



**Moving Beyond the Obvious:  
The Pivotal Role of Psychology in Pain Management**

Ravi Prasad, PhD

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**Disclosures**

- Consultant/Independent Contractor
  - Johnson & Johnson
  
- Advisory Board
  - Bicycle Health
  - Lumina Analytics (Mission LISA)
  
- Stockholder
  - Bicycle Health



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**Learning Objectives**

- Differentiate between acute and chronic pain
  
- Recognize the role of interdisciplinary care in pain management
  
- Explain the data supporting use of psychological interventions in pain treatment



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### Pain in Context

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- IOM Report (2011)
  - Chronic pain affects approximately 100 million American adults
  - More than those affected by heart disease, cancer, and diabetes *combined*
  - Estimated annual cost of \$500-600 billion in medical treatment and lost productivity



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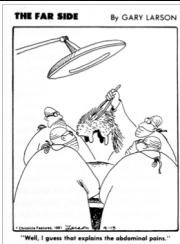
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### Pain Etiology

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### Etiological Pathways

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- Biomedical
  - Initial lesion
  - Brain processing
- Physical
  - Posture
  - Repetitive movements
  - Deconditioning
  - Overcompensation
  - Guarding



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### Psychological Factors and Pain

- Depression and Pain
- Currie & Wang (2005) examined the temporal relationship between MDD & CBP in the general Canadian population
- National Population Health Study (NPHS)
  - Data comprised of physical & mental health status, lifestyle behaviors, healthcare utilization, socioeconomic information
  - Time 1 – Time 2: 24 months
  - Study comprised of 9,909 respondents
- Depressed individuals 3x more likely to develop CBP compared to nondepressed individuals

Currie, S., Wang, J. (2005). More data on major depression as an antecedent risk factor for first onset of chronic back pain. Psychological Medicine, 35(8), 1075-1080.




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### Psychological Factors and Pain (cont'd)

- Epidemiologic Catchment Area Project (funded by NIMH) sought to assess prevalence of psychiatric disorders in the general population
  - Data collected between 1980-1983, 1993-1996 in 3 waves
  - n > 20,000; Baltimore area n = 3,349, 2747, 1771
  - Diagnostic Interview Schedule: structured interview created by NIMH for study, yields diagnoses of specific disorders
- At 13 year f/u, risk of CBP increased when depressive disorder present at baseline
- Lifetime history of depressive disorder at wave 1 or 2 associated with greater than 3x risk for first ever report of back pain during the 13 year f/u period

Lewin, S., Clark, M., Eaton, W. (2004). Depressive disorder as a long-term antecedent risk factor for incident back pain: a 13-year follow-up study from the Baltimore Epidemiological Catchment Area surveys. Psychological Medicine, 34(2), 211-219.




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### Adverse Childhood Experiences

- Adverse Childhood Experience (ACE) Study
  - CDC/Kaiser Permanente collaboration
  - Co-PIs: Robert Anda, MD; Vincent Felitti, MD
  - Examining relationship between ACEs and health/behavioral outcomes later in life
  - Data gathered from 17K individuals between 1995-97




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**Adverse Childhood Experiences (cont'd)**

- Physical/emotional neglect
- Recurrent emotional abuse
- Recurrent physical abuse
- Sexual abuse (contact)
- Household substance abuse
- Incarceration of household member
- Chronic mental illness
- Mother treated violently
- One or no parents



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**Adverse Childhood Experiences (cont'd)**

- Higher ACE scores increase risk for developing
  - Medical/psychiatric disease
  - CD/SA issues
  - Health related QOL issues
  - Partner violence
  - Sexual activity
  - Suicidality



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**Adverse Childhood Experiences (cont'd)**

- Abuse and Somatic Disorders
- Systematic review & meta-analysis of literature from 1/1980-12/2008 (Paras et al, 2009)
- 23 studies, 4640 subjects
- Significant association between sexual abuse and a lifetime diagnosis of:
  - Functional GI disorders
  - Nonspecific chronic pain
  - Psychogenic seizures
  - Chronic pelvic pain

Paras et al. (2009). Sexual Abuse and Lifetime Diagnosis of Somatic Disorders. JAMA 302(5): 550-561.



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### Psychological Factors and Pain

- Surgical outcomes (lumbar surgery, SCS)
- Review of literature relating to presurgical psychological screening
- Successful outcomes generally defined
  - Decreased pain
  - Increased function
  - Return to work
  - Reduced medical treatment
- Positive relationship between one or more psychological factors and poor treatment outcome in 92% of reviewed studies

Cassidy, J., Edwards, R., Jensen, R. (2005). Presurgical Psychological Variables as Predictors of Outcome Following Lumbar Surgery and Spinal Cord Stimulation: A Systematic Review and Literature Synthesis. Pain Medicine 10(4): 638-653.




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### Psychological Factors and Pain (cont'd)

- Most useful predictors of poor outcome
  - Presurgical somatization
  - Depression
  - Anxiety
  - Poor coping
- Minimally predictive factors
  - Pretreatment physical findings
  - Activity interference
  - Presurgical pain intensity

Cassidy, J., Edwards, R., Jensen, R. (2005). Presurgical Psychological Variables as Predictors of Outcome Following Lumbar Surgery and Spinal Cord Stimulation: A Systematic Review and Literature Synthesis. Pain Medicine 10(4): 638-653.




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### Summary: Role of Psychology in Pain Etiology

- Some pain conditions are primarily due to psychogenic factors but virtually all can be influenced by psychological factors




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Does pain serve any function or purpose?



PainWeek

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PainWeek

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Is all pain the same?

Acute Pain

- Hurt = Harm
  - Avoidance decreases damage
- Etiology:
  - Clear pathway
  - Often single cause
- Treatment course
  - Fixed endpoint
  - Immobilization often essential for recovery
  - Medications

Chronic Pain

- Hurt ≠ Harm
  - Fear-avoidance cycle
- Etiology:
  - Many unknowns
  - Multifactorial
- Treatment course
  - No fixed endpoint
  - Immobilization can worsen condition
  - Medications: caution

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### Management Approach to Pain

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- Similar to other chronic health conditions lacking a cure
- Focus on quality of life & functioning

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### Example: Diabetes

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- Regulate diet
- Check blood sugars
- Exercise regularly
- Take insulin/medications
- Monitor wounds

**PainWeek**

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### Chronic Pain Management

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- Medical optimization
  - Physician, NP, PA
- Physical reconditioning
  - Rehabilitation provider (PT)
- Behavioral/lifestyle modification
  - Pain psychologist

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### Interdisciplinary Management

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<p><b>Diabetes</b></p> <ul style="list-style-type: none"><li>▪ Regulate diet</li><li>▪ Check blood sugars</li><li>▪ Exercise regularly</li><li>▪ Take insulin/medications</li><li>▪ Monitor wounds</li></ul>	<p><b>Chronic Pain</b></p> <ul style="list-style-type: none"><li>▪ Medical optimization</li><li>▪ Physical reconditioning</li><li>▪ Behavioral/lifestyle modification</li></ul>
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### Interdisciplinary Management

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**Primary goal:**  
Help patients learn to live with pain



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\*Have you tried getting the advice and pain?\*

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### Learn to Live with Pain?

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**LIFE**

**PainWeek**

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**Learn to Live with Pain?**

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**LIFE**

- Family Friends Work School
- Sports Leisure Self-care Music
- Vacations Hobbies Dining
- Entertainment Socializing
- Cooking Cleaning Errands

**PainWeek**

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**Learn to Live with Pain?**

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**LIFE**

- Family Friends Work School
- Sports Leisure Self-care Music
- Vacations Hobbies Dining
- Entertainment Socializing
- Cooking Cleaning Errands

**PainWeek**

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**Learn to Live with Pain?**

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**LIFE**

- Decreased activity levels
- Physical deconditioning
- Friends Work
- Sports Leisure Self-care Music
- Vacations Hobbies Dining
- Entertainment Socializing
- Cooking Cleaning Errands

**PainWeek**

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**Yes, Learn to Live with Pain!**

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**LIFE**  
Family Friends Work School  
Sports Leisure Self-care Music  
Vacations Hobbies Dining  
Entertainment Socializing  
Cooking Cleaning Errands

**Pain**

**PainWeek**

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**Common Pain Psychology Curriculum Components**

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- Overview of pain
- Pacing of activities
- Pain & stress physiology
- Relaxation training
- Sleep hygiene

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**Common Pain Psychology Curriculum Components (cont'd)**

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- Identifying environmental stressors (work & home)
- Development of stress management techniques (eg, cognitive restructuring)
- Assertiveness/communication skills development
- Flare contingency planning

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### Deconstructing Pain Psychology

- Relaxation training
- The role of cognitive processes



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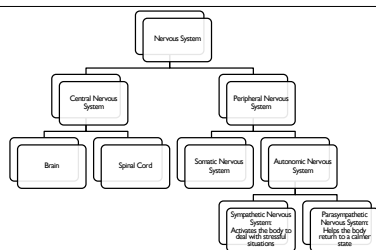
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### Stress, the Nervous System, and Pain



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### Stress, the Nervous System, and Pain (cont'd)

#### Sympathetic Activation

- Increased heart rate
- Increased blood pressure
- Increased muscle tension
- Constriction of blood vessels
- Release of stress hormones
- Pupil dilation
- Change in breathing patterns
- Additional systemic changes



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**Stress, the Nervous System, and Pain (cont'd)**

Parasympathetic Activation

- Decreased heart rate
- Decreased blood pressure
- Decreased muscle tension
- Expansion of blood vessels
- Discontinuation of stress hormone release
- Pupil constriction
- Change in breathing patterns
- Additional systemic changes



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**Stress, the Nervous System, and Pain (cont'd)**

Pain

Nervous System Activation



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**Stress, the Nervous System, and Pain (cont'd)**

Pain

Nervous System Activation



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**Stress, the Nervous System, and Pain (cont'd)**

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The diagram shows a circular relationship between two concepts. At the top is the word "Pain" and at the bottom is "Nervous System Activation". Two curved arrows connect them: one on the left pointing from "Nervous System Activation" up to "Pain", and one on the right pointing from "Pain" down to "Nervous System Activation".

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**Stress, the Nervous System, and Pain (cont'd)**

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The diagram shows a cycle involving three concepts. "Pain" is at the top, "Nervous System Activation" is at the bottom, and "Anxiety" is on the right. A curved arrow on the left connects "Nervous System Activation" to "Pain". A curved arrow on the right connects "Pain" to "Anxiety". A straight arrow points from "Anxiety" down to "Nervous System Activation".

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**Stress, the Nervous System, and Pain (cont'd)**

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The diagram shows a cycle involving four concepts. "Pain" is at the top, "Nervous System Activation" is at the bottom, "Anger" is on the left, and "Anxiety" is on the right. A curved arrow on the left connects "Nervous System Activation" to "Pain". A curved arrow on the right connects "Pain" to "Anxiety". A straight arrow points from "Anxiety" down to "Nervous System Activation". A straight arrow points from "Anger" down to "Nervous System Activation".

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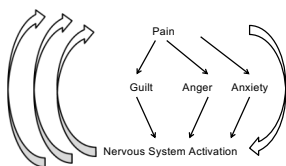
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**Stress, the Nervous System, and Pain (cont'd)**



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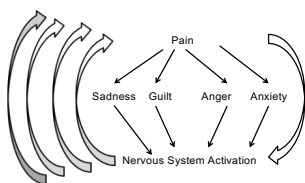
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**Stress, the Nervous System, and Pain (cont'd)**



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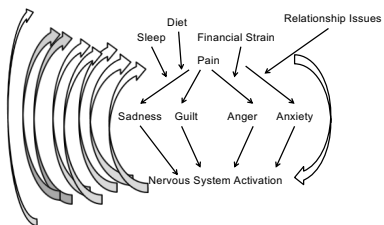
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**Stress, the Nervous System, and Pain (cont'd)**



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### Relaxation Training

- Breathing exercises
  - Parasympathetic activity
  - Distraction

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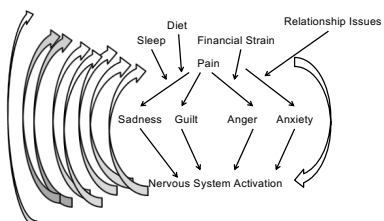
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### Stress, the Nervous System, and Pain



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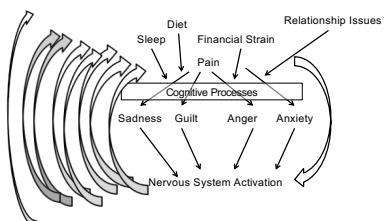
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### Stress, the Nervous System, and Pain



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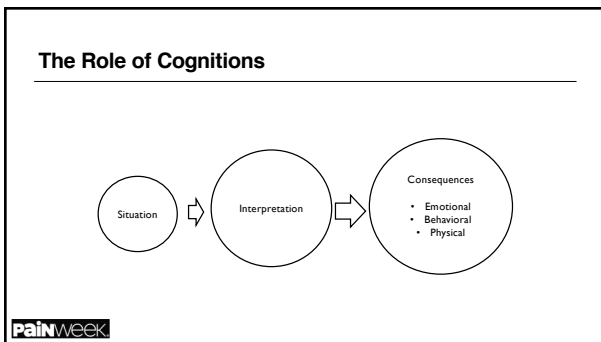
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### Catastrophization

- Exaggerated perception of a situation being worse than it actually is
  - Magnification
  - Rumination
  - Helplessness

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### Catastrophization (cont'd)

- Implications
  - Pain expectations → affective distress
  - Somatic hypervigilance/attention → increased pain perception
  - Activity reduction coping strategy → fear-avoidance cycle
  - Persistent symptoms
  - Disability

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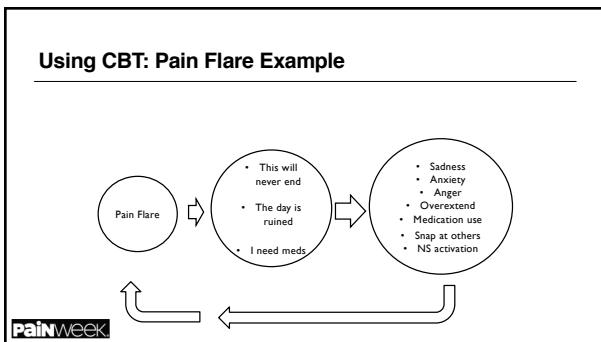
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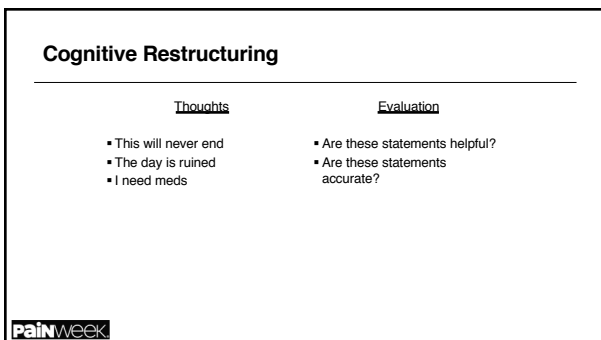
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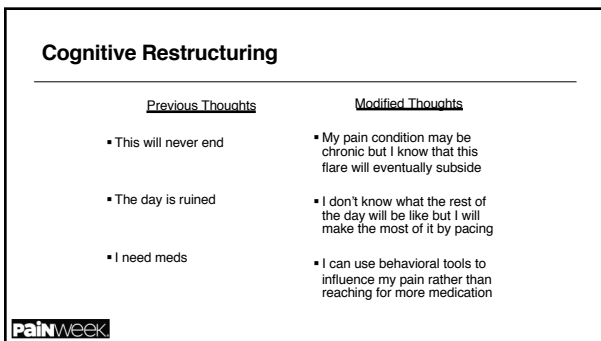
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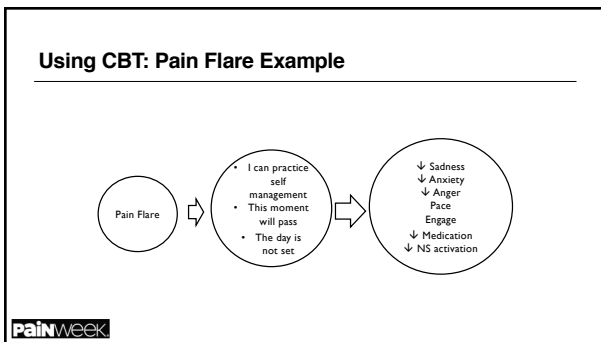
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### Empirically Validated Treatment: Self-Management Education

- Lambeek, Van Mechelen, Knol, Loisel, Anema (2010)
- Buchner, Zahlten-Hinguranage, Schiltewolf, Neubauer (2006)
- Linton & Ryberg (2001)
- Flor, Fydrich, Turk (1992)

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### Empirically Validated Treatment

- Linton & Andersson (2000)
  - Randomized control trial (n=213)
  - All patients received regular primary care tx + minimal treatment (information pack, pamphlet) or 6-session CBT treatment
  - Assessments administered at pretest and 12-month follow-up
  - Risk for developing long-term sick absence decreased 9x in CBT group
  - CBT participants had decreased medical utilization compared to increase in other groups

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### Empirically Validated Treatment (cont'd)

- Linton & Nordin (2006)
  - 5-year follow-up of Linton & Andersson (2000) study, also used supplemental records from the National Insurance Authority
  - 97% completed follow-up questionnaire
  - CBT group had significantly less pain, higher activity, better quality of life, and better general health compared to minimal treatment group
  - Risk of long-term sick leave 3x higher in the non-CBT group
  - CBT group had significantly less lost productivity costs



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### Empirically Validated Treatment (cont'd)

- Gatchel, Polatin, Noe, Gardea, Pulliam, Thompson (2003)
  - Patients deemed HR for development of chronic disability were randomly assigned to an early intervention FR group (n=22) or a non-intervention group (n=48). Low risk nonintervention subjects also evaluated (n=54)
  - Patients tracked at 3 month intervals over the course of a year
  - HR patients in the early intervention group had significantly lower rates of healthcare utilization, medication use, and self-report pain variables



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### Empirically Validated Treatment (cont'd)

- Gatchel, Polatin, Noe, Gardea, Pulliam, Thompson (2003)
  - HR nonintervention group displayed more symptoms of chronic pain disability compared to low risk subjects
  - Greater cost savings associated with early intervention (\$12,721) vs no intervention group (\$21,843). Cost variables included healthcare visits, medication, lost wages, early intervention program cost



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**Cochrane Review of Multidisciplinary Programs for Pain**

- 41 studies, 6858 participants
- LBP > 3 months with some prior treatment
- MDP vs unimodal care focused on physical factors, standard care with GP
- Moderate quality evidence for improvements in pain and daily functioning
- Increased likelihood of RTW in 6-12 months

Knapik S.J., Apantaku N.T., Charnick A., Barwick R.J.E.M., Grosse WW, Guzman J, van Tulder MW. Multidisciplinary biopsychosocial rehabilitation for chronic low back pain. Cochrane Database of Systematic Reviews 2014, Issue 9.

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**Biofeedback**

- Definition
- Course of treatment
- Noninvasive
- Active vs passive treatment modality

Schwartz NM, Schwartz MS. Definitions of biofeedback and applied psychophysiology. In Schwartz MS, Andrasik F (eds). Biofeedback: A practitioner's Guide (ed 3). New York NY: Guilford Press, 2003, pp27-39

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**Empirically Validated Treatment: Biofeedback**

Appl Psychophysiol Biofeedback (2008) 33:125-140  
DOI 10.1007/s10464-008-9080-3

**Biofeedback Treatment for Headache Disorders:  
A Comprehensive Efficacy Review**

Yvonne Nestorke · Alexandra Martin ·  
Wolfgang Rief · Frank Andrasik

Published online: 26 August 2008  
© Springer Science+Business Media, LLC 2008

**PainWeek**

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**Empirically Validated Treatment: Biofeedback (cont'd)**

- Focused on migraine and TTH
- 150 outcome studies, 94 included in review
- Medium to large mean effect sizes
- Results stable over time (ave 14 months)



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**Empirically Validated Treatment: Biofeedback (cont'd)**

- Improvements
  - Headache frequency
  - Perceived self-efficacy
  - Anxiety symptoms
  - Depressive symptoms
  - Medication usage



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**Empirically Validated Treatment: Biofeedback (cont'd)**

- BFB superior compared to wait list control and headache monitoring
- EMG for TTH headache superior to placebo and relaxation therapies



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**Empirically Validated Treatment: Biofeedback (cont'd)**

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- Limitations
  - Not sufficiently investigated with other specific disorders

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**Mindfulness-Based Stress Reduction**

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*“The awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment to moment”*

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context. *Clinical Psychology: Science and Practice* 10(2), pp. 144-156.

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**Mindfulness-Based Stress Reduction (cont'd)**

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- Application in pain
  - Awareness of somatic sensations without emotional attachment
  - Physiologic implications
  - Desensitization: experience of pain without negative consequences

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### Empirically Validated Treatment: MBSR

- Literature review (1960-2010)
- Focused solely on studies examining pain intensity
- Significant evidence for reduction in PI
- Other studies have found possible non-specific effects
- *Note: MBSR does not target changing/controlling pain*

**PainWeek** Chiesa A, Serbelli A. Mindfulness-based interventions for chronic pain: A systematic review of the evidence. J Altern Complement Med 2011;17(1):83-93.  
Reiner, Tobi, & Lipetz (2013). Does Mindfulness Based Interventions Reduce Pain Intensity? Pain Medicine, 14, 230-242.

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### Acceptance and Commitment Therapy

- Based on a relational approach to human language and cognition
- Uses acceptance and mindfulness processes and commitment and behavior change processes to create psychological flexibility

**PainWeek** Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). Acceptance and Commitment Therapy: An experiential approach to behavior change. New York: Guilford Press.

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### Acceptance and Commitment Therapy

- Movement away from strategies to control pain
- Focus on longer-term values rather than more immediate thoughts and emotions

**PainWeek** Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). Acceptance and Commitment Therapy: An experiential approach to behavior change. New York: Guilford Press.

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### Acceptance and Commitment Therapy (cont'd)

▪ Pain acceptance associated with decreases in

- Pain intensity
- Pain related anxiety
- Pain related avoidance
- Depression
- Disability

McCracken, LM (1999). Learning to live with the pain: acceptance of pain predicts adjustment in persons with chronic pain. *Pain* (74) 21-27.




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### Empirically Validated Treatment: ACT

▪ Meta analysis (22 studies, 1235 patients)

- Small to medium effects on

- Pain intensity
- Depression
- Anxiety
- Physical well-being
- Quality of life

▪ Findings equivalent to CBT

Veitch MM, Oskam MJ, Schivers KM, & Botelho ET. Acceptance-based interventions for the treatment of chronic pain: a systematic review and meta-analysis. *Pain*. 2011 Mar;152(3):533-42.




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### Empirically Validated Treatment: ACT (cont'd)

▪ ACT vs CBT

- 114 pain participants(18-69)

- Random assignment to 8 week ACT or CBT tx

- Assessments at 4 time points including 6 month follow-up

Wetherell JL, Allen W, Rutledge T, Dorrel J T, Steadford JA, Patten A J, Solomon B C, Lohman D H, Liu L, Long B J, & Atkinson J H. A randomized, controlled trial of acceptance and commitment therapy and cognitive-behavioral therapy for chronic pain. *Pain*. 2011 Sep;152(9):2068-107.




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### Empirically Validated Treatment: ACT (cont'd)

▪ ACT vs CBT

- Improvements for both groups
  - Pain interference
  - Pain-related anxiety
  - Depression
- Tx effects maintained at 6 month follow-up
- No between group differences
- ACT participants more satisfied with tx

Wetherell, J.L., Allen, N., Rutledge, T., Strain, J.T., Stedeen, J.A., Paskas, A.J., Solomon, B.C., Lehman, D.H., Liu, L., Ling, A.J., & Arnsperger, J.R. A randomized, controlled trial of acceptance and commitment therapy and cognitive-behavioral therapy for chronic pain. *Health Affairs*, 2011, 30(12):2088-2097.




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### Conceptualizing Patient Treatment: Interdisciplinary Care

▪ Treatment should focus on treating the whole person

- Optimization of medical care
- Physical rehabilitation
- Lifestyle factors
- Psychosocial variables




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### Conceptualizing Patient Treatment: The Lack of Interdisciplinary Care

▪ Treatment ~~should~~ fails to focus on treating the whole person

- ~~- Optimization of medical care~~
- ~~- Physical rehabilitation~~
- ~~- Lifestyle factors~~
- ~~- Psychosocial variables~~




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**Unimodal Care: The Evolution of a Problem**

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- Tolerance
- Physical dependence
- Psychological dependence
- Addiction

**PainWeek**

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**Prescription Opioids**

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- Approximately 3 million Americans meet criteria for opioid abuse or dependence (4x increase since 1999)
- 60% of overdose deaths in the US (2014) were attributed to opioids
- 80% of new heroin users initiated SUD by misusing prescribed medications

• U.S. Department of Health and Human Services (2016). HHS research on pain treatment and opioid misuse and overdose- Translating science into action.

• U.S. Department of Health and Human Services (2015). *The opioid epidemic: By the numbers*. CDC, MMWR, 2015, 64, 1-5.

• U.S. Department of Health and Human Services (2016). HHS opioid initiative: One year later.

**PainWeek**

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**Prescription Opioids: A Day in the US**

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- 5,753 individuals misused rx opioids for the first time
- 116 opioid related fatalities
- \$1.38 billion in economic costs

• U.S. Department of Health and Human Services: <https://www.hhs.gov/opioids/about-the-epidemic/index.html> accessed March 2018.

**PainWeek**

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### Mission LISA Estimates

- 13.8 million individuals (12 and older) misused prescription opioids and heroin in 2017
- 12.5% increase in drug OD deaths from 2016-2017
- 89% of above increase secondary to opioids
- Highest numbers of individuals affected by opioid misuse (including abuse and death): Pennsylvania, Florida, California, Ohio, Texas

• Lumina Analytics: <https://luminanalytics.com/misuseandod> accessed October 2018.



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### Prescription Opioids

- Opioid crisis declared a public health emergency
- HHS 5-point strategy
  - Better addiction prevention, treatment, and recovery
  - Better data
  - Better pain management (crisis = opportunity)
  - Better targeting of overdose reversing drugs
  - Better research

• U.S. Department of Health and Human Services: <https://www.hhs.gov/opioids/about-the-epidemic/index.html> accessed March 2018.

• U.S. Department of Health and Human Services (2017). HHS opioid research portfolio brief. translating science into action.



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raviprasadphd@gmail.com



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