDATIONS

• Ask about pain and about depression
• Ask about pain and depression treatments
• Work to understand effects of mental health on use of pain treatments
• Do not assume that one problem is causing the other
• Do not assume that addressing one problem will fix the other
PREScribe 365 RESOURCES

- Visit prescribe365.nv.gov for more information on AB474
- Resources available for both prescribers and patients
- Sample Informed Consent
- Sample Medication Agreement