How to incorporate lifestyle medicine in the evaluation and treatment of chronic pain

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Objectives

• Describe which of the lifestyle medicine areas to focus on when treating chronic pain
• Describe how the 9 best practices relate to lifestyle medicine treatment
• Describe the importance of realistic goal setting, and measurement of the goals
• Describe how to engage your patients with changes that they need to make

9 best practices

• Become expert at engaging the patient
• Place the patient at the center of care delivery
• Build an integrated care team around the patient
• Customize care based on who the patient is
• Understand what pain is, and direct care accordingly
• Make function the primary measure of pain severity and treatment outcomes
• Practice lifestyle medicine as the foundation of pain medicine
• PCPs should be proficient at evaluating pain stratifying risk, treating pain, and documenting care
• Refer for the right care, at the right time

Lifestyle medicine is the best pain medicine

• Smoking Cessation
• Diet – optimal eating for maintaining a healthy weight and pain reduction
• Exercise
• Sleep

Lifestyle changes develop over time. In order to be successful we need to get to know our patients and them us. Prioritize changes that are needed and tackle those first.

CBT /Trauma /address nervous system activation
• Aggressive depression tx AND ANXIETY
• duloxetine inc CAREFULLY
• TD febr or RR oxycodone
• No Benzo or if you must, better benzo – lorazepam or clonazepam
• Inc Activity
• Schedule Life

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FATIGUE
INSOMNIA
MOOD
SOMATIC COMPLAINTS THAT ARE DIFFICULT TO EXPLAIN (TOPEN GI)

DIFFUSE PAIN "OUT OF PROPORTION TO OBJECTIVE EVIDENCE OF TISSUE DYSFUNCTION"

DECREASED PHYSICAL DEVELOPMENT
MORE LIKELY TO BE OBSESE, or other eating disorder
INCREASED RISK OF DIABETES, COPD, CAD, AUTOIMMUNE DISORDERS

MULTIPLE SOMATIC COMPLAINTS THAT ARE DIFFICULT TO EXPLAIN (TOPEN GI)

COGNITIVE AND PHYSICAL DEVELOPMENTAL DELAYS

WHEN ACE >5/10, 20 YEAR SHORTER LIFE SPAN

IMPULSIVE, HIGH RISK BEHAVIORS

http://www.cdc.gov/violenceprevention/acestudy

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Goal Setting

- Short term goals mobilize energy – gets patient started on goal
- Long term goals may help with keeping the big picture in mind
- Therefore: setting short term goals can be used to reach long term goal


SMART Goals

- Specific: when, where, how, what
- Measurable: quantifiable
- Achievable/Realistic:
- Timely: consider timeframes

Nigg,Claudia. American College of Sports Medicine’s Behavioral Aspects of Physical Activity and Exercise, Lippincott Williams and Wilkins, 2014

Smoking Cessation: why is it important?

LBP Study

- 5333 smokers who presented for LBP treatment followed over 8 months compared with patients who had continued to smoke, those who had quit smoking during the course of care reported significantly greater improvement in pain in visual analog scale pain ratings.
- Those who did not quit had no improvement


Smoking Cessation

- Acupuncture
- Medications – Chantix, Buproprion, nicotine replacement, quitstix
- Hypnosis

The Maine Tobacco Help Line - Quit Support for Smokers
www.tobaccofree.maine.org/quit_tobacco/Maine_Tobacco_HelpLine.php

Smoking Cessation

- Electronic cigarette mimic the experience – Cochrane review of trials in New Zealand and UK: 2 randomized studies 663 current smokers
- After one year:
  - 9% E cig with nicotine able to quit and 36% able to half their use
  - 4% nicotine free E cig able to quit and 28% able to half their use
- Compared with nicotine patched similar efficacy
- Conclusion: E cig as smoking cessation intervention is encouraging but need more studies

Dietary impacts on pain

- Anti-inflammatory diet > Less inflammation > less pain
- Healthy diet > wt loss > less stress on tissues > less pain (Knees!)
- counseling http://www.choosemyplate.gov/USDA

Weight Loss

- Healthy weight – BMI ranges are underweight: under 18.5, normal weight: 18.5 to 25, overweight: 25 to 30, obese: over 30
- Find healthy weight loss programs in your community
- ACE study -telling people who smoke or overeat or overwork that these are bad for them and that they should stop doesn’t register when those approaches provide a temporary, but gratifying solution – they are coping strategies

Weight Loss and Knee Pain

A total of 1854 people aged 24–76 years in 1994 participated in a Norwegian study on musculoskeletal pain in both 1994 and 2004

Conclusion: Obesity is an independent weak risk factor for hand OA. None of the analyses give any indication of an association between obesity and hip OA. The study confirms that obesity is an important risk factor for development of knee OA


Misconceptions:

- Weight loss as back pain treatment
  - There is an association between obesity and low back pain, but...
  - Causation has not been established, for example:
    - Low back pain may cause obesity, not the other way round
    - Obesity and low back pain may be markers for lack of adequate exercise or poor diet or developmental trauma or all 3
    - Observation that patients who lose weight have less back pain may reflect the increase in exercise and better diet, not weight loss per se
  - “If you lose weight your back will feel better” is misleading – it may be true if the patient starts exercising and changes diet, and be due to the exercise and diet changes.
  - “You have back pain because you are overweight” is a statement that is not supported by medical evidence
  - “Your back pain is likely to improve with exercise…” is supported by the evidence.


Anti-inflammatory Diet

- Jessica Black – author http://drjessicablack.com/about/
- Doctor John McDougall https://www.drmedmcdougall.com/health/education/health-science/featured-articles/articles/diet-only-hope-for-arthritis/

Best Foods to eat to control inflammation

- Nuts
- Garlic
- Legumes
- Whole grains brown rice, cereals, oatmeal
- Citrus
- Green tea
- Broccoli
- Low fat dairy
- Cherries anthocyanins, antioxidants, blueberries
- Oils olive, safflower, sunflower
- Soy soybeans, tofu
- Fish salmon, tuna
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Foods to avoid to control inflammation
http://www.arthritis.org/

- Sugar
- Saturated fat red meat, full fat dairy
- Trans fats fast foods, margarine, processed foods, cookies, donuts
- Omega 6 fatty acids - corn, safflower, soy, peanut, vegetable, mayonnaise
- Refined carbs white flour
- Msg
- Gluten wheat, rye, barley
- Aspartame - neurotoxin
- Alcohol weakens liver function, can cause inflammation

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Exercise

Exercise therapy appears to be effective at decreasing pain and improving function in adults with chronic low-back pain, particularly in populations visiting a healthcare provider. In adults with subacute low-back pain there is some evidence that a graded activity program improves absenteeism outcomes, though evidence for other types of exercise is unclear. (61 studies)

Hayden J "Exercise therapy for the treatment of non-specific low back pain" Annals of Internal Medicine 3005 May 3;142(9):776-85.

CDC Exercise Guidelines

- Adults need at least:
  2 hours and 30 minutes (150 minutes) of moderate-intensity aerobic activity (i.e., brisk walking) every week and
  muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).

- 1 hour and 15 minutes (75 minutes) of vigorous-intensity aerobic activity (i.e., jogging or running) every week and
  muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).

- An equivalent mix of moderate- and vigorous-intensity aerobic activity and
  muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms)

http://www.cdc.gov/physicalactivity/basics/adults/index.htm

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Exercise

- Keep goals realistic
- Start with 5 minutes of exercise at a time – important thing is daily
- Not looking for a “workout” early on
- Increased the “dose” of exercise very slowly to allow soft tissues to get used to it – new exercise is hardest on ligaments and tendons
- Find exercise that patient likes

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Sleep

Evaluate for primary or secondary sleep disorder sleep apnea

- How many days each week do you wake refreshed in the morning?
- When the answer concerns you (3 or more days/week and it is not related to work, new baby, etc. screen with Epworth)
- Take appropriate action (sleep study, or maybe treat pain at night more aggressively)

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Sleep

- “According to the majority of the studies, sleep deprivation produces hyperalgesic changes. Furthermore, sleep deprivation can interfere with analgesic treatments involving opioidergic and serotonergic mechanisms of action.
- The still existing inconsistency of the human data and the exclusive focus on REM sleep deprivation in animals so far do not allow us to draw firm conclusions as to whether the hyperalgesic effects are due to the deprivation of specific sleep stages or whether they result from a generalized disruption of sleep continuity.”

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**Sleep**

- “In a cross-sectional two-phase population-based study. A total of 424 subjects completed questionnaires.”

- In multivariate analysis disturbed sleep and depression remained independently associated with a low pain threshold. This study had demonstrated that depression and poor sleep are associated with a **reduced pain threshold**.


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**Patient engagement Stages of Change**

- Precontemplative (“I won’t or I can’t”)
- Contemplative (“I might”)
- Preparation (“I will”)  
- Action (“I am”)  
- Maintenance (“I have”)

Nigg, Claudia. American College of Sports Medicine’s Behavioral Aspects of Physical Activity and Exercise, Lippincott Williams and Wilkins, 2014

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**Patient engagement how-to**

- Focus on the customer. Meet them where they are  
- Always frame the discussion around the patient’s best interests  
- Outstanding customer service throughout the office - the key to patient’s respect and trust  
- Integration of behavioral and medical  
- Function - provider must know what a day in the life of the patient is like  
- Life context  
  - Barriers to care  
  - Cultural issues related to care  
  - Previous (good or bad) experience with healthcare


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**Patient Engagement how to**

- Honesty  
- Go the extra mile  
- Care coordination  
- Need to be good listeners  
- Be good at informing, advising and teaching  
- Avoid didactic and directive teaching styles instead use motivational interviewing  
- Basically practice patient centered care

Patient Engagement: Patients Need

- Access to timely, reliable, effective and safe healthcare
- Given adequate information and support to participate in their care
- Want respect, empathy and dignity from healthcare providers
- Want to be told all treatment options and know that their preferences will be taken into consideration


Patient Engagement Patient Needs

- Health Literacy: the ability to read, understand and act upon health information
- Greater impact when material is personalized and reinforced by Clinician
- Well designed written and electronic can improve patient knowledge


Patient Engagement Help

- Go ahead and use modern technology – Fit bit, phone apps, etc.
- Peer pressure – work out buddy, diet buddy
- Telehealth can reduce social isolation increase decision making confidence— telephone help lines, telecoaching,


Patient Engagement Take Home Points

- Active patients better equipped to make informed and relevant decisions
- Inactive patients, low health literacy, low level of support may defer to Clinicians as the decision makers
- Personalized care planning – care coordination is the bomb!