The Role of Nonpharmacological Approaches to Pain Management: Why it Matters to Patients

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www.ChronicPainResearch.org
cha·os (noun):
a state of utter confusion
a total lack of organization or order

cris·sis (noun):
an unstable or crucial time
in which a decisive change is impending

cris·sis (noun):
a dramatic emotional or circumstantial upheaval in a person’s life

Insufficient workforce
No team-based medical home
Myriad of heterogeneous pain disorders/subtypes
Symptom-based classification
Lack of scientific understanding
Lack of objective measures, diagnostics, outcome measures
Myriad of therapies with unknown efficacy & risks

100 million
$600 billion
#1 Cause Disability Deaths

Susan:
“To live in pain is to live in isolation.”

www.PainExhibit.org
Explosion of Therapies

But … what works for whom? At what risk? At what cost?

“Unfortunately, the field of chronic pain treatment is strikingly deficient in high-quality scientific evidence.”

Former FDA Commissioner Dr. Robert Califf
NEJM 2016;374:1480-5
Current Treatment of Chronic Pain: “Blindfolded Darts”
May be Good for Team-Building … but not so much for Personalized Medicine

“Without data, we are just docs with opinions.”
Benefit vs. Risk
A Way Forward

Identify Decisional Dilemmas
Develop Research Questions
Conduct Research
Generate Evidence Base
Improve Reimbursement
Improve Outcomes & Reduce Uncertainty
Decisional Dilemma #1

How can I evaluate which treatment nonpharmacologic option(s) may work for me when there is little evidence to inform this decision?
Decisional Dilemma #2

A multimodal treatment approach is optimal. How do I determine the combination of safe and effective treatments best for me?

\[ x + y + z = \text{pain relief} \]
Decisional Dilemma #3

Within EACH nonpharmacologic treatment, there are many different modalities, types & techniques. How do I determine which may be effective for me?

MASSAGE

- Swedish
- Deep Tissue
- Rolfing
- Myofascial Release
- Craniosacral Therapy
- Lymphatic Massage
- Reiki
- Shiatsu
- Reflexology
Decisional Dilemma #3

The Devil IS in the Details

What kind? Where? With whom?

Try yoga …

Big difference between yoga for public consumption vs. yoga for patient population with knowledgeable health care provider
Decisional Dilemma #3

The Devil IS in the Details

What exactly IS exercise therapy?
Is there a standard definition? Identified standard components?
What exactly are we studying?
What exactly are we recommending?

Cochrane Database Syst Rev. 2017 Apr 24; (4): CD011279. PMCID: PMC5461882
Published online 2017 Apr 24. doi: [10.1002/14651858.CD011279.pub3] PMID: 28436583

Physical activity and exercise for chronic pain in adults: an overview of Cochrane Reviews

Louise J Geneen, 1 R Andrew Moore, 2 Clare Clarke, 3 Denis Martin, 4 Lesley A Colvin, 5 and Blair H Smith 1

What exactly IS exercise therapy?
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Decisional Dilemma #3

*The Devil IS in the Details*

How Often?

How Long?
Decisional Dilemma #4

I also have pain-related conditions and symptoms. How do I determine the right combination of treatments to address both?

- New onset OA
- Diabetic Neuropathy + Obesity + Sleep Disorder
- FM, IC, Migraine, TMD + Cognitive Impairment + Sleep Disorder + Chronic Fatigue + Mood Disorder + Sexual Dysfunction
Many Questions Remain

What is optimal model – stepped/adaptive approach to understand efficacy of combined therapies?

How do we identify & standardize definitions and components for research?

Are there core components across nonpharmacologic interventions that account for efficacy?

Which rigorous research models/designs can be utilized to generate evidence in timely manner?

How do we address studying dozens of conditions x dozens of therapies (and their combinations)?
Knowledge Translation

"It takes 17 years to turn 14 per cent of original research to the benefit of patient care" *


Where Have All the Data Gone? Longtime Passing…

Original research
- Submission: 0.5 year
- Acceptance: 0.6 year
- Publication: 0.3 year
- Bibliographic databases: 6.0 - 13.0 years
- Reviews, guidelines, textbooks: 9.3 years
- Implementation

18% Negative results
46% Lack of numbers, design issues
35% Lack of numbers, design issues
50% Inconsistent indexing
Bridging the Translational Divide

Basic Scientists

Clinical Scientists

Clinicians

Patients
Bridging the Translational Divide

Basic, Clinical & Translational Scientists
Clinicians
Patients
Payers
Etc.
Doing So Requires Mutual Respect

Doctor: Don’t confuse your Google search with my 6y at medical school.

Patient: Don’t confuse the 1-hour lecture you had on my condition with my 20y of living with it.

6:30 AM - 26 May 2018

11,439 Retweets 35,155 Likes
All Stakeholders & Plans for Implementation Science Need to be Included … and Early in the Process

Bridge the Translational Divide

Ensure Successful Implementation

Reduce the Knowledge Translation Gap