

Using Cognitive Behavior Therapy and Mindfulness Techniques in the Management of Chronic Pain in Primary Care



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KEYWORDS

• Chronic pain • Mental illness • Depression • Behavioral therapy • Mindfulness

KEY POINTS

- Chronic pain has become more prevalent than many common chronic illnesses, such as heart disease and diabetes, which has led to an increase in prescribing narcotic pain medications and subsequent increase in adverse events and mortality.
- Using advanced imaging modalities, it has been shown that depression and pain perception activate the same areas of the brain.
- Chronic pain syndrome occurs in patients who experience pain and disability for a longer period time than was reasonably expected.
- Depression and substance abuse are commonly seen concurrently with chronic pain and can be used as a red flag for poor outcome. The Patient Health Questionnaire and Alcohol Use Disorders Identification Test-C (AUDIT-C) are evidence-based screening tools for depression and substance abuse, respectively.
- Mindfulness techniques and cognitive behavior therapy can be used to help patients better manage their chronic pain and increase activity.

INTRODUCTION

Treating patients with chronic pain has become increasingly difficult for primary care physicians. In 2011, the Institute of Medicine (IOM) reported that pain affects an estimated 100 million Americans and has become more common than many chronic conditions, including diabetes, coronary heart disease, stroke, and cancer (**Table 1**).^{1–3} At the same time, the number of prescriptions for pain medications has been increasing, as well as the number of subsequent deaths associated with overdose and drug interactions (**Fig. 1**). During this period of rapid growth in narcotic use, the prevalence of chronic pain has remained stable since 2006, forcing physicians to realize that the fault

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Condition	Estimated Incidence in United States: 2011	Source of Data
Chronic pain	100 million	IOM
Diabetes	25.8 million (diagnosed and estimated less than-diagnosed)	ADA
Coronary heart disease (MI or angina)	16.3 million	AHA
Stroke	7 million	AHA
Cancer	11.9 million	ACS

Abbreviations: ACS, American Cancer Society; ADA, American Diabetes Association; AHA, American Health Association; MI, myocardial infarction.

Data from American Academy of Pain Medicine. AAPM facts and figures on pain. 2011. Available at: http://www.painmed.org/patientcenter/facts_on_pain.aspx#refer. Accessed July 6, 2015.

lies with overprescribing of pain medications, with guidelines for appropriate treatment and monitoring newly prioritized.⁴

SCREENING/DIAGNOSIS

Understanding the relationship between chronic pain and cognition is important in recognizing signs of abuse or dependence. Persons with pain and comorbid depression are at a significantly higher risk of narcotic abuse and adverse events.⁵⁻⁷ A study using real-time functional MRI showed that afferent pain pathways are altered by emotions and the state of the individual's attention.⁵ Comorbid negative emotions (eg,

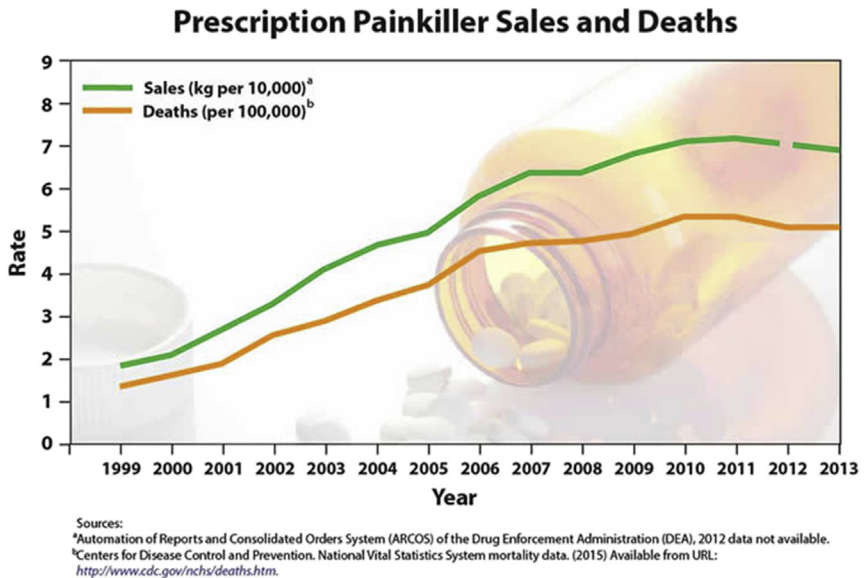


Fig. 1. Trend of painkiller prescriptions related to deaths associated with use. (From Centers for Disease Control and Prevention. National Vital Statistics System. Mortality data. Available at: <http://www.cdc.gov/nchs/deaths.htm>. Accessed July 6, 2015.)

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