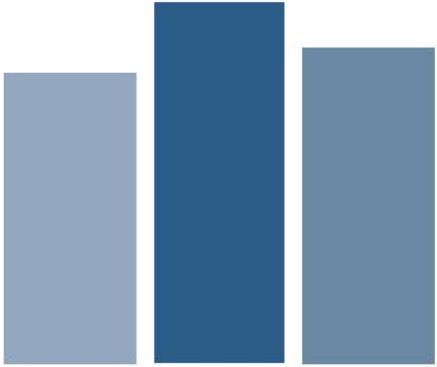


MICIS



Maine Independent Clinical Information Service



Maine Medical Association



Alternative Treatments for Chronic Pain

MICIS Workshop Speakers:

Peter Michaud, RN, JD

Elisabeth Fowlie Mock, MD, MPH

Gordon Smith, JD

Disclosures

- MICIS does not accept any money from pharmaceutical companies
- This presentation includes “off label use” of medications

Materials May Include:

- “un-ad” one page handout for each topic
- Update on ME laws slide set
- How to Use Naloxone (pt brochure)
- Chapter 21 rules
- DHHS prescription guide
- National/state numbers
- Resource documents at MICISMAINE.org

Learning Objectives

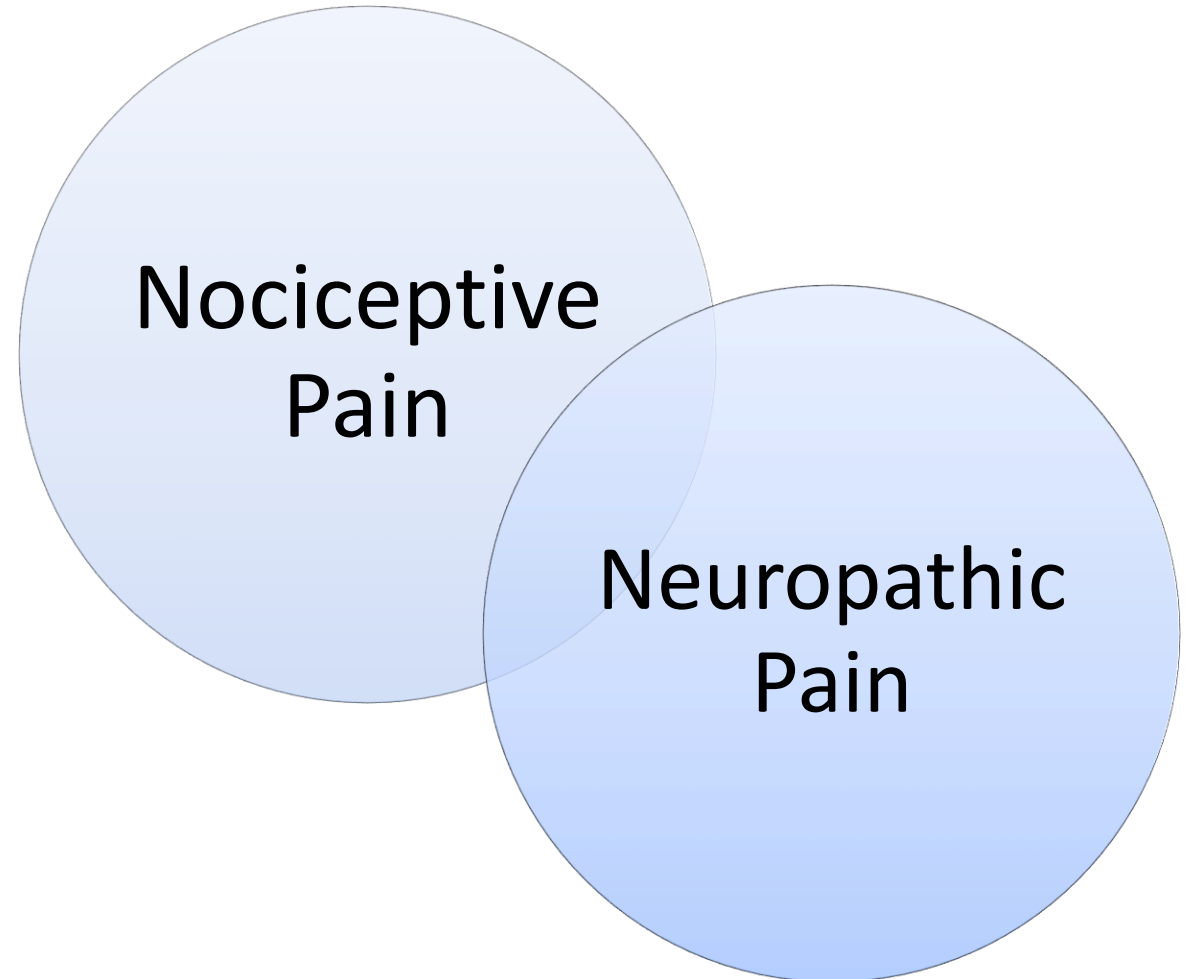
- Discuss alternative treatments for chronic pain management
- Highlight a team based approach to care for patients living with chronic pain
- Understand ways to reduce pain by addressing the physical, psychological, social and spiritual components of pain

Outline

- Introduction
- Nonpharmacological treatments
- Pharmacological treatments (non-opioid)
- Best practices

Chronic Pain Best Practices

- Multiple approaches
- Utilized in concert
- Coordinated
- Multidisciplinary team
- Medication not sole focus of treatment
- Set reasonable expectations



HARM REDUCTION/HEALTH PROMOTION

- Access to NALOXONE
- Avoid co-prescribing benzos and opioids
- Identifying OUD and referring to treatment

BEST PRACTICE EXAMPLES

- Mercy Pain Center-integrated chronic pain treatment
 - 1/14/16 Quality Counts webinar “Expanding the Team”
 - <https://www.youtube.com/watch?v=-C6D8Q5OZIU&feature=youtu.be>
 - <http://mainequalitycounts.org/wp-content/uploads/2018/01/Presentation-Slides-8.pdf>
- Harrington Health Center-mapping of complementary medical neighborhood

Brainstorming exercise & discussion

NONPHARMACOLOGICAL

NONPHARMACOLOGICAL APPROACHES

- Behavioral
- Exercise/touch
- Anti-inflammatory diet
- Complementary practitioners
- Energies
- Interventional approaches
- Emerging therapies

BEHAVIORAL

- Cognitive behavioral therapy (CBT)
- Individual & group counselling
- Biofeedback
- Mindfulness
- Relaxation therapy
- Psychotherapy
- Hypnosis
- Meditation
- Guided imagery
- Balneotherapy

EXERCISE/TOUCH

- Aerobic
- Aquatic
- Yoga
- Tai Chi; QiGong
- Massage
- Reflexology
- Therapeutic touch
- Kinesiology tape

ANTI-INFLAMMATORY DIET

- Plant-based foundation
- Fiber rich
- Limited saturated fat, no trans fat
- Omega-3 fatty acid rich
- Avoid processed foods & refined sugars
- Nuts and seeds
- Avoidance of gluten and/or dairy

COMPLEMENTARY PRACTICES

- Osteopathic manipulation
- Acupuncture
- Physical therapy
- Occupational therapy
- Chiropractic
- Music therapy

ENERGIES

- Ultrasonic stimulation
- Electrical neuromodulation
 - Transcutaneous electrical nerve stimulation (TENS)
 - Spinal cord stimulation
- Thermal application (heat/cold)
- Reiki
- Whole body vibration
- Infrared therapy

INTERVENTIONAL APPROACHES

- Ablative techniques
- Botulinum toxin injections
- Nerve blocks
- Trigger point injections
- Epidural steroid injections
- Minimally invasive surgical techniques

EMERGING THERAPIES

- Virtual reality i.e. “SnowWorld”
 - Acute/peri-operative pain
 - Chronic pain

Understanding Pain: Brainman Chooses

- <https://www.youtube.com/watch?v=jlwn9rC3rOI>

Best Practices

- Calais orthopedic surgery group-taper off opioids preop for elective cases
- Bucksport Regional Health Center-"Pain on the Brain" required curriculum through behavioral health & palliative care exemption committee case review

Brainstorming exercise & discussion

PHARMACOLOGICAL

PHARMACOLOGICAL APPROACHES

- Nonopioid Analgesics
- Antidepressants
- Anticonvulsants
- Adjuvants
- Natural medicines
 - Anti-inflammatory
 - Antidepressants
 - Misc.

Nonopioid Analgesics

- Acetaminophen
- NSAIDs-naproxen
 - Platelet aggregation inhibition
 - GI: dyspepsia & gastric ulceration
 - Nephrotoxicity
 - Cardiovascular
- COX-2 inhibitors-celecoxib

Antidepressants

- Tricyclics (TCAs)
 - Desipramine & nortriptyline
 - Amitriptyline
- Serotonin norepinephrine reuptake inhibitors (SNRIs)
 - Venlafaxine
 - Duloxetine
- Selective serotonin reuptake inhibitors (SSRIs)

Anticonvulsants

- Gabapentin
- Pregabalin
 - Topiramate
 - Lamotrigine
 - Levetiracetam
 - Phenytoin
 - Valproate
 - Carbamazepine/oxcarbazepine
- ~~NOT Benzodiazepines (esp clonazepam)~~

Adjuvants

- Topicals—lidocaine, capsaicin, NSAID, doxepin
- Antispasmodics/muscle relaxants ~~(not carisoprodol)~~
- Botulinum toxin
- Cannabis & cannabinoids

Natural medicines-Anti-inflammatory

- Bromelain
- Cat's Claw
- Devil's Claw
- Stinging nettle
- Turmeric
- Willow bark

Natural medicines-Antidepressants

- 5-HTP
- L-tryptophan
- St. John's wort
- Acetyl-L-carnitine
- Alpha-lipoic acid

- Counterirritants:
 - Camphor
 - Capsicum

Natural medicines-Misc

- Arnica
- Avocado
- Cetylated fatty acids
- Chondroitin sulfate
- Comfrey
- Glucosamine sulfate (+HCl)
- Marijuana/cannabis
- MSM
- N-acetyl glucosamine
- SAMe
- Soybean oil
- Many others

Cannabis--Benefits

- High-quality evidence for several conditions
- Possible decrease in opioid use for chronic pain (causality not shown)
- No respiratory depression, not lethal in overdose
- For some patients, financially accessible by growing own supply

Cannabis—Side Effects

- Risk of use disorder 9% in general public, higher in patients prone to “chemical coping”
- Chronic bronchitis (smoking/inhaled)
- Psychosis and anxiety
- Cognitive dysfunction—drop in IQ temporary in adults, can be permanent in adolescents
- Doubled risk of motor vehicle crashes while under the influence

Cannabis--Unknowns

- Barriers to scientific study due to Schedule 1 status
- Thousands of chemicals in the plants—difference species and variable concentrations of THC and CBD
- Incentives for big tobacco, venture capitalists and state governments—as of early 2018, a \$7 billion industry

PCSS podcast—fantastic overview of non-opioid treatments and studies

- Naltrexone at microdoses
- Episode 8: Non-opioid pharmacological management of chronic pain, 5/23/17
 - <http://pcsspodcast.org/non-opioid-pharmacological-management-of-pain>

Reference #1-UpToDate Article

(requires subscription)

- “Overview of the treatment of chronic non-cancer pain”
 - Last update 11/30/17, literature review through Jan, 2018
- Graphic 2-page 13 ‘Neuropathic pain: Pharmacologic approach’
- **Graphic 3-page 14 ‘Nociceptive pain: Pharmacologic approach’**
- Graphic 4 comparison on NSAIDs
- Graphic 6 comparison of SEs of antidepressants

Reference #2-Prescriber's Letter (subscription required)

- Multiple summaries, guidelines & charts for chronic pain tx
- Natural Medicines in the Clinical Management of Pain, Vol 15, No 106, Self-study course #150106

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Chronic Pain Toolkit

MICIS [HOME](#) [OPIOID EDUCATION](#) [ABOUT](#) [NEWS](#) [CONTACT](#)

Opioid Toolkit

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+ TRAINING MODULES

- WEBINARS

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[Link](#)

+ CDC GUIDELINES

+ INFO FOR PROVIDERS

+ INFO FOR PATIENTS

+ Download

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[DOWNLOAD TOOLKIT](#)

Call To Action

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 Maine Medical Association

Highlighted Resources in Toolkit

- CDC 2 page handout on chronic pain tx
 - https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf
- NIH Chronic Pain in Depth
 - <https://nccih.nih.gov/health/pain/chronic.htm>
- NIH e-book Pain: Considering Complementary Approaches
 - <https://nccih.nih.gov/health/pain/ebook>

In Summary...

- A multitude of nonpharmacological options can benefit patients in acute and chronic pain
- Management of both acute and chronic pain is most effective when done by teams
- Pain is complex and has multiple dimensions: physical, psychological, social and spiritual

other references: MICISMaine.org