

## Combating a \$100B issue plaguing millions: 4 key thoughts on an integrative approach to pain management **Featured**

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Back pain is a prevalent and often debilitating condition impacting thousands of Americans. Throughout the United States, 76.2 million people suffer from pain. Chronic pain **costs** the United States \$100 billion annually, with low back pain being the most commonly reported type of pain. Patients suffering from low back pain often have limited activity and seek medical experts to help alleviate this pain.

Pain management physician Winifred Bragg, MD, CEO and medical director of Spine and Orthopedic Pain Center in Norfolk and Chesapeake, Va., has treated patients with acute and chronic spinal and orthopedic problems for more than 20 years. Throughout her career, Dr. Bragg has seen how pain mismanagement has compromised a patient's care and why an integrative approach is crucial in helping management pain.

Here are four key thoughts:

1. **Controlling pain from the onset is key.** When patients fail to obtain treatment for acute pain early on, they have a greater likelihood of developing chronic pain, Dr. Bragg explains. Therefore, Dr. Bragg said providers should employ a comprehensive pain management approach in which they conduct a thorough work-up to identify the source of the patient's pain.

"With comprehensive pain management, appropriate medications are given in the acute phase. For example, patients with neuropathic pain respond better to an anticonvulsant, yet too often, they are given opioids," Dr. Bragg explains. "This leads to mismanagement, resulting in high costs spent on unnecessary diagnostic tests and delays in returning to work."

Many patients Dr. Bragg sees develop chronic pain following back surgery, even though the patient did not try all of the viable nonsurgical options. A conservative approach may serve a patient's needs better, and surgery should be the final option when providers have exhausted nonsurgical options.

"At that point, patients recognize that surgery is their final option -- and feel better knowing that they had a chance to explore the alternatives," Dr. Bragg adds.

**2. Spine surgeons and pain management specialists should work together.** Working closely with spine surgeons has yielded better results for many of Dr. Bragg's patients. As CEO and medical director of Spine and Orthopedic Pain Center, this integrative approach allows patients to have coordinated care and better pain management.

"I believe that pain specialists who are trained to perform interventional techniques, give comprehensive neuromuscular examinations and assess function are the most helpful to spine surgeons," Dr. Bragg says. "When the pain specialist only performs interventional techniques, but is not trained to assess gait abnormalities and changes in the neuromuscular examination, for example, this is of limited benefit to the spine surgeon."

When pain specialists cannot conduct neuromuscular examinations, spine surgeons cannot always address such a change in a timely manner, which may negatively impact a patient's quality of care.

**3. Many providers are using a multimodal approach to pain management.** Patients undergoing intensive orthopedic procedures such as total hip and knee arthroplasty now have better options for patient management. Many providers employ a multimodal approach, which often uses regional anesthesia for one key reason — to limit narcotic consumption. Therefore, a patient does not suffer from narcotic-related side effects in addition to other benefits including a shorter hospital stay and enhanced function. Over the past decade, providers are increasingly using preemptive analgesia, which minimizes a patient's pain before the surgery, during the procedure and the initial postoperative period.

"The primary goal of modern pain management is to reduce pain at both the central and the peripheral levels, in combination with preemptive analgesia using a multimodal protocol," Dr. Bragg says. "This strategy enhances restoration of function by allowing patients to participate in the rehabilitation programs more effectively, and improves their overall postoperative outcome."

**4. Doing more with less — Providers are prescribing less medication.** Dr. Bragg explains research needs to focus on learning how to get rid of a patient's pain without the use of medication, which can often cause unwanted side effects. Providers can prescribe patients an individualized physical therapy program which will work to limit the need for medication.

"The practice of acute pain management must be expanded to help decrease the onset of chronic pain. Working closely with the physical therapists can ensure that the patient is adhering to their program," she says. "Striving to treat the patient with the minimal effective dose of medication is also critical. Medication adjustments need to be made as the patient progresses, while high dose pain medications should be discouraged."