# CHO CHU

Non pharmacological treatments for chronic pain: Self-management and Mindfulness Meditation

> Ruth Dubin MD (Queens) David Clark OT (Toronto Rehab) Evelyn Bowering MSW (Queens)

#### ECHO Sur and Zon

- Ruth Dubin: disclosures and conflicts of interest: none
- David Clark: disclosures and conflicts of interest:

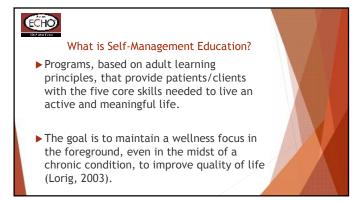
# At the end of this session participants will:

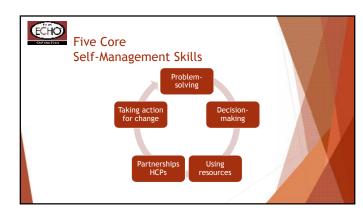
-Understand how self-management and mindfulness programs improve patients' self-efficacy, reduce depression, and increase coping skills

-Be aware of readily available programs in Ontario

-Gain skills in promoting these programs to patients









## Chronic Pain Self Management Program

- Standardized program
- Community-delivered
- 10-15 people per group2.5 hrs /wk for 6 weeks
- Adaptation ASMP/CDSMP
- Train-the-trainer model of
- dissemination
- Leaders Peers or HCPs
  Pain workbook and
- exercise audio CD



CPSMP Program	Week 1	Week 2	Week 3	Week 4	Week 5	Week
Overview of self-management	1					V I
Debunking myths	1					V
What is chronic pain?	1					
Making an action plan	1	1	1	4	1	-
Feedback/Problem-solving		1	1	1	1	-
Physical activity/Moving Easy		1	1	4	1	1
Pacing activity & rest		1				NAV.
Using your mind to manage symptoms		1	-		1	-
Difficult emotions			1			
Fatigue/sleep			1			AULEA
Communication				1		ALC: NOT
Healthy eating				1		( Starte
Medications					1	1227
Depression					1	
Making treatment decisions					1	1
Working with your health care professionals				/		1
Future plans				/		1





#### ECHO Get with the Program: People who MOHLTC supports the Stanford ECHO attend the program attain: Based Self Management Programs\* ▶ Improved self efficacy http://www.livingwellseontario.ca/ Improved bodily function ▶ Multiple chronic disease self management Reduced pain programs (License fee paid by MOHLTC) see Improved Mental health Composite score http://patienteducation.stanford.edu/programs/ (SF-36): (vitality, Social and emotional cpsmp.html functioning and mental health) ▶ : Diabetes, COPD, HIV, Chronic Pain Reduced catastrophizing \* Pay license fees, pay for training leaders, choices Reduced depression and catastrophizing and changes workshop to teach PCP's how to scores in our studies linked to improved improve uptake. overall function



### CPSMP-related references (selected)

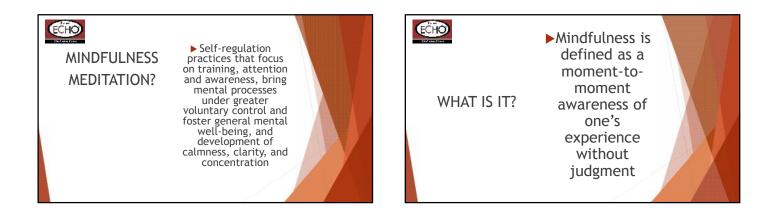
Dubin, R. & King-VanVlack, C. (2010). The trajectory of chronic pain: Can a community-based exercise/education program soften the ride? *Pain Research & Management*, 15, 361 LeFort S, Gray-Donald K, Rowat K., Jeans, ME (1998). A randomized controlled trial of a community-based psychoeducation program for the self-management of chronic pain. *Pain*, 74; 297

psychoeducator program for the set-management of chronic pain. Pain. 74; 297 McGillion, M, LeFort, S. et al. (2011). Pain self-management: theory and process for clinicians. In M. Lynch et al. Clinical pain management: a practical guide. Wiley-Blackwell:

management: a practical guide. Wiley-Blackwell: McGillion, M., LeFort, S. et al. (2008). Chronic pain selfmanagement. In S. Rashiq et al. *Chronic pain: a health policy perspective*. WileyVCH Verlag: Weimheim. McGillion, M., et al. (2008). Randomized controlled trial of a

McGillion, M., et al. (2008). Randomized controlled trial of a psychoeducation program for the self-management of chronic cardiac pain. Journal of Pain and Symptom Management, 36, 126 King-VanVleck, C. et al. (2007). Education and exercise program for chronic pain patients. Practical Pain Management, 7, 17-









J. of Neuroscience 201131(14):5540 Meditation-induced reductions in pain intensity ratings were associated with increased activity in the anterior cingulate cortex and anterior insula, areas involved in the cognitive regulation of nociceptive processing. Reductions in pain unpleasantness ratings were associated with orbitofrontal cortex activation, an area implicated in reframing the contextual evaluation of sensory events. Moreover, reductions in pain unpleasantness also were associated with thalamic deactivation, which may reflect a limbic gating mechanism involved in modifying interactions between afferent input and executive-order brain areas.

#### Mindfulness meditation promotes metacognitive awareness, Decreases rumination

via disengagement from perseverative cognitive activities, Enhances attentional capacities through gains in working memory; These cognitive gains, contribute to effective emotion regulation strategies.



## ECHO

MINDFULNESS AND CHRONIC PAIN

- PAIN 152 (2011) 361-369
- RCT MBSR in FMA: 8 weeks MBSR versus 8 weeks (education, progressive muscle relaxation, wait list control):
- (n=177) In the post-intervention interviews, patients in the MBSR arm reported substantial improvements, and large effect sizes were found, on a self-rated global scale that estimated perceived lessening of fibromyalgia-related impairment. Patients also indicated that they had achieved personal goals exceeding the level expected at baseline.



