What Everyone in Primary Care Needs to Know about Pain.

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Subspecialty Certification Pain Medicine
Goals of lecture

• Why is it Important?
• What is it?
• How do you manage it?
Who am I?

- Anesthesiologist
- Fellowship trained Pain Physician
- Group practice Navy
- Solo specialist
Why should you care about Pain?
“Life is Pain, Highness. Anyone who says differently is selling something.”

The Princess Bride (1987)
Why?

- Common presenting symptom
- Most common disability
- $600+ Billion Annually
- 100 Million Americans (*)
Why?

- Increased Procedures 130-700%
- Increased Surgeries 300+% 
- Increased Opioids 300+%
Opioid Prescriptions Dispensed by Retail Pharmacies—United States, 1991–2011

4% of world population consume 80% of all opioids
Why is this important?

• We are spending huge amounts of money
• We are performing multiple invasive procedures
• We are killing people
What Is Pain?

“Pain is an unpleasant sensory & emotional experience associated with actual or potential tissue damage or described in terms of such damage.”

IASP 1994
Pain Is...

Unpleasant

Sensory AND Emotional

Experience
Pain Experience

**Acute**
- Adaptive
- Source Defined
- “Broken Leg”
- Peripheral
- Cut, Poke, Drug

**Chronic**
- Maladaptive
- Nebulous
- “Fibromyalgia”
- Central
- No single treatment
Chronic Pain Experience

Localized
- Peripheral
- Sensory
- Focal

Widespread
- Central
- Affective
- Multifocal
Central Sensitivity Syndrome

- Fibromyalgia
- Chronic Abdominal/Pelvic Pain
- Chronic Back Pain
- Chronic Headaches
- Irritable Bowel

Focal OR Multifocal
Affective
Central
Emotion

(In 3 slides or less)
## Two Views of Emotion

<table>
<thead>
<tr>
<th>Traditional</th>
<th>Progressive</th>
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<tbody>
<tr>
<td>Emotions are less mature than reason. Negative emotions are pathologic &amp; need rational control.</td>
<td>Emotions facilitate awareness, guide &amp; motivate behavior</td>
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Star Trek recognized this...

Traditional

Progressive
Emotion

Emotional State vs Emotional Process
Neurobiology of Pain

(In 3 slides or less)
Three Dimensions of Pain
(Melzack & Casey, 1968)

• Sensory-Discriminative
• Affective-Motivational
• Cognitive-Evaluation
Neurobiology of Pain

Lateral Pain System
- Sensory-Discriminative
- Location, timing, physical characteristics
- Prompts withdrawal

Medial Pain System
- Affective-Motivational
- “Emotional Coloration”
- Defensive behaviors
Pain Experience & Neurobiology

• Sensory
• Emotional
• Experience

• Sensory-Discriminative
• Affective-Motivational
• Cognitive-Evaluation
What are we really treating?

**Nociception**
- Nerve stimulation that conveys information about potential tissue damage to the brain.
- Anesthesia INDEPENDENT
- OBJECTIVE

**Pain**
- Perception & Response to Sensory information
- Genetics, prior learning, current psychological status & sociocultural influences
- Anesthesia DEPENDENT
- SUBJECTIVE
Influencers

• Genetic
• Epigenetic
• Developmental
• Psychosocial
Influencers

- Childhood Adversities
- Adult victimization
- PTSD
- Stressors

- Emotional State
- Emotional Process
- Beliefs
- Learning
Pain Experience

Complex interplay between BIOLOGIC, PSYCHOLOGIC & SOCIAL factors

“Any model that focuses on only one of these dimensions will be incomplete and inadequate”

(Gatchel & Peng, 2007)
How to Manage
To Start...

• Rule out “Badness”

• What’s on the problem list?
  – Anxiety, Depression, Abuse, Injury

• History is 90%

• Exam is 9%
Next...

- Do No Harm
- Over vs Undertreatment
- Words have Power
- Don’t dig a deeper hole
- Scheduled follow up *
Follow Up…

- Small Successes
- Encourage & Engage
- Focus on Function
- Behavioral Health
Overall

• Pain is NOT Nociception.
• Chronic Pain is NOT Acute Pain
• Numerous “Interested Parties”
• Significant Noise
Overall

The Lack of A “Good” Solution

Does Not Support A Harmful One
Questions

1. What would you like to learn more about?
2. How specifically would it help you?
Resources

- “Unlearn Your Pain” Howard Schubiner, MD
- “Back in Control” David Hanscom, MD
- “They Can’t Find Anything Wrong With Me!” David Clarke, MD
- “Relaxation Revolution” Herbert Benson, MD


Brummett, CM, et. al. (2013) Prevalence of the fibromyalgia phenotype in spine pain patients presenting to a tertiary care pain clinic and the potential treatment implications. *Arthritis and Rheumatism*. Accepted article, doi:10.1002/art.38178


What you don't know about pain can hurt you

(BPT) - You may not like it, but when you feel pain, your body is trying to tell you something. In most cases, it’s to stop what you’re doing. (“Ouch, that stove is hot!”) That’s why some pain is necessary and can prevent us from seriously injuring ourselves. But, at times, pain also can be intolerable, becoming constant and negatively impacting your quality of life.

“Understandably people want to alleviate their pain,” says Jane C.K. Fitch, M.D., president of the American Society of Anesthesiologists (ASA). “Over-the-counter pain relievers can provide temporary relief from minor pain such as headaches and muscle aches. But in many cases, the

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* Chronic pain is common: About 100 million Americans suffer from chronic pain, which can seriously interfere with their quality of life, according to the Institute of Medicine. The most common sources of chronic pain are headaches, back pain and arthritis pain in the joints, such as knees and hips.

* Pills are not always the right solution: If you are someone suffering from chronic pain, there are many alternatives beyond traditional oral pain medication to provide you with relief. Serious pain sometimes may be alleviated or minimized by injections or appropriate use of medication(s). In addition, other non-medication methods can help alleviate pain, such as acupuncture, physical therapy, psychological therapy and electrical stimulation - which short circuits pain by stimulating nerve fibers either through the skin or, in some cases, via an implanted device in the spine (and no, it’s not painful).

* Anxiety equals more pain: People who feel anxious before they have surgery are more likely to feel higher levels of pain afterward. That’s why before a procedure patients are evaluated. Questions regarding their care are answered and physician anesthesiologists often administer medications to help reduce a patient’s anxiety, in addition to performing blocks or administering medications to treat pain.

* Pain medicine requires specialist care by a physician: Pain medications are strong, the spine and nerves that register pain are delicate and everyone’s anatomy and pain tolerance is different. Pain treatment is complex and it can cause more harm if it is not provided by a skilled pain medicine specialist such as a physician anesthesiologist, who has the training and expertise to diagnose and treat each individual patient safely and effectively.

Care provided by a pain specialist is effective because it is individualized to each person. Therefore, it’s important that pain medication be taken only by the person to whom it was prescribed. If you are prescribed pain medications from a skilled pain medicine specialist, be sure to safely store and dispose of prescription medicines once you are finished with them to ensure they are not accessible to anyone else.

The American Society of Anesthesiologists (ASA) recently released a list of specific tests or procedures related to pain medicine that are commonly ordered but not always necessary as part of Choosing Wisely, an initiative of the ABIM Foundation. The list identifies five targeted, evidence-based recommendations that can support conversations between patients and physicians about appropriate pain care. To view the list, visit physician-paincare.com.
Questions?

Kevin@straightshothealth.com

StraightShotHealth.com
Questions

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Pain Experience

Complex interplay between

BIOLOGIC, PSYCHOLOGIC & SOCIAL factors

(Biopsychosocial Model)
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Acute Pain

• Rule out trauma, cancer, infection...

• Supportive

• Remember the Whole
Chronic pain

- Is it Chronic?
- Function/Movement
- Diet/Nutrition
- Stress/Subjective well-being