

ECHO IDAHO



ECHO Idaho: Opioid Addiction and Treatment

Non-pharmaceutical Alternatives For Treating Pain
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Learning Objectives



- Attendees will
 - Understand common contributing factors in chronic pain
 - Learn options of treating the source of these contributing factors
 - Become aware of the complexity and simplicity in curing most chronic pain

Context



Chronic pain is a world-wide burden



In 2018 it was reported that 1.9 billion people world-wide are affected by recurrent tension-type headaches (there are only about 9 billion people in the world)

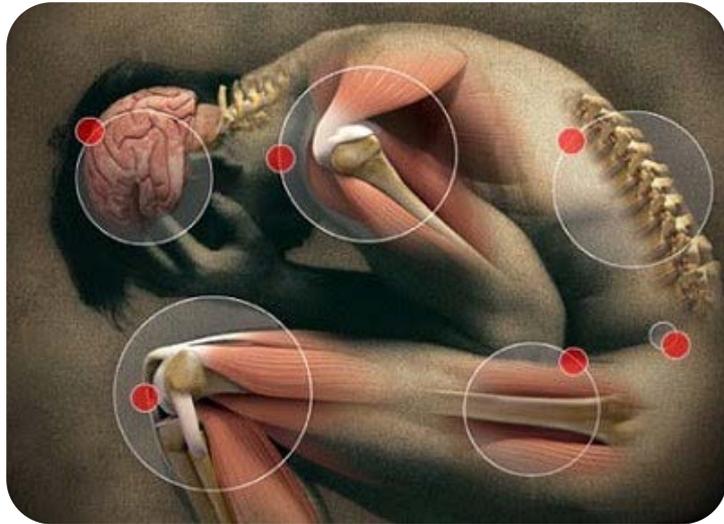


Chronic pain conditions feature prominently in the top 10 international, causes of disability



As with most other current medical strategies, current practice is too heavily focused on symptom suppression and not enough focus on finding curative responses (we need both). But...we cannot only take away opioids.

Contributing Factors (Mills, Nicholson, & Smith 2019)



Factors known to contribute to the development of chronic pain

- Socio-economic background
- Occupational factors (including employment status)
- Substance (use and abuse including smoking and alcohol)
- Physical Activity, nutrition (vitamin D, etc.)
- Previous pain
- Mental health issues
- Weight
- Surgery and medical interventions
- Sleep disorders
- Attitudes and beliefs about pain
- Hx of Trauma (especially childhood)
- On, and on, and on, and on.

How many of these do you actively
consider AND treat

Nuts & Bolts



The more factors that are associated in the development of chronic pain that you are competent in treating (and/or have quality referral sources), the better your outcomes will be.



Many potentially effective treatment paradigms exist but we may need to look outside of our typical training.



We can't depend on evidence only to drive our practice (otherwise we never grow).



We also need to be flexible and stewards of our own research in practice (practice-based research).



Pain is not caused or maintained by opioid or acetaminophen deficits in the body

Reality Check

We need to change the way we approach chronic pain.

We can't seek to provide palliative care as a starting point.

Possible to identify most likely causative factors for each patient in a well-performed interview (can't do this in a 10-minute consult)

- Then can use support/resources to address the root causes (rarely purely mechanical or biological)
- Learn fast, efficient (go-to) techniques for the office that give patients a chance of leaving better than they came in.

Potential Resources That Are Dr. N's Go-to's (That May Work Immediately)



Primal Reflex Release Technique (addresses neural inputs)

Total Motion Release (uses non-painful movements to override painful patterns)

Current Nutrition information (e.g. vitamin D, magnesium, etc)

Energy Medicine (Addresses physical and non-physical factors)

Qigong and Chinese Medicine (can build harmony in one's life)

Yoga (the type that uses the union with God, not just bad stretching)

Meditation (creates space in life- can better see the connections of pain- also allows pts. to amortize pain)

Exercise (can modulate depression)

Vagus Nerve Exercises (can modulate mood/depression)

Mulligan Concept (Neuro-orthopedic focus)

Fun (can modulate depression)

Flexible counseling strategies

May be the most important condition that we treat because its fingers are far-reaching

We need to understand the causative factors

Need strategies that can immediately alter those factors (they are definitely out there)

Need to expect more from our treatments

Focus needs to shift from coping to curing

KEY POINTS

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