Psychosocial Risk
Factors in the
Transition from Acute
to Chronic Pain



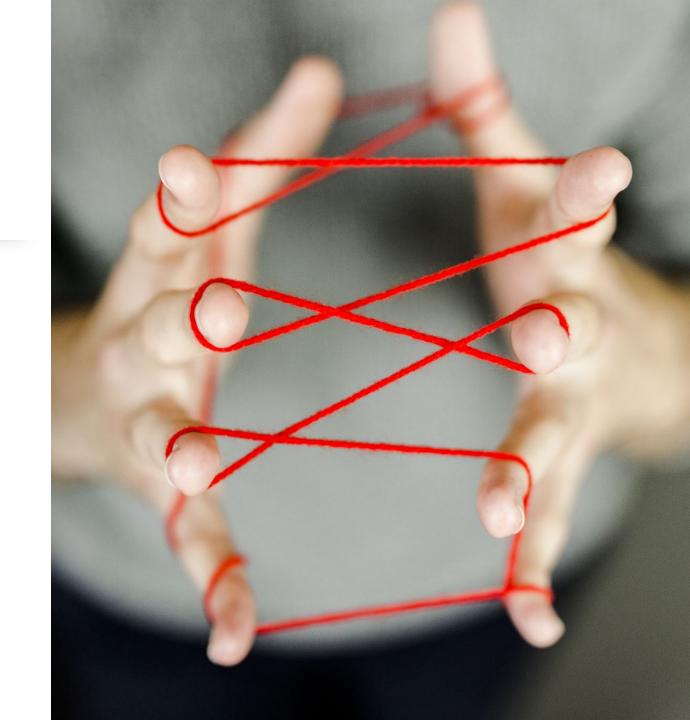






3 Things

- Chronic Pain is a HUGE Problem
- Pain is an Emotion
- Communication Reveals
 Pain Drivers















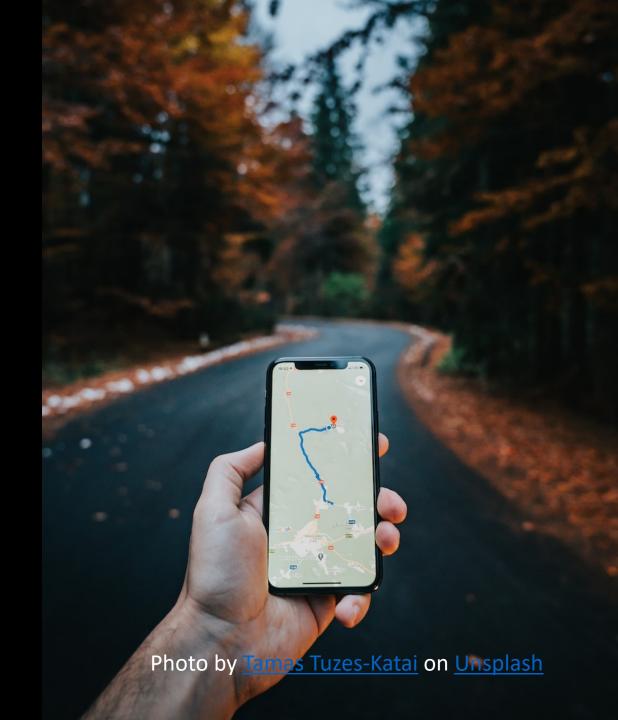




How Did We Get Here?



- 1.9 Billion Daily Facebook Users
- + 500 Million with Chronic Pain



NATIONAL DATA





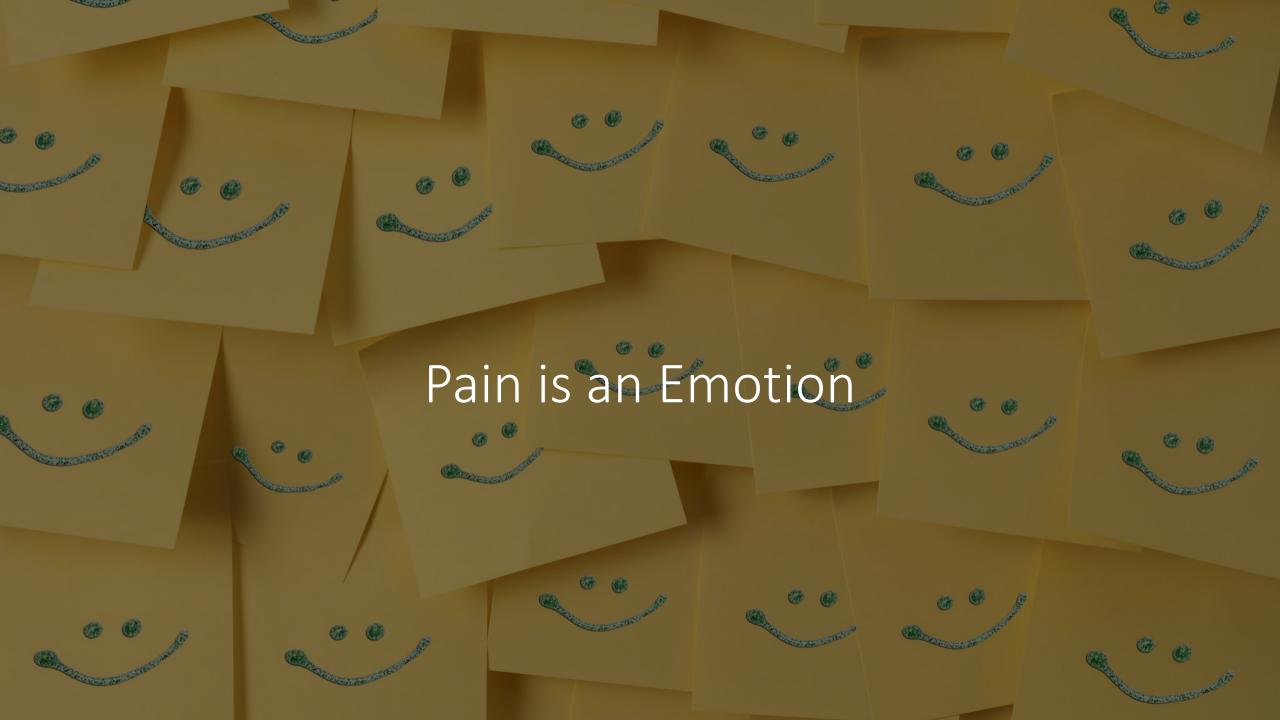
PT REFERRAL RATE: 7-20%

INCIDENCE OF CHRONIC PAIN AT 1 YEAR: 28-46%













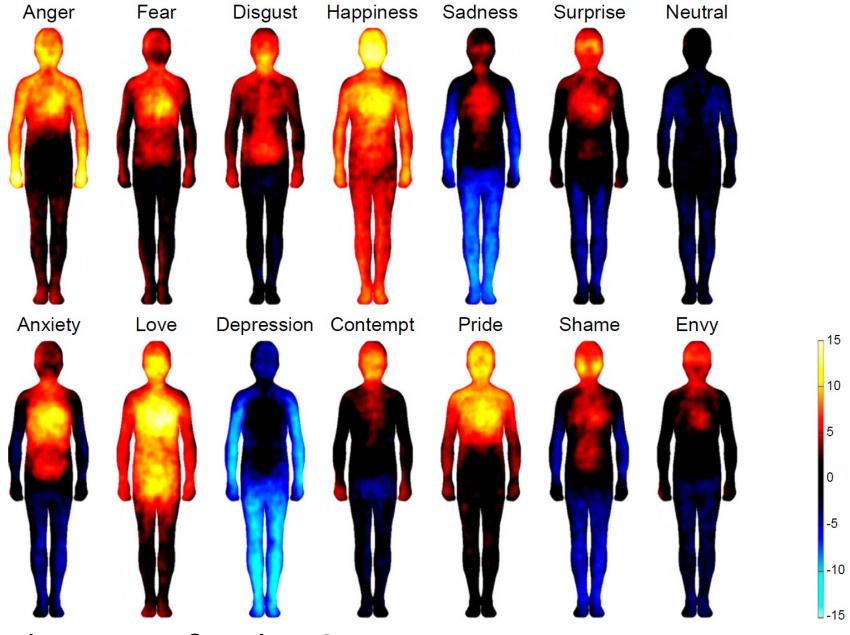






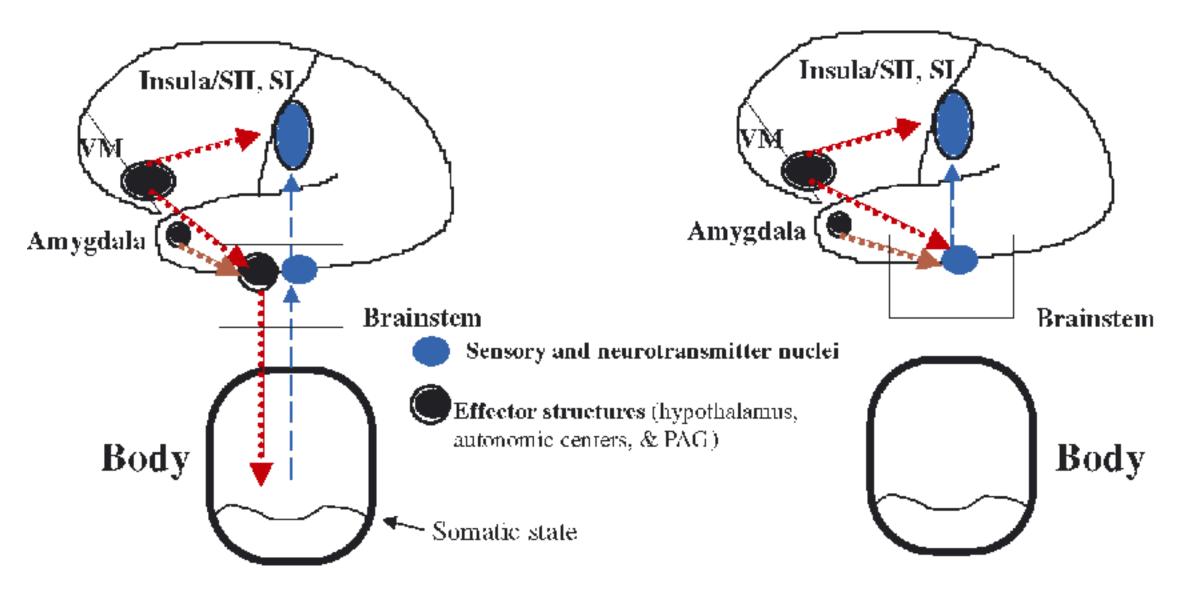






Where do you feel it?



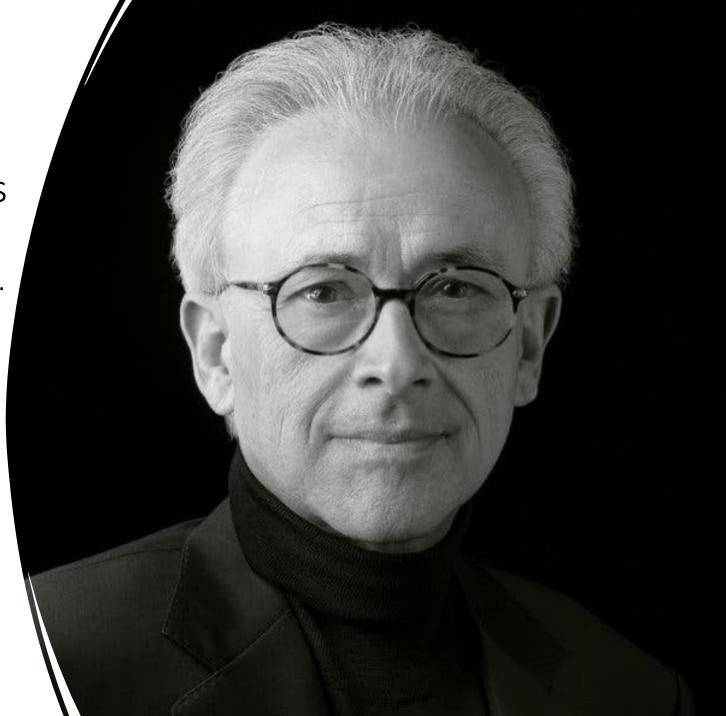


"Body Loop"

"As If Body Loop"

Somatic Marker Hypothesis

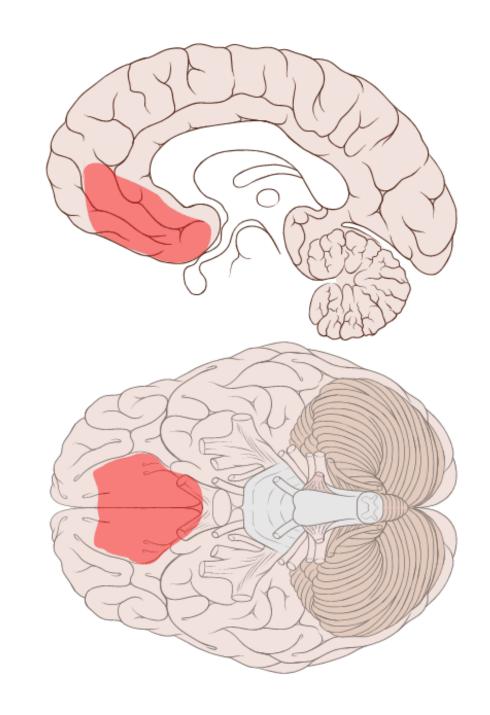
- A neural theory of economic decision-making.
- Economic decision-making models ignored emotional integration
- Decision-making is a process that depends on emotion and that both the amygdala and the orbitofrontal cortex are parts of a neural circuit critical for judgment and decisionmaking.



Ventromedial Prefrontal Cortex

Frontal lobe damage

- Difficulty with:
 - organizing and planning behaviors
 - learning from previous mistakes
 - Expressing and experiencing appropriate emotions
- Retained:
 - working memory
 - attention
 - language comprehension
 - Language expression.



What are emotions?

- According to Demasio:
 - Changes in body and brain states in response to stimuli
- WITH REPETITION, emotions and corresponding bodily changes become associated with particular situations and past outcomes.
 - Conscious or unconscious association to past outcomes

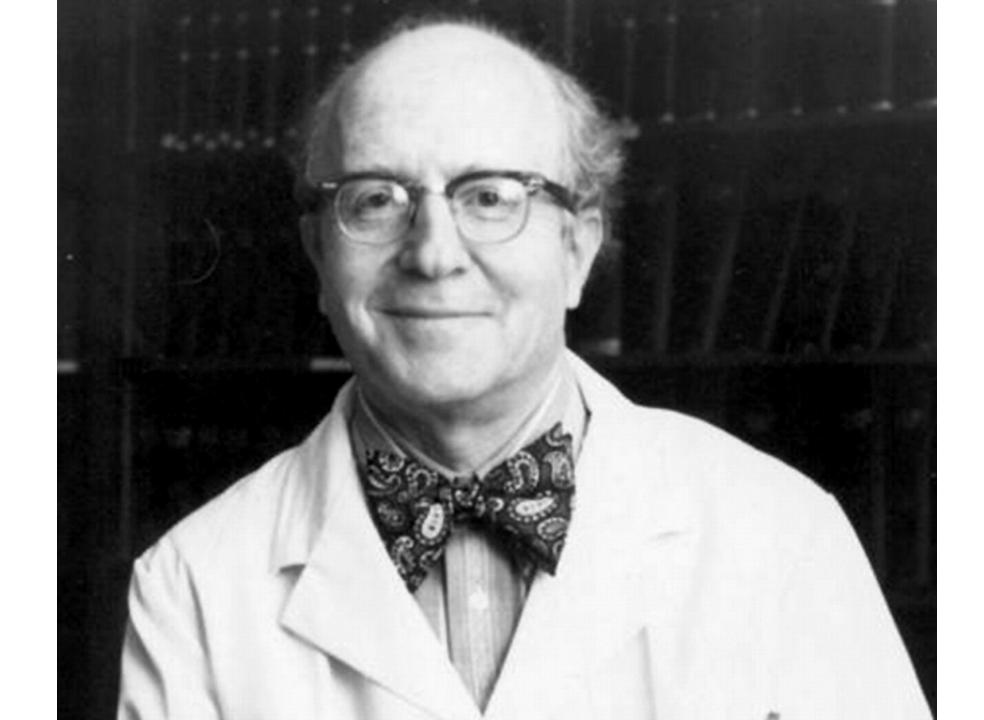
Pain (rev. 2020)



 An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage.

Notes:

- Pain is always a personal experience that is influenced to varying degrees by biological, psychological, and social factors.
- Pain and nociception are different phenomena. Pain cannot be inferred solely from activity in sensory neurons.
- Through their life experiences, individuals learn the concept of pain.
- A person's report of an experience as pain should be respected.
- Although pain usually serves an adaptive role, it may have adverse effects on function and social and psychological well-being.
- Verbal description is only one of several behaviors to express pain; inability to communicate does not negate the possibility that a human or a non-human animal experiences pain.



- Incidence at 6 months: 32%
- -Women (58%)
- Overweight (31%)
- -Obese (44%)
- -Baseline disability: aOR 1.16 higher for moderate disability, 1.82 for severe disability, and 2.08 for very severe disability vs. minimal disability.
- Health Insurance
- -BMI
- -Smoking Status
- Diagnosis
- -Psychological comorbidities
- exposure to non-concordant care

February 16, 2021

Risk Factors Associated With Transition From Acute to Chronic Low Back Pain in US Patients Seeking Primary Care

Joel M. Stevans, DC, PhD1; Anthony Delitto, PT, PhD1; Samannaaz S. Khoja, PT, PhD1; et al

Author Affiliations | Article Information

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Biological

- Age, Gender, Genetics
- Physiologic Reactions
- Tissue Health

Biological

Pathology
Mechanism of Injury
Biomechanics
BMI
Gender

Psychological

Anxiety
Depression
Emotional
Distress

Social

Cultures Relationships Occupational

Psychological

Anxiety
Depression
Emotional Distress

Social

Cultures
Relationships
Occupational

Biological

Pathology
Mechanism of Injury
Biomechanics
BMI
Gender

Psychological Factors

- General Factors
 - Negative Affect
 - Depression
 - Anxiety
 - Emotional Distress

- Pain-Specific Factors
 - Pain Catastrophizing
 - Self-Efficacy
 - Active Coping
 - Pain Science Knowledge





Social Factors





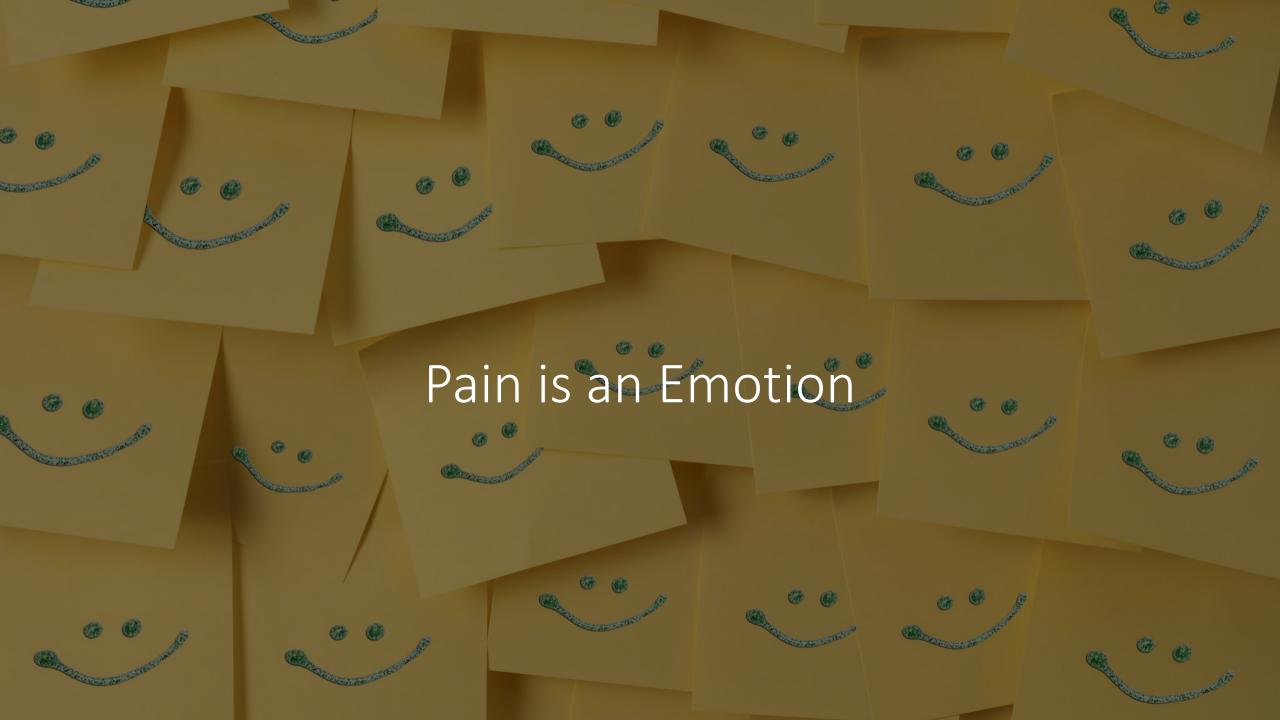


Photo by Valentin Salja on Unsplash

Factors to Consider

- Depression, Anxiety, Emotional Distress
- Interpersonal conflict
- Pain-related fear
- Job dissatisfaction
- Low job control
- Minimal social support
- Self-efficacy
- Litigation/Victimhood
- Previous traumatic experience (ACEs, PTSD)
- Cultural and Religious Factors (e.g., Guilt, Shame)
- Meaning in Life/Life Purpose
- Patient-Clinician Collaboration (Therapeutic Alliance)

Communication Reveals The Pain Drivers





HDD AN BRAIN



Serendipity

 The unexpected good luck resulting from unplanned moments in which proactive decisions lead to positive outcomes.

Serendipitous Hooks

- What excites you right now?
- What are you looking forward to?
- What's the best thing that's happened to you this year?
- Where did you grow up?
- What do you do for fun?
- Who is your favorite superhero?
- Is there a charitable cause you support?
- What's the most important thing I should know about you?



What is an addiction?



HHS Public Access

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Deconstructing biomarkers for chronic pain: context and hypothesis dependent biomarker types in relation to chronic pain

Diane Reckziegel^{1,2}, Etienne Vachon-Presseau¹, Bogdan Petre¹, Thomas J. Schnitzer^{2,3,4}, Marwan Baliki¹, and A. Vania Apkarian^{1,2,4,5}



Right Care-Right Time The Spine Care Evolution



Consequences of "Wait-and-See" Approach

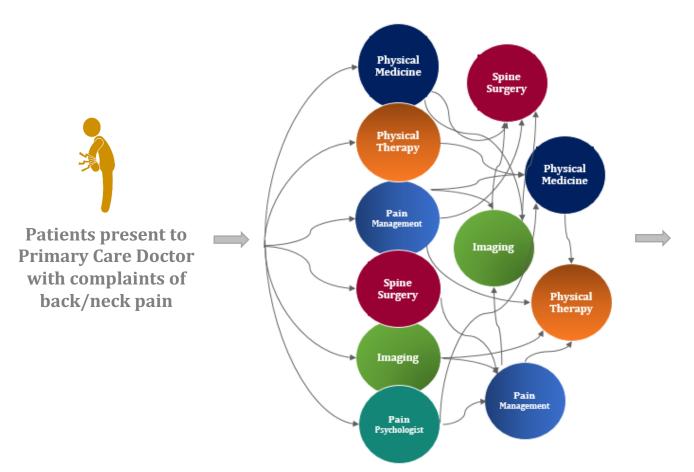
- What are the consequences of delaying physical therapy just 4 days?
- 130% increase in spine surgery
- Number of spine surgery increases nearly 5-fold increase when delaying physical therapy 15 days

Virtual Care Goal: < 3 days



Liu et al., 2018. Immediate Physical Therapy Initiation in Patients with Acut. Healthcare Utilization and Costs. Physical Therapy Journal, 98(5), 336-347

Traditional Spine Care pre-2016

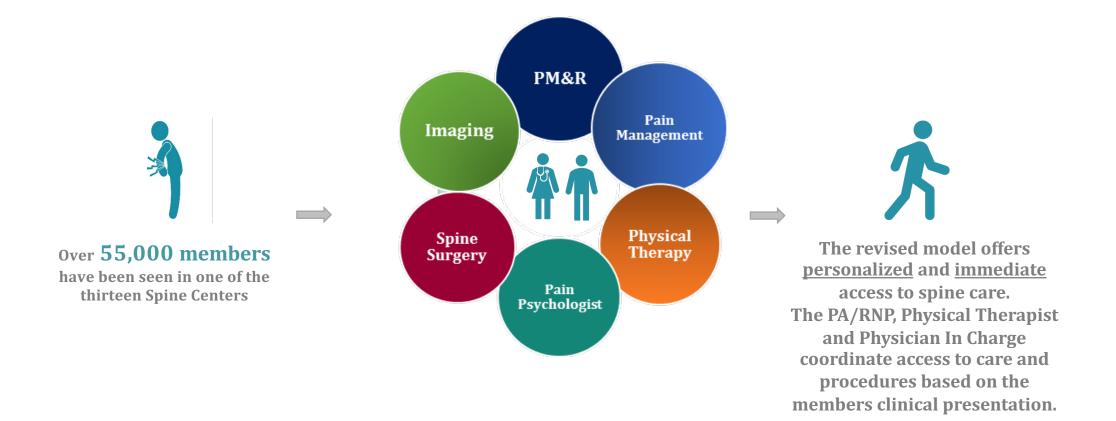




KP has a wide range of services and specialties that provide care to these members.

However, there is a wide variation in care across medical centers and the care is not coordinated. Leading to over utilization of services and delay in care.

Spine Center Model of Care-2016



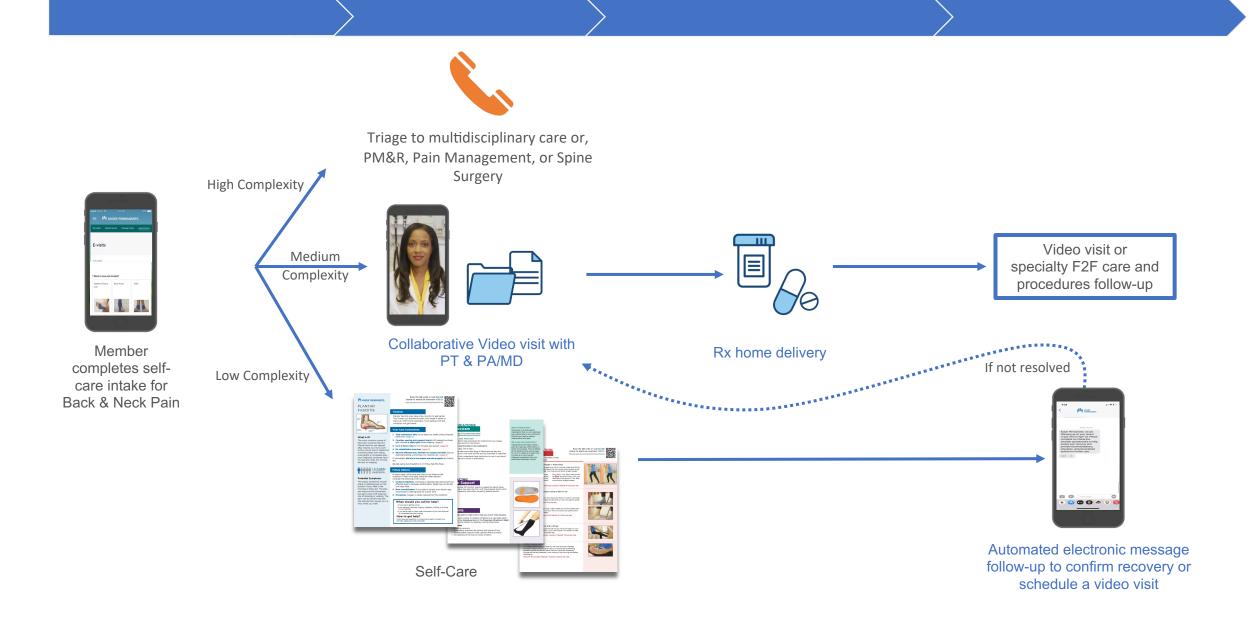


Spine Center Model of Care-2016

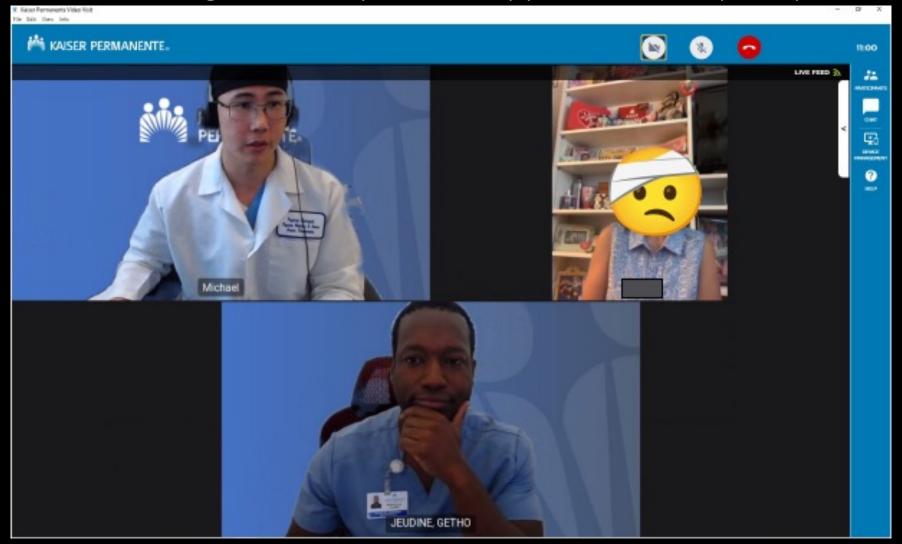




Comprehensive Spine Ecosystem 2022



Virtual Staffing Model- Physical Therapy-led Multidisciplinary Care



The 3:1 Model

Changing consumption of healthcare: Millennials and Gen Z are now the largest segment. Their healthcare needs, and the way they consume healthcare, are different

Largest segment

Burdened economically, looking for convenience and value

Population is underserved and unhealthy















(1996-1981)25-40 years old

The largest generation. They make

up more than 1/3 of the workforce $(\sim 35\%)$

Burdened by student debt.

Millennials are financially worse off than baby boomers & Gen X was at their age

Convenient. easy to access care" cited by 51% of Millennials as the #1 factor in their healthcare

decision-making

Family planning stage. Millennial women accounted for 82% of all births in 2016

Top 4 healthcare needs:

- OBGYN/sexual health
- Mental Health
- Dermatology 4. MSK

Gen Z

(2012-1997)9-24 years old

The country's most racially and ethnically diverse generation

Young entrepreneurs.

62% would like to start their own companies instead of working for an established company

Socially responsible.

68% of Gen Z wants brands to be more socially conscience

College years.

Gen Z is on the way to becoming the most educated generation vet

16-24 year olds are 3x likely to be lonely as those over 64 years of old.

In 2018 about 37% of 12th graders reported vaping

<u>Changing consumption of healthcare:</u> Millennials are looking for convenient, technology-first solutions to access healthcare

36%

Prefer **self-diagnosis** and **home treatment** to in-person doctor visits

70%

Would rather have an **online visit** with a doctor than travel to an office appointment

93%

Do not schedule preventative doctor's visits

50%

Have <u>no personal relationship</u> with a primary care physician. Only 19% of millennials said they will "definitely" or "most likely" stay with their current PCP for at least the next 12 months







2007 2023



TTT Design

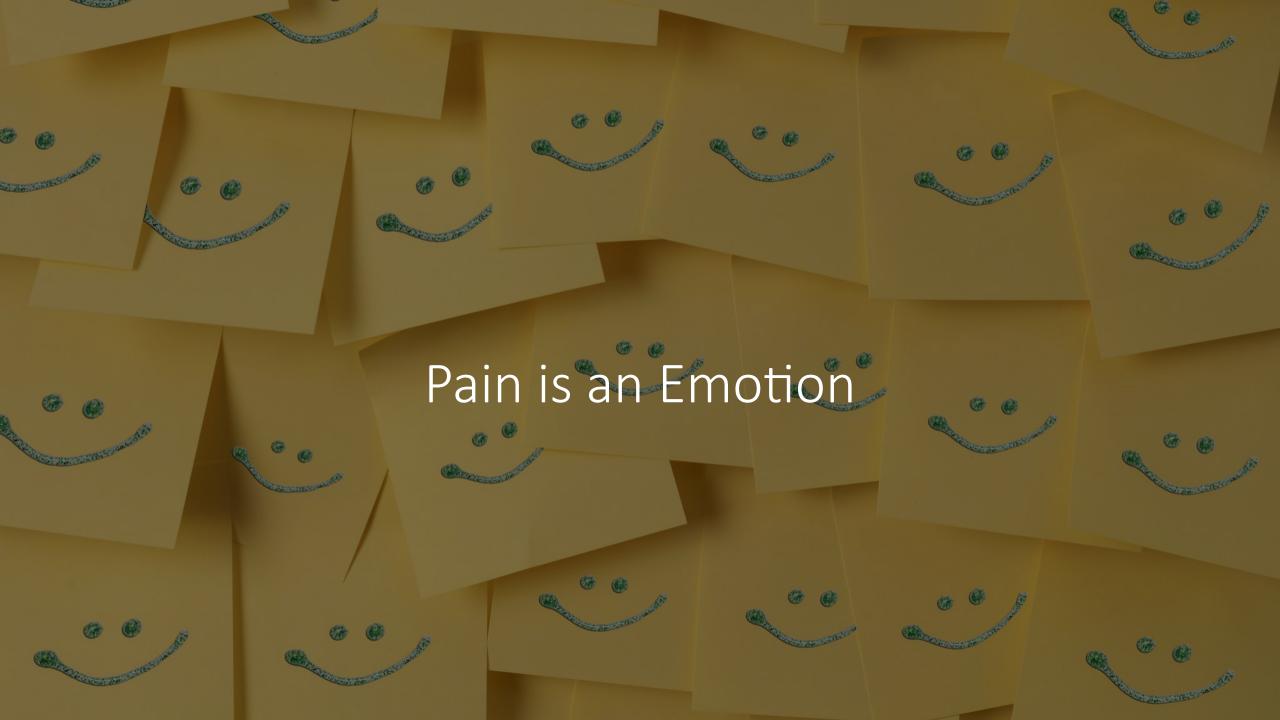
- 11-item questionnaire
- Psychological/Social factors associated with chronic pain
 - Depression
 - Anxiety
 - Pain-Catastrophizing
 - Fear/Avoidance of physical activities (kinesiophobia) and work
 - Self Efficacy
 - Financial Distress
 - History of Traumatic Experience and Residual Impact
 - Personal Relationship Distress
 - Occupational Distress
 - Pain Intensity

Future Considerations

- Passive Data Collection from Electronic Medical Records:
 - Age
 - Gender
 - Ethnicity
 - BMI
 - Smoking and Alcohol consumption
 - Comorbidities
 - E.g., DM2 (controlled vs. uncontrolled)
- Previous visit(s) for similar condition (recurrence)







Communication Reveals The Pain Drivers

References

- Afari, N., Ahumada, S. M., Wright, L. J., Mostoufi, S., Golnari, G., Reis, V., & Cuneo, J. G. (2014). Psychological trauma and functional somatic syndromes: a systematic review and meta-analysis. *Psychosomatic medicine*, 76(1), 2.
- Brennstuhl, M. J., Tarquinio, C., & Montel, S. (2015). Chronic pain and PTSD: Evolving views on their comorbidity. *Perspectives in psychiatric care*, *51*(4).
- Diatchenko L, Fillingim RB, Smith SB, Maixner W. The phenotypic and genetic signatures of common musculoskeletal pain conditions. Nat Rev Rheumatol. 2013; 9:340–350. [PubMed: 23545734]
- Damasio, A. R. (1996). The somatic marker hypothesis and the possible functions of the prefrontal cortex. Philosophical Transactions of the Royal Society of London. Series B: Biological Sciences, 351(1346), 1413-1420.
- Fillingim RB, Ohrbach R, Greenspan JD, Knott C, Diatchenko L, Dubner R, Bair E, Baraian C, Mack N, Slade GD, Maixner W. Psychological factors associated with development of TMD: the OPPERA prospective cohort study. J Pain. 2013; 14:T75–T90. [PubMed: 24275225]
- Hill, J. C., Whitehurst, D. G., Lewis, M., Bryan, S., Dunn, K. M., Foster, N. E., Konstantinou, K., Main, C. J., Mason, E., Somerville, S., Sowden, G., Vohora, K., & Hay, E. M.. (2011). Comparison of stratified primary care management for low back pain with current best practice (STarT Back): a randomised controlled trial. *The Lancet*, 378(9802), 1560-1571. https://doi.org/10.1016/s0140-6736(11)60937-9
- Li, X., Gignac, M. A., & Anis, A. H. (2006). Workplace, psychosocial factors, and depressive symptoms among working people with arthritis: a longitudinal study. *The Journal of rheumatology*, 33(9), 1849-1855.
- Jenewein, J., Wittmann, L., Moergeli, H., Creutzig, J., & Schnyder, U. (2009). Mutual influence of posttraumatic stress disorder symptoms and chronic pain among injured accident survivors: a longitudinal study. *Journal of Traumatic Stress: Official Publication of the* International Society for Traumatic Stress Studies, 22(6), 540-548.
- Jensen, M. P. (2011). Psychosocial approaches to pain management: an organizational framework. *PAIN*®, *152*(4), 717-725.
- Kadam, U. T., Thomas, E., & Croft, P. R. (2005). Is chronic widespread pain a predictor of all-cause morbidity? A 3 year prospective population based study in family practice. *The Journal of Rheumatology*, 32(7), 1341-1348.
- Koopman, J., Howe, M., Hollenbeck, J. R., & Sin, H. P. (2015). Small sample mediation testing: misplaced confidence in bootstrapped confidence intervals. *Journal of Applied Psychology*, 100(1), 194.

References

- Linton SJ, Nicholas MK, MacDonald S, Boersma K, Bergbom S, Maher C, Refshauge K. The role of depression and catastrophizing in musculoskeletal pain. Eur J Pain. 2011; 15(4):416–22. [PubMed: 20884261]
- Martikainen, P., Bartley, M., & Lahelma, E. (2002). Psychosocial determinants of health in social epidemiology. *International journal of epidemiology*, 31(6), 1091-1093.
- Nummenmaa, L., Glerean, E., Hari, R., & Hietanen, J. K. (2014). Bodily maps of emotions. *Proceedings of the National Academy of Sciences*, 111(2), 646-651.Pence, L., Cano, A., Thorn, B., & Ward, L. C. (2006). Perceived spouse responses to pain: The level of agreement in couple dyads and the role of catastrophizing, marital satisfaction, and depression. *Journal of behavioral medicine*, 29, 511-522.Pinto, P. R., McIntyre, T., Almeida, A., & Araújo-Soares, V. (2012). The mediating role of pain catastrophizing in the relationship between presurgical anxiety and acute postsurgical pain after hysterectomy. *Pain*, 153(1), 218-226.
- Stevans, J. M., Delitto, A., Khoja, S. S., Patterson, C. G., Smith, C. N., Schneider, M. J., ... & Saper, R. B. (2021). Risk factors associated with transition from acute to chronic low back pain in US patients seeking primary care. *JAMA network open*, 4(2), e2037371-e2037371.
- Reckziegel D, Vachon-Presseau E, Petre B, Schnitzer TJ, Baliki MN, Apkarian AV. Deconstructing biomarkers for chronic pain: context- and hypothesis-dependent biomarker types in relation to chronic pain. Pain. 2019 May;160 Suppl 1(Suppl 1):S37-S48. doi: 10.1097/j.pain.000000000001529. PMID: 31008848; PMCID: PMC6478400.
- Van Hecke, O., Torrance, N., & Smith, B. H.. (2013). Chronic pain epidemiology and its clinical relevance. British Journal of Anaesthesia, 111(1), 13-18. https://doi.org/10.1093/bja/aet123
- Macfarlane, G. J. (2016). The epidemiology of chronic pain. Pain, 157(10), 2158-2159.
- Raja, S. N., Carr, D. B., & Cohen, M. (2020). The Revised IASP definition of pain: concepts, challenges, and compromises HHS public access. Pain, 161(9), 1976-1982.
- Wuest, J., Ford-Gilboe, M., Merritt-Gray, M., Wilk, P., Campbell, J. C., Lent, B., ... & Smye, V. (2010). Pathways of chronic pain in survivors of intimate partner violence. *Journal of Women's Health*, 19(9), 1665-1674.
- Wuest, J., Ford-Gilboe, M., Merritt-Gray, M., Varcoe, C., Lent, B., Wilk, P., & Campbell, J. (2009). Abuse-related injury and symptoms of posttraumatic stress disorder as mechanisms of chronic pain in survivors of intimate partner violence. *Pain medicine*, 10(4), 739-747.