

## Health Care Providers Offer New Prescriptions for Pain

The medical community is expanding focus to include improving patients' physical and emotional health.

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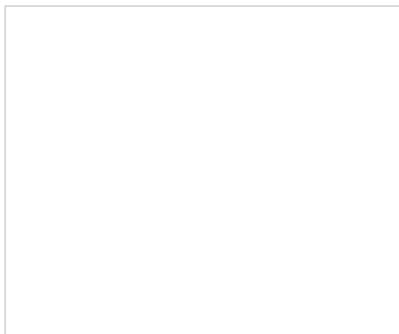
Health care providers look beyond pills and traditional prescriptions to help patients manage pain.  (GETTY IMAGES)

**ESTY GORMAN SUFFERED** "horrific" headaches for three years, undergoing MRI scans, epidural injections, physical therapy, massage therapy and acupuncture in search of relief. Percocet alone numbed the pain, and she "hit her lowest point" when, after being turned away from surgery, she faced a life taking pain medication – especially since her father, a doctor who suffered from chronic pain, had died after overdosing on demerol. Then, at a workshop on pain, she tried expressive writing, jotting down her stressors and then ripping the paper up. "I could feel my body relaxing," Gorman says. Although writing is not a proven treatment, within six months she was pain-free.

An estimated 100 million Americans suffer from pain, and the go-to treatment typically has been a prescription for [opioids](#). Indeed, prescriptions for hydrocodone and oxycodone have quadrupled since 1999. Now, with drug overdose the leading cause of accidental death in the U.S., and opioid addiction driving the epidemic, medicine is aggressively turning to new approaches. Emerging trends focus on improving physical and emotional health and counseling patients to realize their own role in relieving their pain, says Bhiken Naik, an anesthesiology and neurosurgery professor at the University of Virginia Health System.

The workshop Gorman attended, led by David Hanscom, a spine surgeon at Swedish Medical Center in Seattle, explored the link between anger and anxiety and pain; she realized that her headaches had started six months after a breakup and had worsened the

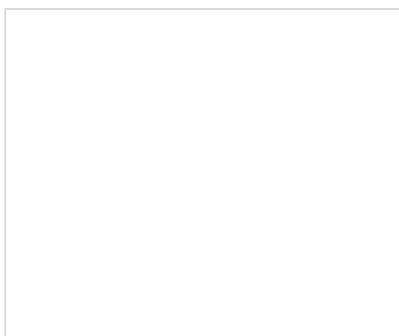
longer she went without answers. Centers for Disease Control and Prevention guidelines published in 2016 recommend that physicians turn to cognitive behavioral therapy, exercise and patient education first, along with nonopioid medications. Pain specialists add that massage, physical therapy and stretching techniques, along with ultrasound therapy, heating pads, cryotherapy, and applying low-voltage electrical currents help many people. "Even a simple, regular walking regimen can greatly improve overall health and pain control," says Peter Staats, a pain specialist at Premier Pain Centers in New Jersey.



While opioids still can be a safe option, they increasingly are being used ultracautiously and as a last resort. Instead, there's a growing focus on the possibility of a psychological component to pain that needs attention. "It's a huge part of treatment," says Stephen Esper, a professor in the University of Pittsburgh Medical Center's department of anesthesiology. Because pain and certain emotions are tightly intertwined, he says, as long as anxiety and anger pathways are fired up, they will keep the pain circuits firing, too. Negative emotions can amplify the experience of pain, Staats says, and a positive outlook can ease it.

Hanscom recommends a combination of sleep, exercise, meditation and expressive writing to steer patients away from opioids or surgery. "Sleep was totally key," says Deborah Gray, 53, whose chronic neck pain has disappeared since she attended a workshop and began using guided imagery and hypnotherapy to fall asleep. At UPMC, instead of walking out with a prescription for opioids, patients might leave with a "prescription for wellness" giving a phone number for a wellness coach who might help with, say, a daily exercise routine.

UVA and UPMC are both expanding their Enhanced Recovery After Surgery programs to treat surgery pain using as little opioid medication as possible. This includes combining opioids and nonopioids, getting patients on their feet immediately after surgery, and not having them fast for as long beforehand. It's all about keeping the body as functional as possible, says Jennifer Holder-Murray, a colon and rectal surgery professor at UPMC.



The latest research focuses on neuromodulation or "electroceuticals," devices smaller than a piece of spaghetti that are placed under the skin and emit electrical pulses to interrupt pain signals sent to the brain. Spinal cord stimulation is already being used to treat chronic lower back pain, but newer research is looking into more targeted approaches. Stimulating the vagus nerve through the skin in the neck, for example, can potentially ease pain from rheumatoid arthritis and headaches. Similarly, small electrodes can be strategically placed prior to knee surgery, or in the shoulder after a stroke, to greatly reduce pain.

***Excerpted from U.S. News' "Best Hospitals 2018," the definitive consumer guidebook to U.S. hospitals. [Order your copy now.](#)***