

# The Science and Practice of Treating Patients with Pain and Opioid Use Disorders (OUD)

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**Center for Care Innovations Learning Collaborative**

**2022**

# Learning Objectives

- ▶ Improve ability to evaluate and categorize pain in order to provide non-opioid solutions and reduce reliance on opioids
- ▶ Learn how to have a conversation about functional goals and expectations during the treatment of chronic pain
- ▶ Discover ways to use health and suffering as treatment doorways for both pain and addiction

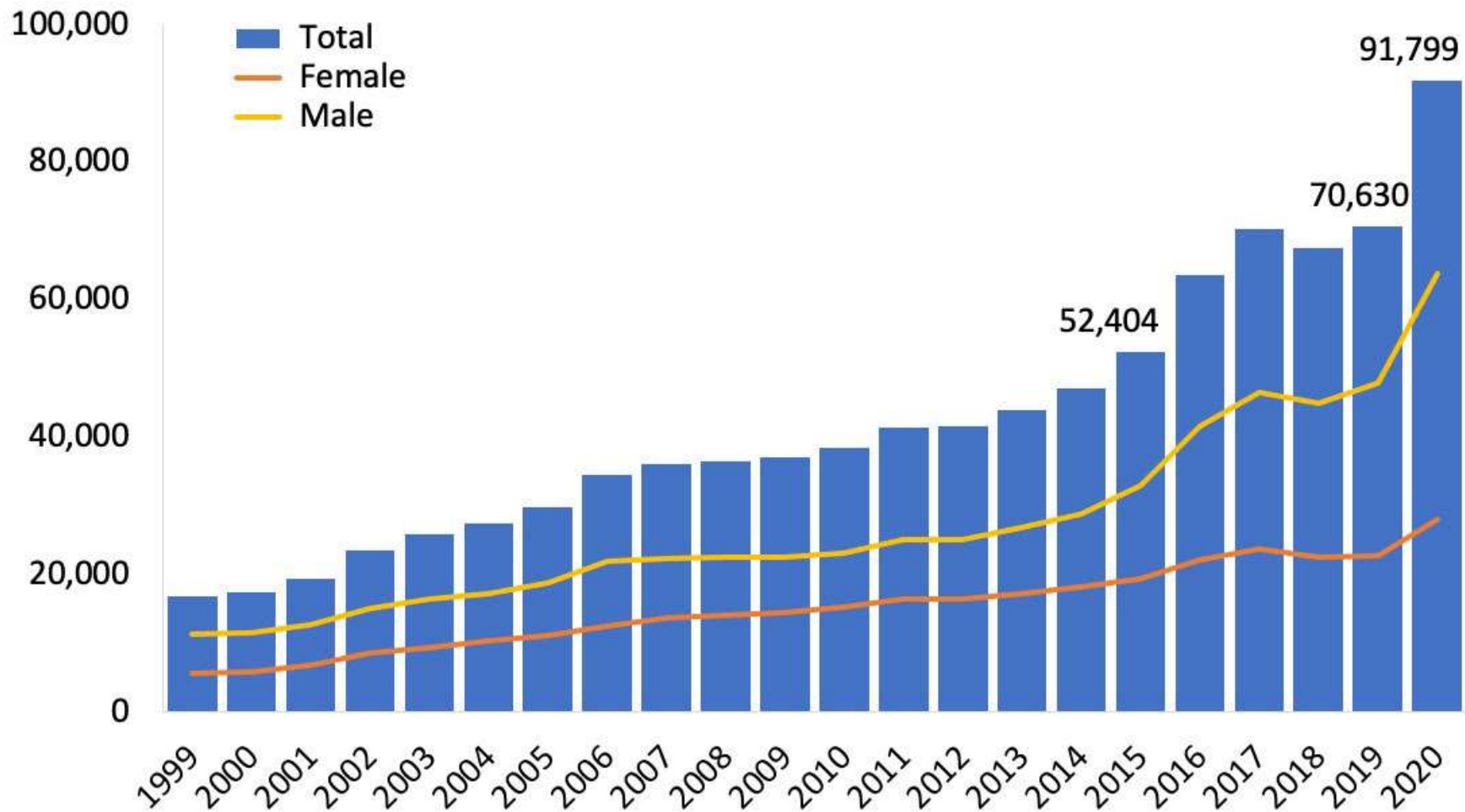
2022

Disclosure: Christina Lasich, MD; Katie Bell, RN; Brian Hurley, MD  
With respect to the following presentation, no one has no actual or potential conflicts of interest in relation to this program/presentation and no relevant (direct or indirect) financial relationships to disclose.

**2022**

A photograph of a dog running on a beach at sunset. The dog is white with black spots and is running from left to right. The beach is sandy and has some dark debris in the foreground. The ocean is in the background with waves breaking. The sky is a mix of orange and blue, indicating sunset. The overall scene is peaceful and scenic.

# Figure 1. National Drug-Involved Overdose Deaths\* Number Among All Ages, by Gender, 1999-2020



\*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

# **ENCORE:** The Treatment of Pain and Opioid Use Disorder

**E**valuate the Pain

**N**eutralize the Nervous System

**C**ore Strengthening

**O**pen a Conversation

**R**estore Health

**E**ase Suffering

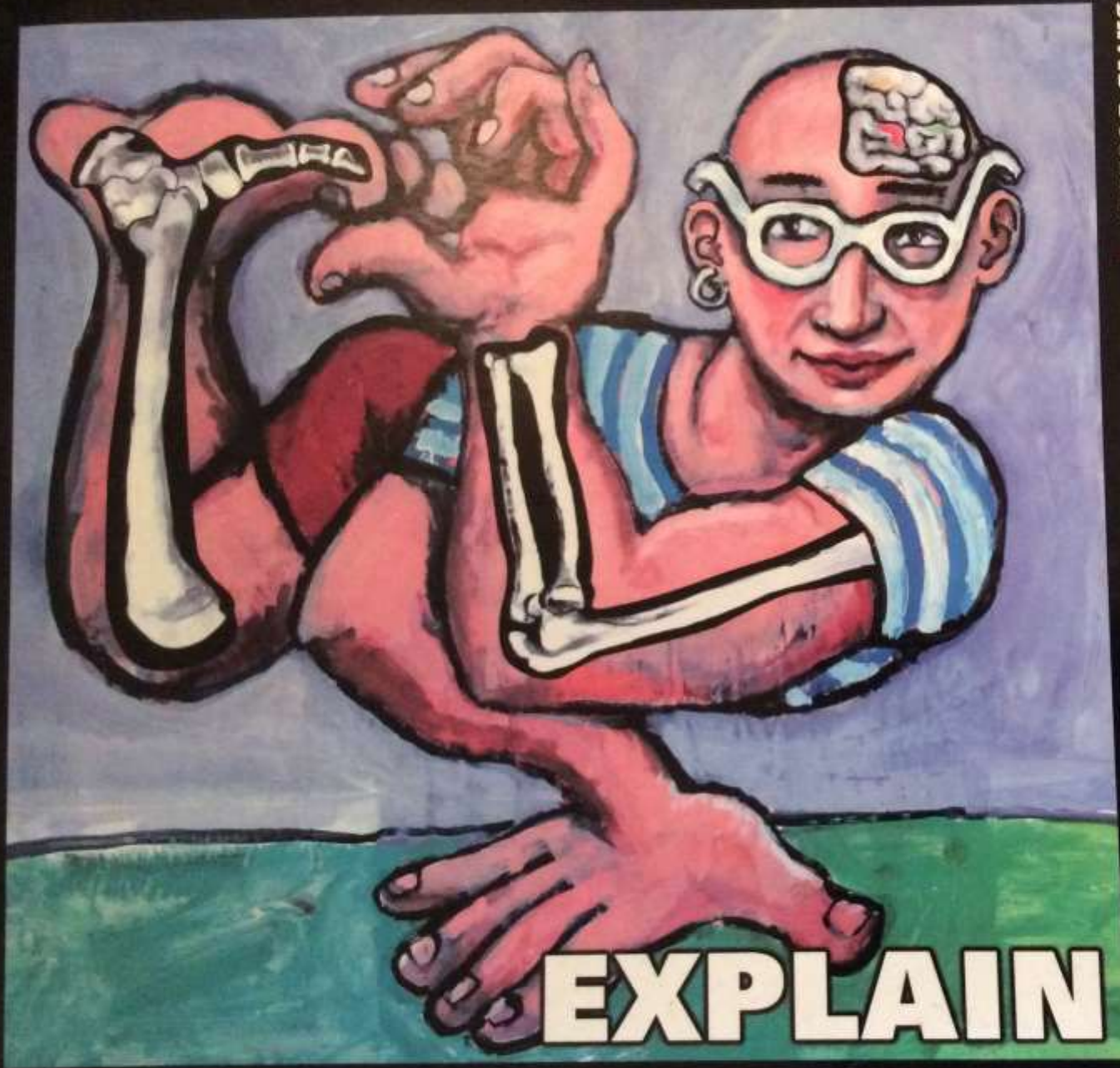
## **ENCORE: Evaluate: The Mechanical, Neurologic and Psychological Drivers of Pain**

- ▶ **Pain that is Positional, Activity or Functional Dependent**
- ▶ **Pain that is driven by a sensitive “alarm system”, the peripheral or central nervous system**
- ▶ **Pain that is amplified by stories, threats, meanings and/or a hijacked stress-response system**

# **ENCORE: Neutralize the Nervous System**

- ▶ **The **N** Neutralizing Medications:  
“calm the nerves”**
  - ▶ **Go Beyond Gabapentin!: Zonisamide,  
Pregabalin, TCA’s, Baclofen,  
Buprenorphine**
- ▶ **N Neutralizing the Anxiety/Fear Factor**
  - ▶ **Mindful Based Stress Reduction  
(MBSR)**





DAVID BUTLER

LORIMER MOSELEY

ART BY SUNYATA

# EXPLAIN PAIN



# **ENCORE: Core Strength**

- ▶ **Poor Core strength in proximal muscle groups: Rhomboids, Trapezius, Abdominal Wall, and Gluteal Muscles**
- ▶ **Poor Core strength causes painful conditions like: “thoracic outlet syndrome”, back and neck pain, trochanteric tendonitis/bursitis, and foot pain (!!?!)**

# **ENCORE: Open a Conversation**

## ▶ **Motivational Interviewing:**

- ▶ **About the expectation to be pain free and to do things the same way**
- ▶ **About Functional Goals**
- ▶ **About Fear-Avoidance Behaviors**

## ▶ **Key Questions:**

- ▶ **What are you able to do now with the use of opioids that you were not able to do before?**
- ▶ **How can we help you increase your activity level while decreasing the reliance on opioids?**

# **ENCORE:** Restore Health and Fitness

- ▶ **Pain is a doorway to transformation**
  - ▶ **Pain is a “signal” from the brain that means something needs to change**
  - ▶ **Pain is a motivator for change**
- ▶ **How to Facilitate Change?**
  - ▶ **MI and Change Talk: DARN CAT**
  - ▶ **Cognitive Diffusion: Get unstuck from thoughts like “leaves on stream”**

# **ENCORE:** Ease Suffering

**What is the difference between pain and suffering?**

**Pain is a physiological experience,  
Suffering is a perception**

**Suffering is created by the way we think about  
time, threats, meanings, circumstances and  
stories**

**Suffering is a doorway to spiritual transformation**

# How can You **E**ase Suffering in Your Patient?

- ▶ **Power of the Present or Mindfulness or Awareness:**
  - ▶ **Meditation Anchor, not comparison drain**
  - ▶ **Be Present for a client/patient**
- ▶ **Strength-Focused Therapy (Chan, 2006)**
  - ▶ **“Grow from Suffering”; “Curses to Blessings”**
  - ▶ **Help patients to develop outlets for frustration like hobbies and exercise**
  - ▶ **Reframe as survivorship story**
- ▶ **Pain Reprocessing Therapy (JAMA PYS, 2021)**
- ▶ **HOPE**



**ENCORE** can help you effectively  
treat pain and OUD

**E**valuate the Pain

**N**utralize the Nervous System

**C**ore Strengthening

**O**pen a Conversation

**R**estore Health

**E**ase Suffering

# ENCORE:

## Evaluate. Neutralize. Core. Open. Restore. Ease.

- ▶ Carolina, 52 y.o, has been prescribed long term opioid therapy for chronic pain for 15 years, and is now being prescribed MS Contin 30 mg BID and oxycodone 10 mg TID prn. Carolina lives with her husband and helps take care of two young grandchildren when their parents are working. Her primary pain issue is chronic lower back pain with history of 2 failed back surgeries. As she ages, she complains of arthritic pain in knees and hands. “I am having trouble keeping up with the grandchildren.”
- ▶ During her visit, patient admits to drinking more wine at night to get to sleep because “the pain is worse at night”. Carolina also complains of feeling fatigued and depressed. Pt reports 2 trips to the ED in the past 6 weeks to see if she can get her pain better managed.

**The Goal Is To...**

**Create a more deeply  
satisfying life  
And restore **HOPE****

**Thank you**

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