

Integrative Pain Management



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KEYWORDS

- Pain • Integrative • Nonpharmacologic • Yoga • Acupuncture • Mindfulness
- Neuropathic • Low back

KEY POINTS

- Chronic pain affects more than 100 million Americans at a cost of greater than \$635 billion a year. On an individual level, it is often accompanied by mood, sleep, and metabolic dysfunction, which require an integrative approach to fully grasp the patient burden as well as collaborate on a person-centered approach to care.
- Pain care over the last several decades has been largely centered on an acute care model, which has increased diagnostic-, procedural-, and analgesic-based approaches, which has not provided any population level improvement in pain or disability.
- An integrative approach, including offerings such as patient education, acupuncture, mind-body approaches such as yoga and mindfulness as well as lifestyle optimization using diet and exercise has increasing evidence for reducing pain and disability in several common pain scenarios.
- Recent guidelines, including the American College of Physicians Guidelines for low back pain, endorse the incorporation of nonpharmacologic approaches in the comprehensive management of pain.

INTRODUCTION

Definition and Overview

Integrative pain management is a person-centered model of pain care based on the principles and practices of integrative medicine, including a focus on the restoration of function, health, and wellness.¹ This model is guided by evidence and shared decision making between practitioner and patient to use individualized therapeutic options. These options may include a spectrum of biological, interventional, and lifestyle approaches guided by health care professionals with a goal of not only

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reducing pain but also improving function, quality of life, and self-care. Based on existing practice patterns, integrative pain management attempts to enhance current treatment models by incorporating options, such as nutritional, behavioral, spiritual, and self-management approaches, which are not typically optimized in routine care. The following article focuses on these areas of enhancement.

The Epidemiology of Chronic Pain

Chronic pain is one of the most common conditions encountered by humans worldwide, affecting 20% of the world's population.² For many reasons, including an aging population and increases in chronic disease, the prevalence of chronic pain seems to be increasing worldwide. Importantly, chronic pain can occur at any age. It is estimated that 25% to 46% of children and young adults experience chronic pain, most commonly with recurrent headache, and abdominal or musculoskeletal pain.^{3,4} Likewise, studies examining end-of-life care of hospitalized patients have noted that the majority suffer from moderate to severe pain.⁵

In the United States, the most recent estimate of pain and its cost was published in the Institute of Medicine 2011 report, *Relieving Pain in America*, and placed the number of adults living with chronic pain between 100 and 116 million.⁶ This report also estimated the yearly cost of care for those with pain at \$560 to \$635 billion. When pain was compared with other common conditions, it exceeded the costs associated with cardiovascular disease, diabetes, and cancer combined (Fig. 1).⁷

Burden of Pain and Relevance to Primary Care

In addition to an extreme cost to society, chronic pain places a multifactorial burden on those affected that may often be overlooked. In this scenario, it is vital for primary care clinicians to evaluate the functional, metabolic, and psychological limitations that may emerge in association with pain.

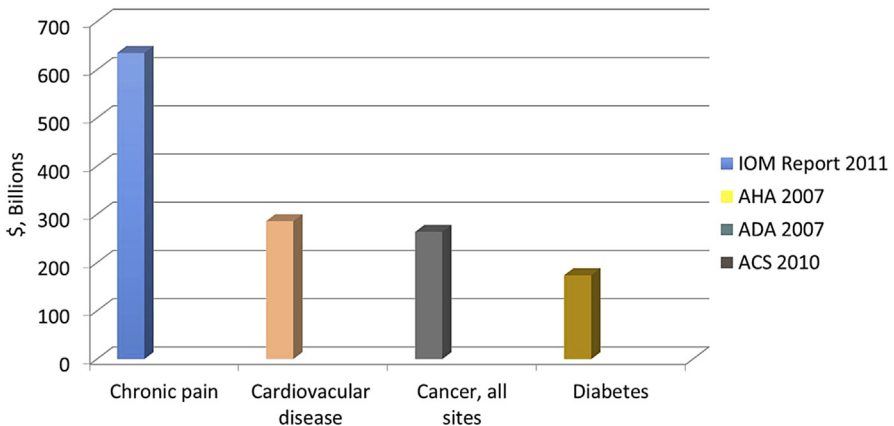


Fig. 1. Cost of chronic conditions, United States. ACS, American Cancer Society. Cancer Facts and Figures 2010; ADA, American Diabetes Association. Economic costs of diabetes in the United States in 2007. Diabetes Care 2008; AHA, American Heart Association figure calculated on Agency for Healthcare Research and Quality. Medical Expenditure Panel Survey 2007; IOM, Institute of Medicine, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. 2011. (Data from Georgi K. Calculating the cost of pain. *Chronic Pain Perspect* 2011;12:F2.)

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