You can take control: PAIN MANAGEMENT

▶ Learn about alternative PAIN TREATMENTS
▶ Find out how we manage CHRONIC PAIN
▶ New studies focusing on GULF WAR VETERANS
CHRONIC PAIN is experienced by approximately one-third of American adults, and is even more common among combat Veterans. In fact, over half of these Veterans report some type of pain. Pain is also often associated with traumatic brain injury and post traumatic stress disorder in Veterans who served in Iraq and Afghanistan. Managing pain is crucial to improving the health and functioning of our Veterans. The Department of Veterans Affairs (VA) has developed the National Pain Management Strategy to provide a comprehensive, system-wide approach to meeting the pain management needs of Veterans.

Within this plan, most common pain conditions will be evaluated and treated by your primary care provider and your Patient Aligned Care Team (PACT). Your evaluation will include a physical examination and speaking with your primary care provider and nurse about the daily pattern of your pain, how it affects your activities, thoughts, feelings, and sleep, as well as what relieves and worsens your pain. Additional tests may be required.

This information will help you and your health care team to develop the best plan to help you. They will assist you in identifying the goals that are most important and meaningful to you. Your health care team will then teach you about your pain and provide advice about how to control your pain with proven strategies for self-management. In most cases, it will be important to continue your normal activities and to maintain healthy living habits while in some cases, use of over-the-counter or prescription medications will be recommended. Your health care team may also suggest physical and psychological therapies and refer you to pain management and other health care specialists.

Involvement of a team of health care providers who specialize in pain management is common, but you are the most important member of this team. Your team will consist of all of your health care providers including nurses and therapists. Everyone will work together to help you achieve your personal goals, ensuring that even in the face of chronic pain, you will have the healthiest, most satisfying, meaningful, and successful life possible.

MANaging Chronic Pain

Many Veterans come to the War Related Illness and Injury Study Center (WRIISC) struggling with chronic or recurring pain. As leaders in caring for Veterans, we aim to help by offering you strategies and recommendations to live the best life possible. Learn how to control your pain rather than letting it control you. At the WRIISC, we focus on a Veteran’s entire health picture to best help address concerns and point the Veteran in the right direction to take next steps. Usually when we meet Veterans with chronic pain, they are in one of three situations:

1. Not using pain medication but in constant pain and unable to do daily activities as they wish,
2. Regularly using pain medication with some benefit but also unable to perform daily activities due to side effects of the medication, or
3. Regularly using pain medication with a rebound effect that causes more pain.

In many cases, Veterans are using opioid pain medications which are often ineffective when used regularly for long periods and can be highly
addictive. A thorough review of a Veteran’s medication usage may be able to identify medications with fewer side effects (and possibly more benefit) and/or find ways to simplify their medication schedule.

Additional take-home recommendations for Veterans vary depending on their individual needs – mainly the type of pain they experience and their state of health. The WRIISC might work closely with the Veteran’s local VA Pain Clinic to address immediate pain issues. When appropriate and available, we recommend the Veteran try treatments that have proven to be effective. We may provide information on techniques that can aid in relaxation, improve sleep, and allow the body to heal itself and “unlearn” the pain, such as progressive relaxation or yoga. See the article on page 4 for alternative treatments, also known as Complementary Alternative Medicine (CAM), and the article below for a look at how these practices relate to Integrative Medicine (IM).

**What is the relationship between IM and CAM?**

**CAM** is a group of medical and health practices NOT considered part of traditional medicinal treatments. “Integrative Medicine (IM)” refers to CAM practices; for example, using acupuncture in addition to conventional medical care, such as medication, to help lessen pain.

Veterans with pain may develop a tendency to avoid exercise and movement for fear of reinjuring themselves or causing more pain. We sit with Veterans and discuss what they can do to start a new exercise routine that they will enjoy. Regular exercise has surprisingly been shown to reduce pain and increase mobility. We encourage Veterans that when first starting an exercise program, it is VERY important to start at a low level and build up slowly.

Many Veterans we see have already developed a “chronic pain syndrome” involving a slow decline of physical, emotional, and social lifestyle. Our goal is to reduce this syndrome by increasing physical and social activities and showing Veterans that even with pain, they can live a better life. Our social workers follow-up with Veterans to find out what stands in their way and help them address these barriers. We work together to have Veterans focus on what they CAN do that will improve their life.

**Change Theory + Pain Management**

*Change Theory* is the basis of behavioral activation, an approach used at the WRIISC as part of an educational series that can make a difference in your physical, emotional, and social functioning if you are a Veteran whose life is impacted by pain. Change theory states that what we do is shaped by how we feel. Veterans with severe chronic pain might start to feel like it is taking over their life and they feel worse and function less over time.

For example, a Veteran might feel sad because the pain experienced limits the ability to spend time with friends or family. Change theory stresses the need for acceptance of what CANNOT be CHANGED as a way to move forward and to focus instead on what CAN be changed. Instead of letting our emotions control our actions – the idea is to focus on the actions one can or wants to carry out despite their mood, even in the presence of pain. By establishing realistic goals that are important and taking small steps to accomplish them despite the pain, you will start to feel better and get into a routine that becomes part of your life.
Alternative Treatments for Pain & their Evidence for Effectiveness

**A**lternative or non-traditional treatments are becoming more popular to alleviate pain. In a national health survey conducted in 2007, 38 percent of adults surveyed had used CAM in the past 30 days – an increase from five years before (Barnes, 2007). Veterans ask for and use CAM and many VA medical facilities provide it. What evidence is there that CAM is a safe and effective complement to conventional medical treatment? As health care consumers we need to know what “evidence” is trustworthy.

The gold standard for looking at traditional medical treatments has been the randomized clinical trial (RCT). An RCT is a type of study where individuals are assigned to either a treatment group (where they receive the treatment you are testing) or a control group (where they receive the usual treatment). At the end of the study, the individuals are compared to see which treatment they receive the usual treatment (acupuncture and medication) or control group (medication alone). First, we want to measure everyone who has the condition. Second, we need to define the usefulness or potential of a treatment. At the beginning of the study, we agree to be in the study and their pain level.

Next, we randomly assign each person to either the treatment (acupuncture and medication) or control group (medication alone). After everyone has received the treatment, we test their pain again to see which group did better.

The National Institutes of Health established a Center for Complementary and Alternative Medicine (NCCAM) (https://www.nccam.nih.gov) to define the usefulness and safety of CAM treatments. According to their latest review (http://nccam.nih.gov/health/providers/literature.htm#nva-gsa), there are several promising CAM treatments for pain. Most authors suggest the need for more research. The following chart from NCCAM shows some of the scientific evidence on CAM for low back pain. To date, there are only a few large, randomized clinical trials on the use of CAM treatments. However, many smaller studies have shown the treatments mentioned to be safe and beneficial for several chronic pain conditions.

### Scientific Evidence on CAM for Pain

<table>
<thead>
<tr>
<th>Low Back Pain</th>
<th>Promising Evidence of Potential Benefit</th>
<th>Limited, Mixed, or No Evidence to Support Use</th>
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</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Massage</td>
<td>✓</td>
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<tr>
<td>Spinal Manipulation</td>
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<td>Progressive Relaxation</td>
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<td>Prolotherapy</td>
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<tr>
<td>Herbal Remedies</td>
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Important factors to consider when evaluating whether a CAM practice is right for you is whether it is safe, available where you live, affordable, and importantly, if you will enjoy it. Do you enjoy participating in group activities or do you prefer to be on-one-on with a provider? Yoga can be learned in a classroom setting or even by watching a DVD and then practiced at home while acupuncture requires a provider. Of course, you should always ask your doctor before you begin a new treatment.

The WRIISC can help you to find what works best for you. Alternative treatments bring about a new approach to treat pain that can be just as effective as medications for you, and generally do not have bothersome or potentially toxic side effects. Barnes, PM, Bloom, B, Nahin, R. (2007). CDC National Health Statistics Report #12. Complementary and Alternative Medicine Use Among Adults and Children. United States.

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**Chair yoga helps a Veteran feel more like herself**

The CA WRIISC, which offers weekly yoga classes, helped a Veteran greatly restore her function through chair yoga. Meet Mattie (pictured right, front), a college-educated female Veteran who joined the US Air Force in 1984 to serve her country and travel. She served overseas for several years and injured her back while on active duty. She completely lost the use of her left leg and eventually had back surgery. Mattie has been suffering with pain in her lower back, foot, shoulders, arms, and hands for over 20 years and was taking multiple pain medications with very little relief.

When Mattie joined the CA WRIISC chair yoga program in the spring of last year, she could not walk without the use of a cane and was in constant, unremitting pain. Moving from seated to standing poses was challenging although the cane provided much needed support. She was unable to participate in her usual exercise routine and began eating unhealthy foods. As a result, she put on additional weight which further complicated matters. After participating in weekly chair yoga classes for almost a year, Mattie reports that her lower back pain does not even catch her attention. She further states that the class allowed her to relax more and helped her get “out of the box of protection.” She also reports that she smiles more and her friends tell her that her sense of humor has returned.

Chair and standing poses were challenging but not beyond her ability. She can easily get up and down from her chair and appears to be more at ease with her entire body. She feels very grateful to be able to participate in a yoga class with other Veterans at the VA. In her own words, Mattie says, “I enjoy your class so much,” “…my issues are being addressed in your chair yoga class.”
NJ WRIISC

STAR Well-Kit Helps Veterans Live Better

The NJ WRIISC recently launched a research project called Veteran and Provider Perceptions of the STAR Well-Kit, an introduction to Integrative Medicine focusing on Veterans’ and VA providers’ attitudes and perceptions of a new educational DVD. The project is funded by the VA’s Office of Patient Centered Care and Cultural Transformation.

The STAR Well-Kit, based on principles of integrative medicine (IM), introduces Veterans to self-practices or things they can do themselves in order to promote good health and well being. The STAR Well-Kit motivates Veterans to try a new approach to manage chronic problems, such as pain.

We are distributing the STAR Well-Kit to Veterans and their VA providers in our area to aid in learning more about independently practicing techniques such as breathing, meditation, qigong, and yoga exercises. The research team will assess Veteran and provider perceptions of the STAR Well-Kit and identify the best methods of disseminating it to Veterans using surveys, interviews, and focus groups to gain feedback. The data collected will contribute to enhance understanding of Veteran and provider knowledge, attitudes, and beliefs about IM, the best role, purpose, and dissemination of the STAR Well-Kit, suggestions on how to improve the STAR Well-Kit, and dissemination practices and evaluation of Veteran education materials more specifically.

DC WRIISC

Meditation: A Promising Approach to Ease Chronic Pain

Integrative Restoration Yoga Nidra (iRest*), developed by Dr. Richard Miller of the Integrative Restoration Institute (IRI), is a mindfulness-based meditation practice that promotes deep relaxation. The DC WRIISC provides iRest to Veterans in addition to standard medical care. Thus far, surveys completed by 184 Veterans revealed that their pain-related symptoms improved as they participated in the DC WRIISC iRest program. Veterans reported improvements in: sleep (81 percent), musculoskeletal pain (76 percent), back pain (72 percent), and headaches (51 percent).

Principal investigator Dr. Julie Chapman, researcher Thomas Nassif, and iRest instructor Karen Soltes began a review study of the DC WRIISC iRest program with Veterans who have sustained a traumatic brain injury to examine whether meditation, when added to standard medical care, appears to relieve chronic pain better than standard care alone. Veterans who participate in this study complete questionnaires on their pain, stress, sleep, and mood before and after eight weeks of iRest sessions or routine medical care. Hormones involved in stress and inflammation are also measured pre- and post-study. Veterans in the iRest group attend two sessions each week, and use iPods® with iRest recordings for home practice. Results from the two groups will be compared to examine whether iRest might provide additional relief from chronic pain.

The Army Surgeon General’s Pain Management Task Force encourages patients to be active participants in the healing process, and highly recommends iRest as an approach for managing pain. Consider trying iRest to help ease pain-related symptoms, decrease insomnia and improve quality of life. To learn more about iRest, contact DC WRIISC at: 1-800-722-8340 or visit the IRI Web site at: http://www.irest.us.

Pain is one of the most common complaints from Veterans seen at the CA WRIISC. When we analyzed a sample of 78 Veterans evaluated at our center, 97 percent of these Veterans listed pain as a top complaint. Of these Veterans, 65 percent complained of severe to very severe pain lasting more than 4 weeks before their visit and 32 percent reported mild to moderate pain that interfered with quality of life. Of these Veterans, 30 percent were from the first Gulf War, 28 percent were from OEF/OIF/OND, and 8 percent were from the Vietnam Era.

Although the WRIISC program was originally established to address health issues of Veterans from the first Gulf War, we find that chronic pain is a serious problem for Veterans from past and more recent conflicts as well. The CA WRIISC evaluations include pain assessments and provide recommendations to Veterans and their providers. The recommendations incorporate pain treatments from behavioral health and conventional health modalities and alternative or integrative medicine. Current research on pain includes a recently funded DVA Merit Awarded effort that involves non-invasive repetitive Transcranial Magnetic Stimulation (rTMS) to treat pain in Veterans from the first Gulf War. For more information about this study, please contact us at: 1-650-852-3233.
Do you want to learn more about pain management at VHA?

Get the information and answers you need.

For more information about VHA’s Pain Management Web site, visit: www.va.gov/painmanagement