



Pain Management Program Patient Orientation

Orientation Goals

- Educate about what chronic pain is
- Inform about different components of chronic pain management
- Inform about the chronic pain multidisciplinary team
- Explain responsibilities of the Chronic Pain Program
- Explain patient responsibilities when attending the chronic pain clinic
- Empower you to be proactive advocates and self-managers

What is Chronic Pain?

- A chronic agony of the soul
- The patient reports and displays pain although the tissue injury has healed
- Martin Grabois
- An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage
- International Association for the Study of Pain



Acute Pain vs Chronic Pain

Acute Pain

- Short-term
- Cause usually known
- Usually related to injury
- Treatment usually helpful
- Pain subsides after healing
- Useful warning signal

Chronic Pain

- Long-term
- Cause often unknown
- No ongoing damage
- Persists beyond normal healing time
- Treatment may not help much
- Useless message

Our brains are programmed to notice pain but can not tell the difference between acute pain which is giving us a useful message (such as pull your arm away from a fire) and chronic pain that does not give us useful messages.



Examples of Chronic Pain Syndromes

- Chronic Myofascial (muscle) pain
- Osteoarthritis (of a particular joint(s))
- Diabetic Neuropathy
- Post-surgical pain
(e.g. "failed back", or post-hernia repair pain)
- Fibromyalgia
- Chronic daily headache

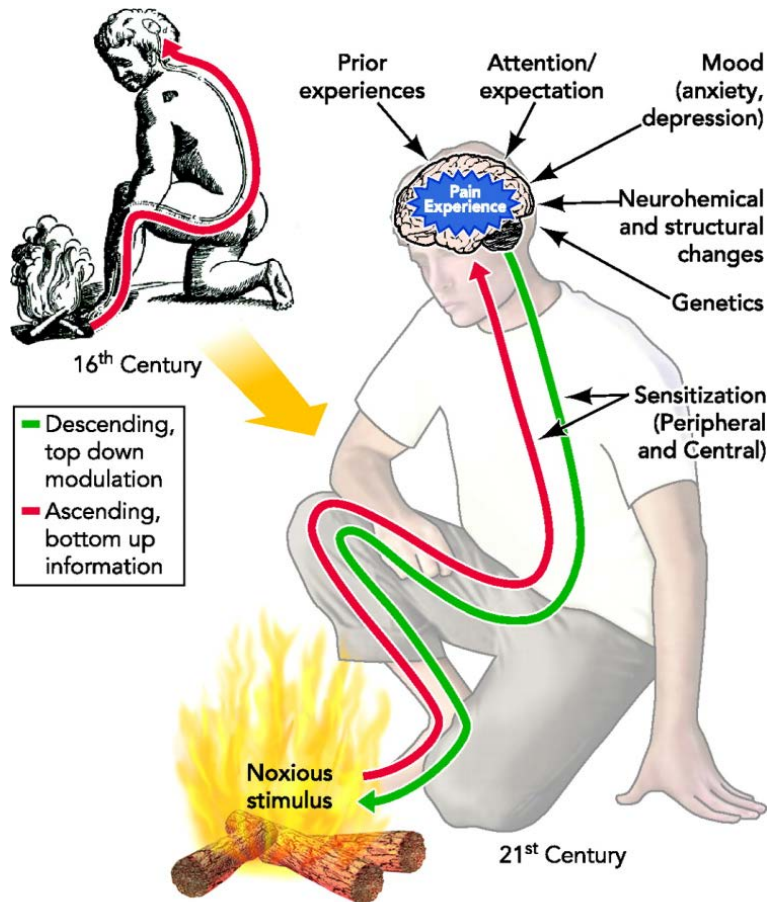
Old Pain Pathways



**DESCARTES' (1664)
CONCEPT OF THE PAIN PATHWAY**

The old way of understanding pain was that there was a tube that goes from the injured part of your body to your brain that signals you are in pain.

Updated Pain Pathways



The new way of understanding pain is that nerves send pain signals to your brain (red line). We now know that the brain can send down signals that help to reduce the intensity of that incoming pain signal (green line)..

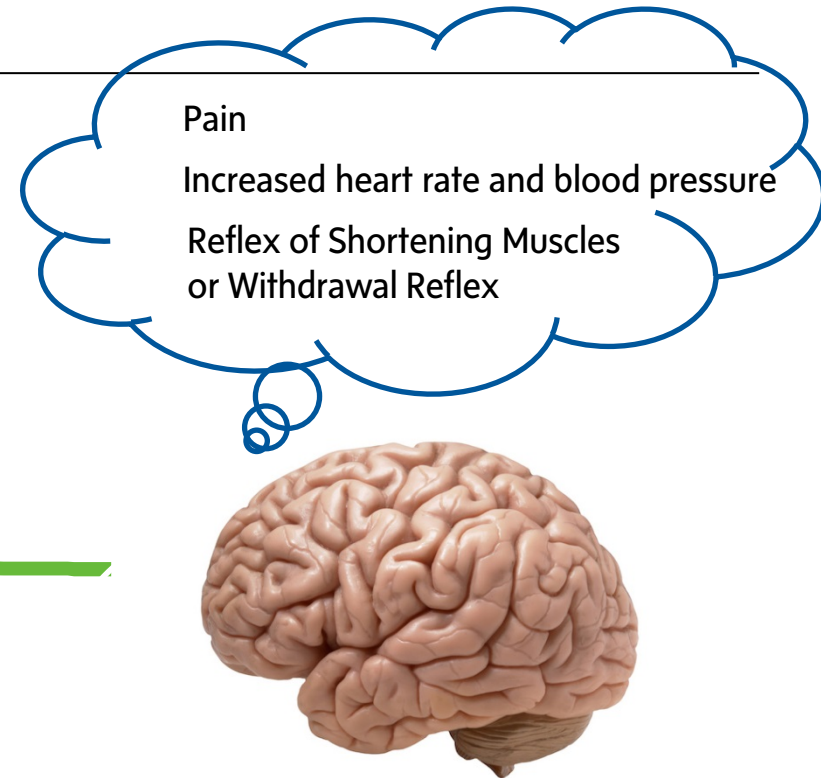
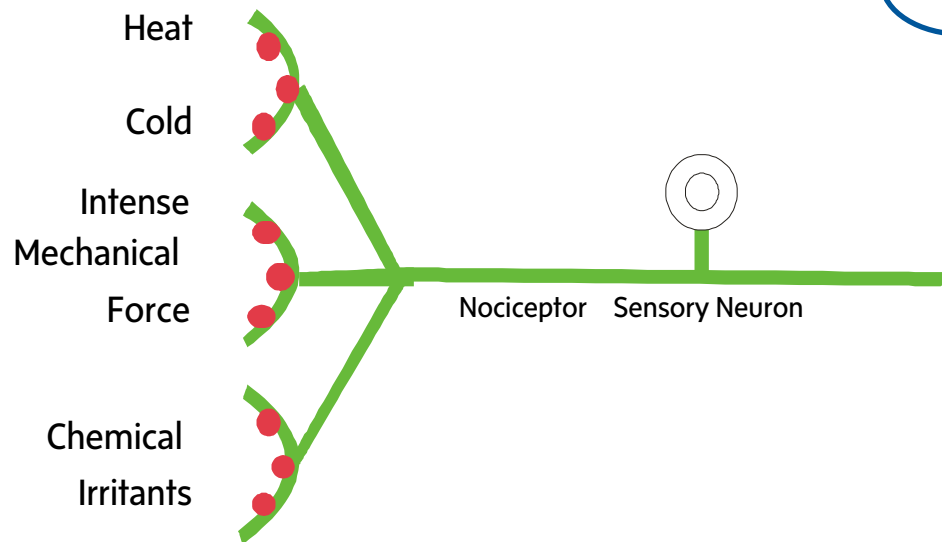
Factors that can alter the strength of the stop signal (green line) are factors such as anxiety, depression, fear, or attention.

That is why we talk about people's thoughts when we try to help treat chronic pain.



Nociceptive Pain

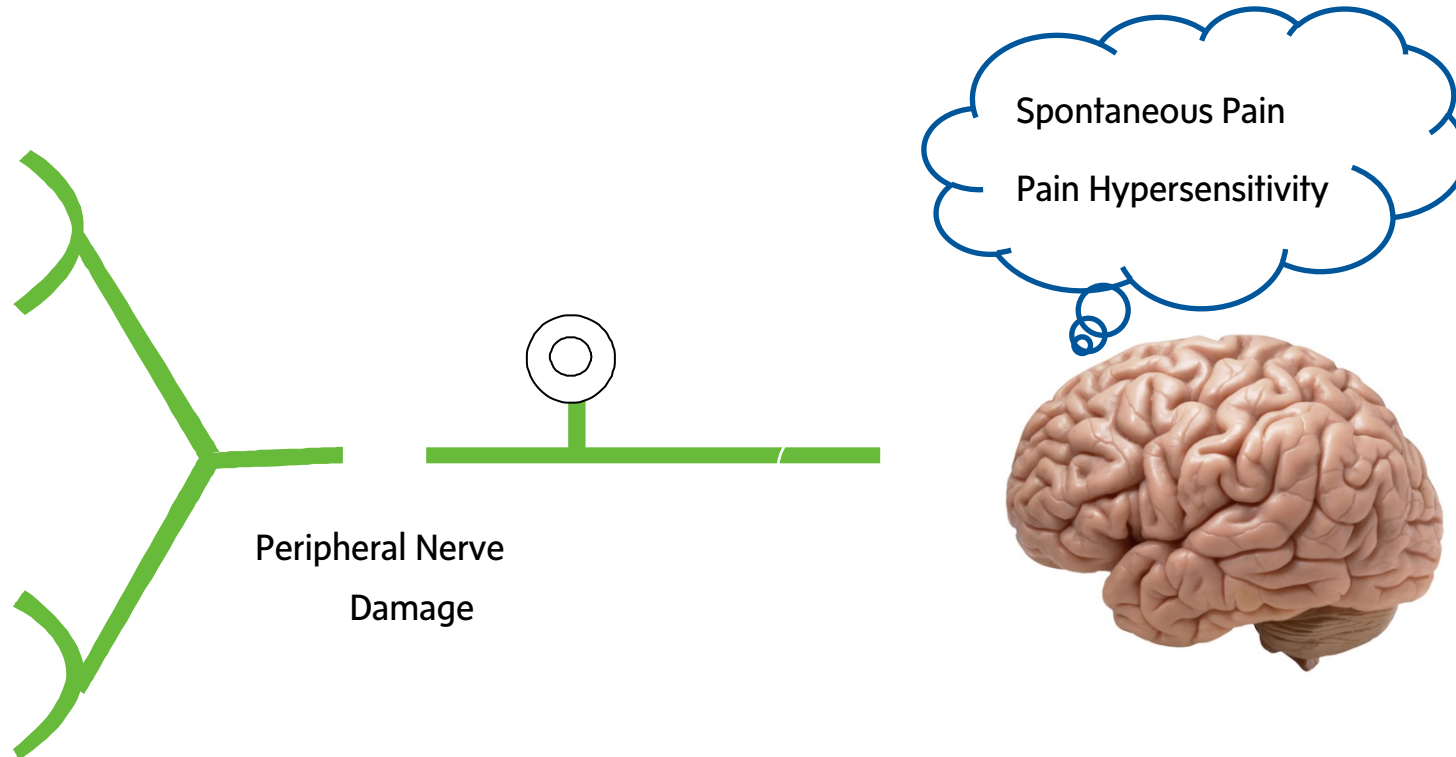
Noxious Peripheral Stimuli



Nociceptive pain includes pain in response to a stimulus, such as a burn, that is associated with inflammation and tissue damage.



Neuropathic Pain



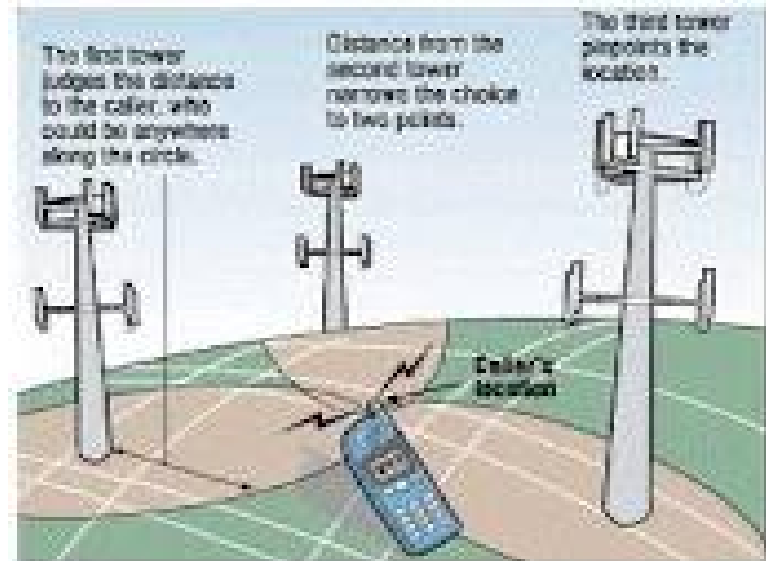
Neuropathic pain is pain associated with an injury or malfunction of the nervous system. It can come from damage to a nerve or the brain (such as after a stroke).

Neuroplasticity: Why Cutting Nerves is Not the Solution

Cutting, or blocking with local anesthetic, the nerves which send messages from the painful area does not get rid of the pain sensation for very long

When it returns, it may be worse than before

Neuroplasticity: More than one way for the messages to get through



Chronic pain gets to your brain like a call from a cellular phone that sends its message to several cell phone towers. There is more than one way your brain can receive the pain message. It is not like an old telephone line where there is only one wire. That is why cutting or blocking a nerve to solve chronic pain very rarely, if ever, is helpful.

Nervous System Changes as Pain Becomes Chronic

- The way in which the brain processes pain can become abnormal
- More nerve pathways become involved and magnify the pain messages
- The original injury is no longer the “pain generator”

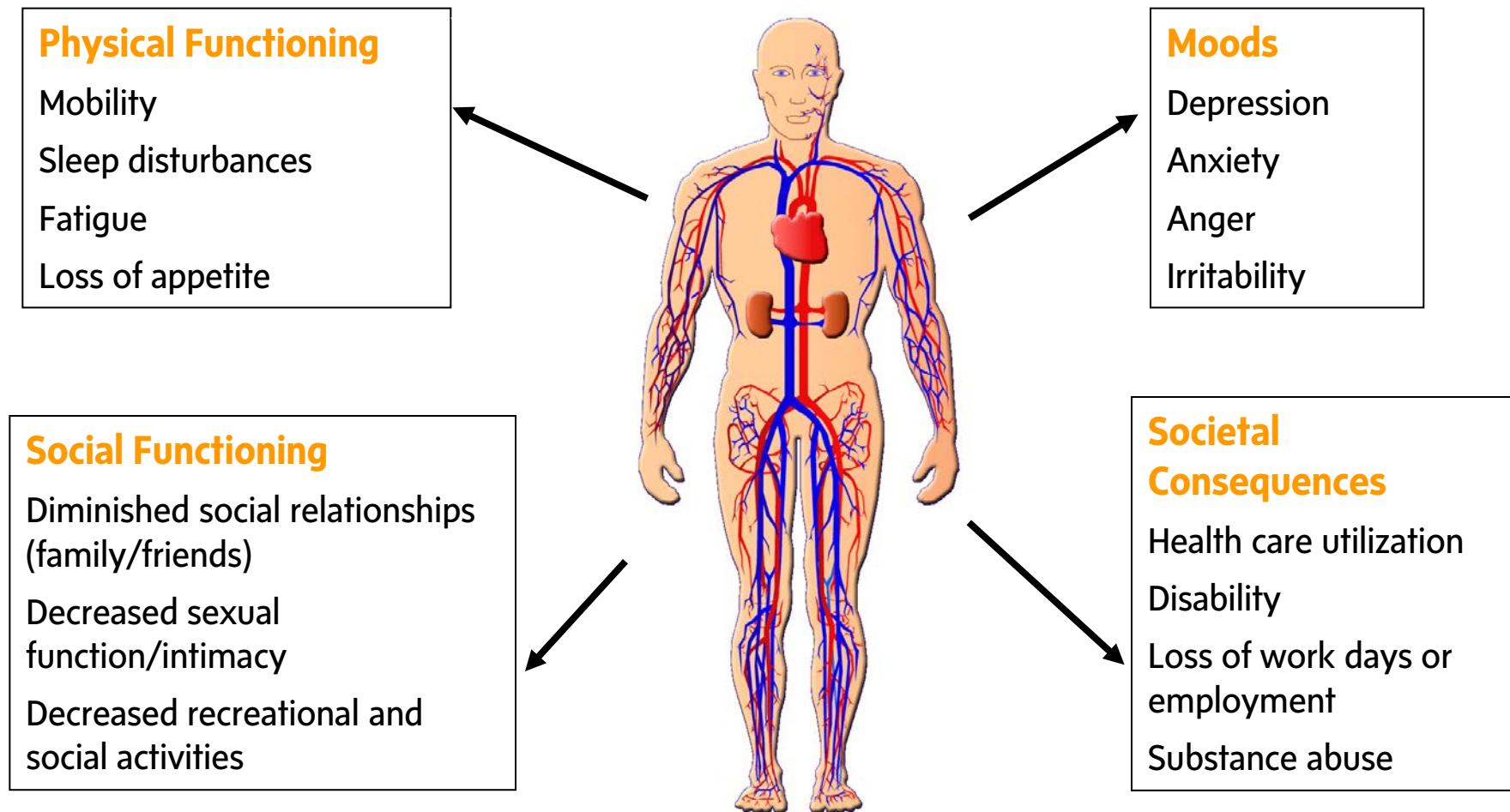


Treatment of Chronic Pain

- Starts with accurate diagnosis
- Chronic Pain, by itself, is not a diagnosis
- Doctors receive training in treating acute injuries, but there has traditionally been less focus on how to help people with chronic pain



Effects of Chronic Pain on the Patient



Ashburn MA, et al. *Lancet*. 1999;353:1865-1869. Harden RN. *Clin J Pain*. 2000;16:S26-S32.
Agency for Health Care Policy and Research. Clinical Practice Guideline No. 9. 1994. Meyer-Rosberg, K et al. *Eur J Pain*. 2001;5:379-389.
Zelman D, et al. *J Pain*. 2004;5:114. Manchikanti L, et al. *J Ky Med Assoc*. 2005;103:55-62. Hoffman NG, et al. *Int J Addict*. 1995;30:919-927.



Psychological Factors Influence All Medical Conditions

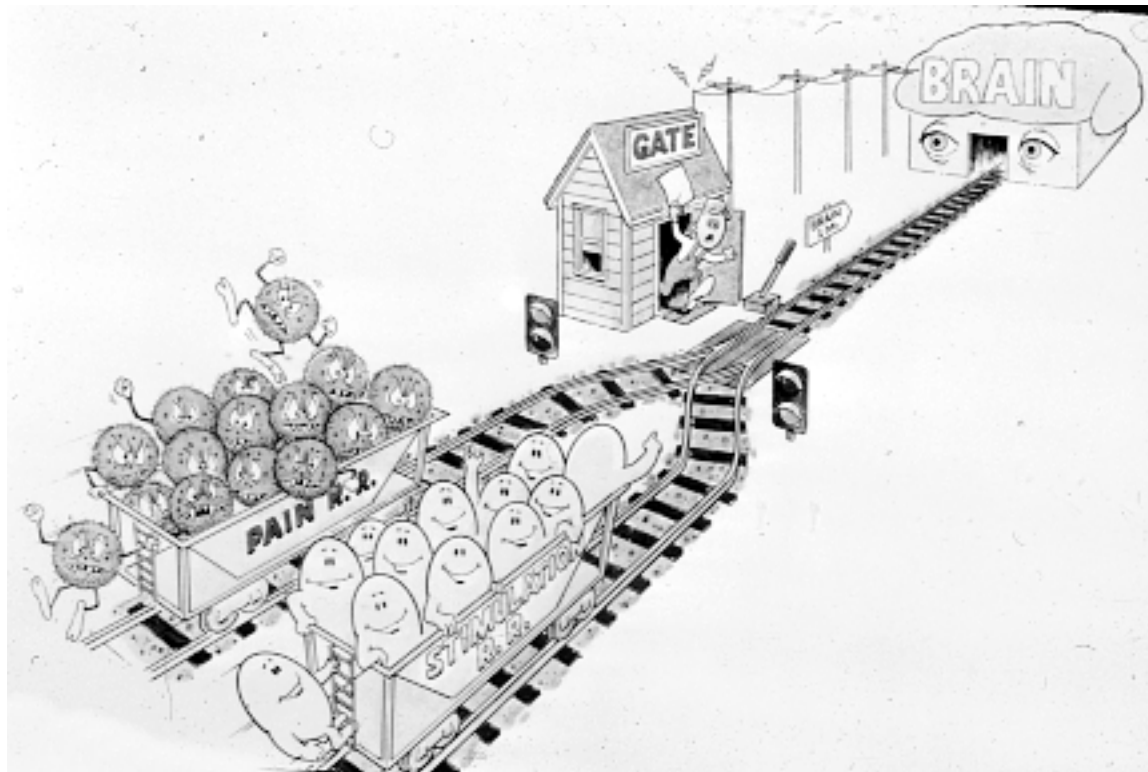
- The expression of all illness, including its severity and impact, is partly affected by psychological factors such as stress, anxiety, or depression. This is true of :
 - gastrointestinal conditions (e.g., irritable bowel)
 - metabolic conditions (diabetes)
 - respiratory diseases (asthma)
 - heart disease
 - immune disorders
- Psychological factors are **never** the only factors involved in illness.
- Pain is not “psychogenic” if there is no easily identifiable physical cause for the pain.
- Psychological factors may **predispose** an individual to disease, **precipitate** the emergence of disease, **perpetuate or aggravate** a disease, or **protect** a person from disease.



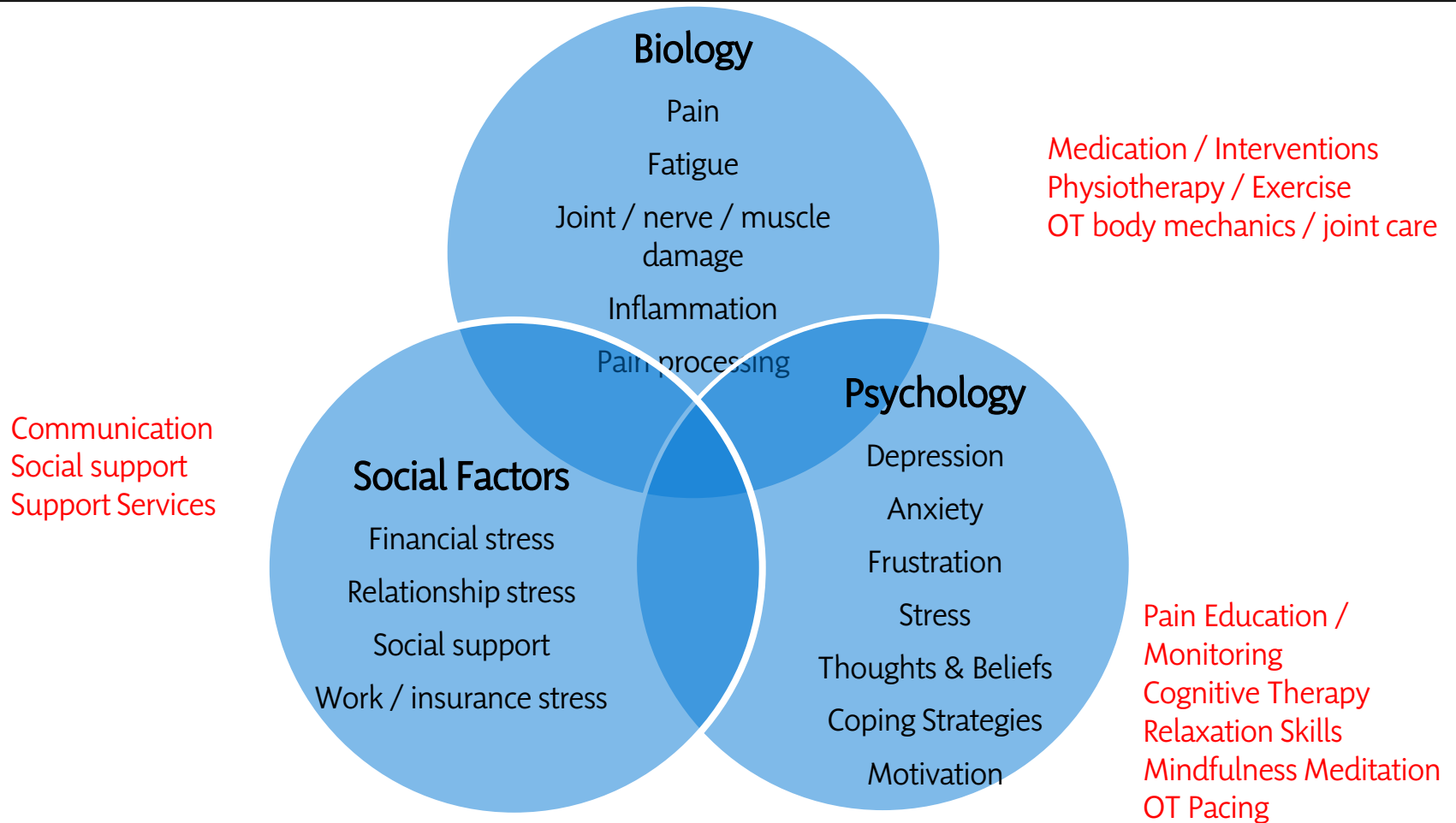
Psychological Factors Influence Basic Pain Perception

Gate Control Theory of Pain Perception

- In the spinal cord, 'gates' either allow or prevent pain signals from travelling to the brain.
- Negative emotions (e.g., stress, fear, depression) "open the gates" for pain signals to flow to the brain.
- Positive emotions (e.g., relaxation, happiness) are associated with stronger gating of pain signals.



Bio-Psycho-Social Treatment of Pain



Treatment Resources

- Pain Management Education Session
- Pain Management Treatment Group
- Depression Treatment Group
- Sleep Education Session & Sleep Treatment Group
- Psychology Consults
- Occupational Therapy (pacing, splints, orthotics etc.)
- Physiotherapy (prescribed exercise programs, intervention)



Goals of Chronic Pain Treatment

- Improving overall quality of life
- Reduce pain intensity by 20-30%
- We are unable to completely cure chronic pain



Goals of Chronic Pain Treatment

- Chronic Pain is a chronic condition, like hypertension or diabetes
- Chronic Pain requires long term management
- Chronic Pain is best treated using a multi-disciplinary approach, involving many different health professionals, including your primary healthcare provider

St. Joseph's Pain Clinic Team Members

- | | |
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| <ul style="list-style-type: none">• Family Physicians and Nurse Practitioners• Chronic Pain Physicians• Nurses• Psychologists• Social Worker | <ul style="list-style-type: none">• Occupational Therapist• Physiotherapist• Pharmacists• Administrative Assistants• Patients• Patient's Families |
|--|--|

Interventions Available in the Pain Clinic

- Biomedical
 - ✓ Medications
 - ✓ Nerve block with local anesthetics
 - ✓ Steroids
 - ✓ Lidocaine/Ketamine Infusions
 - ✓ Spinal injections under X-Ray guidance
- Psychological treatment, including training in self-management strategies
- Occupational therapy
- Physical therapy

Responsibilities of the Chronic Pain Clinic to Patients

- Appreciate your pain experience and encourage positive changes
- Ensure that you are informed of appointments, and appointment changes, in a timely fashion
- Do our best to remain on time
- Provide accurate prescriptions
- Communicate plans to you, and your primary care physician/nurse practitioner
- Educate about treatment options and empower self-management
- Try to ensure that procedures happen in a timely fashion according to evidence-based practice

Patient Responsibilities

- Please actively participate
- Bring an updated medication list from your pharmacy to each appointment
- Follow through on activity, nutrition and physiotherapy
- Trial medications appropriately – *many medications do not provide an immediate effect and need to be taken daily for weeks before they start working*

Patient Responsibilities

- Obesity and smoking can make chronic pain worse
- Poor sleep hygiene and sleeping disorders can make chronic pain worse
- Poor nutrition makes chronic pain, energy, and sleep worse
- Not maintaining function through some form of movement makes chronic pain worse
- Continuing to do chores and activities in a way that provokes pain, and does not account for how your body has changed, makes chronic pain worse

Patient Responsibilities

- Please be on time (15 minutes prior to appointment)
- Please notify clinic if unable to attend in a timely fashion to ensure that other patients can be offered the spot
 - Not showing for an appointment without notification is problematic as there are many patients waiting to be seen in the program
 - Two no shows, without prior notification, can result in discharge from the program

Patient Responsibilities

- Be respectful to all members of chronic pain team
 - not just physicians
 - in the clinic and on the phone

Patient Responsibilities

- Maintain relationship with primary care physician/nurse practitioner
- Maintain a consistent pharmacy
- Consider purchasing a safe to keep medications in

Patient Responsibilities

- We request the help of primary care providers to either start new medications and/or take over prescribing medications that provide benefit once pain is stabilized
- In doing so, we hope to increase available clinic time to see more new patients
- This will help to decrease wait times, and improve access to resources for our community members

Dependence Versus Addiction

- People often ask if they have an addiction if they have difficulty stopping or weaning down their medications
- There is a difference between a normal physiological dependence and addiction

Dependence Versus Addiction

Dependence

- A physiologic adaptation to the continuous presence of certain drugs in the body
- An expected consequence of prolonged use
- May develop after the use of a dependency-producing drug for only 48 hours
- May occur following the use of drugs producing reward (eg. opioids and benzodiazepines)
- May also occur following the use of drugs with little or no reward potential (e.g. blood pressure drugs, corticosteroids and tricyclic antidepressants)

Dependence Versus Addiction

Addiction

- A disease, with genetic, psycho-social, and environmental factors influencing its development and manifestations. It is characterized by behaviours that include one or more of the following:
 - ✓ impaired control over drug use
 - ✓ compulsive use
 - ✓ continued use despite harm
 - ✓ craving

Dependence Versus Addiction

Addiction

- If we determine that there may be an addiction, remember that the pain clinic is here to help
- Our team will work with you to have the best possible outcome for your health

Center for Addiction and Mental Health

Ontario Student Drug Use and Health Survey (2013)

- 350,000 Canadian kids have taken prescription medications NOT prescribed to them
- 12% of Canadian teenagers have admitted to taking opioid prescription drugs (painkillers) to get high
- 70% of teenagers using stole the pills from home

Drug Diversion

- When the legal supply chain of prescription analgesic medications is broken, and medications are transferred from a licit to an illicit channel of distribution or use
- An example of drug diversion is selling your medication to others
- We may end a relationship with the pain clinic if there is illicit distribution or use of prescribed controlled substances

How can I work with the pain clinic team?

- ✓ Bring a summary of treatment and investigations to date
- ✓ Bring a list of your medications from your pharmacy
- ✓ Make a list of your pain problems: list the worst ones first
- ✓ Consider keeping a journal
- ✓ Bring a companion
- ✓ Prepare a list of questions
- ✓ Ensure that you have a secure place to keep your medications
- ✓ Follow through on treatment plans

Additional Resources

- Within the Pain Management Program at St. Joseph's
 - ✓ Pain Education Days (currently every three months).
 - ✓ Additional education sessions (sleep, depression; dates TBA)
- Books
 - ✓ Explain Pain (Butler & Mosley,)
 - ✓ The Pain Survival Guide (Turk & Winter)
 - ✓ Mind Over Mood (Greenberger & Padesky)
- Australian Hunter Medicare Local, **"Understanding Pain: What to do about it in less than five minutes?"**, YouTube Video