

Chronic Pain

The Biopsychosocial Model

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Chronic pain

- 30-40% of people
- 100 million Americans
- >25 million Americans with chronic daily pain
- Rarely resolves
- Costs are greater than heart disease, cancer

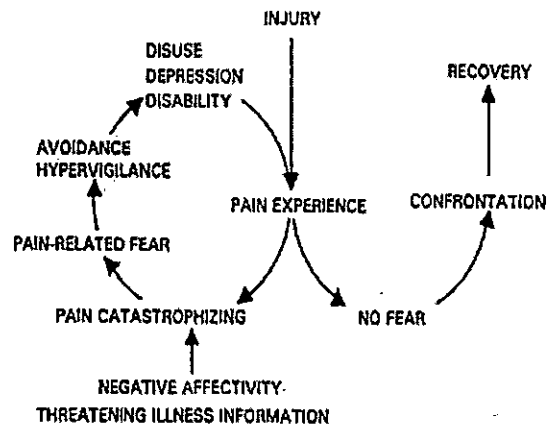
The biopsychosocial model

- Pre-1960's: pain is biologic/physiologic
- Post-1960's: pain is *not* a simple biologic sensory phenomenon
- Psychosocial problems *still* often seen as secondary rather than primary

Psychosocial factors play a key role

- Development of chronic pain
- Pain-related adjustment
- Response to therapeutics

Fear avoidance model



Vlaeyen JW, Linton SJ: Fear-avoidance and its consequences in chronic musculoskeletal pain: A state of the art. *Pain* 85:317-332, 2000

Negative psychosocial variables

General

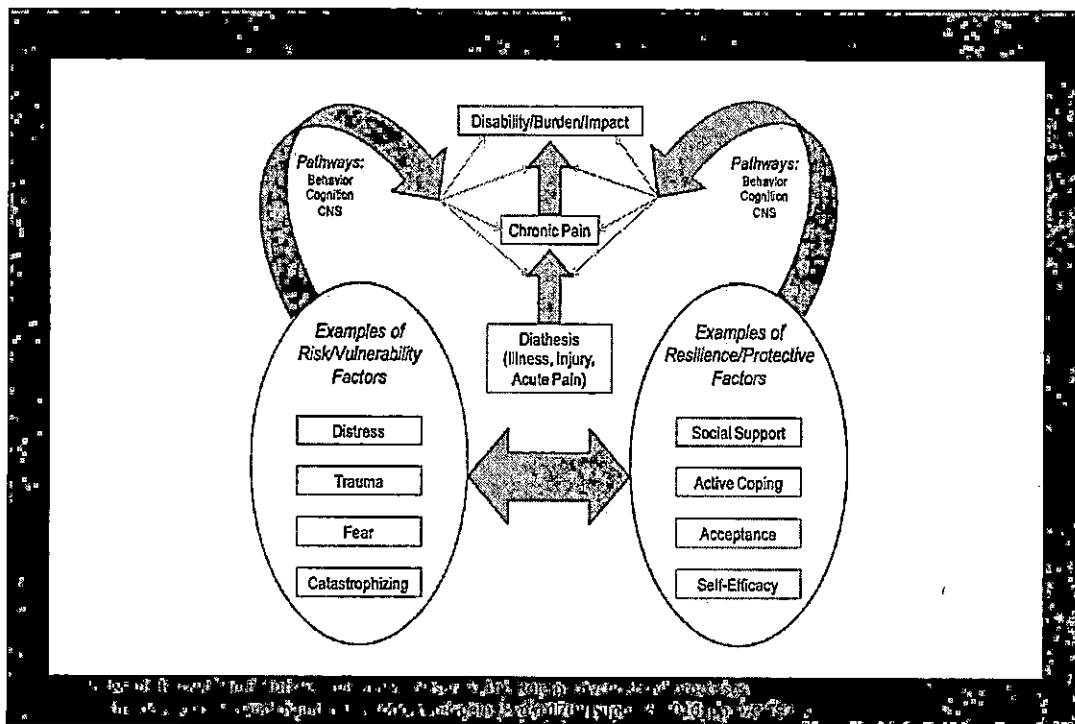
- Depression
- Anxiety
- Emotional distress
- Childhood trauma
- PTSD

Pain-specific

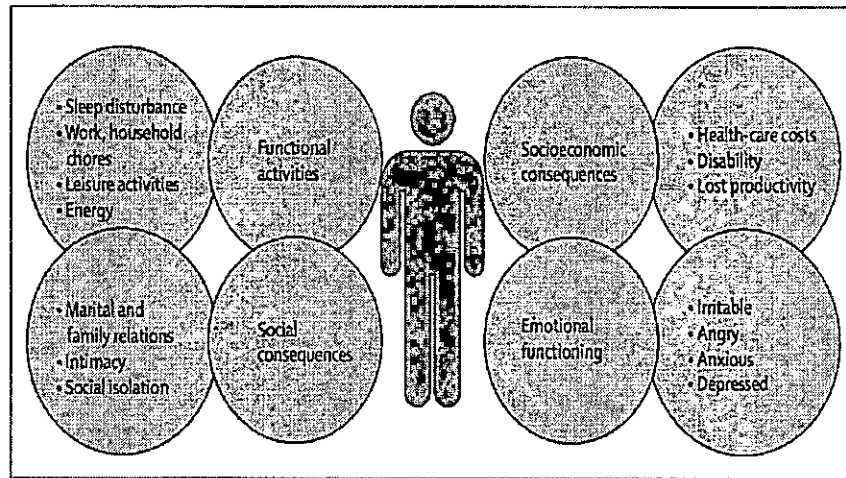
- Catastrophizing
 - Rumination
 - Magnification
 - Helplessness

Protective factors

- Resiliency
- Self-efficacy
- Active coping
 - Positive self-statements
 - Distraction
 - Paced activity
 - Relaxation



Consequences of chronic pain



Turk DC et al. *Lancet* 2011

Pain assessment & plan

Assessment

- Differentiate pain type
- Function
- Mood
- Sleep
- Activity
 - Fear conditioning
- Prior effective therapies
- Substance use/family history
- Support network
- Work environment
- Physical Exam
- Review imaging, data

Plan

- Establish goals, expectations
- Patient self-management goals
- Modalities
- Non-opioid analgesics

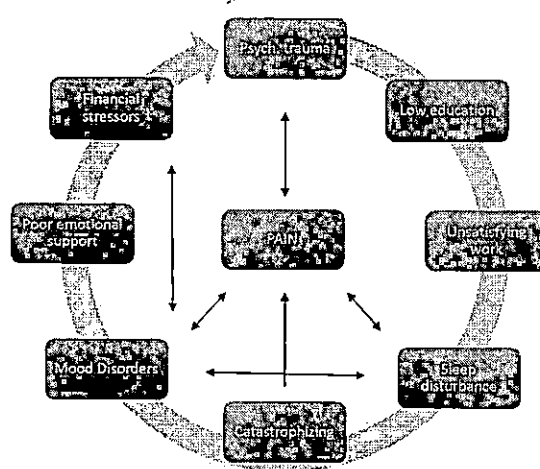
DO THIS IN 15 MINUTES

Are opioids effective for chronic pain?

- Short-term studies:
 - Opioids are modestly effective for a variety of painful conditions
 - Similar to other analgesics
 - Small improvements in function, but less than other analgesics
- Long-term studies:
 - No quality evidence
 - Fair to good quality evidence of harm

Furlan AD, Sandoval JA, Mailis-Gagnon A, Tunks E. Opioids for chronic noncancer pain: a meta-analysis of effectiveness and side effects. *CMAJ* 2006; 174: 1589–94.

Do opioids treat this?



Physicians and other providers

- Feel undertrained to manage chronic pain
- Want & need help
- Multidisciplinary teams: all guidelines recommend them...so what?
- What helps providers with chronic pain management:
 - Behavioral Health: Treatment of mood and substance disorders, CBT
 - Exercise programs
 - Access to modalities and procedures
 - Nerve blocks, spinal cord stimulators, PT, Acupuncture, biofeedback, massage
- Current practice: what is taking the place of opioids? No opioids

Thank You

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