

Non-Drug Strategies in Chronic Non-Cancer Pain

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Project ECHO OUD

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Disclaimer

The information contained in this summary is intended to assist primary care providers in the management of non-cancer pain in adults in the primary care setting. This information is **advisory only** and is **not intended to replace sound clinical judgement**, nor should it be regarded as a substitute for individualized diagnosis and treatment. Not all guidance regarding the benefit of non-pharmacologic management of pain is based on controlled studies and may be based on anecdotal evidence or clinical experience. Special considerations may be needed when treating some populations with certain conditions (such as debility, elderly and pregnancy).





A Case for Non-Drug Strategies Across Conditions



Promotes
Active Patient
Involvement



Can Decrease
Anxiety &
Psychosocial
Distress



May Reduce
Medication
Consumption

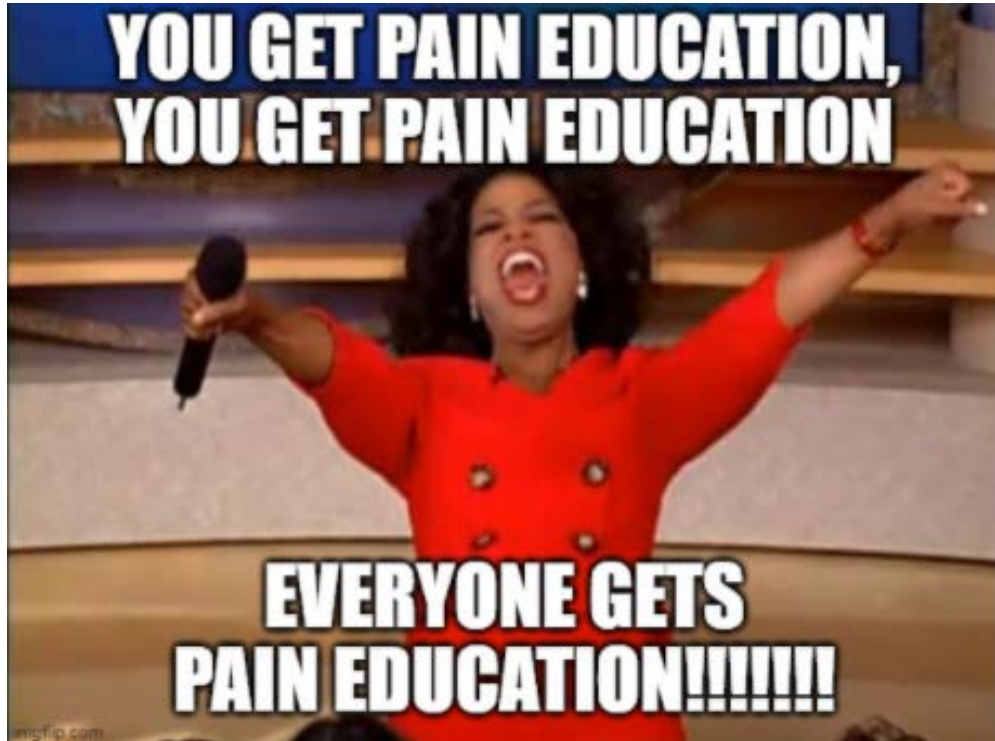


Can be Used
in Any Stage
of Pain



Let's Talk About it

Pain Education & Pain Conversations



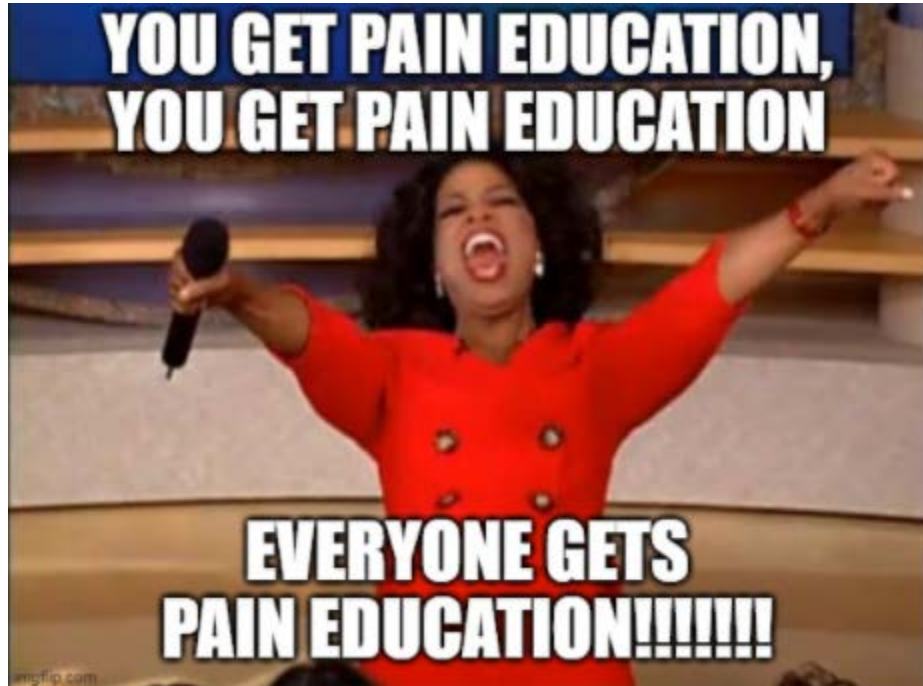
Why Educate ?

1. Promotes Peace of Mind
2. Aids in Setting Realistic Pain Expectations
3. Engages Patients in their Treatment
4. May Lead to Increased Physical Activity
5. Aids in Reducing Pain & Fear Associated with the Pain



Let's Talk About it

Pain Education & Pain Conversations



Key Education Components

1. Nature and Expected Course of Pain
2. Reviews Pain Scale & How to Interpret the Results
3. Reviews Non-Drug Strategies
4. Reviews Medications that may be Utilized



A Note on Pain Scales

Including Pain **AND** Function

MULTI-MODAL ACUTE PAIN CARE BASED ON PATIENT FUNCTION AND PAIN SEVERITY

MILD			MODERATE				SEVERE		
1	2	3	4	5	6	7	8	9	10
Hardly notice pain	Notice pain, does not interfere with activities	Sometimes distracts me	Distracts me, can do usual activities	Interrupts some activities	Hard to ignore, avoids usual activities	Focus of attention, prevents doing daily activities	Awful, hard to do anything	Can't bear the pain, unable to do anything	As bad as it could be, nothing else matters

Non-Drug Approaches – Behavioral

Non-Drug Approaches – Physical



Let's Talk About it

Pain Education & Pain Conversations

PSYCHOSOCIAL FACTOR	WHAT YOU MIGHT HEAR	CONSIDER
<p>Catastrophizing <i>Rumination (obsession with one's pain or a focused mindset on pain)</i></p> <p>+</p> <p><i>magnification (turning pain into something greater than it is)</i></p> <p>+</p> <p><i>a sense of helplessness</i></p>	<p><i>"If the pain does not get better, I will end up in a wheelchair."</i></p> <p><i>"I keep thinking about how much it hurts."</i></p> <p><i>"There's nothing I can do to reduce the intensity of the pain."</i></p> <p><i>"I keep thinking about how badly I want the pain to stop."</i></p>	<p><i>"Your pain is real, and your emotions surrounding it are real."</i></p> <p><i>"Let's devise an individualized treatment plan to deal with it."</i></p> <p>Keep thoughts focused positively on management and recovery, rather than on symptoms, causes and consequences.</p>
<p>Fear Avoidance <i>When fear of pain and its consequences leads to unnecessary avoidance of daily activities and body hypervigilance.</i></p>	<p><i>"I can't do physical activities because it might make my pain worse."</i></p> <p><i>"My pain puts me at risk for more injuries."</i></p>	<p><i>"Let's work together to gradually increase your activity in a safe way."</i></p> <p>Use positive body language, compassion, and sensitivity when discussing pain and activity.</p> <p>Screen for anxiety using a validated tool like the GAD-7.</p>
<p>Depressed Mood <i>Feelings of sadness, despair, anxiety, emptiness, discouragement, or hopelessness.</i></p>	<p><i>"I feel so down and hopeless."</i></p> <p><i>"I am having trouble falling asleep/staying asleep" or "I am sleeping all the time."</i></p>	<p><i>"Treating emotional pain is just as important as treating physical pain, let's explore ways to treat both."</i></p> <p>Screen for depression using validated tool like the PHQ-2 or PHQ-9.</p>



Choose Your Words Wisely

Low Back Pain Edition

INSTEAD OF:

USE:

“Your back is unstable”

→ “Back pain is a symptom that your back is simply not moving and working quite as it should”

“Your discs are degenerative”

→ “Your discs are showing normal age-related changes...This is not unusual”

“If it hurts, avoid it”

→ “Many times, pain does not mean that you are doing damage to your back”

“Rest to heal”

→ “The sooner you get active in the proper way, the sooner your back will feel better”

“Back pain is hard to treat.”

→ “I’ve treated this before and we can help you get this better”



Non-Drug Strategies for Chronic Low Back Pain

Strategy	Guidelines	Clinical Benefit	Comments
Cognitive Behavioral Therapy (CBT)	VA/DoD clinical practice guideline for diagnosis and management of low back pain (2017)	Favorable	May Reduce Psychosocial Distress
	American College of Physicians (2017)		
	North American Spine Society Diagnosis and Treatment of Low Back Pain (2020)		
	ICER cognitive and mind-body therapies -2017		
	NICE Guidelines Low Back Pain Update (2020)		
	Best Practices for Chiropractic Management of Patients with Chronic Musculoskeletal Pain (2020)		
Yoga	VA/DoD clinical practice guideline for diagnosis and management of low back pain (2017)	Favorable	Minimal Reported Adverse Events When Conducted Properly
	American College of Physicians (2017)		
	North American Spine Society Diagnosis and Treatment of Low Back Pain (2020)		
	ICER cognitive and mind-body therapies -2017		
	Best Practices for Chiropractic Management of Patients with Chronic Musculoskeletal Pain (2020)		
Acupuncture	VA/DoD clinical practice guideline for diagnosis and management of low back pain (2017)	Favorable	In the post-operative setting, may reduce medication consumption
	American College of Physicians (2017)		
	North American Spine Society Diagnosis and Treatment of Low Back Pain (2020)		
	ICER cognitive and mind-body therapies (2017)		
	Best Practices for Chiropractic Management of Patients with Chronic Musculoskeletal Pain (2020)		
Spinal Manipulation	VA/DoD clinical practice guideline for diagnosis and management of low back pain (2017)	Favorable	
	American College of Physicians (2017)		
	North American Spine Society Diagnosis and Treatment of Low Back Pain (2020)		
	ICER cognitive and mind-body therapies (2017)		
	Best Practices for Chiropractic Management of Patients with Chronic Musculoskeletal Pain (2020)		

Table excludes strategies *NOT* recommended by Guidelines

Non-Drug Strategies for Chronic Low Back Pain

Strategy	Guidelines	Clinical Benefit	Comments
Mindfulness-Based Stress Reduction (MBSR)	VA/DoD clinical practice guideline for diagnosis and management of low back pain (2017)	Favorable	Typically Delivered over an 8-Week Program
	American College of Physicians (2017)		
	ICER cognitive and mind-body therapies -2017		
	Best Practices for Chiropractic Management of Patients with Chronic Musculoskeletal Pain (2020)		
Massage	NICE Guidelines Low Back Pain Update (2020)	Favorable	
	Best Practices for Chiropractic Management of Patients with Chronic Musculoskeletal Pain (2020)		
Tai Chi	VA/DoD clinical practice guideline for diagnosis and management of low back pain (2017)	Favorable	
	American College of Physicians (2017)		
TENS Unit	Best Practices for Chiropractic Management of Patients with Chronic Musculoskeletal Pain (2020)	Inconsistent Benefit	In the post-operative setting, may reduce medication consumption

Table excludes strategies *NOT* recommended by Guidelines



Honorable Mentions for Chronic Low Back Pain

Strategy	Clinical Benefit	Comments
Aromatherapy	Potentially Favorable	Typically Delivered over an 8-Week Program Lavender commonly studied in pain studies
Distraction Techniques	Inconsistent Benefit	Studied Most Often in Pediatric Population
Guided Imagery	Potentially Favorable	
Meditation / Mindfulness	Inconsistent Benefit	In the post-operative setting, may reduce medication consumption
Music Therapy	Favorable	
Sleep Hygiene	Potentially Favorable	

Table INCLUDES strategies not mentioned in core guideline review



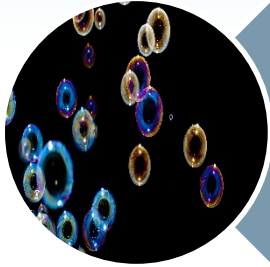
Non-Drug Strategies for Chronic Pain



Rate Limiting Step



Self-Care Resources for Patients



Distraction Techniques

- <https://www.aci.health.nsw.gov.au/chronic-pain/painbytes/pain-and-mind-body-connection/how-can-distraction-be-used-to-manage-pain>



Meditation / Mindfulness

- HeadSpace APP



Sleep Hygiene

- https://msp.scdhhs.gov/tipsc/sites/default/files/healthy_sleep_habits_handout_children_06.pdf



Self-Care Resources for Patients



Tai Chi

- <https://www.youtube.com/watch?v=B0QDRqHNNE8>



Yoga

- <https://www.youtube.com/user/yogawithadriene>



Acute Low Back Pain

- Patient Hand out Coming!



Key Takeaways



Multimodal Pain Management



Engage Patients to Participate in Plan



Address Psychosocial Factors (Pain Catastrophizing & Fear-Avoidance)



CMEs and CEUs

MUSC designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*[™]

MUSC will award 0.1 CEUs for this activity (1 contact hour = 0.1 CEU)

1st and 3rd FRIDAY of each month

12:00 – 1:00 pm

*****Launch of Harm Reduction Module!*****

Harm Reduction

03/05/21	Treatment Agreements
03/19/21	Harm Reduction & OUD
04/02/21	Shared Decision-Making Tools
04/16/21	Syringe Exchange
05/07/21	Adolescents and MAT
05/21/21	Microdosing
06/04/21	Mindfulness-Oriented Recovery Enhancement(MORE)

WWW.SCMATAACCESS.ORG

TO ACCESS ARCHIVED DIDACTIC VIDEO PRESENTATIONS, SLIDE SETS, AND ADDITIONAL PRACTICE RESOURCES CREATE A LOG-IN AND PASSWORD.

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