MINISTRY MEDICAL GROUP – Managing Pain, Improving Lives

The complexities of chronic pain require a comprehensive treatment approach using a multidisciplinary care team. Larger emphasis should be placed on use of non-pharmacologic strategies to improve function and quality of life. Multiple factors can impact treatment planning including:

- Patient’s current functional status,
- Pain diagnosis and mechanism of pain,
- Presence of physical and/or behavioral comorbidities,
- Individualized pain treatment goals,
- Availability of therapy options, and
- Potential barriers to treatment e.g., financial, transportation, employment, support network, etc.

GENERAL TREATMENT STRATEGIES FOR CHRONIC PAIN:

- Treat the underlying cause of pain.
- Patients must take an active role in managing his or her pain.
- All patients should engage in self-management strategies including tobacco avoidance/cessation, sleep hygiene, weight loss/management, exercise, meditation and relaxation.

TREATMENT OPTIONS BASED ON SELECT MECHANISMS OF PAIN: [ICSI, 2016; AMDG, 2015]

- **Arthritis:** aerobic and strengthening exercise, aquatic therapy, intra-articular injections
- **Chronic musculoskeletal pain:** exercise, manual therapies (neck and back pain), aquatic therapy, TENS, ultrasound, mindfulness-based stress reduction, cognitive behavioral therapy (CBT), yoga, acupuncture
- **Fibromyalgia and diffuse non-specific myalgias:** graded aerobic exercise, heated aquatic therapy, relaxation, CBT, massage, hypnosis, acupuncture, biopsychosocial interdisciplinary team approach
- **Headache:** biofeedback, relaxation, CBT, therapeutic injections, acupuncture
- **Nerve compression / radicular pain:** physical therapy, therapeutic injections, interventional procedures, surgical intervention
- **Chronic neuropathy:** TENS

OVERVIEW OF SELECT TREATMENT STRATEGIES:

- **Psychological modalities:** A variety of psychotherapeutic interventions are available to help patients problem solve to replace maladaptive thoughts, behaviors, and coping strategies with more adaptive strategies. Consider referral to Behavioral Health or Pain Psychology.
- **Physical rehabilitation modalities:** Active therapies such as strength training and/or conditioning exercise should be the mainstay of treatment; passive therapies should be in addition to and not a substitute for active participation in an exercise program. A graded exercise program is recommended to overcome deconditioning often seen with chronic pain. Consider referral to Physical or Occupational Therapy.
- **Interventional treatment:** Patients who have failed conservative treatment should be referred for potential interventional options. Diagnostic injections can help confirm the pain generator; therapeutic injections are available for spinal, visceral, and peripheral pain conditions.
- **Advanced interventional therapies:** Spinal cord stimulation may be an option for refractory radicular spinal pain; intrathecal pumps may be an option for intractable cancer-related pain and spasticity.
This information is not intended to be an exhaustive review of non-pharmacologic treatment of chronic pain conditions. If the patient has tried first line therapy and is not meeting their treatment goals, consider referral to specialty care for assistance in clarifying the pain source or developing the treatment plan.

A Holistic Chronic Pain Treatment Plan summary is available. This summary puts the treatment goals and plan in writing, and serves as a visible reminder to patients of the role they have in the success of their treatment.

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References:
