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Chronic Pain: Improving Patient Awareness of Management Options

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Family Medicine, January 2017
Northern Tier Center for Health (NOTCH)
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Problem Identification: The United States

- Chronic pain, or pain that persists for more than three months, affects **100 million Americans** and places a significant burden on patients and their families.¹
- It affects people's **activities of daily living**, is associated with **depression and anxiety**, and causes **disability**.²
- **Opioids** are frequently used to manage chronic pain, and their potential for **misuse, addiction, and adverse effects** are of growing national concern.³
- Increasing patient awareness of non-opioid pain management options could **decrease patient suffering** and mitigate the opioid epidemic.

Problem Identification: Franklin County

- Northwestern Medical Center (NMC) identified chronic back pain and mental health/substance abuse, including opioid addiction, as community needs for 2016.⁴
- NMC's **Comprehensive Pain Management Clinic** was established to address the community's need for a multidisciplinary approach to treating pain and addiction. ⁴
- Champlain Valley AHEC reports that the community is concerned about opioid use. ⁵
- In 2013, the Vermont State Legislature passed Act 75, *An Act Relating to Strengthening Vermont's Response to Opioid Addiction and Methamphetamine Abuse*. Part of Act 75 calls for the promotion of non-opioid management of chronic pain. ⁶

Public Health Cost

<p>Economic Burden:</p> <p>Cumulative cost of chronic pain in the US: \$560-\$635 billion in 2010. These costs include the cost to patients and their caretakers, the health care system, and the economy. ¹</p>	<p>Individual Burden:</p> <ul style="list-style-type: none">• People with moderate or severe chronic pain miss an average of 8 days of work every 6 months. ¹• Chronic pain is the leading cause of disability in the US. ²
<p>Health Care Utilization:</p> <p>Patients who suffer from pain consume almost twice as many health care resources as the general population. ¹</p>	<p>In Vermont:</p> <p>The Unified Pain Management System Advisory Council, created by the Vermont Department of Health, identifies the emotional and economic costs of chronic pain as an issue. ⁶</p>

Community Perspective

Ellen Williams, LCSW, St. Albans Health Center

- Estimates that 60-70% of her patients have chronic pain, of which 30% are prescribed opioids for pain management
- Regularly refers patients to local gyms, chiropractors, acupuncturists, hypnotherapists, yoga classes, and CBT style courses for chronic pain when appropriate

<i>Barriers</i> to non-opioid management of chronic pain	<i>Facilitators</i> of non-opioid management of chronic pain
<ul style="list-style-type: none">• Patients often don't see the connection between exercise and better pain control• If a specific treatment (i.e. NSAIDs, PT) have not helped for previous injuries, patients assume it will be unhelpful for other injuries• Some treatment options such as supplements and visits with chiropractors are expensive and not covered by insurance	<ul style="list-style-type: none">• Patients who stay physically active have more success with pain control• Patients with responsibilities such as jobs and caring for family members are less likely to get stuck in a cycle of isolation and depression that makes the pain worse

Community Perspective

Amy Roberts, MD, Fairfield Street Health Center

- Takes a **step-wise approach** to treating pain. She starts with conservative treatments and eventually progresses to using narcotics to manage pain. She often refers patients to NMC's Comprehensive Pain Management Clinic.
- Dr. Roberts aims to **improve function and activities of daily living**, as trying to help patients become completely pain free is often unrealistic.
- The population is aging, and many patients have **CKD** or are at risk of **GI hemorrhage**. In these patients, opioids may in fact be a better choice than NSAIDs for pain management.

NOTCH patient with chronic and severe osteoarthritis pain

- **Vermonters are tough**. Many people in Franklin county spent their lives doing physically demanding jobs, and as they age, patients feel chronic pain from past work injuries or osteoarthritis.
- Some doctors in the community seem to understand patients' pain, while others seem to dismiss the toll pain takes on daily life
- Patients want providers to offer **several pain management options**

Intervention and Methodology

- Literature review
- Created educational pamphlet for patients defining chronic pain, treatment options, and pain management resources in the St. Albans community
- Pamphlet to be used by NOTCH providers to help educate patients on their chronic pain

CHRONIC PAIN: MANY TREATMENT OPTIONS

What is chronic pain? — Chronic pain is pain that lasts longer than 3 months. In many cases, this means that pain continues even after the injury or condition that first caused it has been treated.

People who have chronic pain might have a hard time doing their usual activities, such as bathing or dressing. This can lead to depression and anxiety, and it can cause problems with sleep.

How is chronic pain treated? — Treatments for chronic pain include both medicines and activities. No single treatment works for everyone. Your health care team will help you find the right mix of treatments for you.

Treatment options include:

- Medicines to relieve pain, improve sleep, or improve mood
- Physical therapy to learn exercises and stretches
- Relaxation therapy
- Massage therapy
- Injections (shots) of numbing or pain-relieving medicines
- Acupuncture
- Devices that affect nerve signals
- Surgery

Question:

What methods have helped your patients the most when managing pain?

Answer:

“Exercise seems to be the primary factor, as well as having responsibilities (job, volunteering, caring for family members) that keep them distracted and help them get up and move.”

*- Ellen Williams, LCSW
St. Albans Health Center*

<p>Local Resources:</p> <ul style="list-style-type: none"> • Ask about meeting with a NOTCH counselor. They work with patients to create a plan for treating pain. • Attend <i>Managing Chronic Pain</i>, a free course at NMC, that helps people with chronic pain thrive. • Your provider may refer you to a specialist at the <i>Comprehensive Pain Management Clinic</i> at NMC 	<p>What can I do on my own to feel better?</p> <p>Practice relaxing and mindfulness. Relaxing the mind can help with how the body feels pain. People can learn to quiet their pain or make it less bothersome.</p> <p>Stay as active as possible. Exercise can all help ease muscle and joint pain. If you are not active, your pain might get worse.</p> <p>If you feel depressed, talk to your provider about it. Chronic pain and depression often go together, and each can make the other worse. Getting treatment for your depression can make it easier to cope with your pain.</p> <p>Set realistic goals for your treatment. Even if you can't completely get rid of your pain, you might be able to control it enough so that you can do the things you want to do.</p> <p>Read <i>Managing Pain Before It Manages You</i>, a workbook by Martha A. Caudill, MD, PhD, MPH</p>
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Adapted from UpToDate, Patient Education: Chronic Pain (The Basics), January 2017

Results/Response

- **Providers** at NOTCH responded positively. Many of their patients suffer from chronic pain, and managing chronic pain and preventing opioid addiction are daily challenges. The time a provider can spend with a patient is limited, and the pamphlet helps improve the quality of patient education.
- **Patients** with chronic pain gave positive responses as well. They understand that managing pain can be complex, and that different people need different treatment combinations for success. The handout can help them connect to local resources or try a new approach.

Evaluation of Effectiveness and Limitations

- Effectiveness can be measured with NOTCH's EMR. Patient's response to handout can be noted at the time it is given, along with whether or not patient is open to choosing a different treatment modality later on.
- NOTCH is a Federally Qualified Health Center, and many patients struggle to cover health care costs, particularly treatments that aren't covered by Medicare or Medicaid.
- Educating patients on complex topics such as pain cannot be done with one pamphlet at one visit. Empowering patients to understand and try multiple methods for controlling pain requires continuity of care and trust between patients and providers.

Recommendations for Future Interventions and Projects

- A questionnaire could be administered to patients to better understand their perspectives of different pain management options, including the barriers to and facilitators of controlling pain without the use of opioids.
- NMC's Comprehensive Pain Management Clinic treats many patients in St. Albans. Future projects could work with this clinic to address the needs of patients who use high doses of narcotics to manage chronic pain.
- Many patients with chronic pain also have psychosocial issues. Future projects could work with NOTCH's social workers to make community resources more accessible.

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References

1. Henschke, Nicholas, Steven J. Kamper, and Chris G. Maher. "The Epidemiology and Economic Consequences of Pain." *Mayo Clinic Proceedings* 90.1 (2015): 139-47.
2. Brookoff, Daniel. "Chronic Pain: 1. A New Disease?" *Hospital Practice* 35.7 (2000): 45-59.
3. Jackman, MD, Robert P., and Janey M. Purvis, MD. "Chronic Nonmalignant Pain in Primary Care." *Am Fam Physician*. (2008 Nov 15);78(10):1155-1162
4. "Northwestern Medical Center 2016 Community Health Needs Assessment and Implementation Strategy." *Northwestern Medical Center*. N.p., (Mar. 2016)
5. Champlain Valley AHEC. "Vermont County Profiles for Medical and Health Sciences Students/Residents." *vtahec.org* (2015)
6. Chen, Harry MD, and Philibert, Dawn. "Nonpharmacological Approaches to Treatment of Chronic Pain." *Vermont Agency of Human Services, Department of Health*. (Jan 2014)