CBT Helps Patients Regain Lives, Despite Pain

Opioid therapy offers only partial relief, and even surgery often fails to alleviate symptoms.

BY BETSY BATES
Los Angeles Bureau

Palm Springs, Calif. — Physicians who doubt that chronic pain patients need and deserve cognitive-behavioral therapy as an adjunct to other treatments need to take a honest look at how well modern medicine treats pain, Dennis C. Turk, Ph.D., said at the annual meeting of the American Academy of Pain Medicine.

Opioids reduce severe, chronic pain by only about a third. Moreover, up to 50% of patients discontinue opioid therapy because of a lack of efficacy or because of side effects.

At the end of interventional pain trials, the vast majority of patients have improved so little they would still qualify for a new trial. Even surgical procedures that sever neurologic pathways believed to be responsible for a patient’s pain often fail to alleviate the symptoms.

“Our best efforts still by and large don’t cure people,” said Dr. Turk, professor of anesthesiology at the University of Washington, Seattle.

Pain is real, but it is a subjective perception “resulting from the transduction, transmission, and modulation of sensory input filtered through a person’s genetic composition and prior learning history and modulated further by [the person’s] current physiological status, idiosyncratic appraisals, expectations, current mood state, and sociocultural environment,” he said. In other words, “that arm or neck or shoulder is attached to a human being with a social context and with a history.”

Underlying physical pain are emotional responses: fear, uncertainty, demoralization, and worry about the future. A family is involved, suffering as well.

Offering or referring patients for cognitive-behavioral therapy (CBT) acknowledges that pain may not be curable in every patient and that life must go on around it. It also gives patients credit for being capable of actively processing information and learning adaptive ways of thinking, feeling, and behaving, Dr. Turk said.

The exact CBT technique used is less important than the characteristics of the approach in general, according to Dr. Turk. All CBT should be:

► Problem oriented.
► Time limited.
► Educational.
► Collaborative (between patient and provider, perhaps family members as well).
► Practical, using clinical and home exercises to consolidate skills and identify problem areas.
► Anticipatory of setbacks and lapses and able to teach patients to deal with these.

In the context of pain, CBT can be particularly effective in helping patients conceptualize their problems, making seemingly overwhelming hurdles become manageable.

It can help patients to believe they have the skills necessary to solve problems, transforming them from being passive and helpless to being “active, resourceful, competent,” Dr. Turk said.

Psychiatric Disorder Rate High Among Regular Opioid Users

BY MIRIAM E. TUCKER
Senior Writer

Vancouver, B.C. — Psychiatric disorders are common among people taking opioid medications, Mark D. Sullivan, M.D., reported at the annual meeting of the American Psychosomatic Society.

Data from the first population-based investigation of psychiatric comorbidity among patients receiving regularly prescribed opioid medication suggest that common depressive or anxiety disorders may pose a greater clinical problem among candidates for opioid therapy than does substance abuse, said Dr. Sullivan of the department of psychiatry at the University of Washington, Seattle.

Moreover, the findings also point to unmet needs for mental health care among patients routinely receiving prescribed opioids. “We need to carefully assess and treat mood and anxiety disorders in patients who are candidates for chronic opioid therapy,” Dr. Sullivan said.

Among 8,279 respondents to a nationwide telephone survey conducted in 1997-1998, 2.7% (232) reported regular use of prescribed opioids “at least several times a week for a month or more.” All respondents were assessed for common psychiatric disorders with the World Health Organization’s Composite International Diagnostic Interview (CIDI) and for substance abuse via an adaptation of the CIDI for drugs and Alcohol Use Disorders Identification Test (AUDIT) for alcohol.

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Among 9,279 respondents to a nationwide telephone survey conducted in 1997-1998, 2.7% (232) reported regular use of prescribed opioids “at least several times a week for a month or more.” All respondents were assessed for common psychiatric disorders with the World Health Organization’s Composite International Diagnostic Interview (CIDI) and for substance abuse via an adaptation of the CIDI for drugs and Alcohol Use Disorders Identification Test (AUDIT) for alcohol.

Common psychiatric disorders were present in 45% of the opioid users, compared with just 12% of the nonusers. Most common was major depressive disorder, in 29% vs. 9%, followed by panic disorder, in 18% vs. 3%.

Problem drug use was also more common among the regular opioid users (7% vs. 2%), but the proportions reporting problem drinking did not differ (7% vs. 6.5%), Dr. Sullivan reported.

Prior to adjustment for various demographic factors, patients with a mood or anxiety disorder were six times more likely than those without to be regular opioid users. When looking at the effects of individual psychiatric disorders, those with panic disorder were seven times more likely to receive opioids, while patients with depression, dysthymia, or problem drug use were approximately four times more likely to receive opioids.

And even after adjusting for significant demographic and clinical predictors of regular opioid use—including age, education, income, work disabil-

The 10 Rules of CBT Adherence

1. Anticipate nonadherence.
2. Consider the prescribed regimen from the patient’s perspective.
3. Foster a collaborative relationship based on negotiation.
4. Prepare for flare-ups.
6. Enlist family support.
7. Provide a system of continuity and accessibility.
8. Make use of other health care providers (such as occupational or physical therapists) as well as community resources.
9. Repeat, repeat, repeat everything.
10. Don’t give up! Pain specialists represent Ellis Island or Lourdes to chronic pain patients. If they were easy patients, “they wouldn’t be seeing you.”

Source: Dr. Turk

During her next visit, the patient’s checklist revealed that she had not kept her goal. It seems her husband became nervous when she would begin to cook, telling her she should rest because she “didn’t look too good.” He would then prepare the meal.

In this case, moving forward with the CBT plan first required a “husbandectomy,” in which the husband was encouraged to attend some activities at a nearby senior center so that his wife could begin to regain her self-esteem and meet her self-defined goals.

Pain medicine treats pain, Dennis C. Turk, M.D., reported at the annual meeting of the American Psychiatric Association.

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