

# Function and Goal Setting in Chronic Pain

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## Learning Objectives

At the end of this session participants will be able to:

- To identify the long-term consequences of chronic pain on patients physically, socially, and economically
- To describe the inherent issues and barriers associated with the effective management of chronic pain in primary care
- Provide patient education and treatment suggestions using functionality and goal orientation.

## Epidemiology of Chronic Pain

- Chronic pain (CP) affects substantial and growing numbers of Canadians
- The prevalence of CP in the general population is about 20 to 30%
  - Visits for chronic pain are a substantial proportion of a family physician's schedule, given the prevalence
- Low-back pain is among the most common cause of CP
- Given the fact that Canada's population is aging, chronic pain will likely become a more significant public health issue in the near future

National Opioid Use Guideline Group (NOUGG), 2010.

## Ralph



- Ralph is a 37 year old construction worker
- WSIB is telling him that he must return to work or lose his benefits.
- Trouble meeting their monthly expenses.
- He wants something stronger for the pain
- He also wants a referral to his buddy's surgeon.

## What worsens RTW outcome?

- Rest
- Passive modalities
  - Non active therapies
  - Inappropriate bracing
  - Inactivity
- Opioids



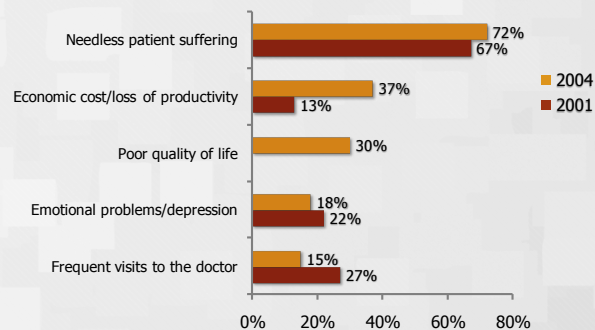
Franklin GM, Stover BD, Turner JA, Fulton-Kehoe D, Grant L (2008) Early opioid prescription and subsequent disability among workers with back injuries: the disability risk identification study cohort. *Spine* 33: 199-204.  
Verbunt JA, Sieben J, Vlaeyen JW, Portegijs P, Knotterus JA (2008) A new episode of low back pain: who relies on bed rest? *Eur J Pain* 12: 508-516.

## Impact of CNCP

- Individuals with chronic pain fare worse vs. the healthy population in terms of quality of life, diminished functional status, and lost productivity<sup>1</sup>
  - Almost 50% unable to attend social and family events<sup>2</sup>
  - Prevalence of concomitant depression in individuals with CNCP is more than 30%<sup>3</sup>
  - Mean number of days absent from work over 1 year due to chronic pain: 9.3<sup>2</sup>
  - Conservative estimate of annual cost of chronic pain (U.S.): >\$40 billion<sup>2</sup>

1. Whitten CE, et al. *Perm J* 2005;9(2):41-8.  
2. Moulin DE, et al. *Pain Res Manag* 2002;7(4):179-84.  
3. Rashiq S, et al. *Pain Res Manag* 2009;14(6):454-60.

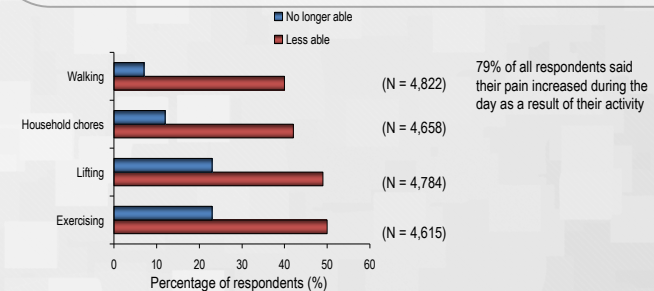
## Physician-Cited Consequences of Poorly Managed Pain



Boulanger A et al, 2007

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## Patients With Chronic Pain Had Significantly Impaired Physical Function



Breivik H, et al. Survey of chronic pain in Europe: prevalence, impact on daily life, and treatment. *Eur J Pain* 2006;10:287

## Signs and Symptoms of Chronic Pain- once it has evolved

1. Immobility and consequent wasting of muscle, joints, etc.
2. Depression of the immune system and increased susceptibility to disease
3. Disturbed sleep
4. Poor appetite and nutrition
5. Dependence on medication
6. Overdependence on family and other caregivers
7. Overuse and inappropriate use of health care providers and systems
8. Poor performance on the job, or disability
9. Isolation from society and family
10. Anxiety and fear
11. Bitterness, frustration depression and suicide

Excerpt from Why Pain Control Matters in a World Full of Killer Diseases – IASP publication  
http://www.iasp-pain.org/AM/Template.cfm?Section=Home&Template=/CM/ContentDisplay.cfm&ContentID=2911

## Ralph



- MRI – no surgically treatable pathology
- Meds have made little difference to his function
- 30% improvement in BPI, QOL indicators

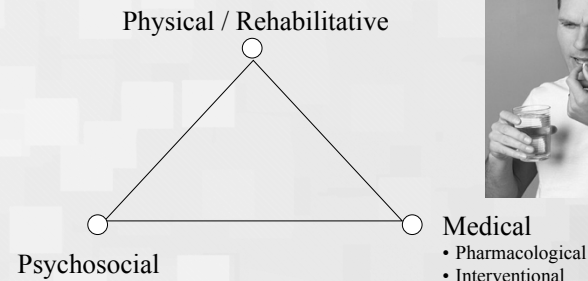
## Assess their pain management strategies

**Questionnaires are not as helpful as asking about a**

- Typical good day and focus less on bad days
- Pacing and whether they ever use it?\*
- Do they know about relaxation, breathing, mindfulness
- Do they do any exercise routine? Have they ever? Do the exercises help? Have they ever stopped the exercise?
- Passive vs. active coping
- What else have people told you about this injury

## Meds are Not the Only Answer

- They are an adjuvant to pain therapy
- They will only decrease pain by 20-30% (2 3/10)



## Tell your patients: There is No Cure

- Most patients are looking for the impossible
- Most patients accept this
- “We can make you more functional”
- As Ralph is on Workers Compensation suggest multidisciplinary approach, work hardening etc.



## How Can We Reach Function for Pain Patients?

### Techniques

- **Goal orientation**
  - Create small manageable goals
  - Involve patient in setting goals → self-accountability
  - Rather than having the patient discuss what they can't do, have them focus on what they CAN do
  - This will influence the way the patient feels and lead to positive outcomes

## Recommend SMART goals

- Specific
- Measurable
- Achievable
- Realistic and Relevant to patient
- Time-Bound



Developed by you and patient together

## Goal/Function Orientation

- The SMART Model provides a very useful framework to develop goals and outcomes
- **S – Specific, Small steps** + Stated in the Positive + Sensory-Based
- **M – Measurable** + Meaningful
- **A – Attainable** + “As If” + Actionable
- **R – Realistic/Reasonable** + Relevant + Accept that Pain is Included
- **T – Time-bound or Timely** + Toward the Future
- **E – Evaluate, Enthusiasm** + Weekly + Self-talk
- **R – Reward and/or Reset**

Solutions in Mind. The SMART Model, 2009.



## Suggest Exercise

- Pick an amount they can do every day
- 10% rule/baby steps
  - Resistance and cardio
- Yoga
- Tai Chi
- Water –aqua therapy, swimming



## ACT-Acceptance and Commitment Therapy

*"This is who I am now ...and I'm ok with it."*

- Reduce the tendency to wish for the pain free past.
  - Do the best with what we have
- Allowing thoughts about their condition to come and go without struggling with them.
  - Try and replace anger/resentment etc
- Discovering *values* most important to one's true self.
- Setting appropriate goals according to those values.

Thorsell J et al. A comparative study of 2 manual-based self-help interventions, acceptance and commitment therapy and applied relaxation, for persons with chronic pain. Clin J Pain. 2011 Oct;27(8):716-23.

## Positive Thinking


- The brain only processes the positive; it doesn't process negation.
- Use positive questions
  - "What makes you feel better?"
  - "What is good about your life?"
- Positive imagery
  - Doing something successfully
  - "What would you like to happen?"

Fredrickson, Barbara L. et al. "Open Hearts Build Lives: Positive Emotions, Induced Through Loving-Kindness Meditation, Build Consequential Personal Resources." *Journal of personality and social psychology* 95.5 (2008): 1045-1062. *PMC*. Web. 7 Sept. 2015.

## Clinical Tips for Follow-ups

- Concentrate on progress, not problems
  - Point out and applaud progress
  - patients may have difficulty recognizing slow improvement
  - small successes help patients build larger ones
- Focus on ways to improve function
  - e.g., increasing activity tolerance, work capability, or sleep
- Refocus the patient if the visit is not focused or begins to stray
  - always return to the treatment plan
- Hold patients accountable for their own self-management under your guidance

Whitten CE, et al. *Perm J* 2005;9(2):41-8.



Organization	
Chronic Pain Association of Canada	<a href="http://chronicpaincanada.com">chronicpaincanada.com</a>
Canadian Pain Coalition	<a href="http://canadianpaincoalition.ca">canadianpaincoalition.ca</a>
Canadian Institute for the Relief of Pain & Disability	<a href="http://cirpd.org">cirpd.org</a>
Med School for You Chronic Pain Self-Management	<a href="http://medschoolforyou.com">medschoolforyou.com</a>
Arthritis Society	<a href="http://arthritis.ca">arthritis.ca</a>
Patients Like Me	<a href="http://patientslikeme.com">patientslikeme.com</a>
Pain Toolkit	<a href="http://paintoolkit.org">paintoolkit.org</a>