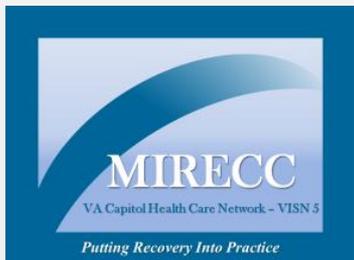


CHRONIC PAIN ASSESSMENT & MANAGEMENT AMONG INDIVIDUALS WITH SERIOUS MENTAL ILLNESS: CONSIDERATIONS AND CHALLENGES



Letitia Travaglini, PhD
NAMI Maryland Conference
10/18/2019



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DISCLOSURES

This presentation reflects the presenter's personal views and in no way represents the official view of the Department of Veterans Affairs of the U.S. Government.

VISN 5 MIRECC



- “Putting Recovery into Practice”
- The mission of the VISN 5 MIRECC is to support and enhance the recovery and community functioning of Veterans with serious mental illness. Our integrated programs of research, education, and clinical training and consultation focus on the development, evaluation, and implementation of recovery-oriented evidence-based treatments and services for these Veterans.
- VISN 5 includes 8 medical centers, 30 outpatient clinics, & 20 Vet Centers across Maryland, Washington DC, and West Virginia



DC



Baltimore



Perry Point

GAME PLAN

- Background: Chronic Pain:
 - Biopsychosocial context
 - Chronic Pain & Serious Mental Illness (SMI)
- Chronic Pain Assessment
 - Common Measures
 - Considerations for individuals with SMI
- Chronic Pain Management
 - Types of Pain Management
 - Considerations for individuals with SMI
- Resources

WHAT IS PAIN?

Pain

unpleasant **sensory** & **emotional** experience associated with actual or potential tissue damage, or described in terms of such damage (IASP, 1994)

- Important for survival
- Due to 2 factors:
 - The sensation
 - The person's reaction to that sensation

“...whatever the experiencing person says it is, existing whenever he (or she) says it does.”

McCaffrey & Pasero, 1999

WHAT IS PAIN?

3 Stages of Pain¹

- **Acute pain:** normally brief from a cut, burn, injury
- **Prechronic pain:** critical stage between acute and chronic pain
- **Chronic pain:** endures over months

Pain Types^{2,3}

- **Nociceptive Pain:** musculoskeletal pain (MSD)
- **Neuropathic Pain:** nerve damage
- **Headache Pain:** disturbance of structures around brain

PAIN SYNDROMES: US POPULATION

- ~30% of people in the general US population experience chronic or intermittent persistent pain^{1,2}
- Higher prevalence rates than CVD, cancer, & diabetes combined³
- Costs ~\$635 billion annually³
- Common pain syndromes^{1,4-7}
 - Headaches
 - Lower back pain
 - Arthritis (RA, OA, Fibromyalgia)
 - Cancer
 - Phantom Limb Pain

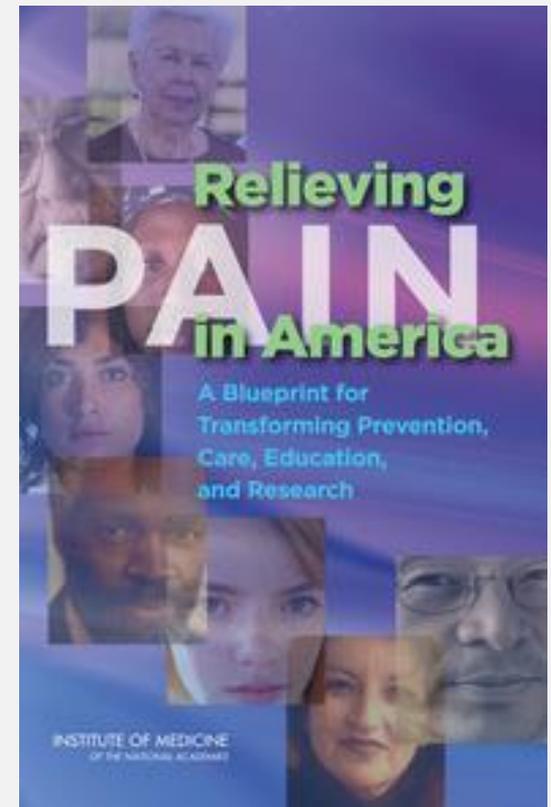


¹Institute of Medicine, 2011; ²Gummeson et al., 2006; ³Murray et al., 2013; ⁴Smetana, 2000;

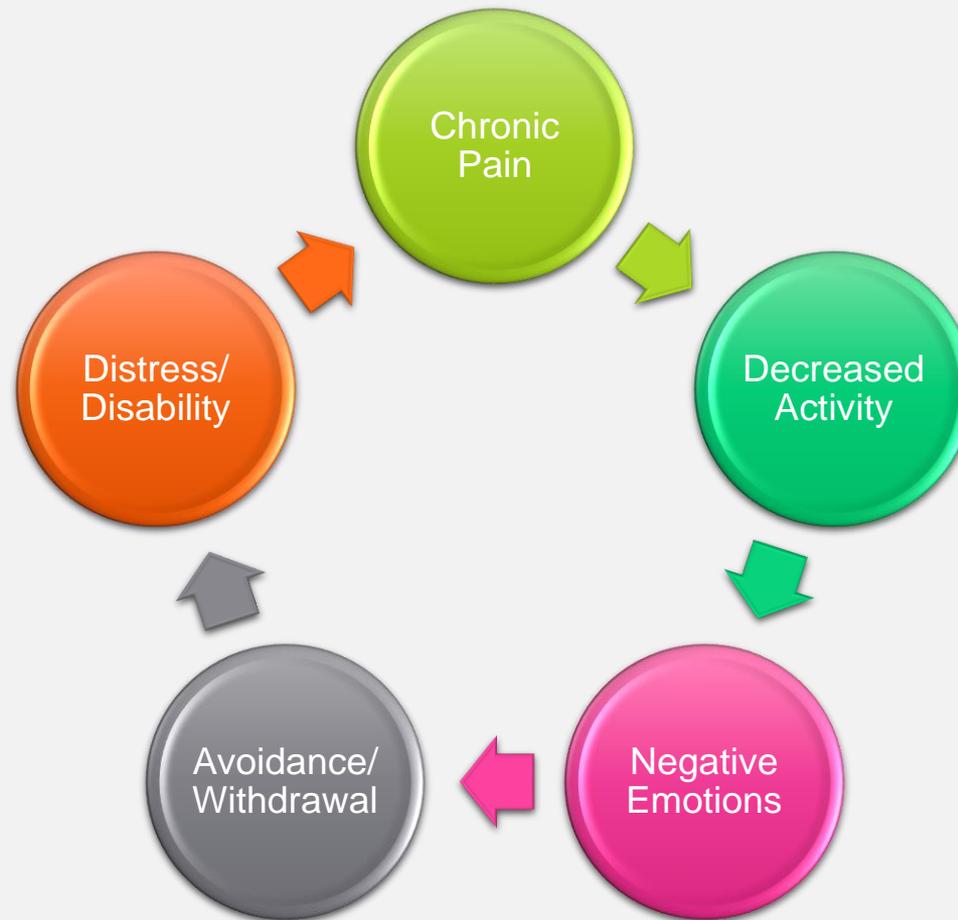
⁵Leeuw et al., 2007; ⁶Brannon et al., 2014; ⁷Sherman et al., 1984

NATIONAL PAIN STRATEGY

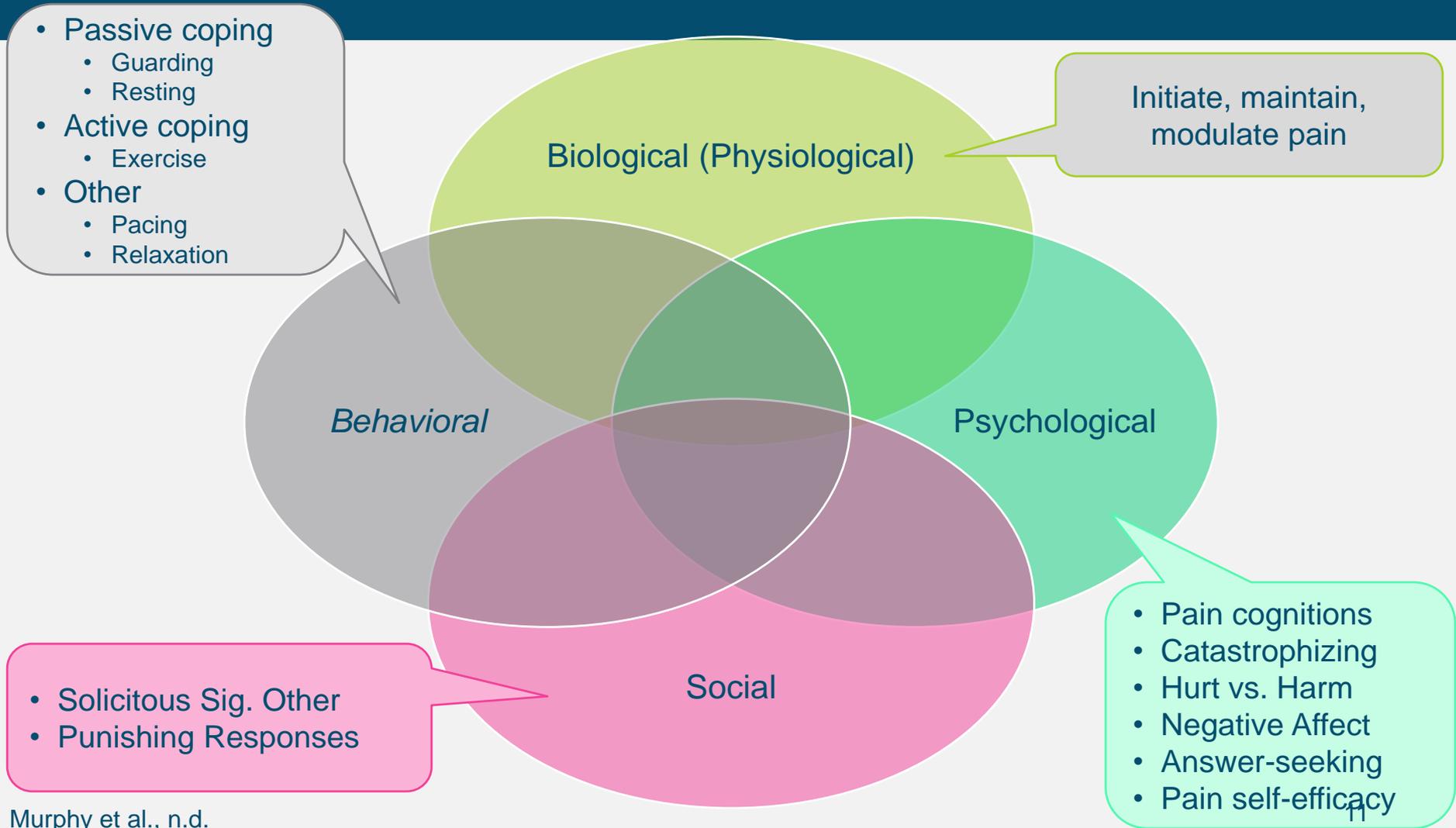
- IOM Report (2011):
 - Call for a cultural transformation in pain prevention, care, education, & research
 - Focus on biopsychosocial mechanisms of chronic pain
- National Pain Strategy:
 - Population-based research
 - Pain prevention & care
 - Disparities
 - Service delivery
 - Professional education & training
 - Public education & communication



CHRONIC PAIN CYCLE



BIOPSYCHOSOCIAL MODEL OF CHRONIC PAIN



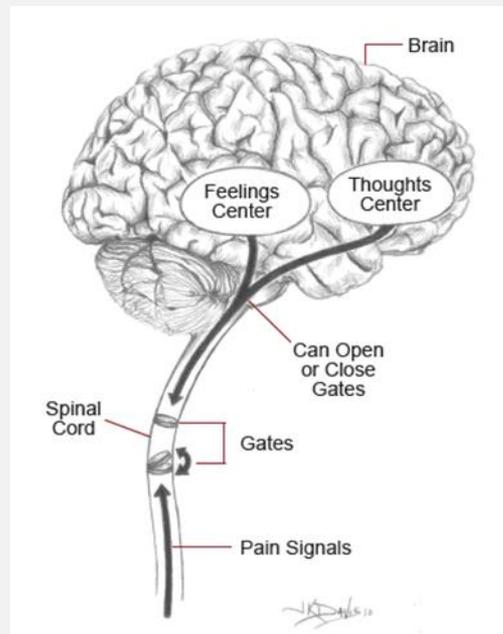
GATE CONTROL THEORY

**Gate Openers =
More Pain Signals to Brain**

- Depression, anger, fear
- Unhelpful thoughts
- Underdoing: No physical activity
- Overdoing: Too much physical activity
- Pain medicine (sometimes)

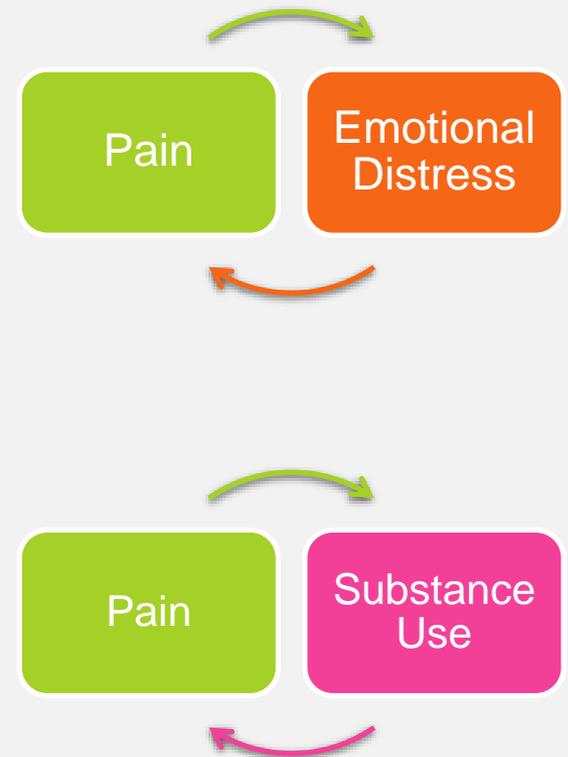
**Gate Closers =
Less Pain Signals to Brain**

- Feeling positive
- Thinking positive (having hope!)
- Being active without overdoing it
- Pacing your activities
- Pain medicine (sometimes)



PAIN & MENTAL HEALTH

- Chronic pain naturally associated with unpleasant emotions & distress^{1,2}
- Share common neural pathways & risk factors^{1,3}
- Worsen level of disability & functional impairment^{2,4-8}
- Affects treatment engagement & outcomes⁹⁻¹¹
- Substance use problems related to pain & inadequate pain management^{2,12-13}



¹Crofford, 2015; ²Kerns et al., 2003; ³Pensenstadler, 2014; ⁴Butchart et al., 2009; ⁵Cerimele et al., 2014;

⁶CME Institute, 2007; ⁷Cook et al., 2015; ⁸Lang et al., 2016; ⁹Ditre, 2017; ¹⁰Dirte & Zale, 2013;

¹¹Jones & Fireman, 2016; ¹²Runyan et al., 2008; ¹³St. Marie, 2014

SERIOUS MENTAL ILLNESS (SMI)

- For this presentation, defined as...
 - Schizophrenia spectrum
 - Schizophrenia
 - Schizoaffective disorder
 - Mood disorders
 - Bipolar disorder
 - Major depressive disorder
- Quotes are from research interviews with Veterans with SMI and direct service providers

PAIN & SMI: MAJOR DEPRESSION

- 2.5 times the rate of pain conditions¹
- Increased prevalence of multisite pain²
- Pain impacts treatment response & increases risk of relapse³

“It's a vicious cycle...[pain's] triggering [depression] to some degree or being triggered by it.” – *Zachary (arthritis, neck & back pain)*

“I feel it more when I'm in my depressed mode. The pain, the aches, the exhaustedness, I mean **everything becomes a challenge.**”
– *Terrell (arthritis)*

PAIN & SMI: BIPOLAR DISORDER

- 2x likelihood of pain condition^{1,2}
- Higher prevalence rates of multisite pain³
- Pain can dysregulate sleep, inducing mood episodes^{4,5}
- Altered pain perception in when in depressive versus manic episodes^{6,7}

PAIN & SMI: BIPOLAR DISORDER

“I know there's always pain, but I don't feel it...and I think that's why I messed myself up last time, because I was experiencing an episode of mania and I hurt myself. **I didn't notice it was there while it was going on, but after I came down I was like, damn, this hurts, you know?**” – *Rachel (back pain)*

“**Somehow something is happening internally that it just makes me able to deal with it better** so and I feel like I'm in less pain [when manic], but I notice my pain more when I am feeling low energy and more emotional.” – *Catrina (migraine, fibromyalgia, low back & shoulder pain)*

PAIN & SMI: SCHIZOPHRENIA

- 20% more likely to have pain condition¹
- Mixed findings around pain recognition, perception & sensitivity²⁻⁵
- Low rates of clinical pain: underreporting?; higher pain threshold?; lower help seeking?⁶

“If they're really struggling with mental health problems they **might not be able to effectively communicate their distress** to their providers, and they might come off as more disorganized.”
– Jennifer (health psychologist in pain program)

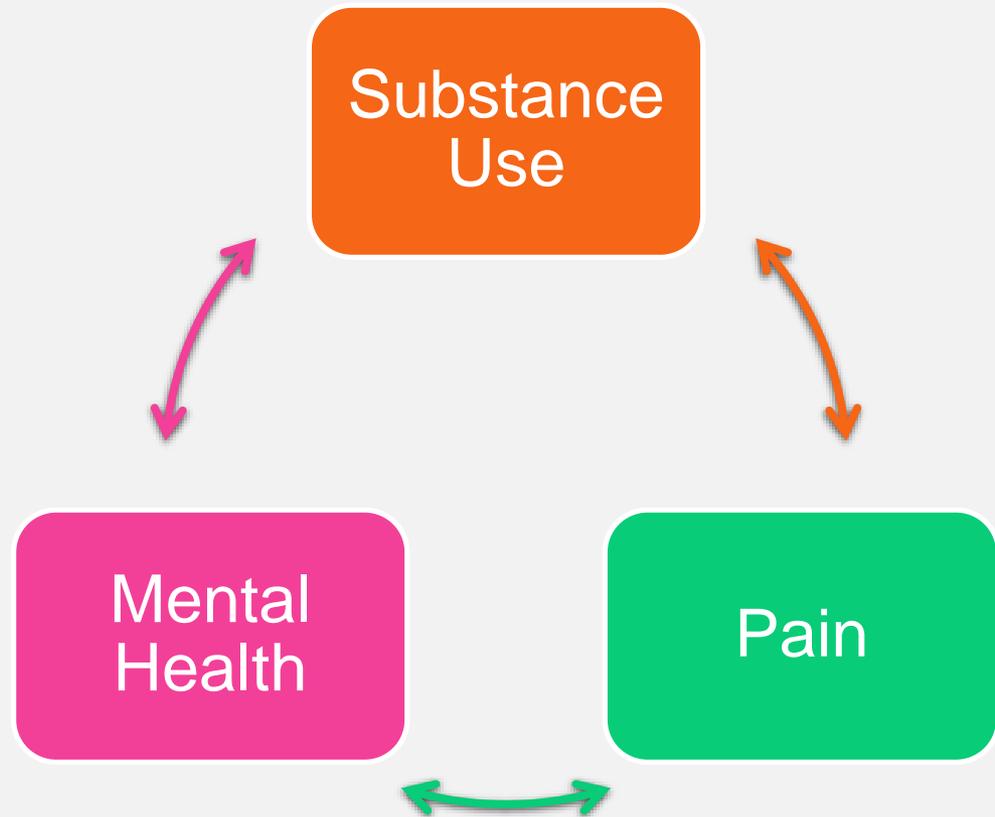
“I think it's true for people with any kind of psychosis...that **sometimes their reports aren't given the same gravity**, the same charge as someone that is not thought to have any kind of thought disorder.”
– Hector (psychologist in SMI recovery program)

¹Bergenheir et al., 2013; ²Antioch et al., 2015; ³Engels et al., 2014; ⁴Engels & Scherder, 2015;

⁵Wojakiewicz et al., 2013; ⁶Stubbs et al., 2014

PAIN, SMI, & SUBSTANCE USE

- Tobacco Use^{1,2}
- Alcohol Use^{3,4}
- Marijuana Use⁵
- Illicit Substance Use
 - Opioid Use/Misuse



PAIN, SMI, & SUBSTANCE USE

“I'll take like 1½ prescription a day or sometimes double a day, and I would say that, **doing that was because of the addictive aspect of the medication.**” – *Benjamin (arthritis)*

“I push [the pain] out of my mind until I get a shock, I get a sharp pain and then **I drink alcohol, so that eases it a little bit. I use that for anesthetic.**”

– *Hank (degenerative joint disease, osteoarthritis)*

“I noticed in a lot of our Veterans, there is comorbid substance use history and that certainly has interfered with pain management...**providers assuming that the Veteran is drug seeking.**” – *Olivia (psychologist in SMI recovery program)*

SUICIDE RISK

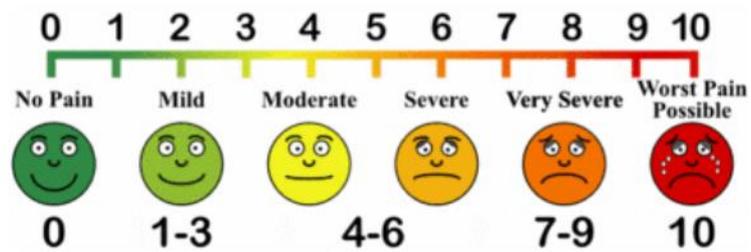
- Suicidality is higher in both chronic pain and SMI populations
 - Suicide rates are up to 13 times greater in SMI populations^{1,2}
 - Suicide rates are 2-4 times higher in pain populations³⁻⁷
- Higher opioid doses associated with suicide risk⁵

SUICIDE RISK

“Hurting all the time is no fun. At all. And it gets so frustrating and once again, **it’ll take me to a place that I don’t want to go.**” – *Latanya (migraine, neck pain)*

“[Pain has] a major impact on my life. It triggers my emotional distress...**When I do get the depression piece, it acts on it quickly and goes deeply.** It’s absolutely terrifying, you know, to go from okay in the morning and then 24 hours later wanting to die.”

– *Zachary (arthritis)*



PAIN ASSESSMENT

PAIN ASSESSMENT

- Pain as the “5th Vital Sign”
- Visual Scales
- Functioning
- Multifaceted scales (intensity, interference, functioning)
- VHA Pain Outcomes Toolkit
<https://www.va.gov/PAINMANAGEMENT/docs/PainOutcomesToolkit.pdf>

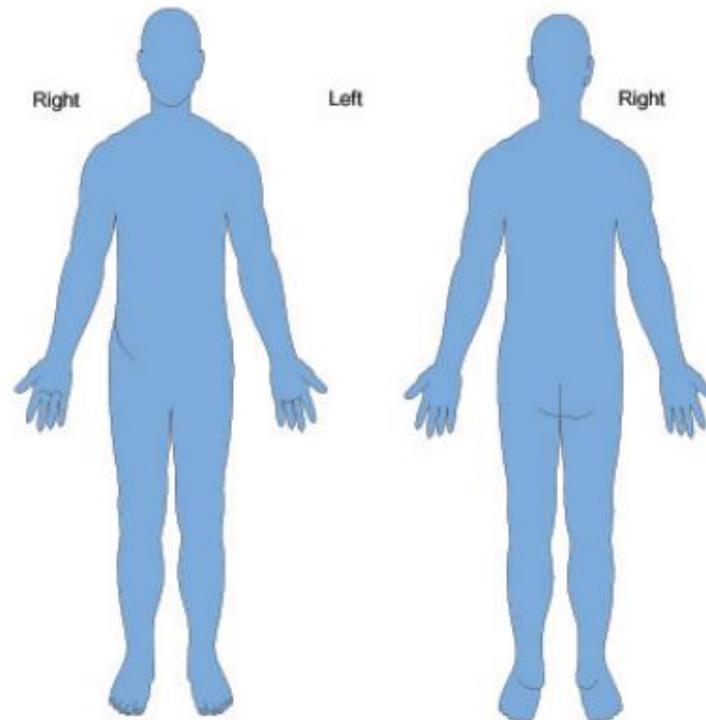
PAIN DRAWING

Instructions: Mark these drawings according to where you hurt (if the right side of your neck hurts, mark the drawing on the right side of the neck, etc...). Please indicate which sensations you feel by referring to the key below.

Key	
/////	Stabbing
XXXX	Burning
0000	Pins & Needles
=====	Numbness
+++++	Aching

Right Handed

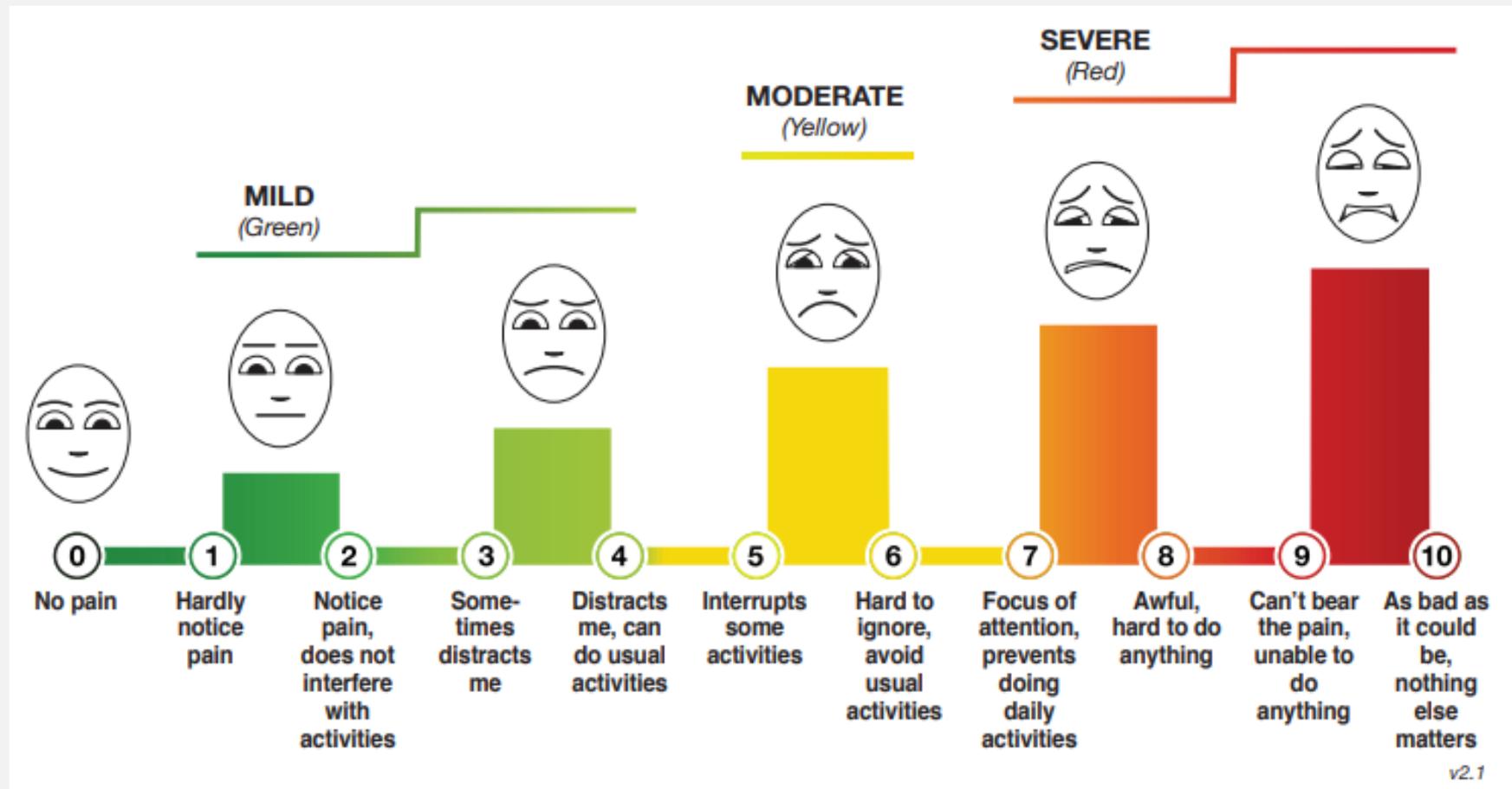
Left Handed



Circle your current pain level

0 1 2 3 4 5 6 7 8 9 10

DEFENSE & VETERANS PAIN RATING SCALE (DVPRS)



DEFENSE & VETERANS PAIN RATING SCALE (DVPRS)

DVPRS Supplemental Questions

For clinicians to evaluate the biopsychosocial impact of pain

1. Circle the one number that describes how, during the past 24 hours, pain has interfered with your usual **ACTIVITY**:

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
Does not interfere *Completely interferes*

2. Circle the one number that describes how, during the past 24 hours, pain has interfered with your **SLEEP**:

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
Does not interfere *Completely interferes*

3. Circle the one number that describes how, during the past 24 hours, pain has affected your **MOOD**:

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
Does not affect *Completely affects*

4. Circle the one number that describes how, during the past 24 hours, pain has contributed to your **STRESS**:

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
Does not contribute *Contributes a great deal*

*Reference for pain interference: Cleeland CS, Ryan KM. Pain assessment: global use of the Brief Pain Inventory. Ann Acad Med Singapore 23(2): 129-138, 1994. v2.1

PEG-3

- Pain
- Enjoyment
- General activity

PEG-3: PAIN SCREENING TOOL

What number best describes your pain on average in the past week?

No Pain											Pain as bad as you can imagine
0	1	2	3	4	5	6	7	8	9	10	

What number best describes how, during the past week, pain has interfered with your enjoyment of life?

Does not interfere											Unable to carry on any activities
0	1	2	3	4	5	6	7	8	9	10	

What number best describes how, during the past week, pain has interfered with your general activity?

Does not interfere											Completely interferes
0	1	2	3	4	5	6	7	8	9	10	

To compute the PEG score, add the three responses to the questions above, then divide by three to get a final score out of 10.

Final Score

The final PEG score can mean very different things to different patients. The PEG score, like most other screening instruments, is most useful in tracking changes over time. The PEG score should decrease over time after therapy has begun.

WEST HAVEN-YALE MULTIDIMENSIONAL PAIN INVENTORY (WHYMPI)

- 52-item, 12 scales, 3 parts
- **Part I: Dimensions of chronic pain experience**
 - Interference, Support, Pain Severity, Life-Control, Affective Distress
- **Part II: Perceptions of support/response to pain behaviors & complaints**
 - Negative, Solicitous, or Distracting Responses
- **Part III: Frequency of engagement in common activities**
 - Household Chores, Outdoor Work, Activities Away from Home, Social Activities
 - *General Activity*
- https://www.va.gov/PAINMANAGEMENT/WHYMPI_MPI.asp

PAIN CATASTROPHIZING SCALE (PCS)

- Kinesiophobia
- Fear-avoidance



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Michael J.L. Sullivan

PCS

Client No.: _____ Age: _____ Sex: M() F() Date: _____

Everyone experiences painful situations at some point in their lives. Such experiences may include headaches, tooth pain, joint or muscle pain. People are often exposed to situations that may cause pain such as illness, injury, dental procedures or surgery.

We are interested in the types of thoughts and feelings that you have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the following scale, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

0 – not at all 1 – to a slight degree 2 – to a moderate degree 3 – to a great degree 4 – all the time

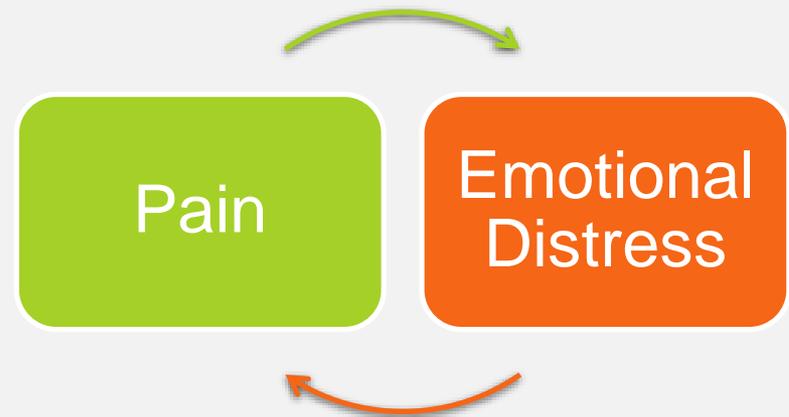
When I'm in pain ...

- 1 I worry all the time about whether the pain will end.
- 2 I feel I can't go on.
- 3 It's terrible and I think it's never going to get any better.
- 4 It's awful and I feel that it overwhelms me.
- 5 I feel I can't stand it anymore.
- 6 I become afraid that the pain will get worse.
- 7 I keep thinking of other painful events.
- 8 I anxiously want the pain to go away.
- 9 I can't seem to keep it out of my mind.
- 10 I keep thinking about how much it hurts.
- 11 I keep thinking about how badly I want the pain to stop.
- 12 There's nothing I can do to reduce the intensity of the pain.
- 13 I wonder whether something serious may happen.

... Total

PAIN ASSESSMENT & SMI

- Depression
- Psychosis
- Mani
- Anxiety
- Stress



PAIN MANAGEMENT

Common types of
pain management
approaches

Considerations for
individuals with SMI

PAIN MANAGEMENT: MEDICATION

Analgesic Medications

- Opiates/narcotics
- Tramadol (opiate + antidepressant)
- Non-opiates: NSAIDs, acetaminophen, topicals, muscle relaxants
- Adjuvant analgesics: antidepressants, anticonvulsants
- Headache analgesics

Considerations for Individuals with SMI

- Risk of substance abuse
- Drug-drug interactions
 - NSAIDs & lithium toxicity
 - Antipsychotics & opioids can produce neuroleptanalgesia
- Pain medications impacting mental health
- Psychiatric medications impacting pain
- Medication adherence

PAIN MANAGEMENT: MEDICAL PROCEDURES

Invasive Procedures

- Injections (e.g., steroid, nerve block, botox)
- Implants (e.g., spinal cord stimulator, intrathecal pump)
- Surgery

Non-invasive Procedures

- Physical therapy
- Heat/cold
- Transcutaneous Electrical Nerve Stimulation (TENS) Unit

Concerns for Individuals with SMI

- Emotional stability & safety
- Invasive: impact of psychological factors versus organic factors



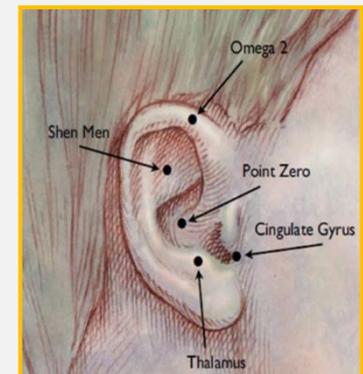
PAIN MANAGEMENT: COMPLEMENTARY & INTEGRATED HEALTH

Complementary & Integrated Health

- Chiropractics
- Yoga/Tai Chi
- Acupuncture
- Biofeedback
- Relaxation Training

Considerations for Individuals with SMI

- YES!!
- Many CIH approaches also have mental health benefits



PAIN MANAGEMENT: PSYCHOLOGICAL APPROACHES

Psychological Approaches

- Cognitive Behavioral Therapy (CBT)
- Acceptance & Commitment Therapy (ACT)
- Mindfulness-Based Stress Reduction (MBSR)
- Hypnotherapy

Considerations for Individuals with SMI

- Stability
- Cognitive load
- Treatment adherence, engagement
- Schizophrenia:
 - Negative symptoms
 - Cognitive impairments
- Bipolar Disorder:
 - Mania versus depression affecting pacing strategies
 - Sleep disruption

GENERAL CONSIDERATIONS FOR INDIVIDUALS WITH SMI

- Individuals with SMI often considered “hard to treat”¹⁻⁵
 - Stigma, misconceptions, limited skill/comfort to treat comorbidities
 - Communication barriers/concerns
- Psychiatric diagnosis impacts pain assessment & treatment⁶
 - Underdiagnosed & undertreated
 - Diagnostic Overshadowing
- Pain is being diagnosed among individuals with SMI...but how many receive proper treatment⁷

¹Dickerson et al., 2006; ²Fleischhacker et al., 2008; ³Corrigan et al., 2014; ⁴Oliver et al., 2012;

⁵Schoneboom et al., 2016; ⁶Brennan & SooHoo, 2013; ⁷Bergenheir et al., 2013

GENERAL CONSIDERATIONS FOR INDIVIDUALS WITH SMI

- Opioid use in individuals with co-occurring pain & mental health disorders¹⁻⁴
 - Mixed findings...
 - Less likely to be given opioids...often “most prescribed group
 - Rarely studied in research!
 - Chronic opioid use more common in people with co-occurring pain & mental health or substance use disorders
 - Mental health disorders related to prescription opioid misuse
- People with SMI often excluded from studies on pain treatment^{5,3}

¹Brennan & SooHoo, 2013; ²Edlund et al., 2010; ³Edlund et al., 2007; ⁴Burns et al., 2015;

⁵Bergenheir et al., 2013

PAIN TREATMENT: VETERANS HEALTH ADMINISTRATION

Stepped Pain Care:

1. Primary Care
2. Access to specialty consultation
3. Continued distress; complex, treatment refractory, at-risk patients

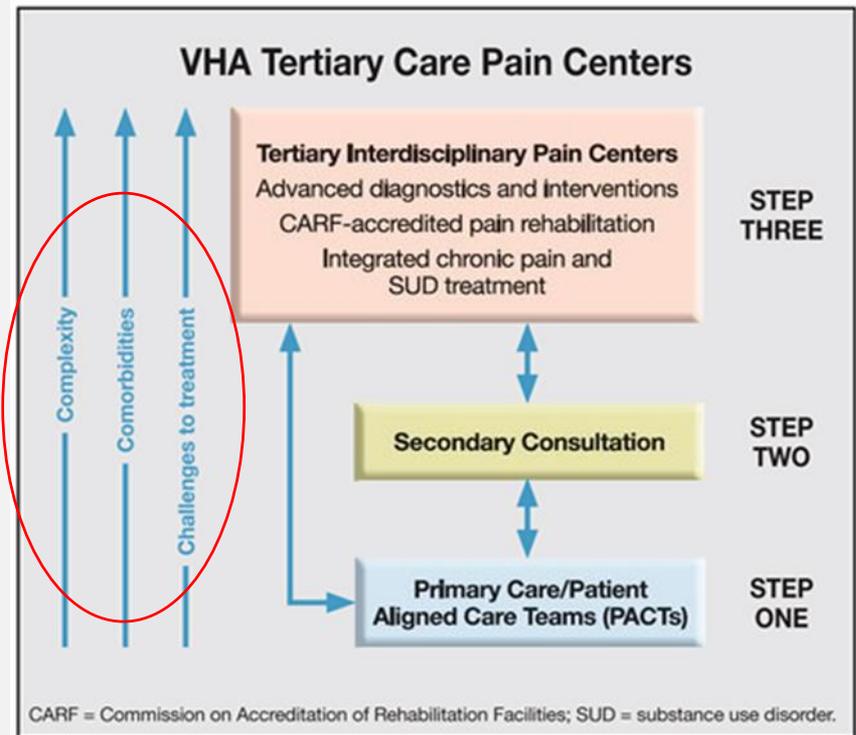


Figure 1. The VHA Stepped Care Model for Pain Management.

Adapted with permission from Springer Science+Business Media B.V. and originally appeared as Figure 1 in Kerns RD, et al. *TBM*. 2011;1:635-643.

INTERDISCIPLINARY PAIN TREATMENT

- Integrated care within primary care or mental health settings¹
- Can improve medication concerns: over-medicated, medication adherence²
- Can properly address pain & mental health²
- Opportunity for shared decision making²
- Improved treatment success & recovery³
- Considerations for peer-led interventions^{4,5}
- Need to implement & evaluate intervention for pain + mental health + SUD⁶

¹Miller et al., 2013; ²Runyan et al., 2008; ³Murphy et al., 2011; ⁴Kelly et al., 2016;

⁵Matthias et al., 2014; ⁶Haibach et al., 2014

RESOURCES

(mostly free!)

RESOURCES: WEBSITES

- **American Chronic Pain Association (ACPA)**
 - <http://theacpa.org>
 - Dedicated to peer support and education for those with chronic *pain* and their families; many free tools and resources on website
 - Four Flat Tires video (2:03): <https://www.theacpa.org/pain-management-tools/videos/support/>
- **The Pain Community**
 - <http://paincommunity.org/>
 - There to build an active network for those with pain by providing support, education, and advocacy
- **The Pain Toolkit**
 - <https://www.paintoolkit.org/>
 - Offers pain self-management resources for free/low cost
- **DVCIPM Joint Pain Education Program (JPEP)**
 - <https://www.dvcipm.org/clinical-resources/joint-pain-education-project-jpep/>
 - Offers resources for consumers and providers
 - Understanding Pain: <https://vimeo.com/137163303>
- **VHA Pain Management**
 - <https://www.va.gov/PAINMANAGEMENT/Resources.asp>

Free audio downloads of guided relaxation exercises

A Clinically Tested, Effective Program
to Take Back Your Life from Pain

Managing Pain Before It Manages You

Over
200,000
in Print

Learn How to:

- Reduce pain with proven mind-body techniques
- Decrease discomfort, depression, and distress
- Be more active with less pain
- Use medications wisely
- Enjoy life again

Fourth Edition

Margaret A. Caudill, MD, PhD, MPH

A NEW HARBINGER SELF-HELP WORKBOOK

Help for pain associated with back and neck problems, frozen shoulder, repetitive strain, fibromyalgia, migraines, and other chronic conditions.

Living Beyond Your Pain

Using
Acceptance &
Commitment
Therapy
to Ease
Chronic Pain

JOANNE DAHL, PH.D. & TOBIAS LUNDGREN, MS
FOREWORD BY STEVEN C. HAYES, PH.D.

RESOURCES: SELF-MANAGEMENT

- These resources each include tools and strategies that will help you to:
 - Reduce pain intensity, discomfort and distress
 - Be more active with less pain
 - Reduce fatigue and boost energy levels
 - Stop your thoughts from holding you back
 - Stop avoiding pleasurable activities
 - Manage medications wisely
 - Limit emotional pain and suffering
 - Enjoy more family and social activities

Mindfulness Meditation for Pain Relief

JON KABAT-ZINN

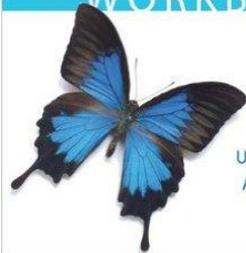
Guided Practices for
Reclaiming
Your Body
and Your Life

A NEW HARBINGER SELF-HELP WORKBOOK

LEARN NEW SKILLS TO:

• Personalize & individualize your pain care treatment • Recognize pain triggers & reduce flare-ups • Exercise more, sleep better & improve your mood • Return to productive work & enjoyable leisure activities • Strengthen relationships with family, friends & coworkers • Enhance your quality of life

The Chronic Pain Care WORKBOOK

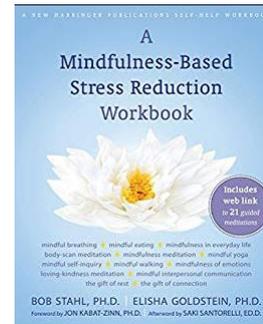
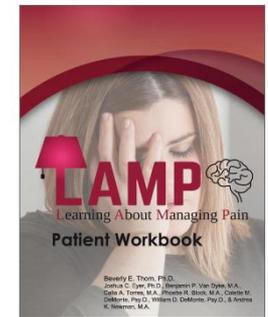
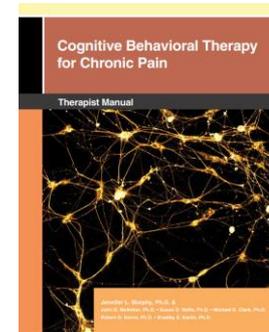


A
Self-Treatment
Approach to
Pain Relief
Using the Behavioral
Assessment of Pain
Questionnaire

MICHAEL J. LEWANDOWSKI, PH.D.
Foreword by RICHARD J. KROENING, MD, PH.D.,
former director of the UCLA Pain Management Center

RESOURCES: BEHAVIORAL TREATMENT MANUALS

- Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)
 - CBT-CP for Veterans (Murphy et al.)
 - https://www.va.gov/PAINMANAGEMENT/docs/CBT-CP_Therapist_Manual.pdf
 - Learning About Managing Pain (LAMP; Thorn et al., 2017)
 - <https://bthorn.people.ua.edu/literacy-adapted-cbt-manual-for-chronic-pain.html>
 - Literacy Adapted CBT-CP
- Mindfulness-Based Stress Reduction (MBSR)
 - <https://mbsrworkbook.com/>
- Acceptance & Commitment Therapy (ACT)
 - https://contextualscience.org/files/CP_Acceptance_Manual_09.2008.pdf





QUESTIONS/ DISCUSSION

Thanks!

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