

THIS SESSION IS BEING RECORDED

UVM Project ECHO: Chronic Pain

Facilitators:

Mark Pasanen, MD
Charles Maclean, MD
Liz Cote

Agenda

- Introductions and announcements
- Session objectives
- Didactic presentation (25-30 min)
 - Q & A
- Case presentations
 - Clarifying questions
 - Discussion
 - First, participants – then program faculty
 - Summary of recommendations
- Session parking lot items for follow up
- Closing reminders
 - Complete session evaluation (session recording info included in this email)
 - Session slides posted at www.vtahec.org
 - Submit a new case, template posted at www.vtahec.org



CME Disclosures

University of Vermont (UVM) Office of Continuing Medical and Interprofessional Education (CMIE) is approved as a provider of Continuing Medical Education (CME) by the ACCME.

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Participants should claim only the credit commensurate with the extent of their participation in the activity.

Interest Disclosures:

- As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.



UVM Project ECHO Chronic Pain: *Motivational Interviewing for Chronic Pain*

Richard Pinckney, MD MPH
Associate Professor of Medicine

February 7, 2020

Objectives

- Understand the difference between advice giving and motivational interviewing
- Engage patients in their treatment plans
- Improve therapeutic rapport and empathy

Vignette

- Rupert is a 68 year-old male with lower back pain that you have just inherited from one of your colleagues who has just retired. He is on sustained release morphine 40mg three times a day and also takes lorazepam 1mg about 1-2 times a day for anxiety. His anxiety and pain interact, so the more anxious he gets, the more pain he has, which makes him anxious. The lorazepam really helps when this cycle occurs.
- He has some mild disc disease and mild DJD of the back on MRI done 5 years ago.
- He has tried PT twice, cyclobenzaprine, ibuprofen, naproxen and a chiropractor. None of these have worked, but the morphine and lorazepam have worked well.
- He is very resistant to making any changes – “this is what works for me. It’s worked for me for 10 years and no need to change something that isn’t broken.”



Evidence-Base for Managing Non-specific, Chronic Low Back Pain*

<p>BEST-EVIDENCE <u>Moderate to Small</u> benefits for pain and/or functional outcomes</p>	<p>GOOD EVIDENCE <u>Moderate to Small</u> benefits for pain and/or functional outcomes</p>	<p><u>No benefit</u> for pain and/or functional outcomes</p>	<p><u>No data or limited data</u> specific for <u>chronic</u> low back pain</p>
<ul style="list-style-type: none"> • acupuncture⁵⁻⁷ • behavioral therapy⁷⁻⁹: cognitive behavioral therapy (CBT) or operant therapy • naproxen sodium^{10,11} • tramadol¹²⁻¹⁷ • yoga^{18,19,7,20} 	<ul style="list-style-type: none"> • Capsicum frutescens (topical cayenne)²¹ • duloxetine^{22,23} • electromyography biofeedback⁸ • general exercise (no specific type shown better than others)²⁴⁻²⁶ • low-level laser therapy²⁷ • mindfulness-based stress reduction²⁸ • motor control exercise^{29,30} • multidisciplinary rehabilitation³¹ • Pilates (1-3x per week)³² • progressive relaxation⁸ • spinal manipulation³³ • tai chi³⁴ 	<ul style="list-style-type: none"> • acetaminophen³⁵ • back schools³⁶ • bupropion^{37,38} • glucosamine³⁹ • Kinesio taping⁷ • lumbar support⁴⁰ • maprotiline³⁸ • massage⁴¹ • muscle energy technique (MET)⁴² • pregabalin⁴³ • selective serotonin reuptake inhibitors (SSRIs)³⁸ • therapeutic ultrasound⁴⁴ • traction^{45,46} • transcutaneous electrical nerve stimulation (TENS)⁷ • trazodone^{38,47} • tricyclic antidepressants (TCAs)³⁸ 	<ul style="list-style-type: none"> • anti-seizure medications⁷ • botulinum toxin injections (N=31)⁴⁸ • skeletal muscle relaxants⁴⁹ • systemic corticosteroids⁷ <p style="text-align: center;"><u>Risks may outweigh benefits</u></p> <ul style="list-style-type: none"> • opioids⁵⁰: Only after multiple treatment failures with other interventions and only if the benefits outweigh the risks⁷

- STOP RECORDING

Cases/HIPAA

DO NOT INCLUDE:

- Names
- Address
- DOB
- Phone/Fax #
- Email address
- Social Security #
- Medical Record #



The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.



Reminders

- Volunteers to present cases (key to the Project ECHO)
- Use the case template form posted at www.vtahec.org
 - Return completed case forms to: Mark.Pasanen@uvmhealth.org
- Please complete evaluation survey after each session
- Claim your CME at www.highmarksce.com/uvmmed
- Please contact us with any questions, concerns, or suggestions
 - Mark.Pasanen@uvmhealth.org
 - Elizabeth.Cote@uvm.edu
 - ahec@uvm.edu

