Advantages from the acupuncture program of a community health center to the care of a patient with multi-decade chronic pain and opiate use

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Disclosures

- None, the lecture is of course favorable to my profession but I have no other financial relationships to report.

For reasons of brevity, some nuance may be lost. When I discuss limitations of the results from other providers there is no fundamental criticism implied. The critique comes from individual patient experiences with severe presentations. These patients are however found in high enough concentration in acupuncture programs for various patterns to be seen in the stories from patients who have fallen through the cracks of the system.

Learning objectives

- To gain a broad understanding of the diversity and sources of problems that tend to stabilize patients' opiate-reliant chronic-pain states, including those issues arising unintentionally from prior healthcare efforts.

- To outline how individualized, one-on-one care by an L.Ac. can address these issues to neurologically destabilize the chronic condition through a multi-modal, synergistic care plan when patients are referred for care.

- To understand the patient's experience of care by outlining the components of such plans including timing/ scheduling, Japanese style acupuncture treatments, patient education goals and approaches to self-care.

Some common problems amongst a high proportion of patients in a community health center

- Presenting with a diversity of categories of trauma that stabilize pain conditions. Also significant diversity of co-morbidities.
- They do not have even a layman's understanding of the basic biology of chronic pain nor how alternatives are physiologically active at the biological substrates responsible for stabilizing chronic pain.
- There are frequent no-shows to appointments for a diversity of reasons.
- May feel quite hopeless from lack of progress or worsening pain after care from providers who focussed only on local structural issues.
- May feel angry at previous situations where mindfulness was introduced too generically, i.e limited to group sessions where individualized plans not available. "They took my pain meds away and just told to me think happy thoughts!"
- Commonly angry that their meds were taken away "for no reason" during over-zealous tapering plans, e.g. legitimate physiological reasons are not explained or PCP/clinical admin misinterpreted CDC OPI Rx guidelines.

Patient with multi-decade chronic agony, hx of violent abuse and opiate reliance

- Ongoing trauma: feeling unsafe in body, home and community. Poverty. Housing insecurity. Danger signals all day potentiate agony states.

- Wrong understanding of etiology: that the agony is being caused by the what the MRI/ X-ray shows, implying that agony can only go away after further drama of major orthneuro surgery's risks, pain, recovery time's impact on family etc. Or the converse, stress from not knowing or not having any medical pathology show up on the imaging.

- Existential pain: The emotional support from the opiates mimics emotional qualities found when living an emotionally meaningful life. Often the naturally development of creating a meaningful life is simply delayed due to agony or the medication. Stop the opiates, the deep emptiness of their lives comes into sharp relief and feels overwhelming.

- Medical pain: Many pt's are "medical refugees" with profound wounding from a lack of trauma informed care and even a lack of physiologically informed care. Quite a potent source of shame and worsening central sensitization. PT/DC/LMT/LAc care that the patient "failed" since providers ignored the true physiological source of the agony (i.e. NOT local tissue damage), using care based on painful care plans that increased patient's fear of their own body causing days/ weeks of aggravated pain after sessions.

- System overload: the body's resources available for healing may be spread too thin dealing with old healing projects - past surgeries, past illnesses - analogous to when a computer system's RAM is full and the computer 'freezes' on certain processes.

- Pain as sequelae to physical habits: Dysfunctional relationship with the body thus sedentary - real, current zone of function never explored to optimize blood and lymph flow and other endogenous anti-inflammatory capabilities. Previous classes moved too far to fast or too formal or logistically too challenging to attend (yoga and tai chi). Perhaps they merely need pick up old tools for a new try at a better 'dosage'…

Stimuli needed to create neural pathways that reduce suffering in case of multi-decade chronic pain with opiate reliance

- Give patients a way of objectifying their situation so that the plan makes sense to their cognitive/ cultural/ educational level. That they are starting to work towards totally new and specifically named physiological changes compared to other things they have tried.

- Minimize the number of provider office visits for patients with limited emotional or logistic resources. Visits should provide stimuli to multiple physiological systems at each session, e.g. for for synergistic responses or even simple Pavlovian reinforcement.

- Teach patients how to try making changes within their zone of function no matter how limited at the beginning. Classes/ groups are often best after they made their own start to recolonize their body.

- Build a therapeutic relation with a medical professional who cannot prescribe opiates nor refer to surgeons but bears the same ethical responsibilities for compassion, listening etc.

- Receive care from provider playing the insurance game excellently: OLDCARTS matrix SOAP charting; clinically meaningful scheduling/ planning; provider always open to when to modifying/ testing the approach to optimize results.

- Treatment aimed at the specific physiological set conditions of the peripheral and central nervous system that perpetuate agony.

General benefits of one on one acupuncture - physiology, time and money.

- Acupuncture shown to be physiologically active at the sites of metabolic changes that stabilize chronic pain states. Curative change more often seen with this one-on-one approach than group sessions.

- More time with the patient means richer understanding of the situation/ personality so more likely to make clinical meaningful/ curative progress so that even the insurance company can see that the patient is not at maximum medical improvement.

- Financial requirements of the clinic can be met in a stable, fee-for-service manner, eg E&M/ units of acupuncture/ manual therapy or FQHC wrap payments.

- Cycle of caring for population better coordinated - there is benefit for taking a break between courses of treatment to allow time for the mind and body to integrate the life style change from both the progress and the education points, so after significant improvement they can make room for the next new patient to start care.

- Richer, more thorough understanding allows the dosage and frequency of the plan for exercise, meditation, nutrition, other behavioral changes to feel ‘do-able’ to the patient, avoiding the minefield of shame and frustration.

- These can prime the patient for better results if need to RTC to BH, classes etc

Benefits from Japanese Acupuncture

- Treatment progress is monitored every few minutes, small signals can be detected and increased like embers to flame.

- The testing procedures for determining the day's point prescription finds a place where minimal input creates large changes. Most patients do not even feel most needles. Don't give chronic agony patients painful treatments!

- Violent abuse history: the testing appears to the patient that the provider is "asking permission" of the body before each insertion. Allows a profound sense of respect and safety. Don't give patients w/ PMhx of DA painful treatments!

- All techniques can be applied in a manner that meets the patient's body "where it is at" to reduce risks associated with patient anxiety, other difficulties with integrating improvements or issues of over-treatment.

- Clears impact from the "system overload" of past healing projects, eg make painful, decades old surgical scars non painful.

- Patient can see in every session how their pain can clear out of their body.

Take home points for the patient taught at appropriate rate over weeks/ months of care

- That MRI/xrays cannot explain pain levels neither with nor without remarkable findings.
- Understand that chronic pain is its own specific disease separate from the story of local tissue damage and understand what happens to the body as that disease gets better.
- Rumor control: Providers that said that the “pain is all in your head” and “you’re just too emotional” are just plain wrong.
- Progress does not depend totally on the personality changing dramatically (as they feel they have been told by other providers) .
- There is progress to be had learning to disengage from dwelling on emotional pain and diverting those thoughts in ways that do not stimulate pain.
- Moving forward, when emotional pain occurs, the system can become more resilient. 10-20% less adrenalin (epinephrine) may be enough for the stress not to turn into the agony that disrupts your life.
- “Don’t worry for now about the record on the record player (e.g the MRI dx), let’s make the speakers less loud (i.e. the central sensitization)”. *Treat the nervous system before the muscular skeletal system!!*
- We’ll break down each component of what your system needs to be more resilient into bite sized chunks. Learning how you learn best to make changes is more important for now than the changes themselves.

Self-care plans from the acupuncturist

- Options for tailored mindfulness regimen avoiding the disappointments of the past (the dead-end of “thinking happy thoughts” or visualizations) or reclaiming past victories (“it used to work but the class finished”).

- Learning to interrupt rumination/ catastrophization thinking.

- Reducing sugar and other recreational drugs no more than 10-20% initially.

- Choosing healthiest food options for any financial limitation.

- Learning to move as often and as frequently as possible within the range where there is no pain or delayed onset pain, such as simply dancing gently as often as possible. Ember to flame - at most severe “just put on music and dance your fingers for now…”

- Behavioral/ linguistic/ pre-legal approaches to deal with bullies in their lives.

- Making room for creativity, dance and beauty, community - whatever resonates with them within their means, culture, and interests.