

*The Role of Nonpharmacological
Approaches to Pain Management:
Why it Matters to Patients*

Christin Veasley
Co-Founder & Director



www.ChronicPainResearch.org

**Insufficient
workforce**

**No team-based
medical home**

**Myriad of
heterogenous pain
disorders/subtypes**

**Symptom-based
classification**

**Lack of scientific
understanding**

**Lack of objective
measures,
diagnostics,
outcome measures**

**Myriad of therapies
with unknown
efficacy & risks**

cri·sis (noun):

*an unstable or crucial time
in which a decisive
change is impending*

cha·os (noun):

*a state of utter confusion
a total lack of organization or order*

cri·sis (noun):

*a dramatic emotional or
circumstantial upheaval
in a person's life*

100 million

\$600 billion

#1 Cause Disability

Deaths

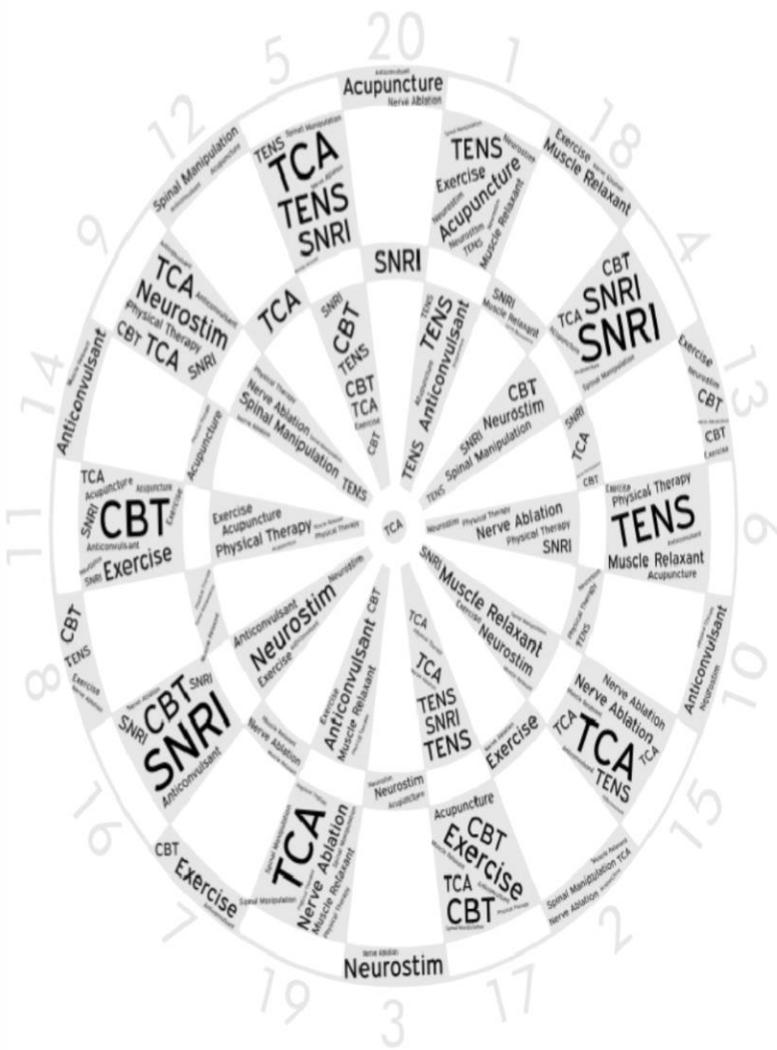


Susan:

**“To live in pain is to
live in isolation.”**

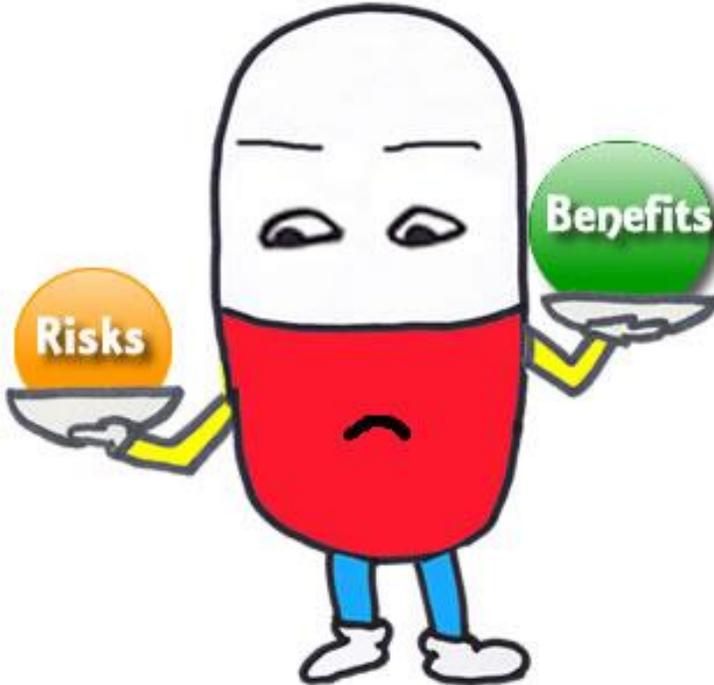
Current Treatment of Chronic Pain: “Blindfolded Darts”

May be Good for Team-Building ... but not so much for Personalized Medicine

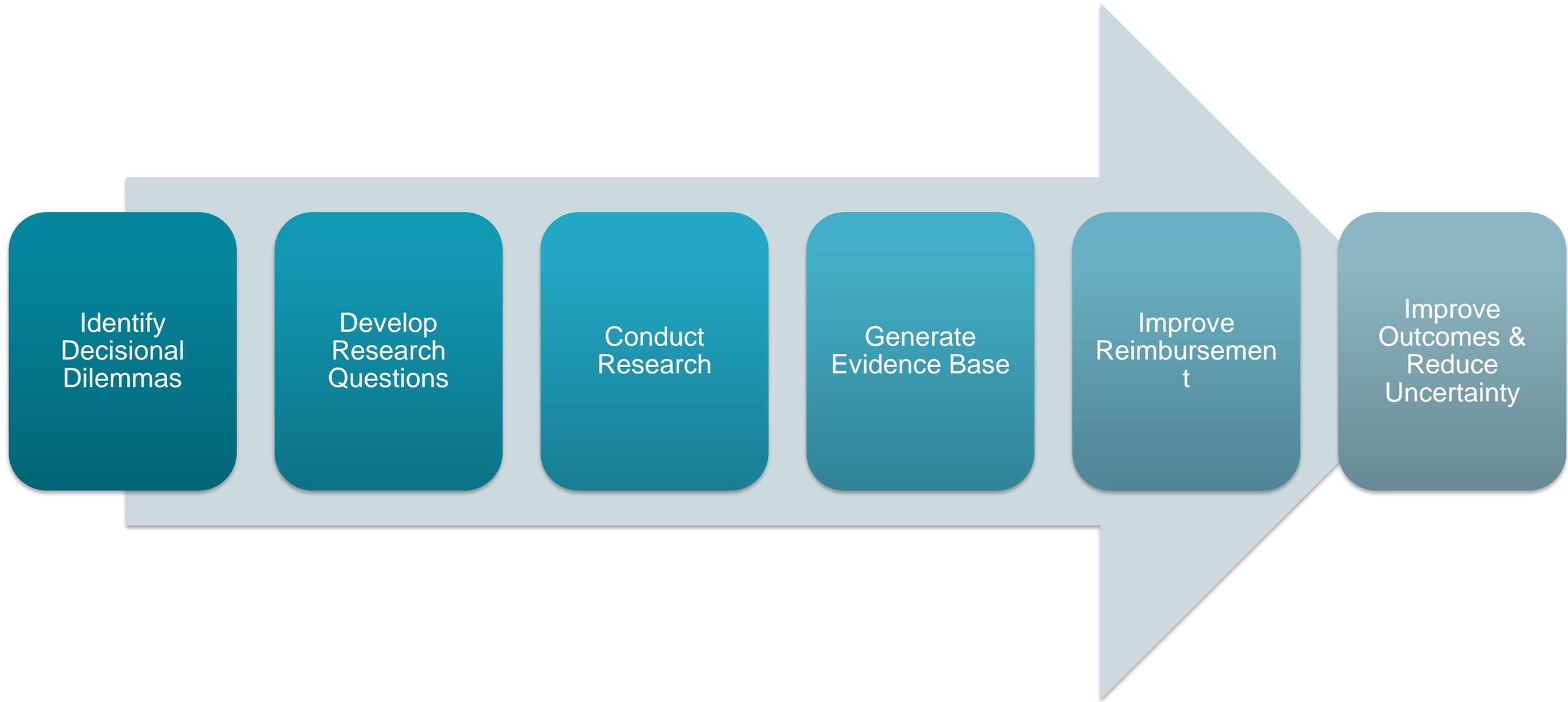


“Without data, we are just docs with opinions.”

Benefit vs. Risk



A Way Forward



Decisional Dilemma #1

How can I evaluate which treatment nonpharmacologic option(s) may work for me when there is little evidence to inform this decision?



Decisional Dilemma #3

Within EACH nonpharmacologic treatment, there are many different modalities, types & techniques.

How do I determine which may be effective for me?



≠



≠



Decisional Dilemma #3

The Devil IS in the Details



What kind?
Where?
With whom?

Try yoga ...



Big difference between yoga for public consumption vs. yoga for patient population with knowledgeable health care provider

Decisional Dilemma #3

The Devil IS in the Details

[Cochrane Database Syst Rev.](#) 2017 Apr 24; (4): CD011279.

PMCID: PMC5461882

Published online 2017 Apr 24. doi: [\[10.1002/14651858.CD011279.pub3\]](https://doi.org/10.1002/14651858.CD011279.pub3)

PMID: [28436583](https://pubmed.ncbi.nlm.nih.gov/28436583/)

Physical activity and exercise for chronic pain in adults: an overview of Cochrane Reviews

[Louise J Geneen](#),¹ [R Andrew Moore](#),² [Clare Clarke](#),³ [Denis Martin](#),⁴ [Lesley A Colvin](#),⁵ and [Blair H Smith](#)¹

What exactly IS exercise therapy?

Is there a standard definition? Identified standard components?

What exactly are we studying?

What exactly are we recommending?

Rheumatoid Arthritis

Osteoarthritis

Fibromyalgia

Low Back Pain

Intermittent Claudication

Dysmenorrhoea

Mechanical Neck Disorder

Spinal Cord Injury

Postpolio Syndrome

Patellofemoral Pain

Aerobic

Strength

Flexibility

Range of Motion

Core Stability

Balance Training

Yoga

Pilates

Tai Chi

Decisional Dilemma #3

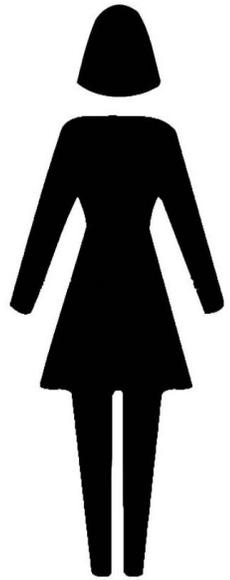
The Devil IS in the Details



Decisional Dilemma #4

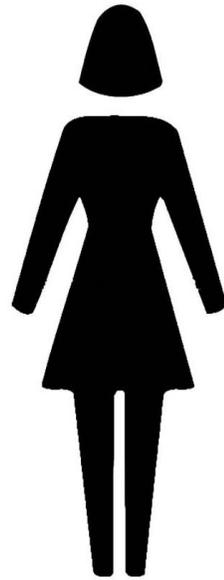
I also have pain-related conditions and symptoms.

How do I determine the right combination of treatments to address both?



New onset OA

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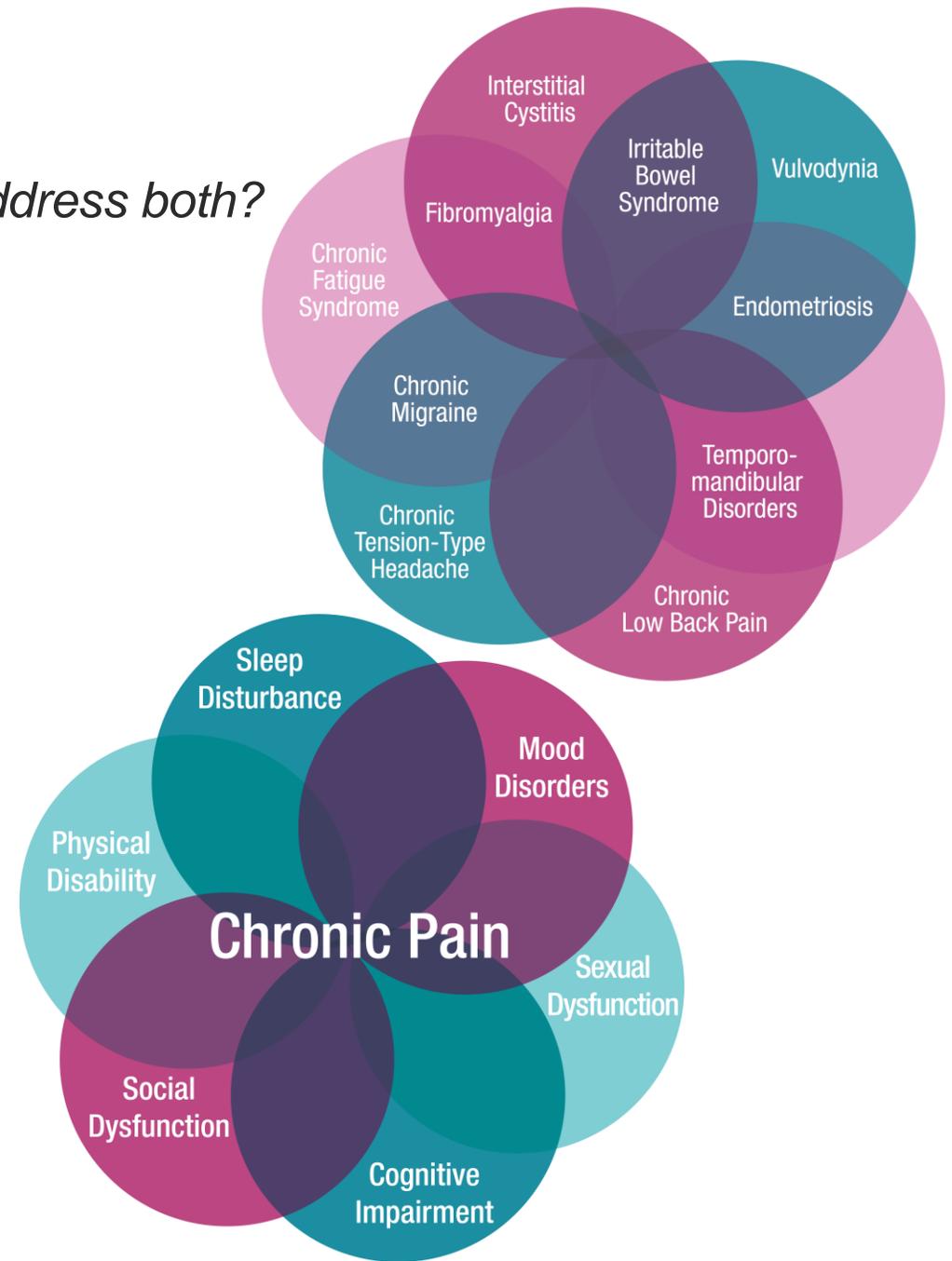


Diabetic Neuropathy
+
Obesity
+
Sleep Disorder

≠



FM, IC, Migraine, TMD
+ Cognitive Impairment
+ Sleep Disorder
+ Chronic Fatigue
+ Mood Disorder
+ Sexual Dysfunction



Many Questions Remain

What is optimal model – stepped/adaptive approach to understand efficacy of combined therapies?

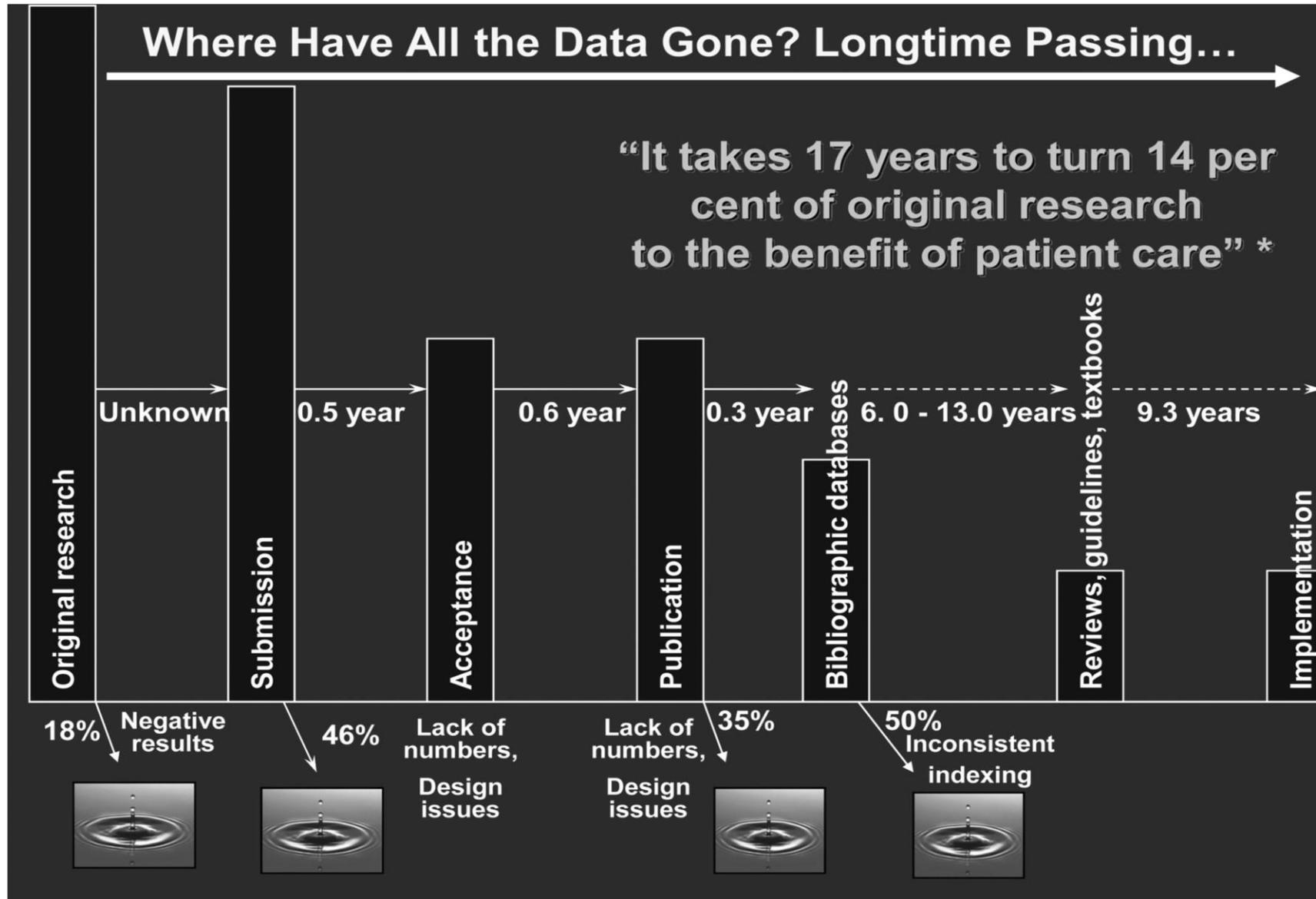
How do we identify & standardize definitions and components for research?

Are there core components across nonpharmacologic interventions that account for efficacy?

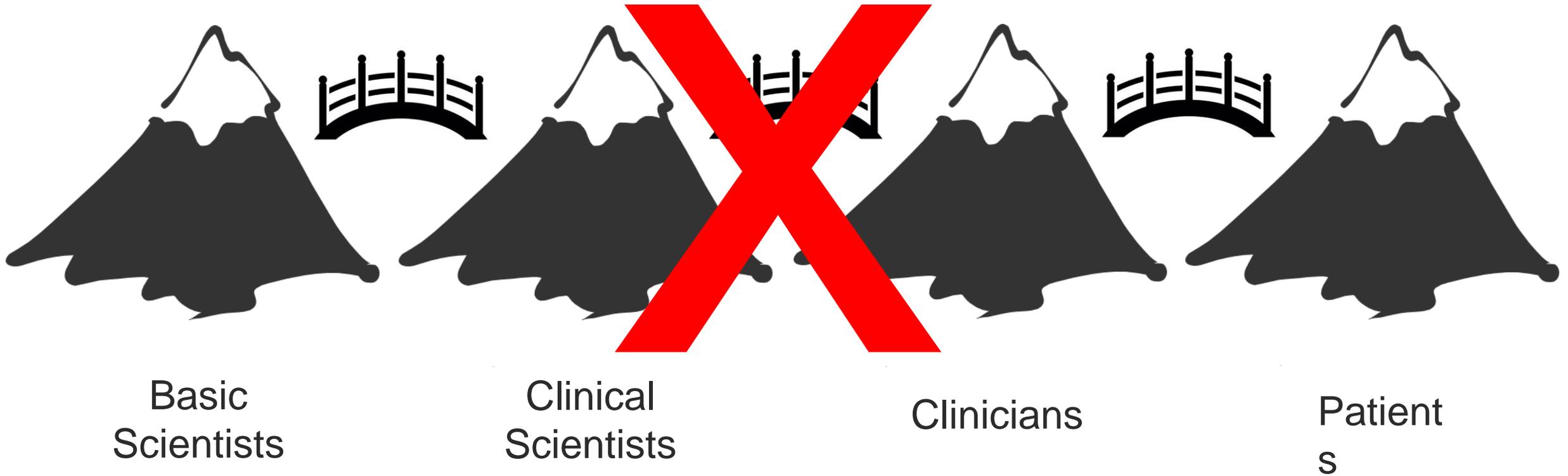
Which rigorous research models/designs can be utilized to generate evidence in timely manner?

How do we address studying dozens of conditions x dozens of therapies (and their combinations)?

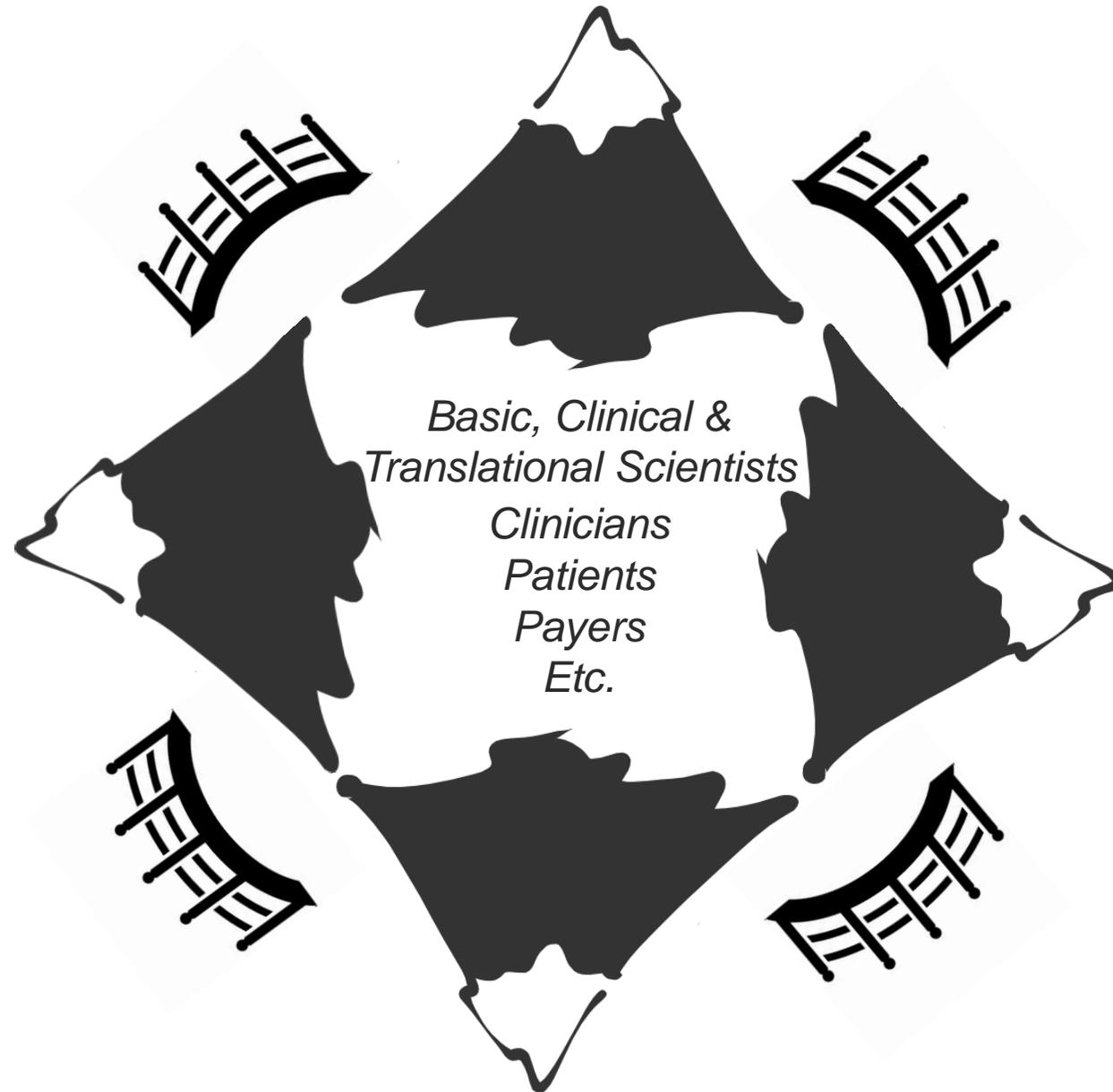
Knowledge Translation



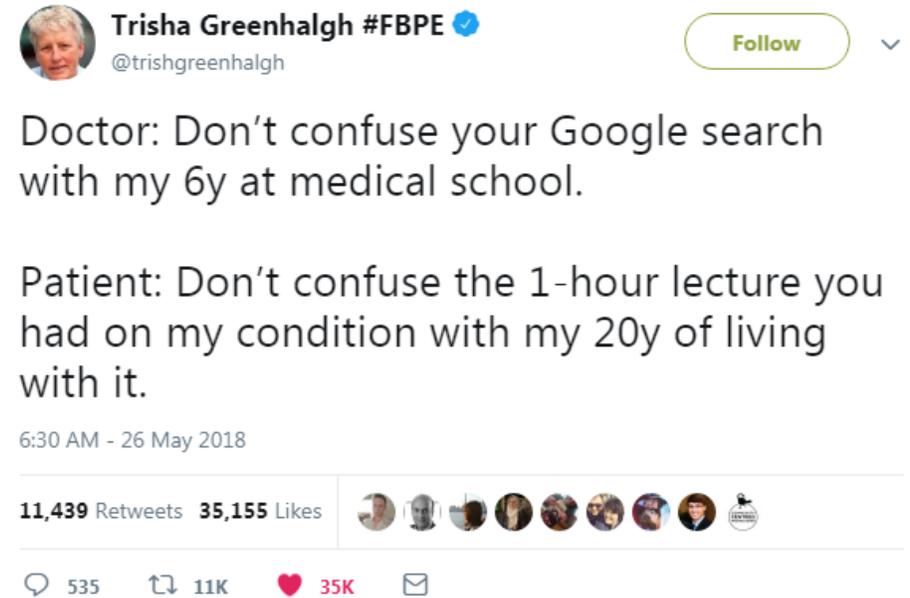
Bridging the Translational Divide

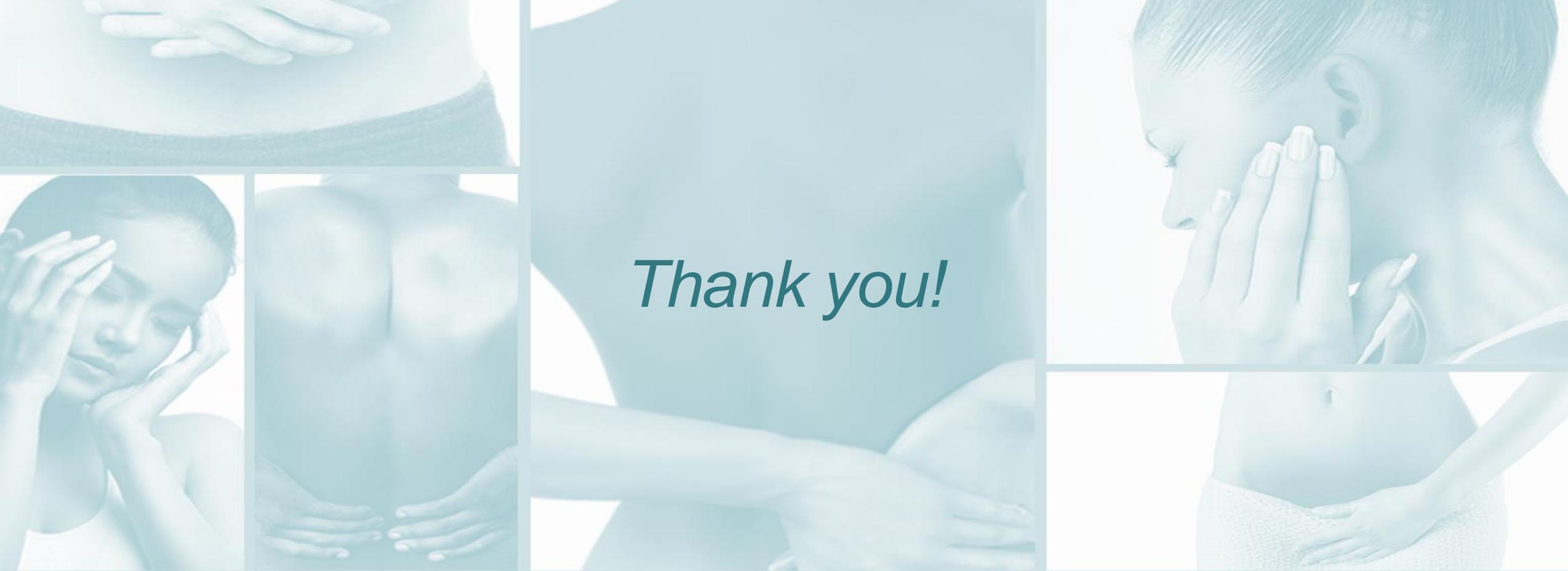


Bridging the Translational Divide



Doing So Requires Mutual Respect





Thank you!

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