EMP
Newsletter of the East End Multidisciplinary Pain Management Program
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Painful Facts

This column will be devoted to information about pharmacologic and nonpharmacologic treatment modalities, used to improve the quality of life of patients with chronic pain. In this edition, we will review the role of multidisciplinary pain management programs.

The original pain management programs were developed along the lines of behavioural principles described by Dr. Fordyce. These programs focused on the reinforcement of well behaviours and the extinguishing of pain behaviours. Over the years the attention of treating practitioners turned to identifying and altering cognitive distortions that can limit the function of patients suffering from chronic pain. For example, if a patient with benign low back pain believes that they have a bone cancer, their level of function is likely to be less than if they believe that the pain arises from soft tissue sources. Over the years, treatment programs have developed methods of reinforcing functional behaviours and cognitions and reducing self-limiting behaviours and beliefs.

Multidisciplinary programs utilize the input of a variety of specialized professionals, acting as a treatment team. Staffing can include physicians, psychologists, occupational therapists, social workers, physiotherapists and nutritionists. Each member of the team brings a unique perspective to the treatment of chronic pain. The objective of a multidisciplinary team is to have impact on a wide range of variables that can help to improve a patient's quality of life and function.

Medical literature suggests that people who are referred to multidisciplinary pain programs are more likely to have been injured at work, have more surgeries and more functional difficulties, make more use of health care, report more constant pain, are more distressed and pessimistic about the future and are more likely to use narcotic analgesics. However, patients who have been treated by multidisciplinary teams for chronic pain are more likely to have reduced levels of distress, utilize less medication and health care services, have an increased level of function, and be more likely to return to productive activity when compared to non-treatment patient groups.

Further Reading:

Sternbach, R.A., ***Mastering Pain: A Twelve Step Program for Coping with Chronic Pain***. New York; Ballantine Books, 1987 (ISBN 0-345-35428-1)

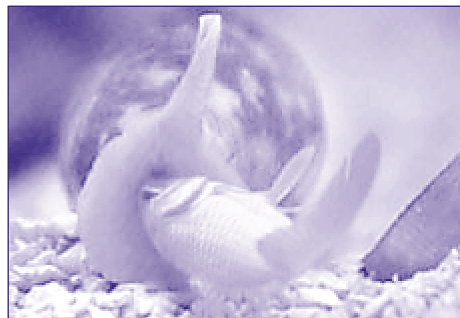
Caudill, M.A., ***Managing Pain Before it Manages You.*** New York; The Guilford Press, 1995 (ISB 089862-224-7)

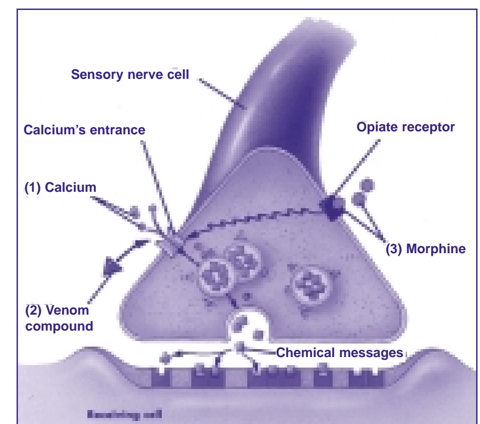
Gatchel R.J. and Turk D.C., ***Psychological Approaches to Pain Management: A Practioner's Handbook***. New York; The Guilford Press, 1996 (ISBN 0-89862-292-1)

Web Sites

The internet has become a valuable resource for information related to pain management. A recent article on the use of a synthetic snail venom that is more potent than morphine, with fewer side-effects can be found at *http://innx-health.innx.com/health/2000/03/14/*. The original venom comes from the deep sea cone snail which uses its venom, or conotoxin, to paralyse and kill its prey. The synthesized form is called ziconotide and is being developed by the Elan Corporation.

The subject of conotoxins is also addressed in a recent "Brain Briefings" on Neuropathic Pain. The site address is *http://www.sfn.org/briefings/neuropathic.html*.





Today in Research

The Waddell signs are thought to help identify patients who are presenting with distress and illness behaviour, rather than physical disease. In some cases patients who present with multiple Waddell signs are often dismissed as 'faking'. Dr. Diane Novy and her colleagues, recently investigated Waddell signs in 75 patients with low back pain who were referred to a multidisciplinary pain centre.

The 5 Waddell signs are:

1. superficial or non-organic tenderness
2. reports of pain during simulation tests
3. disappearance of formal examination evidence when distracted
4. regional disturbance divergent from accepted neuroanatomy
5. overreaction

The major findings of Dr. Novy's study are:

a. The majority of patients did not have any Waddell signs
b. The total number of Waddell signs were positively and significantly correlated with certain MMPI-2 clinical scales (Hy, D, Hy) and with the Beck Depression inventory.
c. In contrast to previous findings, Waddell signs were positively related to pain intensity ratings.
d. The total number of Waddell signs was positively related to perceived physical difficulty.

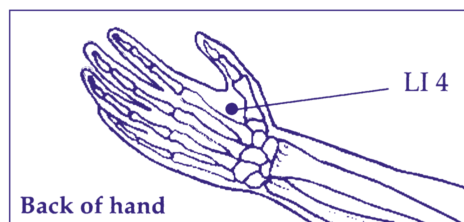
The authors conclude:

"Taken together, evidence of multiple Waddell signs may suggest problems that are more challenging or difficult to address. (Such) patients...may benefit from a greater attention to psychological factors by medical practitioners and the health care team in general in order to identify... treatment factors that might interfere with optimal response to treatment."

Novy, D.M. et al, *Waddell Signs: Distribution Properties and Correlates.* ***Arch Phys Med Rehabil.*** 1998; 79: 820-2

Acupuncture: needling points

The ancient art of acupuncture has been used to treat chronic pain. At the **East End Multidisciplinary Pain Management Program**, patients are taught acupressure. This allows them to treat themselves. Very little formal research has been done on acupressure. However, patient response has been very positive. In this column, we will show you a new acupressure point in each edition. In this edition, you will learn about the Hoku (Joining the Valley) point (LI4).



Location: In the webbing between the thumb and index finger at the highest spot of the muscle when the thumb and index finger are brought close together.

Benefit: Relieves arthritis, constipation, headaches, toothaches and shoulder pain.

Method: Firmly press into the webbing between your thumb and index finger for one minute. Direct your finger pressure underneath the bone that connects with your index finger. Then switch hands to press on the other LI4 point for another minute.

Resource: Gach M.R., ***Acupressure's Potent Points.*** Bantam Books, 1990 (ISBN 0-553-34970-8)

Program News

The group treatment format used at the **East End Multidisciplinary Pain Management Program** has been in use for the past three years. It was originally designed to be a cost effective method of providing multidisciplinary treatment to patients of the HSO Mental Health Program located in Hamilton, Ontario. Two years of pre, post and six month follow-up data show evidence that patients who have completed treatment:

1. Have less depressed/anxious mood
2. Take less medication
3. Have reduced cognitive distortions
4. Are more functionally active
5. Utilize less health care services

Visit our website at:
http://www.eastendpainclinic.com

This site is currently under construction. In the near future, this site will have links, pictures, newsletters, articles and film, of interest to patients and professionals dealing with chronic pain issues. Constructive feedback is welcome.

EMP has been produced by the staff of the East End Multidisciplinary Pain Management Program.

If you would like to contact us you can do so by writing to:
Dr. Jeff Ennis
Director
East End Multidisciplinary Pain Management Program
Located within:
St. Joseph's Healthcare: Centre for Ambulatory Health Services
2757 King Street East Hamilton, Ontario L8G 5E4

Telephone: 905-627-7300
e-mail: eastendpainclinic@home.com
Fax: 905-627-4757