

Update on the Evidence-based Methodological Workshop on Chronic Pain and Opioids

(Sponsored by the NIH Consensus Development Program)



David Thomas Ph.D, NIDA/NIH Pain Consortium

Presentation to Interagency Pain Research Coordinating Committee

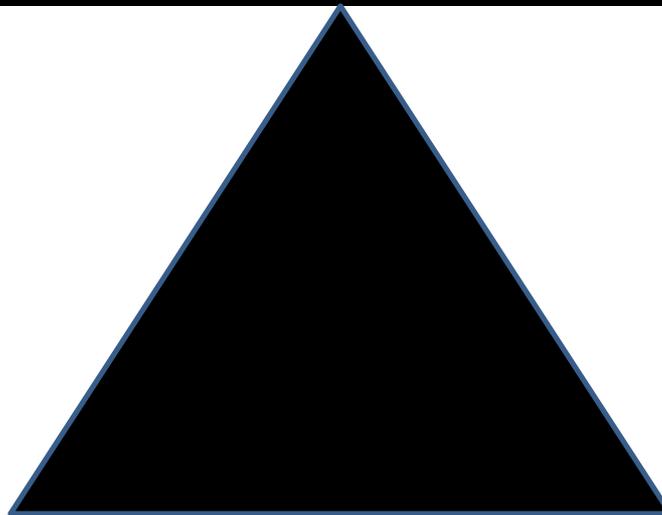
June, 3rd, 2013



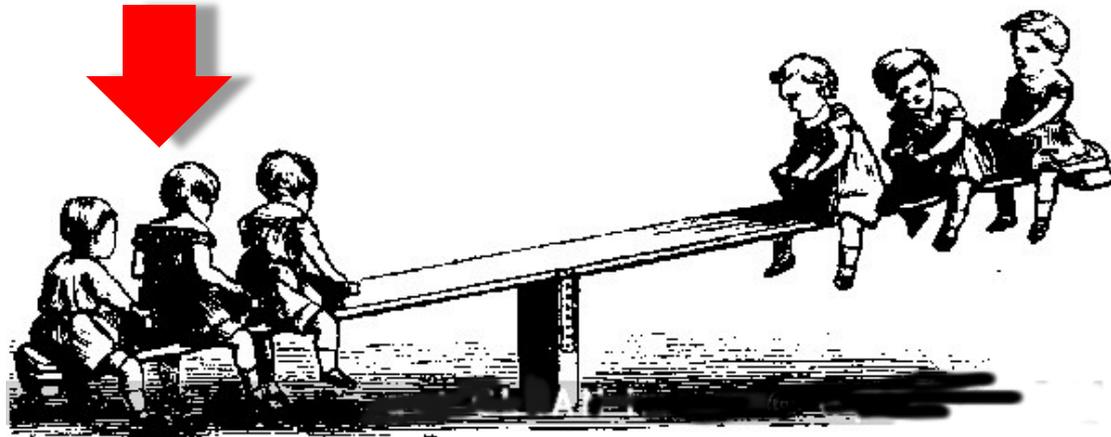
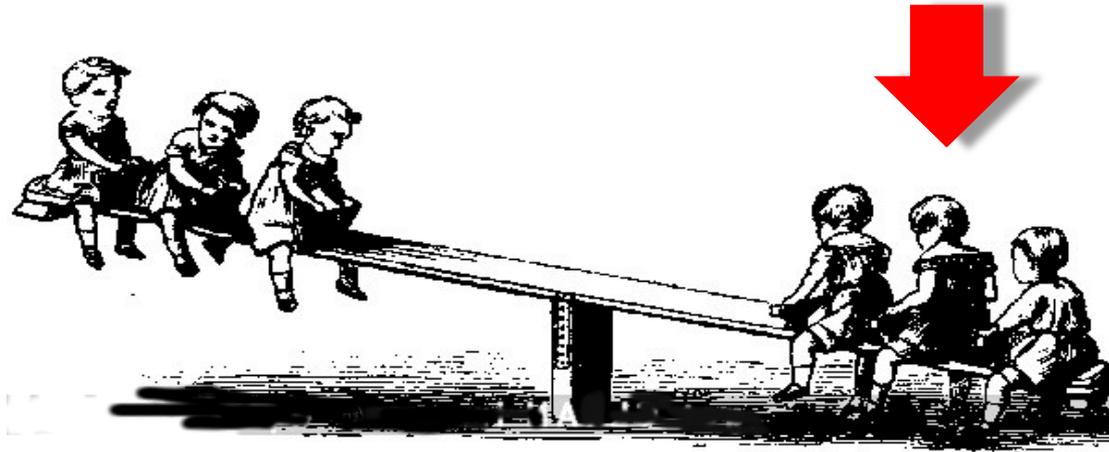
Problem

100 Million individuals suffer from persistent pain in the US

About 15,000 people died from prescription opioid overdose in 2010



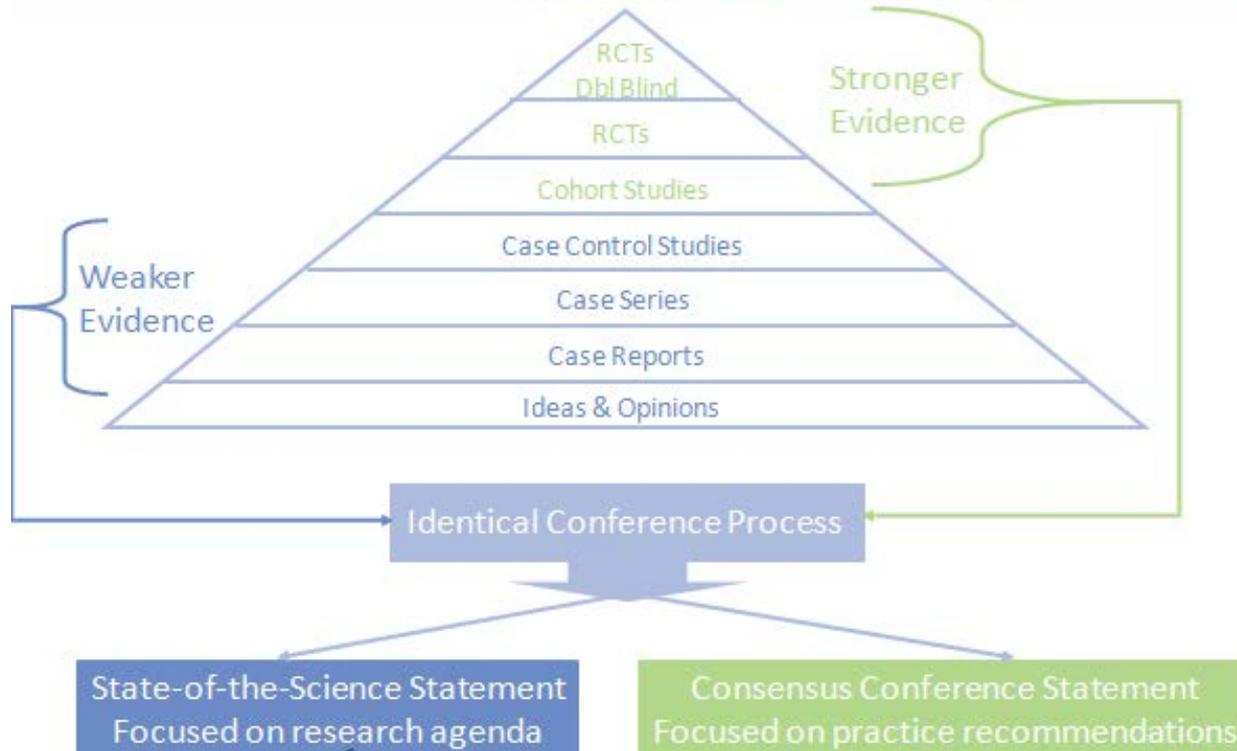
Improve Pain Treatment **VERSUS** Reduce Prescription Opioid Abuse



PAIN!!!

POA!!!

NIH Consensus Development Program



“Hybrid Meeting” or “Evidence-based Methodology Workshop” State-of-the-Science meeting with some consensus statement when data allows.

Coordinating Committee

| | | | |
|------------------------|--------------------|---------------------------|------------------|
| Dave Thomas | NIH (NIDA) | Melinda Campopiano | SAMSHA |
| Richard Denisco | NIH (NIDA) | Bob Rappaport | FDA |
| Wendy Smith | NIH (OD) | Robert Kerns | VA |
| John Ferguson | NIH (NCATS) | Chris Jones | CDC |
| Basil Eldadah | NIH (NIA) | Sarah Wattenberg | OASH |
| Ann Berger | NIH (CC) | Robert Lubran | SAMSHA |
| Ann O'Mara | NIH (NCI) | Paris Watson | NIH (ODP) |

Project Timeline

Initial Proposal Development, Sept. 2012



Coordinating Committee meeting: Jan 28th, 2013



Select Contractor (now)



Steering Committee meeting: Fall, 2013

Evidence-based Methodological Workshop: Fall, 2014

Final Report: Spring, 2015

Potential topics/questions:

Efficacy of opioids for treating chronic pain?

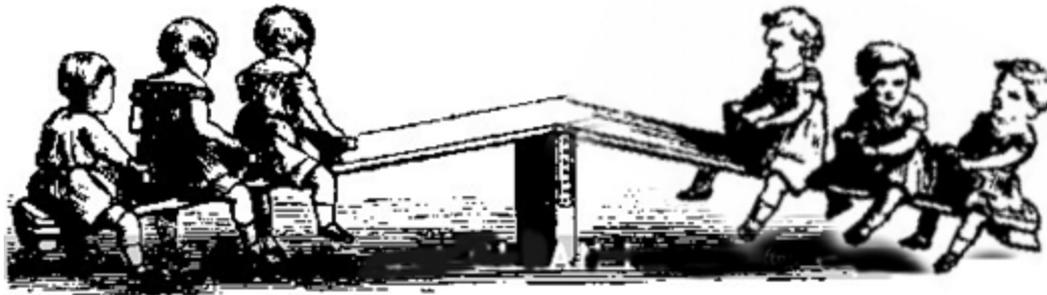
How to administer opioids for optimal efficacy/minimal adverse effects?

Risks for addiction?

Populations differences?

What future research directions?

Improve Pain Treatment **AND** Reduce Prescription Opioid Abuse



PAIN!!!

POA!!!

NIH Pain Consortium

Centers of Excellence in Pain Education

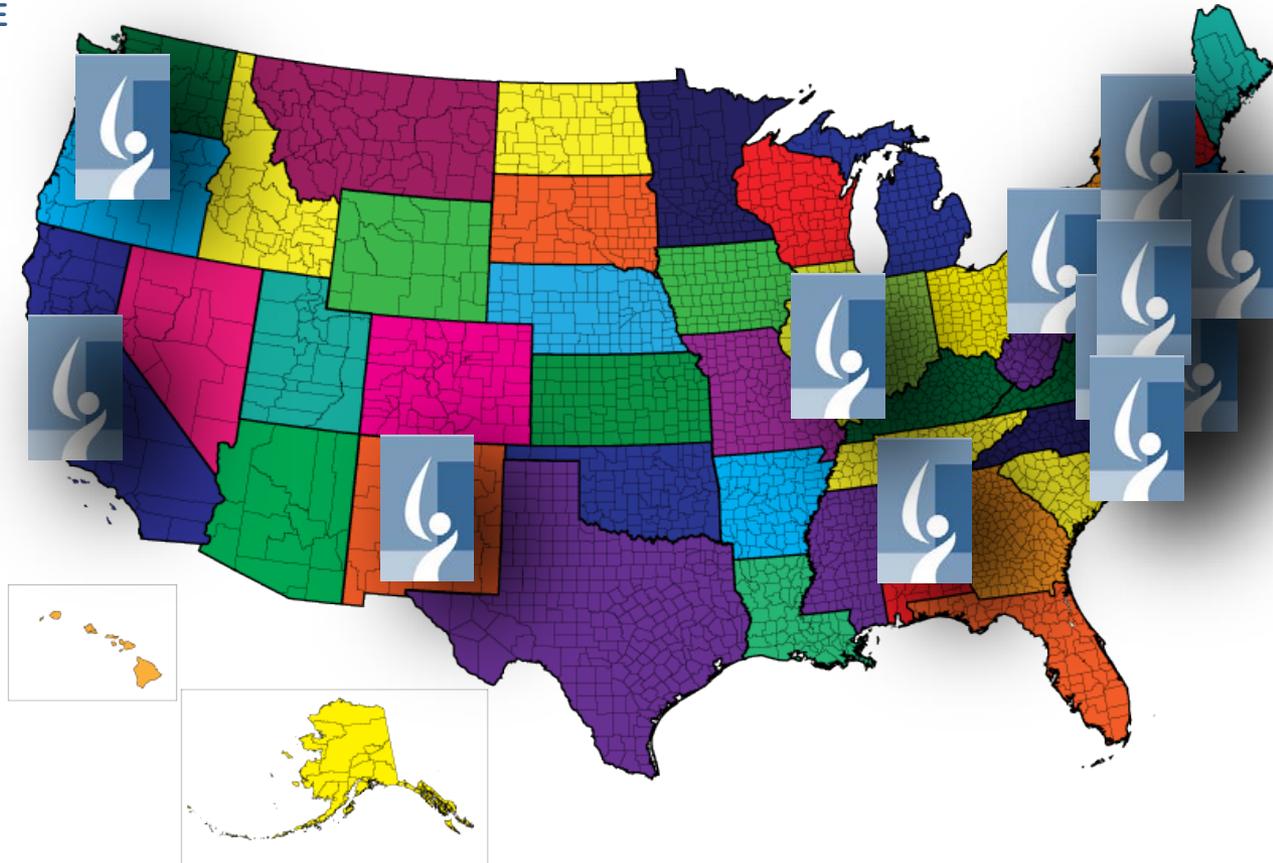


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NIH Pain Consortium Centers of Excellence in Pain Education

Harvard School of Dental Medicine and Brigham and Women's CoEPE
Thomas Jefferson School of Medicine Headache Collaborative CoEPE
Southern Illinois University Edwardsville/St. Louis University CoEPE
University of Pittsburgh CoEPE: Pain Challenges in Primary Care
John D. Loeser CoEPE at the University of Washington
University of Alabama at Birmingham CoEPE
University of California, San Francisco, CoEPE
University of Maryland Baltimore CoEPE
The University of Pennsylvania CoEPE
Rochester Area Collaborative CoEPE
University of New Mexico CoEPE
John Hopkins University CoEPE



NIH ICs Involved:

| | |
|-------|-------|
| ORWH | NIA |
| OBSSR | NINR |
| NIDA | NICHD |
| NIDCR | NIAMS |
| NINDS | NCCAM |





- 1) Teach pain in medical, nursing, dental and pharmacy schools.
- 2) Develop online case-based curriculum resource
- 3) Dissemination/Evaluation.

Meetings:

11th Annual Interprofessional Education Meeting

American Pain Society

Pain Forum

IASP International Congress on Pain 2014

Collaborations:

VA funded grant to include in residency program starting next year

Forming partnerships with other organization(CoEPES@nih.gov)

Pain advocacy input on cases

Case Development:

Many under review, some in production.

Go live this fall



[Welcome Slide](#)[Mr. Gateway's Pain](#)[Mr. Gateway's Video](#)[Physical Exam](#)[Squamous Cell Tongue](#)[Signs/Symptoms](#)[Root canal therapy for](#)[Goals of Pain Management You a...](#)[Question Slide](#)[Quiz Introduction](#)[Which best describes the way a st...](#)[During assessment for the potenti...](#)[Which of the following are appro...](#)[For patients with neuropathic pai...](#)[What does the following expecte...](#)[Conclusion](#)

NIH Pain Consortium
Centers of Excellence in Pain Education

Mr. Gateway's Acute and Chronic Head and Neck Pain

Antje Barreveld, MD, Co-Principal Investigator

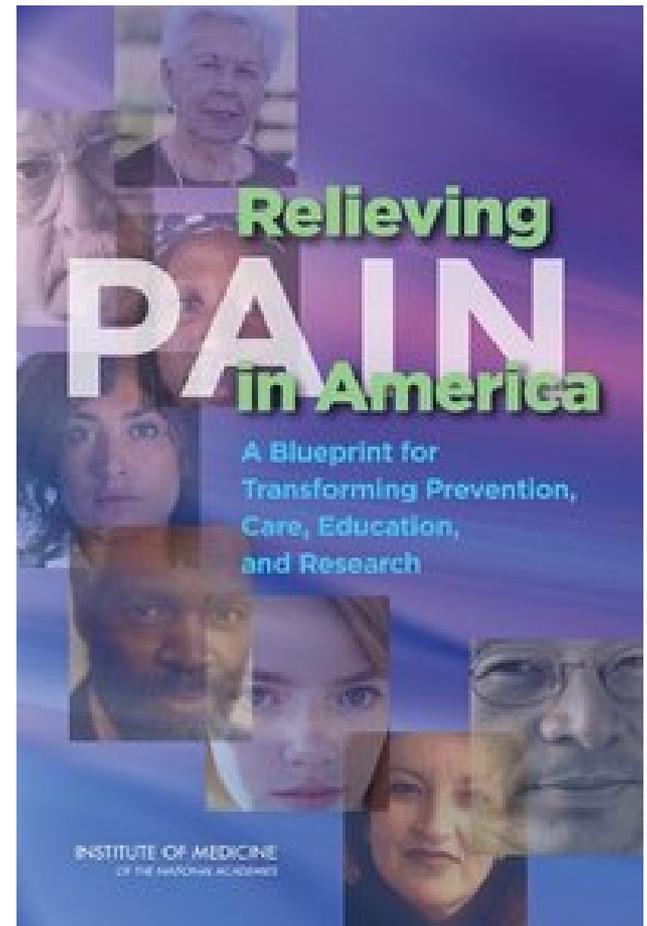
Jeffrey Shaefer, DDS, MS, MPH, Co-Principal Investigator

Harvard School of Dental Medicine and Brigham and Women's
Center of Excellence in Pain Education

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Recommendation 4-2. Improve curriculum and education for health care professionals. The Centers for Medicare and Medicaid Services, the Health Resources and Services Administration, accrediting organizations, and undergraduate and graduate health professions training programs should improve pain education curricula for health care professionals.

Recommendation 4-3. Increase the number of health professionals with advanced expertise in pain care. Educational programs for medical, dental, nursing, mental health, physical therapy, pharmacy, and other health professionals who will participate in the delivery of pain care should have increased capacity to train providers who can offer advanced pain care.

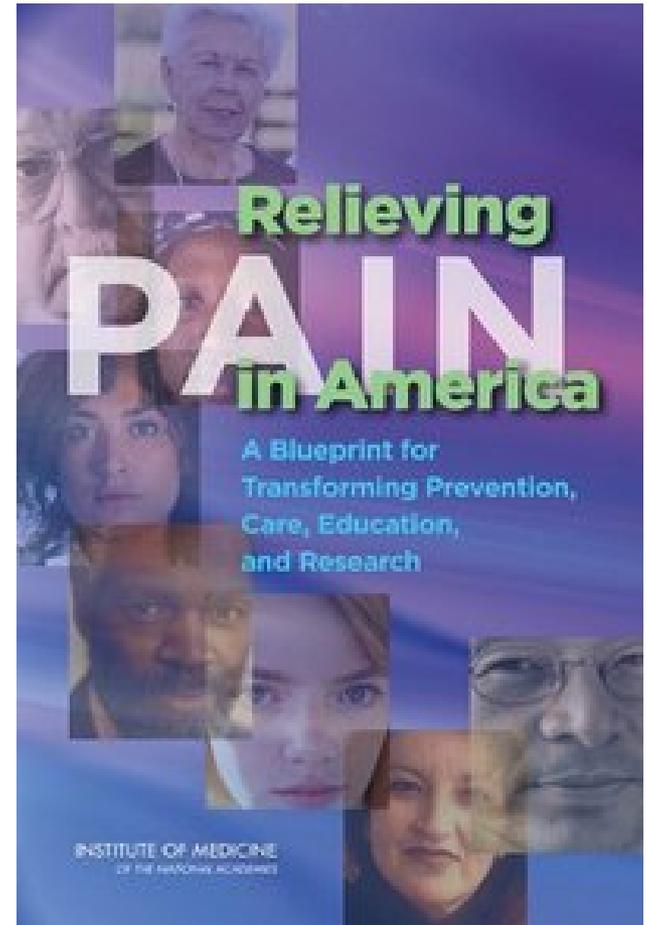


The Necessary Cultural Transformation

Proponents of international efforts to improve pain treatment have said that “the unreasonable failure to treat pain is viewed worldwide as poor medicine, unethical practice, and an abrogation of a fundamental human right” (Brennan et al., 2007, p. 205). The IASP and its European Federation have urged the World Health Organization (WHO) to recognize that “pain relief is integral to the right to the highest attainable level of physical and mental health” (WHO, 2004), paralleling language found in the WHO Constitution.

With the passage of the Patient Protection and Affordable Care Act in March 2010, the U.S. health care system may undergo profound changes, although how these changes will evolve over the next decade is highly uncertain. Health care reform or other broad legislative actions may offer new opportunities to prevent and treat pain more effectively. Both clinical leaders and patient advocates must pursue these opportunities and be alert to any evidence that barriers to adequate pain prevention and treatment are increasing.

To remediate the mismatch between knowledge of pain care and its application will require a cultural transformation in the way clinicians and the public view pain and its treatment. Currently, the attitude is often denial and avoidance. Instead, clinicians, family members, employers, and friends inevitably must rely on a person’s ability to express his or her subjective experience of pain and learn to trust that expression, and the medical system must give these expressions credence and endeavor to respond to them honestly and effectively.



1.1. To achieve vital improvements in the assessment and treatment of pain will require a cultural transformation.



CoEPES

CENTERS OF EXCELLENCE IN PAIN EDUCATION