

Consortium Pain Taskforce White Paper Summary

Evidence-based Nonpharmacologic Strategies for Comprehensive Pain Care*

Background and Problem: Section 1 of White Paper

Pain care in America is in crisis. The prevalence of pain in the US is high despite costly, well-intentioned medical responses, which rely mainly on pharmaceuticals and high-tech interventions. In response, the NIH National Pain Strategy,¹ the National Academy of Medicine (NAM),² the updated pain mandate from The Joint Commission (TJC),³ the US Food and Drug Administration (FDA),⁴ and the American College of Physicians (ACP)⁵ recommend evidence-informed, comprehensive pain care that includes evidence-based nonpharmacologic options while conceding that past strategies generally and the use of opioid medications specifically, have not remedied but rather exacerbated chronic pain, abuse, addiction, illness behavior and disability. Thirty seven State Attorneys General have appealed to the America's Health Insurance Plans (AHIP) asking them to include and incentivize evidence-based non-opioid treatments for pain.⁶

There is pressure for pain medicine to shift away from the reliance on opioids, ineffective procedures and surgeries to incentivize comprehensive pain management that is patient centered and includes evidence-based nonpharmacologic options. Transforming the system of pain care to a responsive comprehensive model necessitates that options for treatment and collaborative care must be evidence-based and include effective nonpharmacologic strategies that have the advantage of reduced risks of adverse events and addiction liability.

Solutions, Evidence and Recommendations: Section 2 of White Paper

Comprehensive pain care options must be rooted in evidence-based medicine and focused on individual patient needs and preferences. Effective interventions that are conservative with low risk must be considered among first options. Evidence-based nonpharmacologic strategies are effective, low risk, acceptable to patients, and promote patient participation and self-efficacy. These should play a central role in comprehensive pain care.

Evidence-based nonpharmacologic options for pain are safe and effective components in comprehensive pain care. Citing primarily systematic reviews with meta-analyses, these therapies

- are used as standalone interventions or work in combination with medications, procedures or surgery
- have been shown to reduce the need for opioids to manage post-surgical and acute pain, reducing the risk of progression to chronic opioid use
- have been shown to reduce pain while also reducing anxiety and depression, nausea and vomiting, facilitating restful sleep, and increasing a patient's sense of well-being and desire to participate in their own recovery
- have been shown not only to reduce chronic pain but to improve function with benefits lasting well beyond intervention periods
- have been shown to provide economic benefits based on evidence of cost-effectiveness, cost savings through avoided high tech conventional care, lower future healthcare utilization, and through a reduction of productive loss for employers as a result of engaging healthier lifestyle choices, benefiting the whole person in addition to a targeted disease or condition.

Recommendations

The Consortium Pain Task Force (PTF) recommends evidence-based nonpharmacologic pain therapies as part of comprehensive pain care for patients with acute, chronic and/or cancer pain. Recommendation are based on the evidence detailed in the Consortium Pain Task Force White Paper and align with the NIH National Pain Strategy,¹ NAM,² the CDC opioid guidelines,⁷ the updated pain mandate from TJC,³ the FDA,⁴ and the ACP.⁵

- **The Consortium PTF recommends inpatient access to effective nonpharmacologic therapy options including**
 - ✓ Acupuncture therapy, massage therapy, mind/body interventions, music therapy, transcutaneous electric nerve stimulation (TENS).
- **The Consortium PTF recommends referral to a course of effective nonpharmacologic care for ambulatory patients with acute and subacute pain, chronic pain and cancer pain as part of a comprehensive pain plan. Evidence-based nonpharmacologic options for ambulatory pain include**
 - ✓ Acupuncture therapy, chiropractic and osteopathic manipulation, massage therapy, physical therapy, mind/body therapies such as MBSR and CBT and movement therapies such as yoga and Tai chi in addition to exercise and PT.

Call to Action: Section 3 of the White Paper

The Consortium Pain Task Force goals in a call to action are to

- increase awareness of effective nonpharmacologic treatments for pain
- train healthcare practitioners and administrators in the evidence base of effective nonpharmacologic practice
- advocate for policy initiatives that remedy system and reimbursement barriers to evidence-informed comprehensive pain care and
- promote ongoing research and dissemination of the role of effective nonpharmacologic treatments in pain, focused on the short and long term therapeutic and economic impact of comprehensive care practices

*Tick H, Nielsen A, Pelletier K, Bonakdar R, Simmons S, Glick R, Ratner E, Lemmon, RL, Wayne PM, Zador, V. The Pain Task Force of the Academic Consortium for Integrative Medicine and Health. Evidence-based Nonpharmacologic Strategies for Comprehensive Pain Care. A Consortium Pain Task Force White Paper; www.nonpharmpaincare.org; December 15, 2017

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The Academic Consortium for Integrative Medicine & Health (the Consortium) is a 72 North American institutional member organization of esteemed academic medical centers and health systems whose mission is to advance evidence-based integrative medicine and health in research, curricula and sustainable models of clinical care.