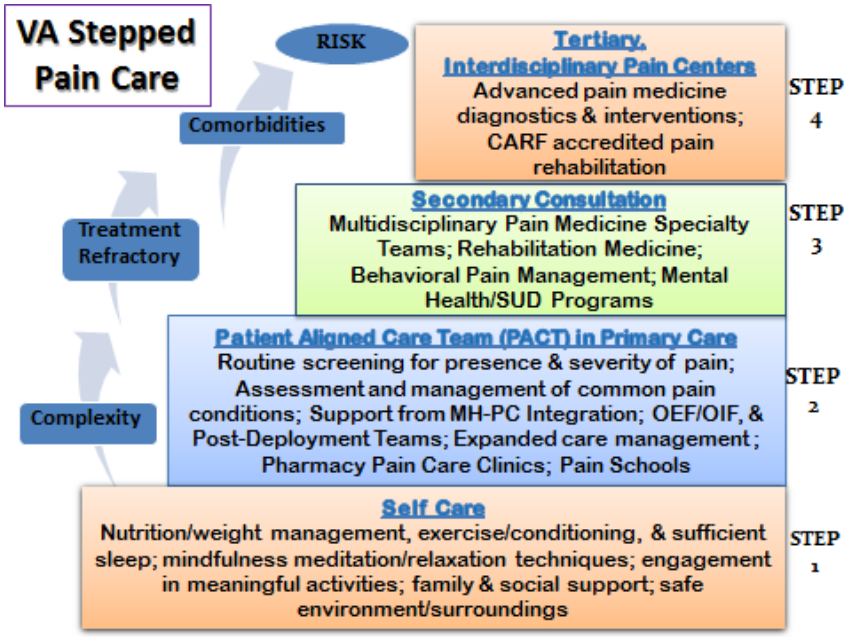
MENTAL HEALTH INNOVATIONS TEMPLATE—PAIN

DISEASE: Chronic Pain

Background: Chronic pain is the most common problem that afflicts Veterans treated in VHA; up to half of Veterans treated in VA ambulatory care settings have pain. Chronic pain is associated with worse function, lower quality of life, and other comorbid problems including depression and substance use disorder, and research suggests that pain increases risk for suicide behaviors including death by suicide. VHA supports a population-based, stepped care model, based on the selective use of personal self-management skills and evidence-based treatments in an individualized, patient-centered, goal-oriented management plan:



Me: Considerations and questions to ask in partnering with patients with chronic pain:

By its very nature, pain is distressing; when pain becomes chronic, it can affect many parts of your life. This includes your mood, sleep, relationships, hobbies, ability to work, and leisure activities. Understanding your pain includes considering how biological, psychological, and social factors are contributing.

A. Understanding: Biopsychosocial Framework
    1. Biological
        a. There are many conditions that cause chronic pain or make it worse. Do you understand what is causing your pain and why it persists?
        b. What factors exacerbate your pain? What factors alleviate your pain? [consider use of pain diary to facilitate this step]
        c. Do you understand what medications you are taking for your pain, and the purpose of each one?
    2. Psychological
        a. What is the meaning of your pain? (i.e., do you think damage is being done when you have exacerbations of chronic pain)?
        b. How does pain affect your mood?
        c. What kinds of enjoyable activities do you engage in?
    3. Social
        a. How is the pain affecting your life?
        b. What is it preventing you from doing that you would like to do?
        c. How is pain affecting your relationships with others?

B. Education
    1. Provide a biopsychosocial explanation with drawings (e.g., circle of pain)
    2. Provide neuroanatomical/neuropathological explanation with drawings
    3. Discuss circle of pain as applies to depression if present
    4. Review the differences between acute and chronic pain
        a. The exact source for the pain often not known or directly correctable
        b. Review limitations of reducing pain intensity in chronic pain; improvements more achievable related to function and quality of life
        c. Address fear-avoidance
    5. Review necessity of the multimodal approach
        a. Review treatment options and benefits vs. risks

C. Collaborative Treatment planning:
    1. Identify realistic, stepwise functional goals
        a. Include a list of key activities/domains
    2. Choose specific treatment goals and patient-centered indicators of progress
        a. Identify chronic pain treatment preferences
        b. Choose chronic pain approaches
    3. Problem-solve around barriers

D. Follow-up
    1. Monitor patient-centered progress indicators
    2. Adjust treatment plan accordingly
    3. Reevaluate and renegotiate treatment focus and components
    4. Provide support surrounding challenges

Mindful Awareness—special considerations for patients with this pain

There is some evidence to support effectiveness of mindfulness based techniques for pain. Relaxation therapies and yoga (which focus awareness) have been shown to be moderately effective in a number of studies. Stretching exercises may also have a mindfulness component; furthermore, patient awareness of the relationships between depression, rest, anxiety and the pain experience can be an important part of treatment.

Sample clinician-patient conversation to promote mindfulness:

1. It's important that we understand the daily pattern of your pain – what makes it better, what makes it worse day-to-day, what causes flare-ups, what seems to help. We can then use this information to figure out how we can use the many pain management tools we have available to help you feel better and do the things you want to do.
    a. Identify key factors that exacerbate or alleviate pain [pain diary may be helpful]
2. We have also discussed the interplay between your mood, (or your emotions, your stress, etc.) and your pain – how one affects the other. For example, since we know that you have diabetic neuropathy pain, we also know that getting upset will turn up your pain, just like it does for millions of others with a pain conditions. Therefore it will be useful to focus on how your thoughts and feelings change over the day in relationship to your pain. Let's learn how to help you manage your reactions to stressful events that upset you so that you can control your pain more effectively yourself.
    a. Focus on identifying key emotional states that exacerbate or alleviate pain

Integrative Therapy:

A. **Self-Care**: Self-care is a critical and effective aspect of coping with chronic pain:

- Power of the Mind
  - Relaxation techniques and therapies
  - Although there is still only limited evidence to support formal use, Acceptance and Commitment approaches show promise for helping patients with chronic pain
- Spirit and Soul
  - Engagement in, and reward from, meaningful activities and interactions with others can increase activity and improve quality of life. Engagement in activities and with others also decreases sense of isolation which can contribute to suicide risk
- Family and Friends and Co-workers
  - Education of family and other supports about fear-avoidance, focus on improving quality of life and optimizing function is critical. Key supports need to be educated and integrated into treatment planning
- Working the Body
  - Exercise and conditioning therapies have some of the strongest evidence for contributing to improvements among patients with chronic pain
  - Deconditioning often leads to worse chronic pain
  - Key modalities that support exercise and conditioning include exercise programs, exercise coaching, physical therapy, and yoga. Swimming is an underutilized but especially promising form of exercise for chronic pain
- Surroundings
  - An environment that facilitates the patient being active is helpful
  - Is the environment providing/meeting basic needs, and encouraging higher order needs
- Recharge
  - Sleep, pacing, relaxation and massage may all be helpful
- Food and Drink
  - Weight loss has been shown to improve chronic pain
  - Is the patient's diet supporting or detracting from overall health
- Personal Development
  - Functional goal setting can be a critical element of chronic pain care
    - tying functional goals to life goals is a necessary component

- What is in place to support empowerment and separation from pain

B. Prevention and Intervention

- Complementary Approaches. The evidence base is strongest for the use of the following treatments for chronic pain (see table below and references):
  - Acupuncture (limited to moderate evidence)
  - Yoga (limited evidence)
  - Massage (limited to moderate evidence)

Scientific Evidence on CAM for Pain	Promising Evidence of Potential Benefit	Limited, Mixed, or No Evidence To Support Use
Low-Back Pain		
Acupuncture	✓	
Massage	✓	
Spinal Manipulation	✓	
Progressive Relaxation	✓	
Yoga	✓	
Prolotherapy		✓
Herbal Remedies		✓

From National Center for Complementary and Alternative Medicine (NCCAM)
http://nccam.nih.gov/health/pain/chronic.htm?nav=gsa

Yoga is recommended over massage because yoga includes 1) conditioning/exercise components, and 2) yoga can include a focusing of awareness/mindfulness component

- Conventional Approaches: The evidence is strong that multimodal, multidisciplinary approaches are effective for improving chronic pain outcomes. Specific components with a moderate to strong level of evidence to support their use for patients with chronic pain are:
  - Education including self-management skills (of patients and supports). Self-management skills may address stretching and exercise, use of spa, relaxation skills, pacing, record-keeping (diary), weight loss, medication management, yoga or tai-chi, bibliotherapy.
  - Cognitive Behavioral Therapy (CBT). Behavioral activation and Acceptance and Commitment Therapy (ACT) are therapies that also

show promise. Psychological treatments may be delivered in individual or group formats.
    - Relaxation Techniques
    - Physical therapy (which also includes coaching and development of exercise/activity programs)
    - Identification and treatment of comorbid conditions, in particular depression, substance use disorder, and insomnia.
    - Use of non-opioid medication therapies, selectively targeted to specific conditions.

C. VA Programs and Literature

- Patient education programs:
    - VISN 20 pain program, under development
    - Smart Phone application under development
    - MOVE!
    - Pain Schools within certain VAs
    - Taking Opioids Responsibly brochure
    - Patient Education Management System for pain, under development
    - VHA Pain Management Website: http://vaww.va.gov/PAINMANAGEMENT
    - Collaboration with the DoD in developing pain-related patient educational materials (modeled after afterdeployment.org)
    - Peer-led Chronic Pain Support groups based on a program developed by the American Chronic Pain Association (ACPA) titled Veterans in Pain
- Provider education programs:
    - VISN 20 program in TMS: Chronic Pain Education for Providers VA 1345953
    - National rollout of CBT for pain in progress
    - Tampa VA Interdisciplinary Chronic Pain Management Training Program
    - Tampa VA Pain Resource Nurse training
    - National VA-DOD curriculum development project
    - SCAN-ECHO trainings
    - Include HSR&D/PCSS-O webinars?
    - ACPA sponsored Veterans in Pain presentation at select VAs

D. **Selected References**:

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Therapeutic Review

MODALITY	**STRENGTH OF EVIDENCE**	**BENEFITS AND RISKS**	**COSTS**
Education programs (for patient and family)	FAIR TO GOOD	Substantial benefit. Can form basis of treatment expectations and negotiations, have direct effects on impact of symptoms, rewards	Moderate—individual and group, web-based and in-person—written materials. Need comprehensive plan
Education program and supports for providers	LIMITED IF EDUCATION ALONE WITHOUT SUPPORT/ FEEDBACK	Substantial benefits, but time/energy cost for providers. Point of Care info would help; goal setting tools	Moderate—multiple modalities needed; system supports and feedback, handy materials needed-infrastructure
Exercise/Activating	GOOD	Substantial benefit; hard to activate some patients; may require expertise in setting	Limited—could pay for swim memberships/ exercise clubs/classes

		up program in some cases	
CBT	GOOD	Substantial benefit; hard to activate some patients;	Substantial to provide to extent needed; may be able to decrease #s of sessions, not well tested
Yoga	LIMITED	Activating (strengthening) and relaxation/mindfulness components	Moderate—programs need to be developed/ people to be trained
Massage	LIMITED TO MODERATE	Relaxation aspect, but no training/not active	Moderate—programs need to be developed/ people to be trained
Acupuncture	LIMITED TO MODERATE	Not active but relaxation/focusing aspect	Moderate—programs need to be developed/ people to be trained
Access to mental health services (to address comorbid conditions)	GOOD	Substantial benefits	Moderate to substantial—if do more screening/active case identification processes