

# Psychologist collaborates on pill-free protocol for treating chronic pain

May 20 2016, by Lizzie Hedrick

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Chronic pain and subsequent addiction to prescription pain killers are emerging as among the greatest health crises in the United States. Joan Broderick's research seeks to manage pain through outlets other than medication.

Chronic pain has emerged as one of the most onerous health problems facing Americans—leading to depression, loss of livelihood and, in

many cases, addiction to prescription pain killers.

According to [an investigative report](#) published on May 5 in the *Los Angeles Times*, "Over the last 20 years, more than 7 million Americans have abused OxyContin... The drug is widely blamed for setting off the nation's prescription opioid epidemic, which has claimed more than 190,000 lives from overdoses involving OxyContin and other painkillers since 1999."

Joan Broderick, senior behavioral scientist and associate director of the Center for Self-Report Science at USC Dornsife's Center for Economic and Social Research (CESR), conducted research to help patients cope with [pain](#) without relying on medication.

"We have a very pharmacologically oriented health-care system in the U.S. because with medications there is a clear path to marketing products," said Broderick, who is also a fellow at the USC Schaeffer Center for Health Policy and Economics.

A clinical psychologist, Broderick has a strong background in Cognitive Behavioral Therapy—a discipline created to solve problems, such as depression, anxiety and addiction, and change thinking patterns and behaviors that exacerbate symptoms. Broderick proposed a different approach to delivering treatment to pain. Her model is innovative in that she trains nurse practitioners in clinics to offer patients tools to cope with pain and integrate healthier thinking patterns.

"By using nurse practitioners, we increase patients' access to this treatment," Broderick explained. "Nurse practitioners are exceptionally adept at delivering [chronic-pain](#) management interventions."

The program—which was tested through a National Institutes of Health grant from 2006-12 in doctor's offices in New York, North Carolina and

Virginia—trains [nurse practitioners](#) to implement a 10-appointment series of coping strategies for [chronic pain patients](#). It includes progressive-muscular relaxation training, guided imagery, activity-pacing, distraction techniques and other problem-solving strategies patients can use both to stave off flare ups and deal with them when they happen.

"This was the largest clinical trial of pain coping skills training ever conducted with a sample size of over 250 patients," Broderick said. "We found significant reductions in pain intensity, improved physical functioning, reduced fatigue and reduced use of pain medications, and the effects lasted at least 12 months."

The nurses trained in this highly prescriptive protocol enjoy partnering with patients in their treatment plans, Broderick said.

"To get a patient to exercise, for example, you first have to get him or her to consider doing it and then work together to decide what form, when, how often," she said. "That requires a dialogue focused on facilitating patient engagement."

Although her approach may seem more time- and money-intensive than surgery or pills, Broderick believes that in the long run a more integrative approach is highly cost effective.

"When you look at the cost of an MRI or the multiple drugs many patients are on—compounded by their impairment of functioning at work—there are enormous costs associated with the way in which we now approach chronic pain," she said. "Given this reality, there is a compelling argument for introducing more comprehensive, multidisciplinary approaches to the management of chronic pain."

She also believes we are at the beginning of an important shift in the way

in which medical care is delivered in this country.

"Our intervention is based on patient engagement—patient participation in their own welfare," she said. "Traditionally, we have trained [patients](#) to be passive and believe that a pill or a surgery will fix them immediately and they don't have to do a whole lot. But clearly, at least in the case of pain, we see that model doesn't work well."

Chronic illness associated with behavior choices such as poor nutrition, sedentary lifestyles, drinking, smoking and drug abuse are becoming more prevalent and increasingly burdening our medical care system.

"Integrating our protocol is just the tip of the iceberg," Broderick said. "For it to be maximally effective, it will need to be in the context of an overall approach to disease management that is more reliant on [patient engagement](#) and empowerment."

Provided by University of Southern California

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