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Mayo Clinic Study Finds Chronic Pain Patients at High-Risk for Comorbid Substance Abuse Benefit from Substance Use Education

February 24, 2012, Palm Springs, CA—Research presented today at the American Academy of Pain Medicine's 28th Annual Meeting shows that substance use education incorporated into a cognitive behavioral rehabilitation programming is effective to improve pain and function for the chronic pain patient at high-risk for comorbid substance abuse.

The results of the study conducted at Mayo Pain Rehabilitation Center, Rochester, MN, were presented today by Sarah E. Hayes and W. Michael Hooten, MD, Associate Professor of Anesthesiology at Mayo Clinic. The study addressed substance use in chronic pain patients, and the researchers aimed to determine the efficacy of a 3-week interdisciplinary pain rehabilitation treatment for patients with chronic pain who have an increased risk of substance abuse. With 50 percent of their patients clearly candidates for an addiction treatment program, the Center began to incorporate substance use education into their interdisciplinary pain rehabilitation program. Not only could patients improve their functioning and mood as it related to their pain, but they could also begin to explore and increase their awareness of their substance abuse risk.

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The study was approved by an Institutional Review Board and consisted of 476 patients with debilitating chronic pain consecutively admitted to the Mayo Pain Rehabilitation Center from February 2010 to May 2011. Upon admission, patient functioning was assessed using the Multidimensional Pain Inventory, Center for Epidemiological Studies-Depression, Pain Self-Efficacy Questionnaire and Pain Catastrophizing Scale. The patients experienced longstanding pain of nine years or more, with back pain, fibromyalgia and headache most common. The average age was 45 years, with a range from 18 to 90 years old. The average years on opioid therapy averaged 3.9 years, with the average MED = 130 mg. The patients were categorized into two groups: the high-risk (n = 246) patients who had a history of chemical dependency, high-dose opioids and/or mood altering substances and the low-risk patient group (n = 230).

“What we found was that the high-risk patients and the low-risk patients did not differ at all in general demographics, pain duration, or years of opioid use, but the high-risk patients scored more poorly on the initial assessment testing,” comments co-investigators Cynthia O. Townsend, PhD, and Joan Cronin, CNS. The high-risk patients reported greater depression, pain catastrophizing, pain interference, and poorer pain self-efficacy ($p \leq 0.001$). They also used opioids, benzodiazepines, marijuana, tobacco, and alcohol at higher frequencies (≤ 0.001).

The patients attended the program five days a week from 8:00 am – 4:30 pm where they engaged in a multitude of interventions including physical therapy, physical reconditioning, occupation therapy, educational content and group sessions about the effects of chronic pain on one’s life, specifically on physical and emotional functioning. “As the opioid epidemic has worsened, we clearly recognized the need for specialized content for those individuals with comorbid substance use disorders, not just opioids, but alcohol, marijuana, and other drugs,” members of the research team concluded.

Upon completion of the 3-week program, repeated measures analysis of variance revealed improvement in all treatment outcome measures ($p \leq 0.001$). There were no differences between high- and low- risk patients aimed at discharge, indicating significant functional improvement. The study concluded that substance use education incorporated into cognitive behavioral rehabilitation programming is effective to improve pain and function for chronic pain patients at high-risk for comorbid substance abuse.

[View Poster 194](#) - *Chronic Pain and Personality: Importance of Neuroticism, Conscientiousness in an Interdisciplinary Pain Rehabilitation Program*

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The American Academy of Pain Medicine is the premiere association for 2,400 pain physicians and their treatment teams. Now in its 28th year of service, the Academy's mission is to optimize the health of patients in pain and eliminate it as a major public health problem by advancing the practice in the specialty of pain medicine. More information is available at www.painmed.org.

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