

2016

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Recommended Citation

Kearl, Colby Russell, "Chronic Pain Management: Local Resources and Education" (2016). *Family Medicine Clerkship Student Projects*. Book 144.

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Chronic Pain Management: Local Resources and Education

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ROTATION 1, MARCH-APRIL 2016

LOCATION: THOMAS CHITTENDEN HEALTH CENTER, WILLISTON VERMONT

MENTOR: JEFFREY HADDOCK, M.D.

2: Problem Identification and Description of Need

There are many individuals in the community who are dealing with chronic pain. Many clinics provide educational resources/handouts regarding other chronic issues such as diabetes, hypertension, hyperlipidemia but less is available for patients with chronic pain. Patients need a resource that contains counsel from local providers and a directory to both online and local educational resources that would help them understand what options they have to manage their chronic pain.

3: Public Health Cost and Local Consideration

Local Efforts: The Vermont Medical Society Foundation in 2012 issued a call for the better ***education of the public*** to expect best medical practices. This recommendation came as they interviewed local providers and asked them what needed to be done in order for there to be safe and effective treatment of chronic pain in Vermont.¹

Vermont: IMS Health found that in 2012 there were about 67.4 opioid pain reliever prescriptions for every 100 people in the state.²

Addiction risk: About 25% of patients prescribed long-term opioid therapy from primary care providers deal with addiction issues.^{3,4,5} The CDC recognizing the harm this causes suggests that patients ***consider non-opioid treatment options*** for their chronic pain.⁶

4A: Community Perspective on Issue

John Brooklyn M.D. at Community Health Center Burlington advised

Chronic pain needs many strategies. Opioids are one part of it and are not what I use first.

If ... the person is willing then we discuss mind body programs which are a must for better coping skills.

Part of the problem is expectations- that there is a pill to fix things and that pain needs to go away-of many Westerners due to aggressive pharmaceutical marketing and belief that one must always be happy.

There are newer CDC guidelines that I direct people to for less biased information. I stress the knowledge about opioids has changed in the last 30 years.

4B: Community Perspective on Issue

[Name Withheld] M.D. at University of Vermont Medical Center advised

People need disease specific resources and I notice that one of the most common errors providers make is that they treat all chronic pain the same.

Medications should be geared toward either the underlying condition or the pathophysiology of the pain symptoms.

Two main treatments that are ubiquitously good for chronic pain are acupuncture and mind-body medicine.

Jeffrey Haddock M.D. at Thomas Chittenden Health Center advised

You can't think about chronic pain management without thinking about functionality. For example; a patient with 6/10 pain who can't get out of bed is worse off than a patient with 6/10 pain who is able to get out and garden, take care of the kids, or do other things that bring meaning. They both have the same pain level, but the latter is functioning and that is what we need to aim for.

5A: Intervention and Methodology

In order to gain a better understand of local resources several providers were contacted by email or in person asking them the following:

1. What brief counsel would you give them about chronic pain management?
2. What online resources would you counsel them to look at in areas such as:
 - Non-opioid pain medications (such as acetaminophen and ibuprofen)
 - Cognitive behavioral therapy
 - Physical therapy and exercise
 - Medications for depression or for seizures
 - Interventional therapies (such as injections)
 - Opioids⁶

5B: Intervention and Methodology

Incorporating advise and management options provided by local providers a handout was made for use in primary care clinics as an education resource for patients.

Handout available to download at scholarworks.uvm.edu

Chronic Pain - Management Options and Resources

Suggestions from the Centers for Disease Control (CDC):

The CDC recently updated guidelines for providers prescribing opioids. Information was also made to help those dealing with chronic pain understand treatment options. Some suggestions taken from their online information* are:

- "Work with your doctor to create a plan on how to manage your pain, and consider non-opioid options"
- "Some of these options may actually work better than opioids and have fewer risks and side effects. Options may include:
 - o Acetaminophen (Tylenol®) or ibuprofen (Advil®)
 - o Cognitive behavioral therapy
 - o Physical therapy and exercise
 - o Medications for depression or for seizures
 - o Interventional therapies (injections)"
- "If you are prescribed opioids use them only as instructed by your doctor. Never take opioids in greater amounts or more often than prescribed."

*More information at <http://www.cdc.gov/drugoverdose/prescribing/patients.html>

Advice from local doctors:

From John Brooklyn MD

"Chronic pain needs many strategies. Opioids are one part of it and are not what I use first. Part of the problem is expectations-that there is a pill to fix things and that pain needs to go away-of many Westerners due to aggressive pharmaceutical marketing and belief that one must always be happy."

From Jeffrey Haddock MD

"You can't think about chronic pain management without thinking about functionality. For example; a patient with 6/10 pain who can't get out of bed is worse off than a patient with 6/10 pain who is able to get out and garden, take care of the kids, or do other things that bring meaning. They both have the same pain level, but the latter is functioning and that is what we need to aim for."

From local physician, name withheld

"People need disease specific resources and I notice that one of the most common errors providers make is that they treat all chronic pain the same. Medications should be geared toward either the underlying condition or the pathophysiology of the pain symptoms. Two main treatments that are ubiquitously good for chronic pain are acupuncture and mind-body medicine."

Disposal of unused medication:

To learn more about where you can drop off unused medications ask local law enforcement, your pharmacy, or Vermont 2-1-1.

Mind Body Resources for the Management of Chronic Pain

by Richard Pinckney, MD used with permission

Our bodies are designed to respond to pain as an acute threat. Chronic pain is therefore somewhat unnatural. Our typical responses to pain that work well for acute pain, are often counterproductive in chronic pain. Mind body medicine is a scientifically proven treatment that has been shown to help people retrain their mind and body to respond better to chronic pain. This leads to greater productivity and happiness, and in many cases, reduced pain levels. Below are several available resources for mind body medicine.

In person training opportunities

University of Vermont Medical Center MindBody Medicine Clinic, This is an 11 week intensive group review of mind-body approaches to manage chronic pain. This includes stretching, medication management, relaxation and stress management techniques. (802) 847-2673

Community Mindfulness Sessions at Mindfulness for Mental Health

This is a free, drop in community meditation. Guided meditation and instruction provided. Nina Larosa - <https://www.ninalarosa.com/> (802) 735-2265

Center for Mindfulness - University of Massachusetts

Internationally renowned program that is considered the model for mindfulness training. <http://www.umassmed.edu/cfm/>

Books

Managing Pain before it Manages You, Workbook format. Used by UVM's MindBody Clinic, Margaret A Caudill, ISBN 978-1-59385-982-4

Natural Pain Relief, Short book with CD of exercises. Well-known, local author who specialize in mindfulness and its application to pain and suffering Shinzen Young, ISBN 978-1-60407-088-0

Audio Files

Mindfulness Meditation for Pain Relief. By the founder of the Center for Mindfulness. Jon Kabat-Zinn. <http://exquisiteind.com/learn.html>
Downloadable, free mindfulness series from a local, well-known author and mindfulness expert.

Community Resources:

Vermont Recovery Network, vtrecoverynetwork.org, (802) 738-8998

Vermont Department of Health, healthvermont.gov, (800) 464-4343

Vermont 2-1-1 Resource Database, vermont211.org, 211

6: Response

The response from community providers who were interviewed was positive. One local provider stated that “I am very happy to hear that someone else is really interested in chronic pain management!”

Many providers spoke about the same central issue with chronic pain management. That patients need to realize that the goal is not to remove all pain, but to make it manageable.

7: Evaluation of Effectiveness and Limitations

The effectiveness of the handout can be determined by its usefulness to patients. They will be able to report if the information and resources provided helped them gain a better understanding of chronic pain management and helped them explore their goals for personal pain management. The Electronic Medical Record (EMR) allows for a provider to schedule a reminder in a patient's record. Providers can schedule such a reminder after giving a patient the handout and then be reminded to follow up with the patient during their next visit. Providers can ask about what resources were helpful or informative, what patients learned as they explored the resources, and suggestions for improvement.

Expected limitations include that not all patients want or are able to understand educational resources. Such patients will need additional counseling and advice which the handout cannot provide. Additionally local resources listed in the handout may only be temporary or not accessible to all patients.

8: Recommendations for the Future Interventions/Projects

Research and understanding of chronic pain management is changing rapidly. The handout will need to be revised over time and resources updated as they increase or decrease in usefulness. The addition of more local resources will be especially beneficial to patients.

Patient education is an area of great concern to the Vermont Medical Society Foundation. Perhaps a future project could involve a collaborative effort to make additional patient educational materials addressing chronic pain management.

9: References

1. Vermont Medical Society Foundation, White Paper, Safe and Effective Treatment of Chronic Pain in Vermont, 2012.
2. IMS Health, National Prescription Audit (NPATM), As reported in Vital Signs: Variation Among States in Prescribing of Opioid Pain Relievers and Benzodiazepines — United States, 2012, 2014. MMWR Morb Mortal Wkly Rep. 2014;63(26):563-568.
3. Banta-Green CJ, Merrill JO, Doyle SR, Boudreau DM, Calsyn DA. Opioid use behaviors, mental health and pain—development of a typology of chronic pain patients. Drug Alcohol Depend 2009;104:34–42.
4. Boscarino JA, Rukstalis M, Hoffman SN, et al. Risk factors for drug dependence among out-patients on opioid therapy in a large US health-care system. Addiction 2010;105:1776–82.
5. Fleming MF, Balousek SL, Klessig CL, Mundt MP, Brown DD. Substance use disorders in a primary care sample receiving daily opioid therapy. J Pain 2007;8:573–82.
6. CDC, CDC Guideline for Prescribing Opioids for Chronic Pain – Guideline Information for Patients, 2016, <http://www.cdc.gov/drugoverdose/prescribing/patients.html>.