Chronic Pain, OUD, and MHD

1. **Chronic pain**
    a. Chronic pain is a common pathway that can lead people to develop problems with opioids and other substances
    b. Half or more of people with OUD have current non-cancer-related chronic pain (Dahlman et al., 2017; Dhingra et al., 2014; see Voon et al., 2018)
    c. Some patients who struggle with both pain and overuse of opioids (with and without other substance use issues) feel doubly stigmatized
        i. They may feel they have to "prove" they are tough by pushing themselves to do things that exacerbate their pain
        ii. Their substance use may be partially to help them cope with such intermittent increases in pain (Dassieu et al., 2020)
    d. Those contending with chronic pain may feel that their pain is poorly controlled and that their relationships with healthcare providers are not optimal or are even adversarial (Dassieu et al., 2020; Voon et al., 2018)
        i. Patients may feel their providers don't respect their understanding of their unique pain and how it is best managed
        ii. Patients may feel judged by providers, that their providers think they are addicts or junkies
        iii. Patients may feel as though they have no say in what their care looks like
        iv. Patients may desire to use non-drug options for pain control but they are too expensive or not available
        v. Patients may feel their providers have focused on one or the other issue – opioid use OR pain (usually the former) – rather than dealing with them in tandem (Speed et al., 2018)
    e. Factors that have been found to build provider/patient relationships in the setting of chronic pain and opioid use include (Marchand et al., 2020)
        i. Feeling valued and supported by providers helps facilitate **"opening up"**. Asking for and reflecting their pain story can help with this.
        ii. **"Being part of care"** is facilitated when
            1. patients feel it's safe to ask for what they need
            2. patients are explicitly asked to collaborate in treatment planning, which leads to better engagement and treatment satisfaction
        iii. Providers treating patients with chronic pain and opioid use issues report that treatment relationships are stronger and treatment is supported when they (see Beitel et al., 2017)
            1. themselves are more empathetic with their patients
            2. pay good attention to small signs of progress
            3. engage in their own self-reflection about their responses to their patients and how treatment is going
                a. Utilizing support from other members of the Collaborative Care team or other CMs in the clinic is likely to be helpful to CMs as well
    f. Buprenorphine is often an effective treatment for both OUD and for chronic pain (see reviews by Aiyer et al., 2018; Eilender et al., 2016)
    g. BA is a natural fit for people whose lives have been impacted by chronic pain
        i. BA emphasizes building mastery and engaging in enjoyable activities that are values based
        ii. Behavioral goals are developed to be manageable
            1. Barriers (including avoidance) are anticipated and contingencies are developed
            2. Facilitators are actively brought to bear
        iii. In the setting of chronic pain, the following are potential behavioral activation targets:

1. Improved sleep hygiene
2. Physical activity (with thoughtful pacing)
3. Chronic pain education – it is an illness in itself
4. Diaphragmatic breathing
5. Progressive muscle relaxation/visual imagery