Pain, Peers, Resiliency and Empowerment

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Learning Objectives

Understanding what it is really like to be a patient living with pain.
Communication gap and bridging it – why peers?
Understanding what pain patients do not know and what they are never told
Understanding and screening for and transition from acute to chronic pain
The Tool box

The Journey: To Hell and Back

The Injury

Purgatory

Light at the end of the tunnel

Back to Me

How did I become a peer specialist?

Oregon Pain Guidance (OPG) – what used to be Opioid Prescriber's group.

The missing pieces – the need for a voice

Oregon Health Authority – where we are going in the future

What is a peer support specialist for chronic pain?

Teacher/ mentor/ coach

Tapering and withdrawal coach and support

Advocate

Bridging the Gap

Resource Purveyor

Why peers for chronic pain?

Lived experience

Taking the burden off the already stressed system

- Primary care is not built for Chronic illness
- Chronic pain is medically treated, when it is best managed with behavioral health interventions and strong supports.
- Cost effective, pros and cons – Insurance has not caught up, but fewer patient visits and higher patient satisfaction scores.

Working with patients experiencing chronic pain

Support Groups
Education Classes
One on One Support
Webinars
Community Forums
TV and Media ads

Working with Providers

Difficult Conversations Training
Telling the story
Project Echo
Opioid Tapering Taskforce
Consultations with patients and providers

What pain patients do not know and what they are never told

Missing Education
Lack of understanding about
Pain
Centralized Pain
Central nervous system
Medication

The Cure Conversation

CHRONIC PAIN

BY THE NUMBERS

116 MILLION

or more than 1/3 of Americans suffer from chronic pain.

ESTIMATED ANNUAL COST OF TREATING CHRONIC PAIN **$635 BILLION**

Up to **88 percent** of patients with chronic pain disorders suffer with sleep issues.

Up to **70 percent** GREATER MORTALITY RISK.

Chronic pain risk of death exceeds that of cardiovascular disease.

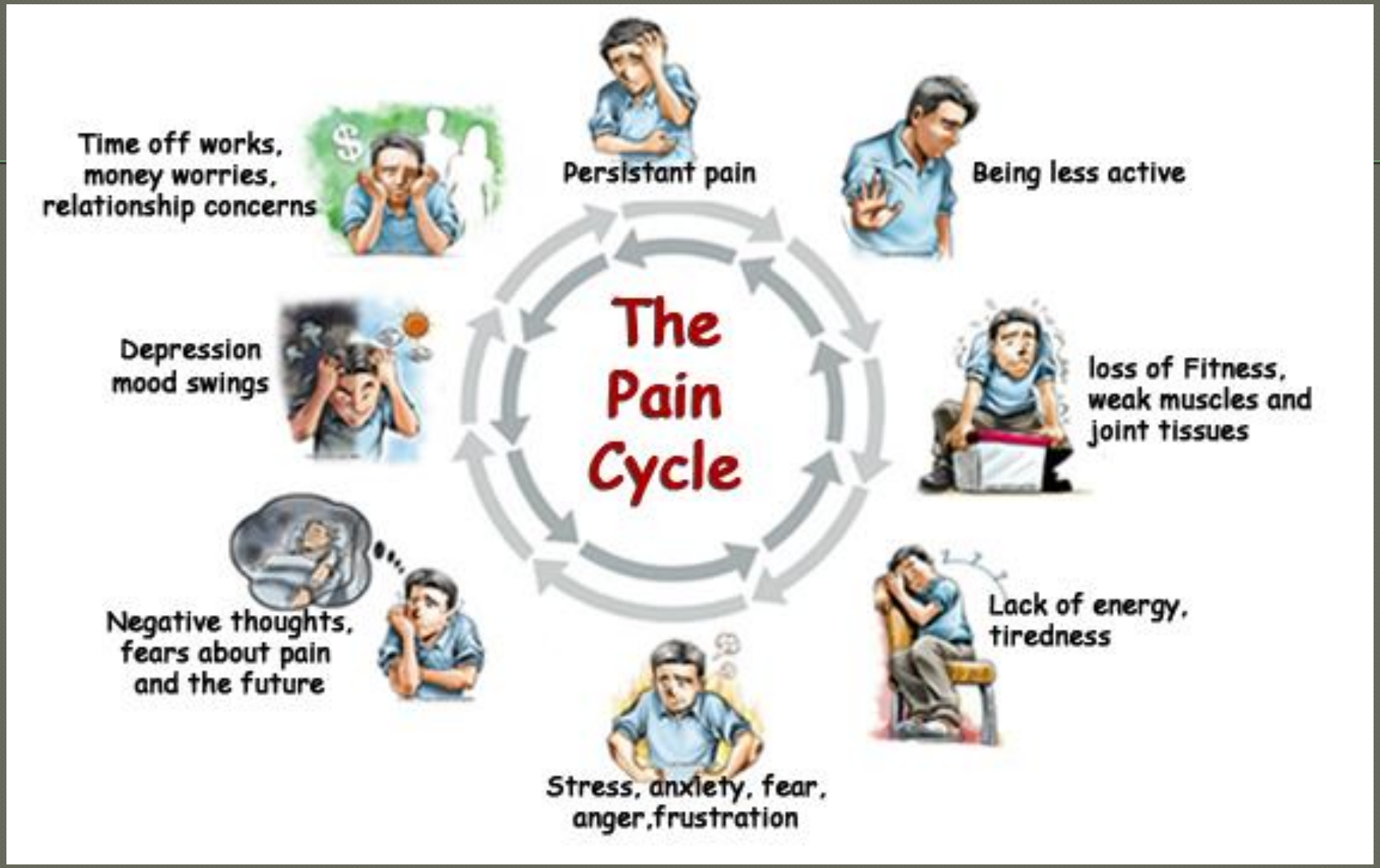
98 MILLION

NSAID prescriptions in 2012.

Non-steroidal anti-inflammatory drugs (NSAID) are frequently prescribed to treat pain.

Source: Centers for Disease Control and Prevention (CDC)

Design by: Harsimran Makkad


The Pain Cycle
Persistant pain
Being less active
loss of Fitness, weak muscles and joint tissues
Lack of energy, tiredness
Stress, anxiety, fear, anger,frustration
Negative thoughts, fears about pain and the future
Depression mood swings
Time off works, money worries, relationship concerns

Why does it hurt?

When the nervous system is working properly, acute pain is the body's way of preventing damage. When this system malfunctions, however, it can cause chronic pain that becomes debilitating.

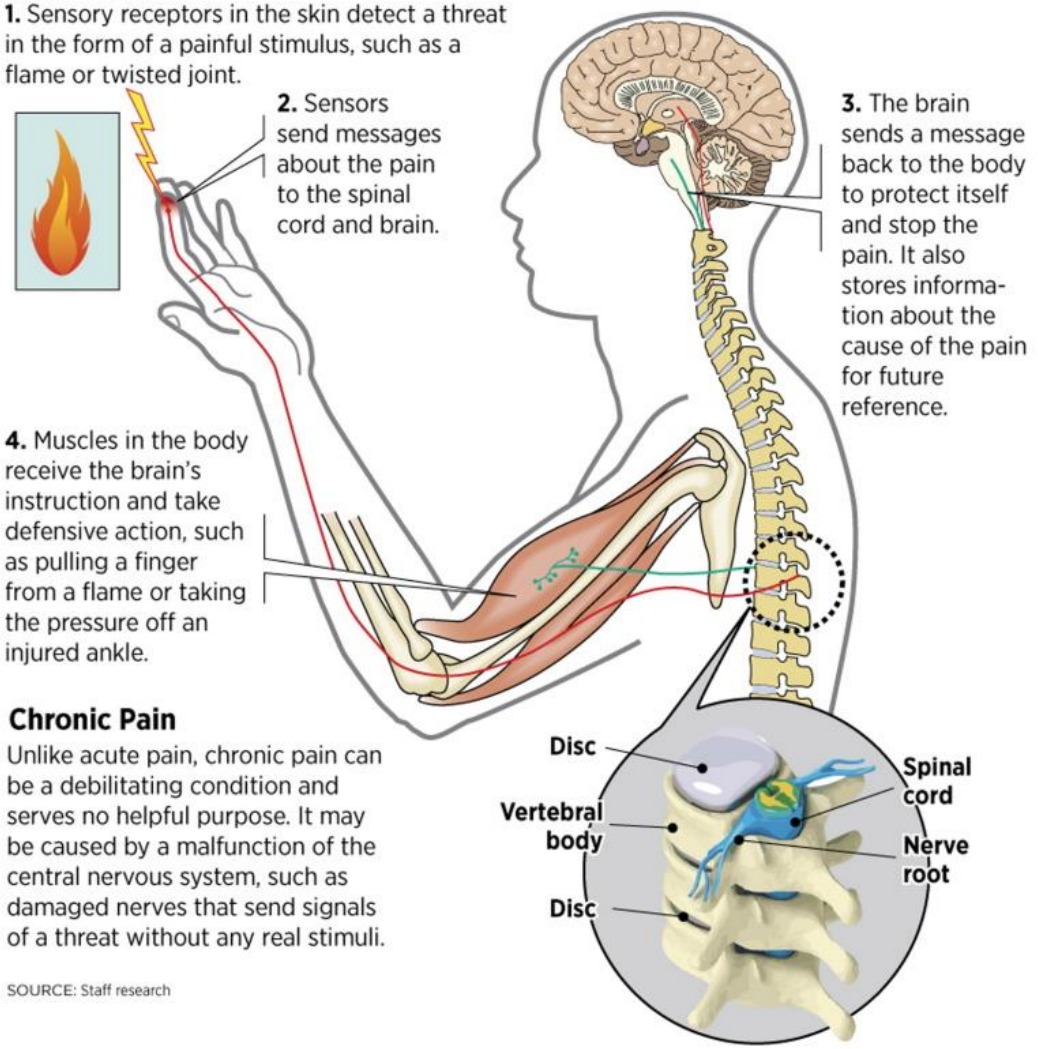
Acute Pain

1. Sensory receptors in the skin detect a threat in the form of a painful stimulus, such as a flame or twisted joint.

2. Sensors send messages about the pain to the spinal cord and brain.

3. The brain sends a message back to the body to protect itself and stop the pain. It also stores information about the cause of the pain for future reference.

4. Muscles in the body receive the brain's instruction and take defensive action, such as pulling a finger from a flame or taking the pressure off an injured ankle.



Chronic Pain

Unlike acute pain, chronic pain can be a debilitating condition and serves no helpful purpose. It may be caused by a malfunction of the central nervous system, such as damaged nerves that send signals of a threat without any real stimuli.

SOURCE: Staff research

STAFF GRAPHIC | MICHAEL FISHER

Opioid Induced Hyperalgesia

- Opioid-induced hyperalgesia is a condition manifested clinically as hyperesthesia (i.e., dramatically increased sensitivity to painful stimuli) and/or allodynia (i.e., pain elicited by a normally nonpainful stimulus).
- It occurs in some patients (and, in laboratory studies, animals) receiving chronic opioid therapy; the abnormal pain often arises from an anatomically distinct region and is of a different quality than the original pain problem

FALSE
EVIDENCE
APEARING
REAL

Tool Box

https://www.synergyhealthconsulting.com/

https://old.www.theaidsreader.com/special-report/10-opioid-myths-and-facts

Oregon Pain Guidance
Tapering guidelines – be sure to check back for more info

https://www.oregon.gov/oha/PH/DiseasesConditions/ChronicDisease/LivingWell/Pages/lwworkshops.aspx

https://www.retrainpain.org/ great info and conversation starter for a taper

Tool Box – Cont.

Resources for Patients

“Curable” the app and podcast
Oregon Pain Guidance – Patient portal

https://www.theacpa.org/

Beth Darnell’s book- easy to understand
The-Opioid-Free-Pain-Relief-Kit

Thank you! Questions?

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