



ALTERNATIVE APPROACHES TO CHRONIC PAIN

Alternative Approaches to Chronic Pain

Communities across the nation face an opioid epidemic, largely due to the over-prescribing of opioids to treat chronic non-cancer pain (hereafter referred to as “chronic pain”).

- In 2015, nearly 71 prescriptions for opioids were dispensed per 100 people in the United States (Guy et al., 2017).
- Approximately 12.5 million people misused pain relievers in the previous year, and nearly two-thirds of which (63%) did so to relieve physical pain (Hughes et al., 2016).
- The Centers for Disease Control and Prevention found that nearly one in seven people who received an initial opioid prescription for an 8-day supply or longer were still using them 1 year later (Shah, Hayes, & Martin, 2017).

Chronic pain and the risk of addiction is of particular concern for individuals with mental health issues. Mental illness and addiction have a high comorbidity—a person may try to assuage mental health issues with substances or substance abuse may worsen mental illness (SAMHSA, 2011). For example, one study found that over half of the total opioid prescriptions in the United States each year were distributed to people with mental health disorders (Davis, Lin, Liu, & Sites, 2017).

Understanding Chronic Pain and Stigma

Our culture’s knowledge, attitudes, and beliefs about pain affect the way we seek help and provide treatment for chronic pain. Often, people confuse acute pain and chronic pain, and attempt to quickly treat and fix the problem with medication. A failure to understand the nature of chronic pain may also lead to disbelief or judgment on the part of providers. However, all pain is real.

Impact of Chronic Pain

Chronic pain can have a significant effect on an individual’s functioning, potentially leading to sleeplessness, anxiety, depression, and/or suicidal ideation (SAMHSA, 2011). Pain can also impact an individual’s daily life by limiting one’s physical activity or ability to maintain employment. While people start taking opioids to relieve pain, these medications may have unintended side effects and actually increase pain. Over time, individuals develop a tolerance for the drugs, requiring higher doses to achieve the same effects. People with a physical dependence on opioids will experience withdrawal when they stop taking the medication, which will temporarily increase pain and discomfort (SAMHSA, 2011). Also, long-term use of opioids may cause opioid-induced hyperalgesia, in which exposure to opioids actually heightens sensitivity to painful stimuli (Lee, Silverford, Hansen, Patel, & Manchikanti, 2011). Other side effects of opioid use include shallow breathing, constipation, nausea, vomiting, and dizziness (Benyamin, 2008).

Current Approach to the Treatment of Chronic Pain

Often, providers do not discuss chronic pain with patients during intake or screening for mental health services. The connection between chronic pain and mental health is often not embedded in typical care processes. However, taking these steps during treatment present an opportunity for providers to intervene and take a whole health perspective. There has been an increase in provider education about the dangers of long-term opioid use for chronic pain, however, alternative pain management methods are still often not explored.

Raising the Conversation

What Providers Need to Understand About Chronic Pain

Chronic pain often develops as a result of neural sensitization caused by injury or illness and does not require ongoing injury (SAMHSA, 2011). Providers treating individuals with chronic pain need to remember that all patients are unique—similar conditions do not always have the same type or level of pain and will impact functioning in different ways. Also, pain scores are not necessarily reflective of tissue pathology or disability, or response to treatment. To evaluate treatment success, providers should take not only pain reduction into consideration but also improved function and mood (SAMHSA, 2011).

Non-Medication Resources Can Help

Given the risk for addiction to opioids, providers should explore alternative pain management methods when appropriate. These approaches can improve overall health and wellness by targeting, not only the physical sources of pain, but also the mental and emotional effects. Non-pharmacological treatment of chronic pain can reduce pain and improve quality of life while posing no risk of relapse for individuals with co-occurring substance use disorders. Patients may also prefer these alternative approaches, as they may be more in line with patient’s values (SAMHSA, 2011).

Whole Health and Wellness Approaches to Chronic Pain

Resources

A number of alternative approaches to opioid medications are available that may help manage chronic pain in individuals experiencing mental illness and co-occurring substance use disorders. These approaches may be used individually or in combination depending on an individual's needs.

For example (SAMHSA, 2013):

- Practicing healthy habits will improve overall physical health and wellness and help cope with chronic pain
- Exercising, staying active, and maintaining good nutrition are effective ways to help manage chronic pain

It is also important to recognize the role that emotional wellness plays in treating chronic pain, as mental health issues can increase pain sensitivity and make it more difficult to manage pain. Providers and patients, together, should consider either individual or group therapy to help address feelings of frustration, depression, and anxiety (SAMHSA, 2011).

Approximately one-third of American adults use complementary and alternative treatments, according to the 2012 National Health Interview Survey (Clarke, Black, Stussman, Barnes, & Nahin, 2015). Acupuncture is a common alternative to medications for chronic pain management, with research showing it leads to a reduction in chronic pain (Vickers et al., 2012). Also, approaches that help manipulate and strengthen the body are beneficial, including physical therapy, therapeutic massage, and chiropractic treatment (SAMHSA, 2011). Mind-body interventions, such as mindfulness-based stress reduction, meditation, or yoga, also may decrease chronic pain. For more information on alternative approaches to chronic pain management, visit the [National Center for Complementary and Integrative Health](#).

Provider Tips: Discussing Chronic Pain and Treatment Approaches

- **Conduct a physical exam** and comprehensive patient assessment when treating someone for chronic pain, including assessment for comorbid depression and anxiety symptoms
- **Ask patients about the nature of their pain** and its effect on their functioning, substance abuse history and risk for addiction, co-occurring conditions and disorders, and mental status
- **Consider relevant information** from medical records, findings of other clinicians, family concerns or observations, and data from prescription drug monitoring programs (SAMHSA, 2011)
- **Listen carefully**, demonstrate empathy, and summarize the patient's report to ensure it's been understood (SAMHSA, 2011)
- **Ask open-ended, non-judgmental questions** about the patient's needs and preferences to better inform which alternatives to opioid medications should be recommended

References

- Benjamin, R., Trescot, A.M., Datta, S., Buenaventura, R., Adlaka, R., Sehgal, N., Glaser, S.E., & Vallejo, R. (2008). Opioid complications and side effects. *Pain Physician*, 11(2 Suppl), S105-120.
- Clarke, T.C., Black, L.I., Stussman, B.J., Barnes, P.M., & Nahin, R.L. (2015). *Trends in the use of complementary health approaches among adults: United States, 2002-2012*. National Health Statistics Reports No. 79. Hyattsville, MD: Center for Health Statistics. Retrieved from: <https://www.cdc.gov/nchs/data/nhsr/nhsr079.pdf>
- Davis, M.A., Lin, L.A., Liu, H., & Sites, B.D. (2017). Prescription opioid use among adults with mental health disorders in the United States. *Journal of the American Board of Family Medicine*, 30(4), 1-11. doi: 10.3122/jabfm.2017.04.170112
- Guy, G.P., Zhang, K., Bohm, M.K., et al. (2017). Vital Signs: changes in opioid prescribing in the United States, 2006-2015. *Morbidity Mortality Weekly Report*, 66, 697-704. doi: <http://dx.doi.org/10.15585/mmwr.mm6626a4>
- Hughes, A., Williams, M., Lipari, R., Bose, J., Copello, E., & Kroutil, L. (2016). *Prescription drug use and misuse in the United States: results from the 2015 National Survey on Drug Use and Health*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Lee, M., Silverford, S., Hansen, H., Patel, V., & Manchikanti, L. (2011). A comprehensive review of opioid-induced hyperalgesia. *Pain Physician*, 14, 145-161. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/21412369>
- Substance Abuse and Mental Health Services Administration. (2011). *Managing chronic pain in adults with or in recovery from substance use disorders*. Treatment Improvement Protocol (TIP) Series 54. HHS Publication No. (SMA) 12-4671. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Substance Abuse and Mental Health Services Administration. (2013). *You can manage your chronic pain to live a good life*. HHS Publication No. (SMA) 13-4783. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Shah, A., Hayes, C.J., & Martin, B.C. (2017). Characteristics of initial prescription episodes and likelihood of long-term opioid use — United States, 2006-2015. *Morbidity Mortality Weekly Report*, 66, 265-269. doi: <http://dx.doi.org/10.15585/mmwr.mm6610a1>
- Vickers, A.J., Cronin, A.M., Maschino, A.C., Lewith, G., MacPherson, H., Foster, N.E., Sherman, K.J., Witt, C.M., & Linde, K. (2012). Acupuncture for chronic pain. *Arch Intern Med*, 172(19), 1444-1453. doi: 10.1001/archintermed.2012.3654



SAMHSA's Program to Achieve Wellness | paw@prainc.com

<https://www.samhsa.gov/wellness-initiative/program-achieve-wellness>