



Patient Perspectives: Chronic Pain

*NIH HEAL - Managing Chronic Pain in Individuals with
Co-Occurring OUD, and Other Psychiatric Disorders
June 1-2, 2020*

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www.ChronicPainResearch.org

CHRONIC PAIN & OPIOID USE DISORDER



... EPIDEMIC OF CHRONIC ILLNESS

America Has Become a Nation of Chronic Disease

CHRONIC DISEASES IN AMERICA

6 IN 10

Adults in the US
have a **chronic disease**



4 IN 10

Adults in the US
have **two or more**

THE LEADING CAUSES OF DEATH AND DISABILITY
and Leading Drivers of the Nation's **\$3.5 Trillion** in Annual Health Care Costs



HEART DISEASE



CANCER



CHRONIC LUNG
DISEASE



STROKE



ALZHEIMER'S
DISEASE



DIABETES



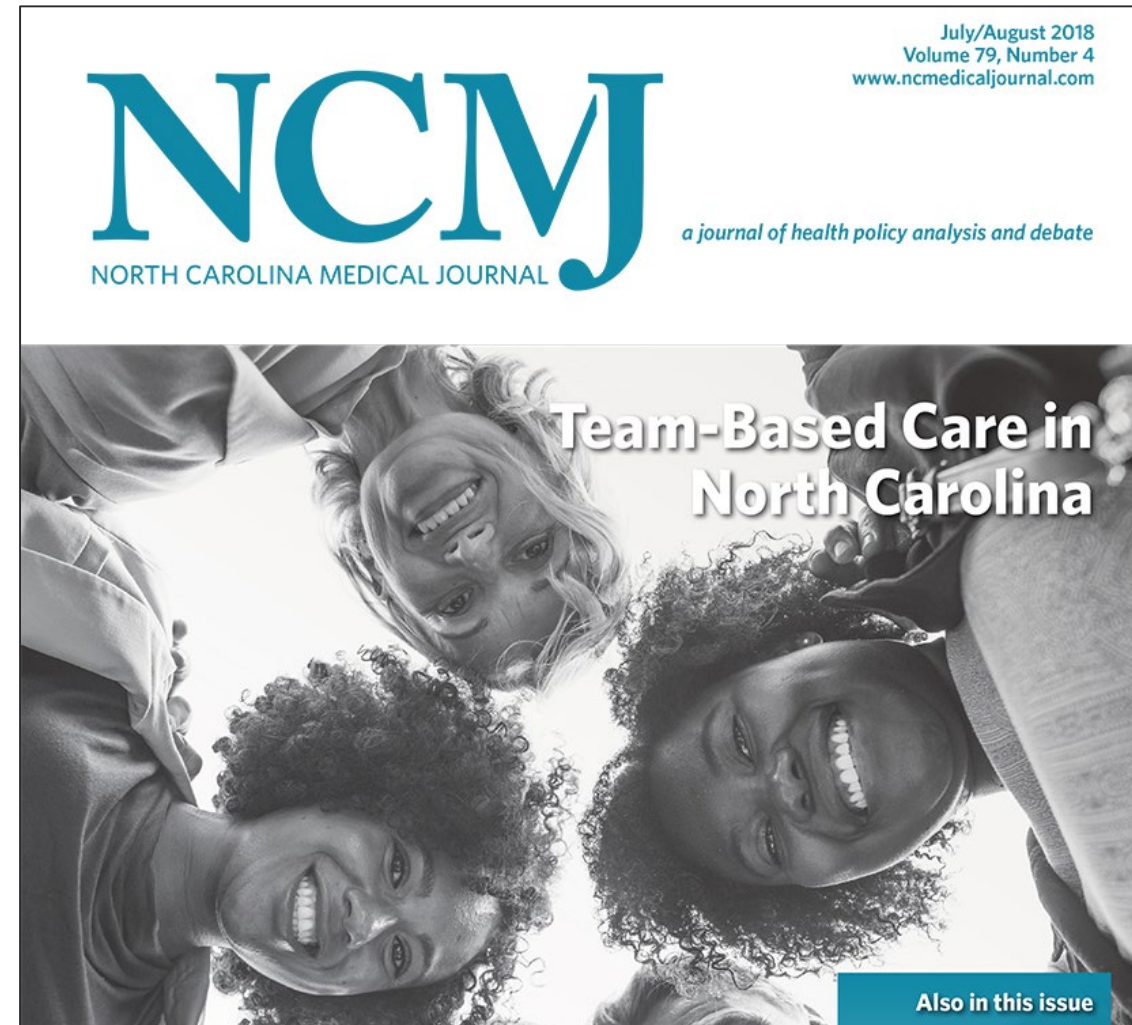
CHRONIC
KIDNEY DISEASE



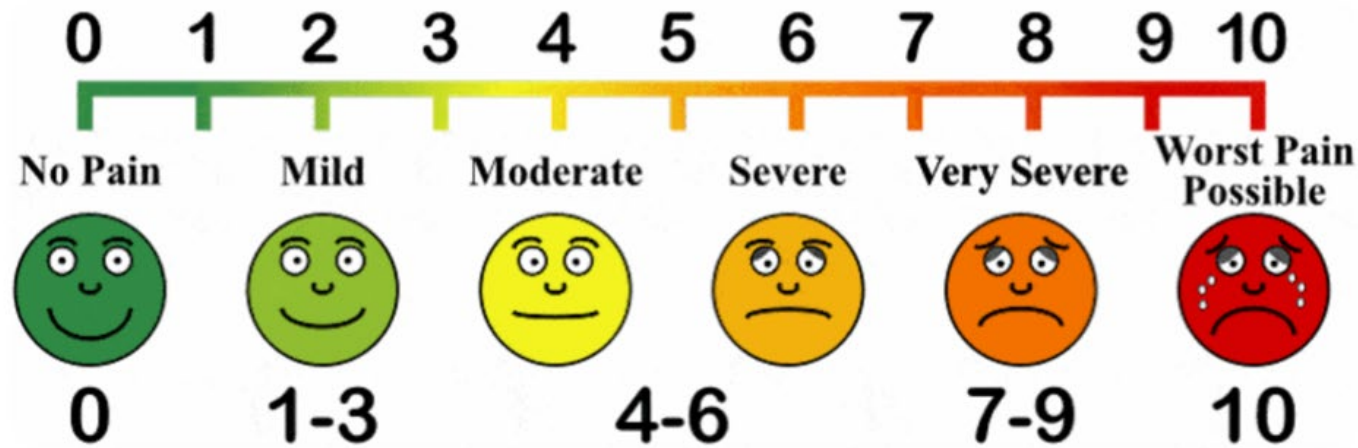
90% of the nation's \$3.5 trillion in annual health care expenditures are for people with chronic and mental health conditions.^{1,2}



... but ... with few exceptions ... our health care system hasn't adapted



Current "Hyper Focus" on 2 Numbers



VAS
Pain Severity
Score



MME
Morphine Milligram
Equivalent

What Do These Numbers Really Tell Us?



= MME 60 =



= VAS 8 =



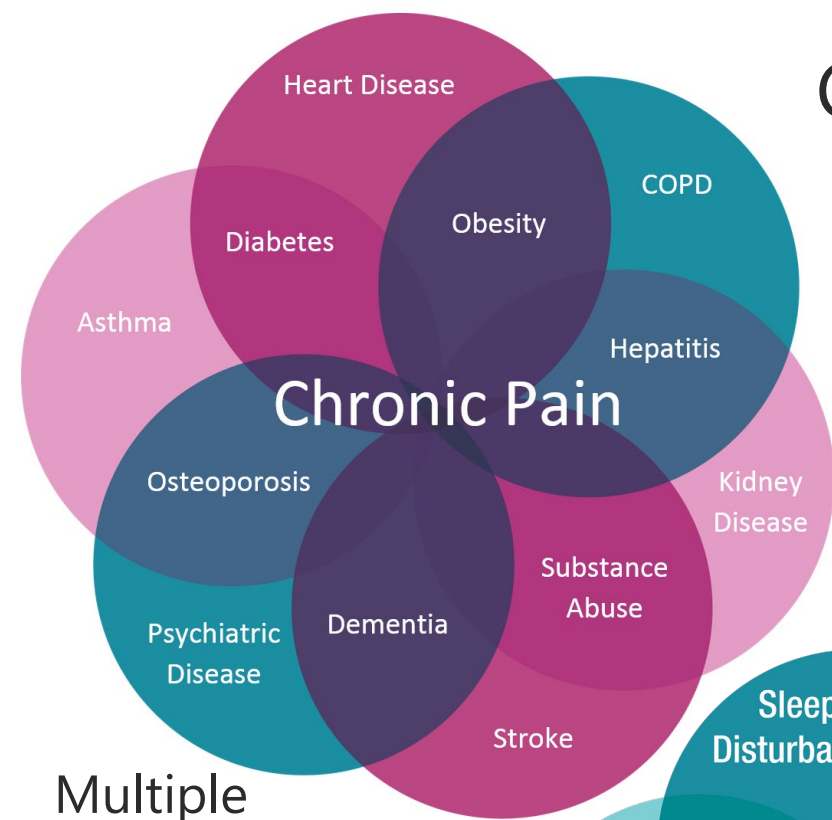
THERE'S MORE TO THE STORY

Chronic Pain Does Not Exist in a Vacuum – Rather a Complicated Messy Environment (aka a “Person”)

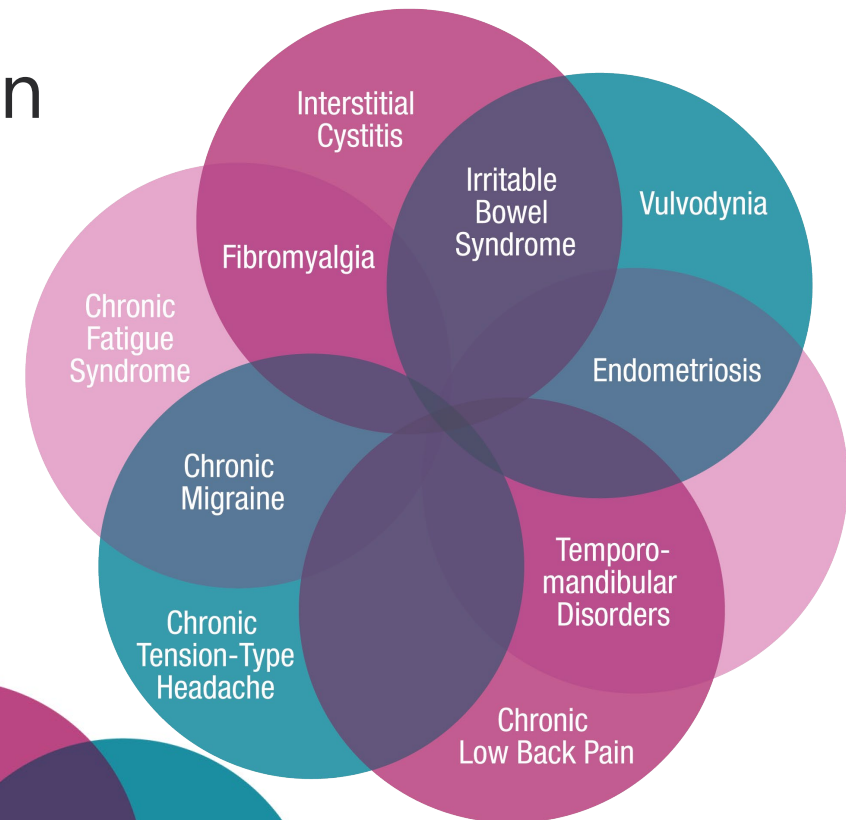


Complexity of Chronic Pain

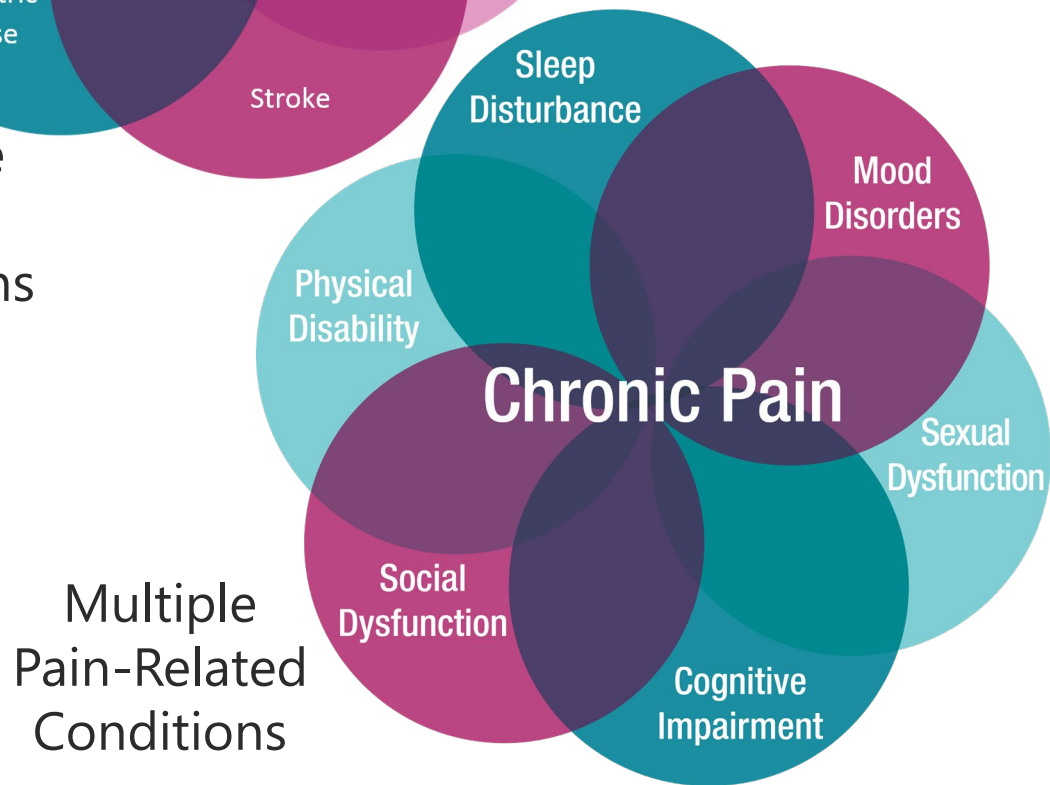
Experience is Highly Individual



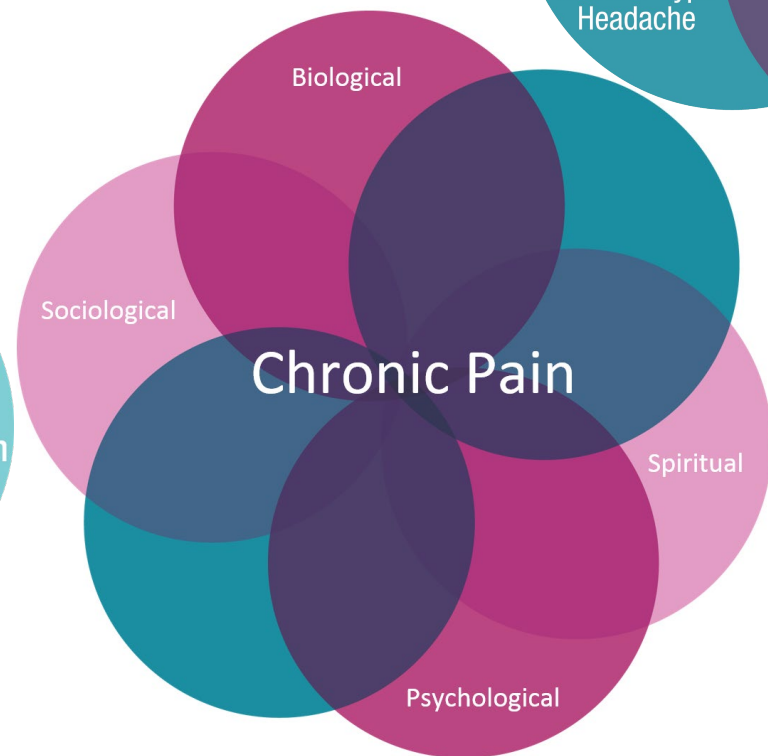
Multiple
Chronic
Conditions



Multiple
Pain
Conditions



Multiple
Pain-Related
Conditions



Bio-Psycho-
Social-Spiritual



What is IMPORTANT and CLINICALLY MEANINGFUL to patients?





Patient-Focused Drug Development

FDA Wants To Hear From Patients



**U.S. FOOD & DRUG
ADMINISTRATION**

Public Meeting on Patient-Focused Drug Development for Chronic Pain

July 9, 2018

FDA “Voice of the Patient: Chronic Pain” – March 2019

“Input underscore the **diversity** of experiences with chronic pain ...
the **complexity** of selecting an appropriate treatment ...
and the **broader challenges** individuals face in accessing care,
treatment, and support.”

FDA “Voice of the Patient: Chronic Pain” – March 2019

Key Theme #1

The health effects of chronic pain are pervasive and wide ranging.



FDA “Voice of the Patient: Chronic Pain” – March 2019

Key Theme #2

Chronic pain affects ALL aspects of individuals’ lives.

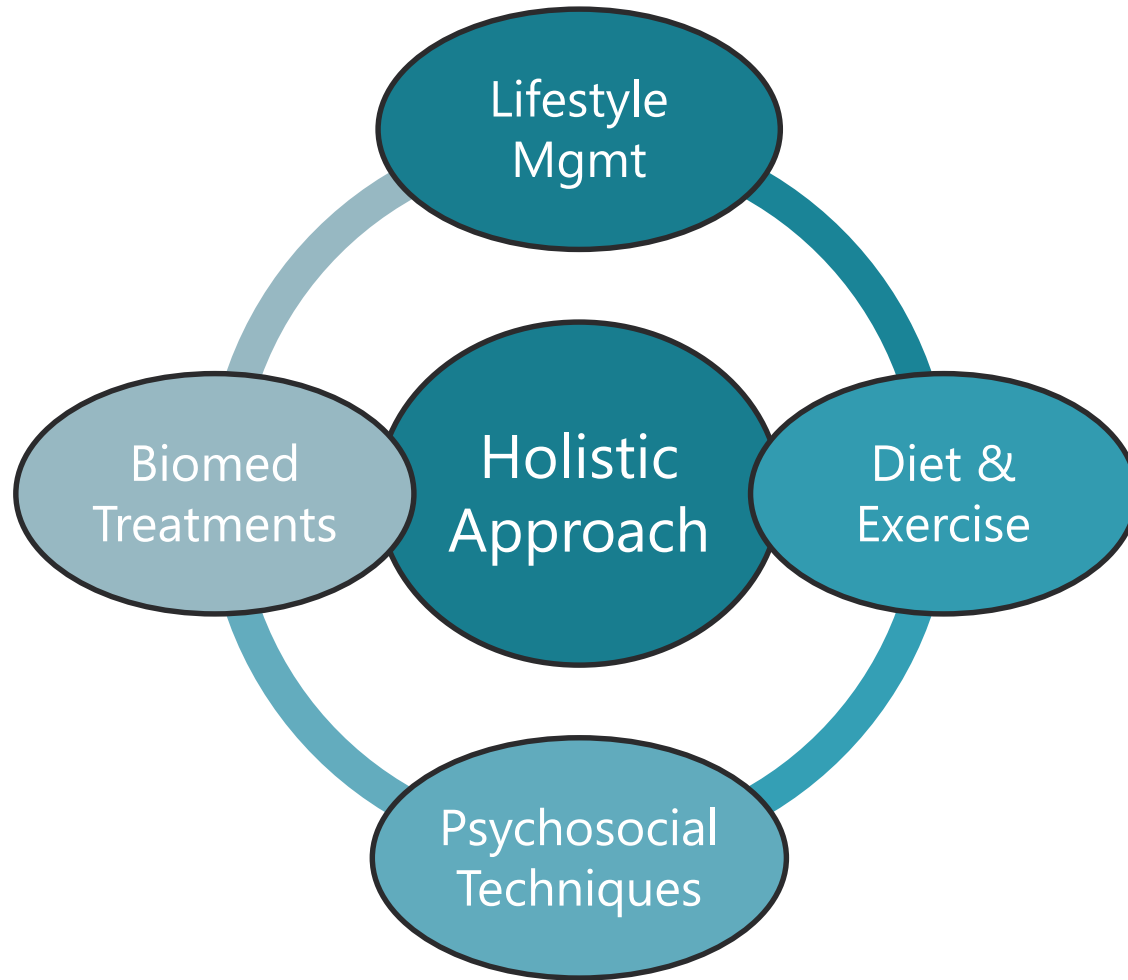


FDA “Voice of the Patient: Chronic Pain” – March 2019

Key Theme #3

Patients reported difficulty in achieving pain relief.

Effective pain management requires multidisciplinary approach tailored to the individual.



U.S. Pain Collaborative

- Collaborative project among 6 patient advocacy organizations:

- Chronic Pain Research Alliance, US Pain Foundation, For Grace, Reflex Sympathetic Dystrophy Association, International Pain Foundation & Hereditary Neuropathy Foundation
- Support from VOZ Advisors & Grunenthal

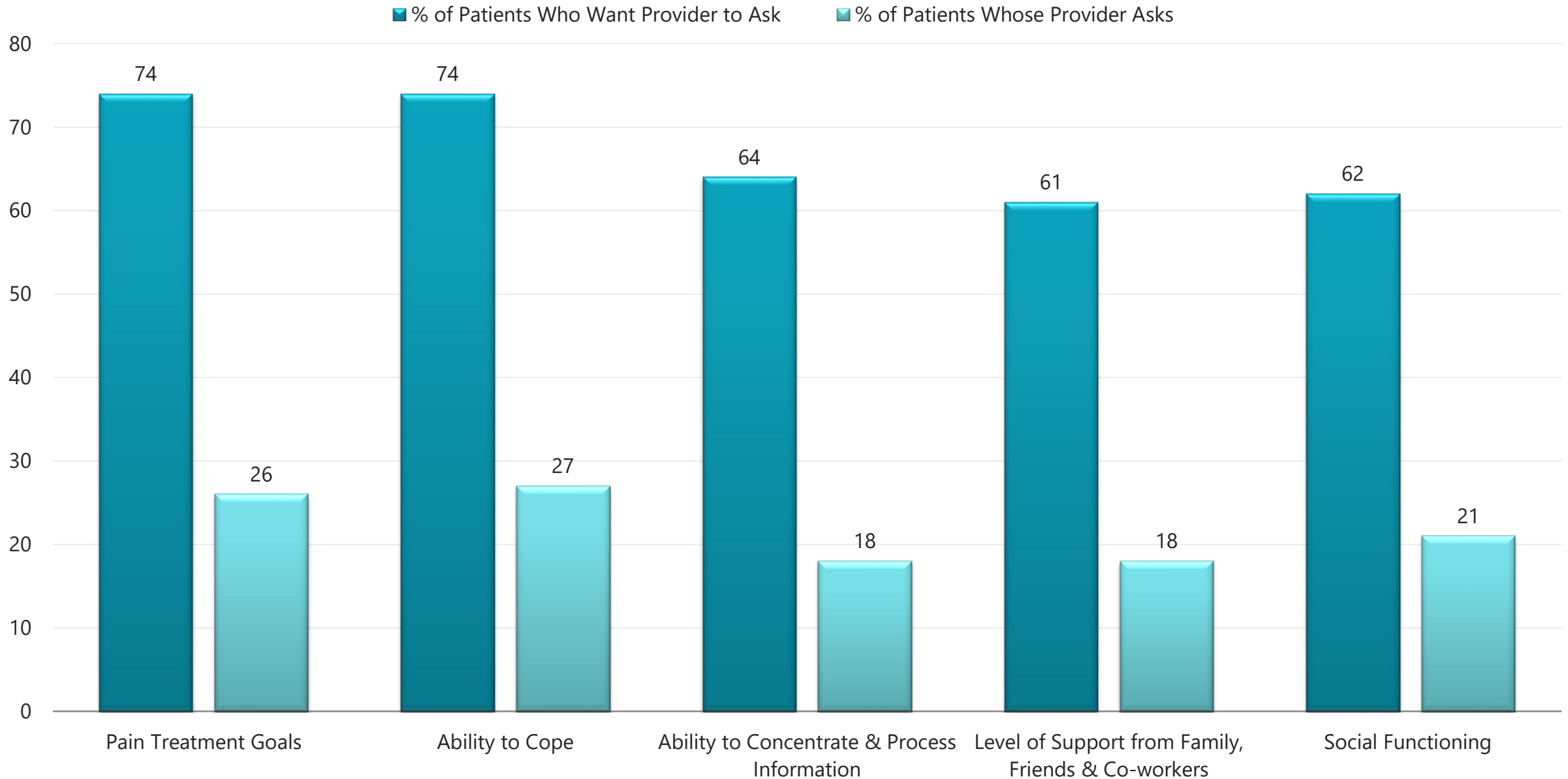
- Goals:

- What questions do chronic pain patients want their provider(s) to ask them?
- What is the discrepancy between what providers ask and what patients want to be asked?

- Survey Information:

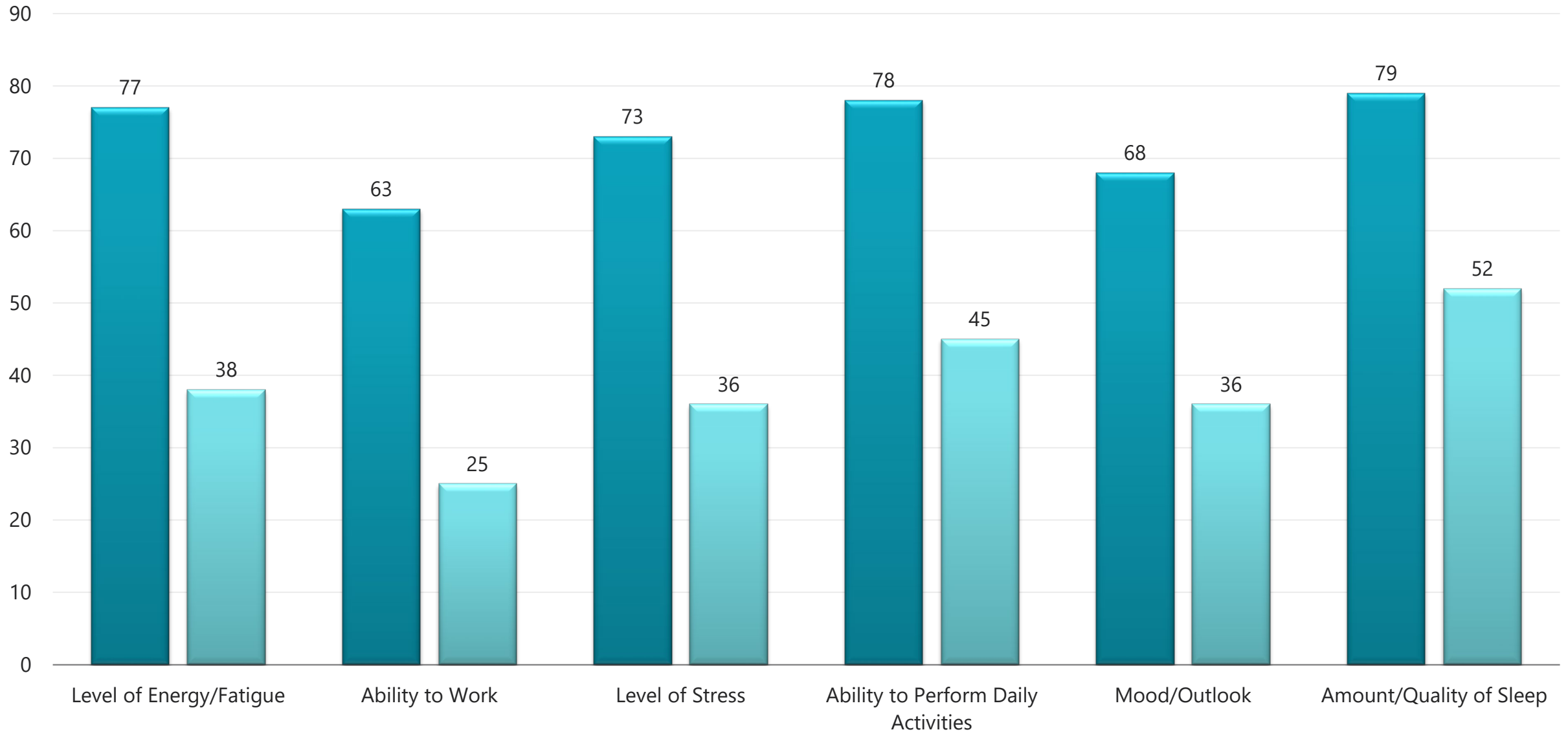
- n~1500 patients aged 18-80+ years
- 2/3 of respondents lived with chronic pain for 10+ years
- Variety of conditions represented: CRPS, back pain, arthritis, migraine, fibromyalgia, vulvodynia, IC
- 30% seeing 3+ providers (60% managed by primary care, 50% pain medicine/management)

U.S. Pain Collaborative Survey Findings



U.S. Pain Collaborative Survey Findings

■ % of Patients Who Want Provider to Ask ■ % of Patients Whose Provider Asks



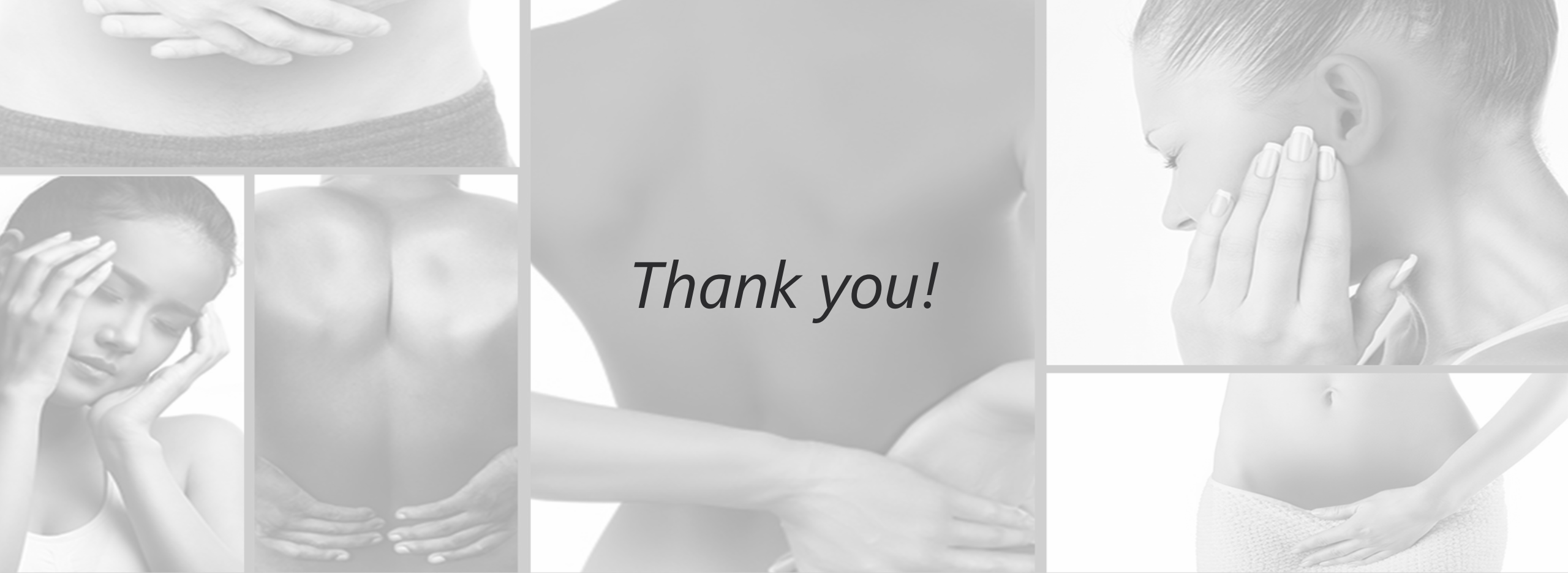
U.S. Pain Collaborative – Other Major Findings

- Only 29% felt it was important for their pain to be evaluated on a numeric scale
- > 90% indicated changes are needed to the way providers evaluates chronic pain
- > 50% stated that they would like to work with their provider to decide which questions about chronic pain and which pain measurements are best for them
- Evaluated a number of established pain evaluation assessments (BPI, VAS, Global Pain Scale, McGill Pain Questionnaire, QOL scale, West Haven-Yale Multidimensional Pain Inventory, etc.)
 - 45% of respondents indicated they were “somewhat useful” but did not fully capture the chronic pain experience
 - Of the scales, McGill best captured the chronic pain experience (although still incomplete)





OLD	NEW
Sole/major focus on pain severity/frequency in isolation	Complex, multi-system disorder - with focus on function/QoL
Disease Model	Wellness Model <ul style="list-style-type: none">- Focus on understanding factors related to how one can “live well” with chronic illness- Brain health
Sole/major focus on risk factors and factors that can worsen chronic pain	Equal focus on risk/worsening factors AND protective/resilience factors
Focus on “how bad” things are (i.e., how bad has your pain been?)	What are your goals? What is chronic pain stopping you from doing that is important to you? How can we work towards changing that?
“One size fits all” approach decided upon by clinician only	Individualized, patient-centered approach that assesses all conditions/factors that influence (or are influenced by) chronic pain



Thank you!

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