

# Triple Threat or Epiphany? The Need for a Biopsychosocial Approach to Pain Management

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### **Disclosure**

■ Nothing to disclose

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# **Learning Objectives**

- Describe the debate between treating pain from a mechanistic or humanistic approach
- Describe the rationale of biomedical and biopsychosocial pain treatment models
- Describe the new International Association for the Study of Pain definition of pain
- Identify ways to effectively harness these pain treatment models in a synergistic way based on pain type and patient context that ultimately focuses on functional capacity and improvement of quality of life

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# Biopsychosocial Treatment of Chronic Pain – Triple Threat?



Or Epiphany?

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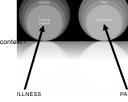
# Clinical Relevance of Pain Models Biomedical Model Most appropriate for acute pain More useful for chronic pain Emphasizes peripheral nociception Central mechanisms involved Focuses on physical disease mechanisms Focuses on illness behavior, including cognition and emotional response "Reductionistic" approach Multidimensional systems approach Medical management approach Self-management strategies important

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# The Biomedical Model

- It is reductionistic
- Is it oversimplified?
- Is it unsophisticated?
- Does it miss the mark?

  -Doubting veracity?
- -Ignoring engagement with social and emotional conte -What about idiopathic pain?
- Is it destined to marginalize?



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ndelow, G. Chronic Pain Patients and the Biomedical Model of Pain. American Medical Azzociation Journal of Ethics. May 2 June 15, Number 5: 455-459.

# The Spectrum of Psychosocial Context

- A different perspective of pain -
  - -"Biographic disruption"
- -"Narrative reconstruction"
- -"Illness adjustment"
- A transitional perspective
- -From onset
- Definable physiologic basis
- -To continuation
  - •Emergence of doubt



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# Biopsychosocial Pain Management – An Intense (Competitive?) and Problematic Relationship

# •What's the right answer?

- -Treat the pain?
- -Treat the suffering?
- -Mechanistic approach vs. Humanistic approach?
- -Reductionistic metric vs. Adaptive metric?
- -Biological vs. Psychological vs. Soci



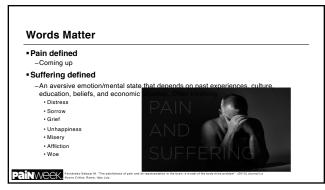
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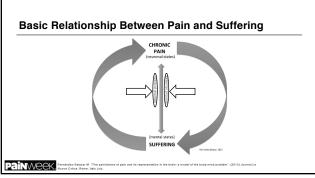
# Managing Chronic (and Acute) Pain is a Negotiation

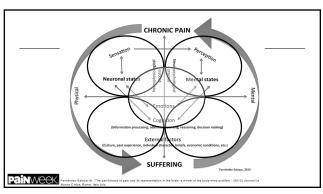
# A negotiation of:

- Pain
- Suffering
- Biology Psychology
- Sociology Regulatory scrutiny
- Stigmatization
- Adherence

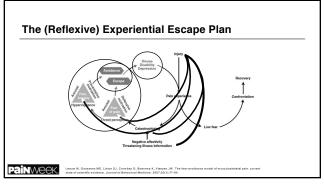


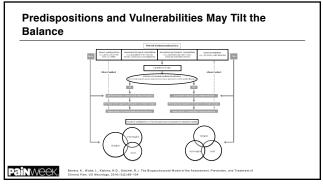






be modified by psychological factors:
Pain
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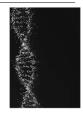
# **Genetic Predispositions**

## Polymorphisms

- -Hydroxytryptamine receptor 2C (HTR2C)
- -Catechol-O-methyltransferase (COMT)
- -Interleukin 6 (IL6)
- –Interleukin 1  $\beta$  (IL1B)
- -μ-opioid receptors (OPRM1)

# Stress

-Can impact behavioral expression of genetic predispositions



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# Biological Vulnerabilities and Physical Deconditioning

### • Predisposition to:

- "Breakdown" of physical functioning
  - ·Fear-avoidance
  - Kinesiophobia
  - •Pain catastrophizing

### -Stress

- •↑Cortisol release
- Modulation of serotonin and norepinephrine



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# Psychological Vulnerabilities and Mental Deconditioning

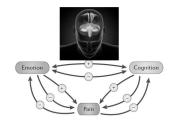
# ■Predisposition to:

- -"Learned" helplessness
- -Anxiety disorders
- -Personality disorders
- -Substance abuse
- -Depression

### ■Play a crucial role in: -Acceptance

- -Adherence
- -Adherence -Suffering
- -Motivation

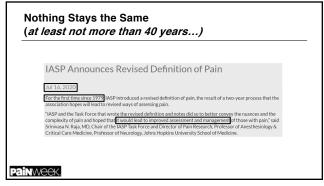




Social Vulnerabilities	
Socioeconomic status     Low level of access	MISSELF CONTRACTOR
<ul><li>Under or not insured</li></ul>	The state of the s
-Unable to travel	
<ul><li>Unable to afford</li></ul>	RISK C
<ul> <li>Culture/cultural beliefs</li> </ul>	RISK FACTOR
-Stoicism	
-Traditions	
-Norms	
-Prejudice	
-Stigma	(A)

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Lots of Questions
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The revised International Association for the Study of Pain definition of pain: concepts, challenges, and compromises

Srinivasa N. Raja\*\*, Daniel B. Car², Milton Cohen°, Nanna B. Finnerupd\*, Herta Flor<sup>‡</sup>, Stephen Gibson<sup>a</sup>, Francis J. Keefe', Jeffrey S. Mogif, Matthias Ringkamp', Kathleen A. Sluka\*, Xue-Jun Song', Bonnie Stevens<sup>an</sup>, Mark D. Sullwa\*, Perri R. Tuteliman\*, "Rachinir Ushida\*, Kyle Vader\* PNN: May 23, 2020. <u>Volume Articles in Press: Issue-</u>

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# Pain Redefined by the International Association for the Study of Pain (IASP)

- "An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage"
- Six Key "Expansion" (Qualifying) Notes:
- Pain and nociception are different phenomena. Pain cannot be inferred solely from activity in sensory neurons
- -Through their life experiences, individuals learn the concept of pain
- -A person's report of an experience as pain should be respected
- -Although pain usually serves an adaptive role, it may have adverse effects on function and
- -Verbal description is only one of several behaviors to express pain; inability to communicate does not negate the possibility that a human or a nonhuman animal experiences pain Pain is always a personal experience that is influenced to varying degrees by biological, psychological, and social factors

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# Impact of the "New" Definition(s)?

Pain and nociception are different phenomena

Pain cannot be inferred solely from activity in sensory neurons

- Do we expect that clinicians will approach treating people with pain in a different, non-nociceptive way?
- —Is this an activity of re-education or just education?
- -At what point in the clinical trajectory? Training?
  Clinical practice?
  CME?
- -Does this alter the ethical calculus?



PaiNWEEK. Raja SN, Carr DB, Cohen M, et al. Th



# Impact of the "New" Definition(s)?

Through their life experiences, individuals learn the concept of pain

- If life experiences teach people the concept of pain, what role do we have as frontline practitioners to participate in the educational process?
- -For children?
- -To parents?
- -Do we incorporate some query regarding learned experiences about pain to help formulate a tailored treatment plan?
- -Do we just assume that everyone has the same learned experiences and aim for the center of the bell curve?



PainWeek, Raja SN, Carr DR, Cohen M, et al. The revised international Association (published online shead of print, 2020 May 29, Pain, 2020; 10, 1097.

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# Impact of the "New" Definition(s)?

A person's report of an experience as pain should be respected

- Regarding assessment and treatment?
- In terms of believing subjective patient reporting?
- In terms of how we treat pain once it is reported?
- In terms of patient context?
- Does this really refer to stigmatization?
- As opposed to what?



PainWeek. Raja SN Carr DB, Cohen M, et al. The reviews International Association for the Study of Pain definition of pain: concepts, challenges, and comprom [published online sheat of print, 2020 May 28, Pain. 2020;10, 1097.

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# Impact of the "New" Definition(s)?

Although pain usually serves an adaptive role, it may have adverse effects on function and social and psychological well-being

- What about pain severity rating?
- Does that mean we take this approach?
  - -Impact on function
  - -Impact on social well-being
  - -Impact on psychological well-being
- Should we be focusing on adaptation instead of neutralization?



# Impact of the "New" Definition(s)?

Verbal description is only one of several behaviors to express pain; inability to communicate does not negate the possibility that a human or a nonhuman animal experiences pain

- Another level of subjectivity?
- An opportunity for objectivity
- -Physiologic parameters
- -Observational parameters
- •Only reserved for those who are unable to communicate?



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Here Comes the **EPIPHANY** 



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# Impact of the "New" Definition(s)?

Pain is <u>always</u> a personal experience that is influenced to varying degrees by biological, psychological, and social factors

- -Bio
- -Psycho
- -Social

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# Barriers to Implementation of a Biopsychosocial **Approach to Chronic Pain Management**

- Knowledge base or lack of it
- Bias/stigma
- Change
  Data or lack of it
- Subjective (if it's possible for pain to be more subjective)
- Lack of consensus of terminology
   Comprehensive?

  - Integrative? Multidisciplinary? Multimodal?





# To Do List

- Education √
- Engagement of clinicians  $\sqrt{ }$
- ullet Measuring outcomes  $oldsymbol{\sqrt{}}$
- Reimbursement √
- ullet Attention to adherence/likelihood of adherence  $oldsymbol{\sqrt{}}$

Pain Action Alliance to Implement a National Strategy (PAINS) and the Center for Practical Bioethics

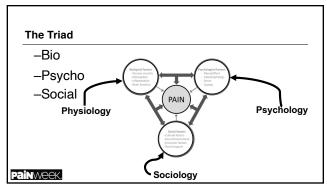
- Data √
- Communication √
- -Patient -Colleague -Institution

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# Adherence as an Example Understanding The most important tool... Whether the pain is acute or chronic



# Honorable Mention Self-efficacy Realistic goals and expectations -Far beyond pain rating Conviction Patience Persistence Reflection Compassion The "thing" about opioids and efficacy

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# Words Matter Use the New Definition(s) of Pain • Understand • Practice • Teach • Spread the Word...



"Cure sometimes, treat often, comfort always."  — Hippocrates	
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QUESTIONS?	
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