THE EPIDEMIC OF CHRONIC PAIN

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Objectives

1. Describe the current state of chronic pain management in the United States today.

2. Describe the differences between the traditional approach to chronic pain and the concept of the interdisciplinary pain team.

3. Describe significant challenges that primary care clinicians face when treating patients with chronic pain.
Definitions of Pain

• Pain is a sensory and emotional experience, associated with actual or potential tissue damage, or described in terms of such damage (IASP).

• Pain is whatever the experiencing person says it is, existing whenever he/she says it does (Margo McCaffrey).
Pain is a Major Public Health Issue

• Chronic pain affects an estimated 100 million American adults.

• Chronic pain costs up to $635 billion per year in medical treatment and lost productivity.

• Compared to people without chronic pain:
  • People with chronic pain have roughly 3 times the rates of depression and anxiety disorders.
  • People with chronic pain have at least two times the risk of completing suicide.

Institute of Medicine Report, 2011
How Big is This Issue?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number Affected</th>
<th>Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Pain</td>
<td>100 million</td>
<td>$635 billion</td>
</tr>
<tr>
<td>Diabetes</td>
<td>17.5 million</td>
<td>$174 billion</td>
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<tr>
<td>Cancer</td>
<td>11.7 million</td>
<td>$264 billion</td>
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<tr>
<td>Heart disease, stroke, Congestive heart failure</td>
<td>27.1 million</td>
<td>$197 billion</td>
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Chronic Pain in the United States

• One of the major reasons adults seek medical – both urgently and in follow up.

• Over 75% of ED visits – pain related (acute and chronic).

• Headache, back pain and joint-related symptoms – major cause of absenteeism within American labor force.

• Back pain – Leading cause of disability in US.
Three National Mandates for Pain Improvement in the United States


2. Department of Defense Pain Task Force, Office of Surgeon General- 2010

3. Institute of Medicine Report, “Relieving Pain in America”- 2011
• Headache (all types), chronic back pain and other musculoskeletal pain are the main contributors to this burden.

Institute of Medicine: Relieving Pain in America, 2011
Institute of Medicine, “Relieving Pain in America” – 2011 Report

- Fostering a cultural transformation.
- Pain is a public health challenge.
- Educational challenges.
- Research challenges.
- Blueprint for action.
Acute vs. Chronic Pain

- Chronic pain is pain that lasts longer than expected healing time of an injury, or that is associated with a chronic illness.
  - > 3 months for chronic pain definition.
  - Chronic pain may never go away.
  - Often neuropathic in nature.
  - Not useful as an alarm.
  - Associated with depression, anger, anxiety.
  - Best treated with a comprehensive approach.
The Role of Opioids in Pain Management

• Acute Pain:
  • Extremely useful.
  • May need relatively high doses at first, but can usually taper and stop as healing occurs/pain resolves.
  • Along with anti-inflammatories, opioids are one of the mainstays of treatment.
  • Occasionally other adjunctive medications can help.
The Role of Opioids in Pain Management

• Chronic Pain:
  • Opioids: sometimes useful, sometimes harmful.
  • Some people need high doses opioids for long periods of time; others need no opioids at all.
  • Many other medications (SNRIs, various neuropathic agents, topical and transdermal) often used and can be very helpful.
  • Even opioid antagonists being used successfully to treat many causes of neuropathic pain (ie. low-dose naltrexone).
Educational Challenges in Chronic Pain

• **No primary** medicine specialty for chronic pain.
  - Headaches: Primary Care, Neurology
  - Back Pain: Primary Care, Physical Medicine, Orthopaedics, Neurosurgery, Interventional Pain
  - Fibromyalgia: Primary Care, Rheumatology, Neurology
  - Psychosomatic Pain: Psychiatry

• **No residency training** dedicated to chronic pain (yet)---ABPM (requires primary residency).

• **Variable** residency requirements for chronic pain education.
Education Required for Effective Chronic Pain Treatment

• Documentation.
• Address biases of providers related to “drug-seeking” and “real pain”.
• Enhance comfort with use of opioids.
• Decrease opioidphobia and pseudoaddiction.
• Educate regarding over-prescribing and medication overuse.

Bennet, and Carr, J. Palliative Care, 2002, 16:105-109
Interdisciplinary Pain Management Team

• Best practices for effective, long-term management of patients with moderate to severe chronic pain.

• Neurology, Psychiatry, Physical Medicine, Interventional Pain, Psychology, Rehabilitation Services, Pharmacy.
Patient-Centered Interview

• Encourages the patient to express what is most important to them.
• Open-ended questions.
• Relationship-centered.
• Higher patient satisfaction.
• Higher patient compliance and recall.
• Decreased malpractice.
• Improved health outcomes.
Evaluation and Documentation

- Pain history essential.
- Psychological/psychiatric history.
- Past medical history.
- Medications and allergies.
- Social history:
  - Drugs, alcohol, criminal history, living situation, support system, occupation, litigation
- Family history:
  - Addictions
- Physical examination: Neurological, Orthopedic, Musculoskeletal...
- Establish goals of therapy.
Clinical Goals

• Documentation.

• Address biases of providers related to “drug-seeking” and “real pain”.

• Enhance comfort with use of opioids.

• Decrease opioidphobia and pseudoaddiction.

• Educate regarding over-prescribing and medication overuse.

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Psychiatric and Behavioral Overlap with Chronic Pain

• Greatest challenge with chronic pain treatment—strong psycho-social connection.

• 5th vital sign/ TJC mandate—”difficult to quantify/ even more challenging to treat”.

• Blessing = more experts can help patient: (Psychiatry, Psychology, CBT, Biofeedback, MBSR)

• Curse = anxiety and depression negatively impact chronic pain management.
Diagnostic and Treatment Challenges of Major Depressive Disorder with Chronic Pain

• Patients with Major Depressive Disorder (MDD) 4 times more likely to complain of chronic pain.

• 2-fold Increase in work missed in patients with co-morbid MDD and painful somatic symptoms.

• Pain predicts time to remission in recurrent depression.

• Painful somatic symptoms decrease chance of recovery in MDD.
Definition of Addiction

• Addiction:
  • “A neurobehavioral syndrome with genetic and environmental influences that results in psychological dependence on the use of substances for their psychic effects. It is characterized by behaviors that include one or more of the following: impaired control over drug use; compulsive use; continued use despite harm; and, craving.”
  • “Physical dependence and tolerance...should not be considered addiction”.
Understanding Addiction

• Not every individual exposed to a substance of abuse develops addiction.

• Addiction is the result of an interaction between genetic and environmental vulnerabilities.

• Addiction, like diabetes, is a medical illness with a behavioral component.

• As with diabetes, treatment focuses both on reducing vulnerability and changing behavior.
Prevalence of Addiction in Chronic Pain Patients

• Structured review of available studies of development of aberrant behavior/addiction in patients on opioids for chronic pain.

• 24 studies with 2,057 patients with rate of 3.27% for abuse/addiction.

• Rate of abuse/addiction in patients with no past or current SUD was 0.19%
Aberrant Behavior

Aberrant Behavior is behavior that suggests prescription misuse, abuse, or addiction. (SAMSHA TIP 54)

“Prescribing opioids will lead to abuse/addiction in a small percentage of chronic pain patients, but a larger percentage will demonstrate ADRBs and illicit drug use. These percentages appear to be much less if CPPs are preselected for the absence of a current or past history of alcohol/illicit drug use or abuse/addiction.” (Fishbain et al.)
Aberrant Behavior Prevalence

- 17 studies of 2,466 chronic pain patients found rate of 11.5% for aberrant behavior.

- For patients without SUD, rate was 0.59%.

- 5 studies (15,542 patients) by urine toxicology: 20.4% had no Rx opioid or an opioid not prescribed.

- 5 studies (1,965 patients): 14.5% had illicit drugs.
What Are the Ethical Obligations?

- Healthcare providers are obligated:
  - To prevent, diagnose, and treat uncontrolled pain (Beneficence)
  - To prevent, diagnose, and treat substance use disorders (Non-maleficence)
  - To minimize risk and maximize benefit (Justice)
  - To deliver patient centered care (Autonomy)

- Doing this is a tall order