Non-Pharmacological Approaches to Chronic Pain

MICHAEL J. LEWANDOWSKI, PH.D.

Clinical Associate Professor
Department of Psychiatry
School of Medicine
Adjunct Faculty Psychology Department
University of Nevada
Goal of Presentation: “Psychologically Informed Medical Practice”
Rewriting the Pain Equation: from Biopsychosocial to Sociopsychobiological

Daniel Carr, MD Director Program on Pain Research, Education and Police Professor of Public Health and Community Medicine, Tufts University School of Medicine
Western Pain Society Meeting 2014 – Stanford University
Psychosocial factors appear to play a larger prognostic role than physical factors in low back pain.

There is evidence to suggest that fear plays a significant role when pain has become persistent

Psychological factors are predictors of chronicity and disability in people with low back pain.

Identification of elevated psychosocial distress has been strongly linked to poor clinical outcomes in a variety of health care settings.
Physical distress, depression, and fear avoidance are well-defined psychosocial entities that are best assessed with specific screening tools.
Objectives

- Non-Pharm strategies for your patient who has chronic pain
  1. Educational materials/Books
  2. Screening measures to help you understand
  3. Phone applications for relaxation
  4. Questions to ask your patients
  5. Tricks and tips
  6. Metaphors to explain coping
• **PAIN EDUCATION**
  • (what you don’t know can hurt you)

• IASP Definition of pain: “An unpleasant sensory *and emotional* experience associated with actual or potential tissue damage, or described in terms of such damage.”
Motivational Interviewing in Health Care

Helping Patients Change Behavior

Stephen Rollnick | William R. Miller | Christopher C. Butler
Screening Tools
MSQS
STarT
ORT
Screening for Psychosocial Risk Factors
The “Ruler” Question

“I see you gave yourself a 10 or 100% agreement that you need more medical treatment.

I am wondering what made your score a 10 instead of say a 3 or 4?”

GETS AT CORE BELIEFS
Consequences of OBSTRUCTIVE SLEEP APNEA

- STROKE
  - Patients with moderate to severe OSA are 3x more likely to have a stroke
  - The risk of stroke rises with the severity of the disease
  - OSA is often found in patients following a stroke

- STRESS ON THE HEART

- DRUG RESISTANT HYPERTENSION
  - Sleep Apnea is an identifiable cause of high blood pressure

- CONGESTIVE HEART FAILURE
  - Newly diagnosed patients should be screened for OSA

- CARDIAC ARRHYTHMIAS
  - 6x as likely to have atrial fibrillation

- SUDDEN DEATH
  - OSA sufferers have a 30% higher risk of heart attack or premature death
  - More than 50% of sudden deaths from OSA occur between 7 pm and 6 am

- CANCER
  - Severe forms of Sleep Apnea are a 5.5x greater risk of developing cancer

- MEDICAL COSTS
  - Untreated Sleep Apnea costs Americans an extra $.3 trillion per year
  - Treating Sleep Apnea can cut a patient’s healthcare costs in half

- POOR SLEEP
  - Many patients may not be aware of their poor sleep quality

- MOOD DISTURBANCE
  - Depression
  - Anxiety
  - Loss of motivation
  - Shortened attention span
  - Moodiness and bad temper
  - Low testosterone

- DAYTIME SLEEPINESS
  - 7x more likely to have a car accident
  - Impaired concentration and memory loss
  - Reduced work/school efficiency
  - Reduced alertness
  - Slower reaction time

- LOUD SNORING
  - Relationship discord
  - Morning headaches

- DIABETES TYPE II
  - The treatment of Sleep Apnea may be as much of an effect as pre-existing medications

- OBESITY
  - As sleep apnea diminishes quality of sleep, appetite for high-calorie food increases
  - Approximately 60% of OSA patients are overweight

- GASTROESOPHAGEAL REFLUX DISEASE (GERD)
  - Possible treatment options are:
    - Weight loss
    - Heartburn Medications
    - CPAP Therapy (continuous positive airway pressure)

- SEXUAL DYSFUNCTION
  - Loss of libido
  - Impotence

- NOCTURIA
  - Frequent urination at night

- CHRONIC PAIN
  - Up to 80% of patients with fibromyalgia have Sleep Apnea
  - Treatment may need to be moderate to high doses of pain medication
STarT Back Screening Tool (SBST)

- Brief 10 questions - validated tool, designed to screen pain patients with low back pain for prognostic indicators that are relevant to initial decision making.

- Keele University, Arthritis Research UK
Opioid Risk Tool (ORT)

- The ORT is a self-report that is designed to predict the probability of a patient’s displaying aberrant behavior when prescribed opioids for chronic pain.
- Scores of 0-3 are associated with low risk, 4-7 with moderate risk, and 8 and over with high risk.

Techniques

- Diaphragmatic Breathing
- Progressive Muscle Relaxation
- Meditation
- Mindfulness Based Stress Reduction
- Biofeedback training
Breathe2Relax is a portable stress management tool. Breathe2Relax is a hands-on diaphragmatic breathing exercise. Breathing exercises have been documented to decrease the body’s ‘fight-or-flight’ (stress) response, and help with mood stabilization, anger control, and anxiety management. Breathe2Relax can be used as a stand-alone stress reduction tool, or can be used in tandem with clinical care directed by a healthcare worker.
Online Mindfulness-Based Stress Reduction (MBSR)

This online MBSR training course is 100% free and is modeled on the MBSR program founded by Jon Kabat-Zinn at the University of Massachusetts Medical School.

Welcome!
I'm so glad you found this site! Offering anything for free does seem a little suspicious these days and I get many emails about this free online MBSR course, many of which ask one or more of the following questions:

Is this online MBSR course really, truly, 100% free?
The short answer is “yes”. There is no catch: no fees, no spam, no ads, you don't even need to identify yourself or give an email address. I receive no income from the site, not even indirectly.
Behavioral Activation Strategies

Activity Pacing
Graded Increases in Activity
Movement is life
Breaking the paired association
Non-Pharmacological Treatment Options

Cognitive Behavioral Therapy

- 2012 Cochrane Review (Williams, Eccleston, Morely)
- 35 studies reviewed with 4788 subjects
- Evaluation timepoints: post-tx and 6 mo f/u
  - CBT has small effect for disability and pain
  - CBT had moderate effects for mood and catastrophizing
Cognitive Therapy with Chronic Pain Patients

Carrie Winterowd
Aaron T. Beck
Daniel Gruener

Springer Publishing Company
LEARN NEW SKILLS TO:

- Personalize & individualize your pain care treatment
- Recognize pain triggers & reduce flare-ups
- Exercise more, sleep better & improve your mood
- Return to productive work & enjoyable leisure activities
- Strengthen relationships with family, friends & coworkers
- Enhance your quality of life

The Chronic Pain Care WORKBOOK

A Self-Treatment Approach to Pain Relief Using the Behavioral Assessment of Pain Questionnaire

MICHAEL J. LEWANDOWSKI, PH.D.

Foreword by RICHARD J. KROENING, MD, PH.D., former director of the UCLA Pain Management Center
Name:_____________

Mood issues
Depression
Anxiety (fear or re-injury/pain)
Anger

Past history with pain: trauma
Validation

Substance use
Caffeine
Alcohol
Smoking

Beliefs about pain
Catastrophizing/BW

Personality traits:
perfectionism - Need to be in control?

Medical Treatment Recommendations:

Physical Therapy
Decondition/Weak
Avoid-Interference
Pacing-Modification

Medications Y/N
Quality of life
Able to function

Sleep (fatigue - daytime sleepiness-hygiene-OSA

Circumstance of pain:
blame, injustice, fault trauma

Current Coping strategies

Off Work Y/N
Goals:

Dr. Diagnosis:
What do YOU think is physically wrong?

TREATMENT PLAN: What are you expecting will help you?
Psychologists as Behavioral Medicine Specialists

- As physicians, you don’t’ have to do it alone
- Invite your “patient” to become a “partner” in their pain management
- Accessing additional team help: DON’T use the word “psychologist” use “behavioral medicine specialist” in a referral
- Coaching/Team metaphor
- Emphasis on “self-management” not cure
MICHAEL J. LEWANDOWSKI, Ph.D.
Clinical Associate Professor School of Medicine
Department of Psychiatry, University of Nevada

The Chronic Pain Care Workbook
Behavioral Assessment of Pain (BAP-2) Questionnaire
Medical Stability Quick Screen (MSQS)

5421 Kietzke Lane, Suite 101 - Reno
973 Mica Dr. Suite 201 - Carson City

(775) 233-4590 Office Fax (775) 561-8000
Baplew.michael@gmail.com