Primary Care Provider Concerns about Management of Chronic Pain in Community Clinic Populations

- “…37.5% of adult appointments in a typical week involved patients with chronic pain complaints.”

- “…respondents reported inadequate training for, and low satisfaction with, delivering chronic pain treatment”


Valerie J. Keffala, Ph.D.

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“Nearly half of primary care patients with chronic pain screen positive for one or more anxiety disorders, which in turn are adversely associated with impairment across multiple domains of HRQL. Detecting and treating anxiety may be an important component of pain management.”

Pain-Related Anxiety

- Pain-related anxiety is a relatively strong predictor of adjustment.
- In particular, chronic pain patients classified as dysfunctional demonstrate higher levels of pain-related anxiety.
- Anxious behavior in response to pain may take many forms such as avoidance, excess physiological arousal, and unhelpful or catastrophic cognitive responses.


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Women with fibromyalgia and/or osteoarthritis \((N = 110)\) underwent interpersonal stress and were then randomly assigned by pain condition and depression status, assessed via the Center for Epidemiological Studies-Depression scale, to positive versus neutral mood induction."

“Depression does not alter pain and mood stress reactivity, but does impair recovery. Boosting post-stress jovial mood ameliorates pain recovery deficits in depressed patients, a finding relevant to chronic pain interventions.”


Valerie J. Keffala, Ph.D.
“A random sample of Kaiser Permanente patients who visited a primary care clinic was mailed a questionnaire assessing major depressive disorder (MDD), chronic pain, pain-related disability, somatic symptom severity... and health-related quality of life (HRQL)....’’ N=5808
“Among those with MDD, a significantly higher proportion reported chronic (i.e., nondisabling or disabling) pain than those without MDD (66% versus 43%, respectively).”

“Disabling chronic pain was present in 41% of those with MDD versus 10% of those without MDD.”

“Respondents with comorbid depression and disabling chronic pain had significantly poorer HRQL, greater somatic symptom severity, and higher prevalence of panic disorder than other respondents...”

“Long-term opioid therapy appears to be associated with iatrogenic harm to the patients who receive the prescriptions and to the general population. The United States has, in effect, conducted an experiment of population-wide treatment of chronic pain with long-term opioid therapy. The population-wide benefits have been hard to demonstrate, but the harms are now well demonstrated.”

From:

- The Effectiveness and Risks of Long-Term Opioid Therapy for Chronic Pain: A Systematic Review for a National Institutes of Health Pathways to Prevention Workshop Effectiveness and Risks of Long-Term Opioid Therapy for Chronic Pain.


Valerie J. Keffala, Ph.D.
―**Purpose:** To evaluate evidence on the effectiveness and harms of long-term (>3 months) opioid therapy for chronic pain in adults.‖

―**Data Synthesis:** ...Good- and fair-quality observational studies suggest that opioid therapy for chronic pain is associated with increased risk for overdose, opioid abuse, fractures, myocardial infarction, and markers of sexual dysfunction, although there are few studies for each of these outcomes; for some harms, higher doses are associated with increased risk.‖
“Bed rest does not increase the speed of recovery from acute low back pain and sometimes delays recovery.”

“If a patient obtains symptomatic relief from bed rest, it can be recommended for a day or two, with reassurance that it is safe to get out of bed even if pain persists.”

“Bed rest is not recommended for the treatment of (chronic) low back pain or sciatica, and a rapid return to normal activities is usually the best course.”

Encourage Activity

- “The stay active advice is appropriate for the early treatment of acute severe LBP and to promote additional physical activity for more health benefits among workers…” at risk for suffering from LBP.

- “It also demonstrates that even higher levels of physical activity can be promoted with these methods to prevent recurrence/chronicity of pain and for additional health benefits.”

Acceptance

“Acceptance of chronic pain is, of course, more than a mental exercise and not simply a decision or a belief. Importantly, acceptance involves a disengagement from struggling with pain, a realistic approach to pain and pain-related circumstances, and an engagement in positive everyday activities.”

Acceptance

“...is not a simple function of distraction, thinking of the pain in other terms, or passively hoping for it to be better. It is also not the same as ignoring or positive thinking.”


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Acceptance- Research


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“Mindfulness involves attending to relevant aspects of experience in a nonjudgmental manner.”

“The goal of mindfulness is to maintain awareness moment by moment, disengaging oneself from strong attachment to beliefs, thoughts, or emotions, thereby developing a greater sense of emotional balance and well-being.”

Mindfulness

“Mindfulness in contemporary psychology has been adopted as an approach for increasing awareness and responding skillfully to mental processes that contribute to emotional distress and maladaptive behavior.”

“... a form of mental training to reduce cognitive vulnerability to reactive modes of mind that might otherwise heighten stress and emotional distress or that may otherwise perpetuate psychopathology.”


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Mindfulness

- Pain attenuation through mindfulness is associated with decreased cognitive control and increased sensory processing in the brain. Article by Tim Gard et al. in Cerebral Cortex November 2012; 22: 2692-2702

- Suggests that the process of mindfulness, which involves letting go/accepting/being curious, as opposed to controlling an experience, activates brain mechanisms that help reduce anxiety related to pain and “pain unpleasantness”

Valerie J. Keffala, Ph.D.
Mindfulness

- Brain mechanisms supporting the modulation of pain by mindfulness meditation. Article by Fadel Zeidan et al. *Journal of Neuroscience*, April 2011, 31(14): 5540-5548

- Demonstrated that meditation was associated with reduced pain intensity, reduced “pain unpleasantness,” and reduced activation of negative cognitive evaluation of pain. Based on MRI, they suggest that these findings are related to increased activation of brain mechanisms supporting these processes.

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