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Chronic Pain Management: Local Resources and Education

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ROTATION 1, MARCH-APRIL 2016

LOCATION: THOMAS CHITTENDEN HEALTH CENTER, WILLISTON VERMONT

MENTOR: JEFFREY HADDOCK, M.D.
2: Problem Identification and Description of Need

There are many individuals in the community who are dealing with chronic pain. Many clinics provide educational resources/handouts regarding other chronic issues such as diabetes, hypertension, hyperlipidemia but less is available for patients with chronic pain. Patients need a resource that contains counsel from local providers and a directory to both online and local educational resources that would help them understand what options they have to manage their chronic pain.
Local Efforts: The Vermont Medical Society Foundation in 2012 issued a call for the better *education of the public* to expect best medical practices. This recommendation came as they interviewed local providers and asked them what needed to be done in order for there to be safe and effective treatment of chronic pain in Vermont.¹

Vermont: IMS Health found that in 2012 there were about 67.4 opioid pain reliever prescriptions for every 100 people in the state.²

Addiction risk: About 25% of patients prescribed long-term opioid therapy from primary care providers deal with addiction issues.³⁴⁵ The CDC recognizing the harm this causes suggests that patients *consider non-opioid treatment options* for their chronic pain.⁶
Chronic pain needs many strategies. Opioids are one part of it and are not what I use first.

If ... the person is willing then we discuss mind body programs which are a must for better coping skills.

Part of the problem is expectations- that there is a pill to fix things and that pain needs to go away-of many Westerners due to aggressive pharmaceutical marketing and belief that one must always be happy.

There are newer CDC guidelines that I direct people to for less biased information. I stress the knowledge about opioids has changed in the last 30 years.
[Name Withheld] M.D. at University of Vermont Medical Center advised

People need disease specific resources and I notice that one of the most common errors providers make is that they treat all chronic pain the same.

Medications should be geared toward either the underlying condition or the pathophysiology of the pain symptoms.

Two main treatments that are ubiquitously good for chronic pain are acupuncture and mind-body medicine.

Jeffrey Haddock M.D. at Thomas Chittenden Health Center advised

You can’t think about chronic pain management without thinking about functionality. For example; a patient with 6/10 pain who can’t get out of bed is worse off than a patient with 6/10 pain who is able to get out and garden, take care of the kids, or do other things that bring meaning. They both have the same pain level, but the latter is functioning and that is what we need to aim for.
5A: Intervention and Methodology

In order to gain a better understanding of local resources several providers were contacted by email or in person asking them the following:

1. What brief counsel would you give them about chronic pain management?
2. What online resources would you counsel them to look at in areas such as:
   - Non-opioid pain medications (such as acetaminophen and ibuprofen)
   - Cognitive behavioral therapy
   - Physical therapy and exercise
   - Medications for depression or for seizures
   - Interventional therapies (such as injections)
   - Opioids^6
Incorporating advice and management options provided by local providers a handout was made for use in primary care clinics as an education resource for patients.

Handout available to download at scholarworks.uvm.edu
6: Response

The response from community providers who were interviewed was positive. One local provider stated that “I am very happy to hear that someone else is really interested in chronic pain management!”

Many providers spoke about the same central issue with chronic pain management. That patients need to realize that the goal is not to remove all pain, but to make it manageable.
7: Evaluation of Effectiveness and Limitations

The effectiveness of the handout can be determined by its usefulness to patients. They will be able to report if the information and resources provided helped them gain a better understanding of chronic pain management and helped them explore their goals for personal pain management. The Electronic Medical Record (EMR) allows for a provider to schedule a reminder in a patient’s record. Providers can schedule such a reminder after giving a patient the handout and then be reminded to follow up with the patient during their next visit. Providers can ask about what resources were helpful or informative, what patients learned as they explored the resources, and suggestions for improvement.

Expected limitations include that not all patients want or are able to understand educational resources. Such patients will need additional counseling and advice which the handout cannot provide. Additionally local resources listed in the handout may only be temporary or not accessible to all patients.
8: Recommendations for the Future Interventions/Projects

Research and understanding of chronic pain management is changing rapidly. The handout will need to be revised over time and resources updated as they increase or decrease in usefulness. The addition of more local resources will be especially beneficial to patients.

Patient education is an area of great concern to the Vermont Medical Society Foundation. Perhaps a future project could involve a collaborative effort to make additional patient educational materials addressing chronic pain management.
9: References


