

Inpatient Pain Rehab

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Hazelden White Paper Chronic Pain in America

Early Life Trauma Common Among Chronic Pain Sufferers
Hazelden Betty Ford Foundation, "Chronic Pain in America: Consequences, Treatments and Addictions," 2014.

97% experience emotional or physical trauma prior to chronic pain

| | |
|--------------------|-------|
| Sexual abuse | 26.7% |
| Physical abuse | 29.7% |
| Childhood accident | 32.6% |
| Family drug abuse | 38.6% |
| Emotional abuse | 48.2% |
| Loss of loved one | 75.2% |

Duration of pain is significant
Over a quarter of survey participants reported being in chronic pain for 10 years or more.

| DURATION OF CHRONIC PAIN | OVERALL |
|----------------------------------|---------|
| 3 months to less than five years | 40.7% |
| 5 years to less than 10 years | 32.6% |
| 10 years or more | 26.7% |

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Chronic pain sufferers are subject to additional traumas, often due to drug treatment. Fears of drug dependency are common, as are actual dependencies. In a third of the cases, chronic pain sufferers have thoughts of suicide. See chart below:

Vulnerability of U.S. Chronic Pain Sufferers
Experiences reported by U.S. chronic pain sufferers

| Experience | Percentage |
|--|------------|
| Thoughts of suicide due to unresolved pain | 32.7% |
| Drug dependent due to treatment | 35.0% |
| Asked to take 3 or more drugs concurrently for treatment | 48.2% |
| Had traumatic events prior to chronic pain | 97.0% |

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Chronic Pain Syndrome

- Pain greater than 6 months
- Pain behaviors in excess of physical findings
- Disability – (frequently involved in entitlement systems)
- Dependency- (use and or abuse of prescription medications)
- Depression - (anxiety , or other mental health issues)

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Chronic Pain Syndrome

- Over-utilization of health care resources
- Respond with at best temporary or no improvement from interventional treatments
 - Surgery
 - Injections
 - Passive modalities, ie Chiropractic, massage
- Disturbed Sleep

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Indications for Inpatient Rehab

- Dependent (not addicted) on opioids
- Disabled
- Poor coping skills
- Deconditioned physically
- Overwhelmed with situation
 - Tendency to catastrophize
 - Frightened about the meaning of pain
 - Hurt vs. harm

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Residential Chronic Pain Program

Team

- Matthew Monsein, MD
- Jay Tracy, PA-C, PsyD, LP
- Terri Allen, NP
- Peggy Kellar, CNS
- Kent Smallwood, PsyD, LP
- Murray McAllister, PsyD, LP
- Case management
- Physical Therapy
- Chemical dependency provider
- Exercise physiologist
- Therapeutic recreation specialist
- Vocational services counselor
- Nutritionist

Contact: Call Linda at 612-775-2606 to schedule


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Components of Inpatient Rehab

- Physical reconditioning
 - Core Strengthening
 - Aerobic conditioning
 - Stretching
- In addition to conventional Exercise and Pool therapy- exposure to Tai Chi and Yoga


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Pool therapy




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Pool therapy




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Yoga



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Yoga



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Components of Inpatient Rehab

- Psychological aspects
 - Autonomic Training
 - Breathing and relaxation training
 - Meditation and Self-hypnosis techniques
 - Cognitive Behavioral Approaches
 - Education
 - Hurt vs Harm
 - Helping to minimize catastrophizing
 - Biology of hope and positivity
 - Psychological benefits of exercise and fitness

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Components of Inpatient Rehab

- Vocational Counseling
- Diet and Nutrition
- Opioid detoxification
- Generation of functional restrictions
- Goal setting
- Aftercare

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Advantages of Inpatient Rehab

- Forced compliance-
 - Involvement in activities 8 hours a day -5days a week
- Better monitoring
- Therapeutic effects of Group milieu
- Forced Discipline
- Higher likelihood to start and maintain change in patients struggling “to keep their act together”
- Better outcomes than out patient rehab?

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Disadvantages

- \$\$
- Insurance reimbursement
- Available time i.e. working

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Residential Chronic Pain Program

Patient Goals

- Reducing chronic pain
- Increasing abilities to cope with pain
- Tapering use of narcotic pain medications
- Returning to work, volunteerism or vocational training

Results One year following program discharge

- 76% reduction in hospitalizations related to pain
- 83% reduction in medications taken for pain management
- 50% of unemployed patients return to work, return to job search, or return to school (four months after discharge)
- 65% reduction in outpatient clinic visits related to pain management
- 53% reduction in emergency room utilization related to pain

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Inpatient Pain Service

- Consultation service
- Both acute and chronic pain patients
- Opioid tolerant patients
- By default opioid addicted patients
 - Patients on methadone and suboxone
- Postop pain management
- Assist in tapering opioids

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Inpatient Pain Service

- Patients on opioids preop need increased opioids in the perioperative and postoperative settings
- Help in distinguishing “chemical copers”, and “substance abuse disorders”
- 2 MDs and 2 NPs
- Availability per phone 24/7 – patient will be seen in 1 day

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Inpatient Pain Service

- Avoid iv opioids in patients who are able to take orals
- If opioid dose is escalated in hospital have a plan(exit strategy) in place to taper back to preadmission dose.
- Be careful in operating on patients with pain as primary indication in opioid tolerant patients
- Careful screening for substance abuse prior to performing surgery

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