

*Original Article*

# Mindfulness-Oriented Recovery Enhancement Ameliorates the Impact of Pain on Self-Reported Psychological and Physical Function Among Opioid-Using Chronic Pain Patients

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**Abstract**

**Context.** Chronic pain impacts one-third of the U.S. population, and its effects are debilitating for individuals and costly to the medical system. Although opioids are commonly prescribed to address chronic pain, they confer risk for misuse and addiction in some patients and may not fully restore life function—particularly with regard to psychosocial factors. Because of the multiplicity of impacts that chronic pain may have on daily functioning, broad-spectrum behavioral interventions are needed.

**Objectives.** The purpose of this study was to conduct follow-up analyses from a pilot randomized controlled trial of Mindfulness-Oriented Recovery Enhancement (MORE) to assess specific effects of MORE on various biopsychosocial aspects of pain-related impairment.

**Methods.** Chronic pain patients ( $N = 115$ ; mean age,  $48 \pm 14$  years; 68% female) were randomly assigned to either eight weeks of MORE or a support group. Domains of pain-related functional interference were measured with the Brief Pain Inventory at pre- and post-treatment and at a three-month follow-up. Treatment effects were analyzed with multivariate intention-to-treat models.

**Results.** MORE participants reported significantly greater reductions in functional interference than support group participants at post-treatment across all domains, including general activity, mood, walking ability, normal work, relationships, sleep, and enjoyment of life. These effects were largely maintained by the three-month follow-up; however, general activity level and walking ability were no longer significant, indicating differential long-term effects between physiological and psychological functioning.

**Conclusion.** Findings demonstrate preliminary efficacy of MORE as a treatment for pain-related functional impairments and suggest that effects may be more

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pronounced and durable for aspects of psychological function. *J Pain Symptom Manage* 2014;48:1091–1099. © 2014 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

### **Key Words**

*Mindfulness, chronic pain, function, impairment, opioid, quality of life*

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### **Introduction**

Approximately 100 million U.S. adults are affected by chronic pain, resulting in \$635 billion in medical costs and lost productivity each year.<sup>1</sup> Chronic pain is increasingly understood as a complex biopsychosocial phenomenon associated with high rates of psychological distress and functional impairment.<sup>2</sup> Because emotional and sensorial pain processes overlap in the brain,<sup>3</sup> the negative emotions evoked by pain can perpetuate dysfunction both by increasing pain intensity and decreasing pain tolerance<sup>2</sup> and by contributing to additional somatic symptoms via ill-defined etiopathologic mechanisms.<sup>4</sup> As a consequence of the neural mechanisms underlying these phenomena, individuals suffering with chronic pain may experience anhedonia<sup>5</sup> and withdraw from meaningful activities and relationships.

Although opioids are commonly prescribed to address chronic pain, they also confer risk for misuse and addiction in some patients.<sup>6</sup> Moreover, although opioids may reduce pain intensity, they may not fully restore life function—particularly with regard to psychosocial factors. Because of the multiplicity of impacts that chronic pain may have on domains of functioning, new broad-spectrum behavioral interventions are needed. One such novel intervention is Mindfulness-Oriented Recovery Enhancement (MORE), a treatment that integrates mindfulness training, cognitive reappraisal skills, and positive emotion regulation into a therapeutic approach designed to ameliorate functional interference resulting from chronic pain and prevent addictive use of prescription opioids.<sup>7</sup> Mindfulness training—the practice of cultivating a nonreactive receptive awareness of and attention to present moment experiences—has been shown to reduce pain symptoms,<sup>8–10</sup> decrease emotional distress,<sup>11,12</sup> and reduce addictive behaviors.<sup>13</sup> Reframing the meaning of stressful events through cognitive reappraisal has been shown to significantly reduce negative

emotions<sup>14</sup> and the urge to use addictive substances.<sup>15</sup> Finally, positive emotion regulatory strategies such as savoring pleasant events may enhance positive affect and foster psychological resilience<sup>16</sup> while reducing anhedonia.<sup>17</sup> MORE combines the complementary aspects of these three therapeutic elements into a broad-spectrum treatment for chronic pain.

We recently conducted a pilot randomized controlled trial (RCT) of MORE in a sample of chronic pain patients who had been taking prescription opioids for more than three months.<sup>18</sup> In this RCT, MORE significantly decreased opioid misuse, desire for opioids, pain severity, and an overall index of pain-related functional interference.<sup>18</sup> Although this study revealed that MORE decreased a univariate measure of generalized functional interference, it has yet to be determined if MORE has differential effects on specific domains of pain-related impairment. For instance, given that MORE focuses on altering emotional responses to pain but does not provide physical therapy or education in kinesiology, it seems plausible that MORE might reduce the impact of pain on mood to a greater extent than the impact of pain on walking ability. Thus, the aim of this study was to conduct a secondary data analysis from the previous trial to assess the specific and differential effects of MORE on various biopsychosocial aspects of pain-related impairment. We hypothesized that, at post-treatment, chronic pain patients randomly assigned to MORE would exhibit significantly greater reductions across all domains of pain-related functional impairments than participants assigned to a conventional support group (SG) and that these reductions in functional impairments would be maintained at three-month follow-up. We additionally hypothesized that these reductions in pain-related functional interference would be more pronounced and durable for psychological impairments

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