

PAIN news

Fall 2014

News from **The Pain Center of Arizona** www.ThePainCenter.com

PAIN Q&A

With Dr. Todd Turley

SOLUTIONS TO DRUG ABUSE

*Introducing state legislation to
implement ADFs*

PAIN AWARENESS MONTH



PAIN Q&A

WITH INTERVENTIONAL PAIN SPECIALIST, DR. TODD TURLEY, M.D.



How is interventional pain management different than traditional pain management?

Typically, when someone thinks of a traditional pain management physician, they think of a physician handing out pain medications. However, this is only one aspect of chronic pain management. Interventional pain specialists use procedure-based treatments to manage both acute and chronic pain.

The best type of pain management is a combination of both traditional pain management and interventional pain management. When a physician uses a multimodal approach to management of pain, the patient is able to achieve the best results with both pain control and management of lifestyle. In addition to medication management and interventional therapy, we use physical therapy, manipulation therapy, psychological counseling, and surgical

interventions. This multi-disciplinary approach to pain medicine is what we try to achieve at The Pain Center of Arizona.

When should someone see a pain specialist?

Primary care providers usually manage acute pain and temporary exacerbations of chronic pain. Usually, a pain physician will get involved when the pain becomes prolonged and is not well controlled with basic treatments. The first month of a pain syndrome is what we call the acute phase. Typically, the pain will begin to abate within the first 4 weeks, and the patient should begin to notice significant relief without requiring further treatment. Sub-acute pain is defined as pain lasting between one to 3 months.

Usually, a pain physician will start to be involved once a patient starts to get into the sub-acute phase. This might require more aggressive medication management, interventions, or physical therapy. Pain physicians will also get involved during the acute phase if there is a more serious concern such as a radiculopathy with nerve injury, which can be seen by progressive numbness or weakness.

If a patient's condition cannot be improved with minimally invasive techniques, what happens?

Further treatments will be based on what the underlying problem is. If there is something surgical that can be addressed by an orthopedic surgeon or a neurosurgeon, a referral will be made to the specialties. There are

more aggressive interventions that can be performed at The Pain Center of Arizona as well. For example, I will frequently see consultations for people with low back pain that have already had a discectomy, laminectomy, or fusion. If a patient does not respond to minimally invasive interventions,

we can look at more aggressive interventions such as spinal cord stimulation. There are a number of other treatment options that are performed by pain physicians now including micro-discectomies and ligamentum flavum decompression for spinal stenosis.

– Todd Turley, M.D.

*Interventional Pain Physician
Deer Valley Clinic*

A Call for State Legislation to Support an Increase in Abuse Deterrent Formulations (ADF) Allowing Chronically Ill Pain Patients Better Access to Life Giving Medication

A CALL FOR STATE LEGISLATION | By Barby Ingle, Chairman, Power of Pain Foundation

Over the past few years the conversations on opioid use have become more about the people abusing these medications and less about the patients who use them correctly. In the midst of abuse and diversion of prescription opioid medications, a negative spotlight is being shown to the public with attention on the health and societal consequences of what the abusers are doing with these medications. I propose we move the conversation of opioid use forward in a productive and positive patient health focus approach. We need to address restricting the access to those who are abusing their medications while keeping those who are in compliance from any penalty. We need to ensure the patients in pain have appropriate access to opioid analgesics.

One potentially important step towards the goal of creating safer opioid analgesics has been the development of opioids that are formulated to deter abuse. The FDA considers the development of these products a high public health priority.

I propose that we employ the use of opioid medications more effectively through the use of ADF. As a leader in the pain community and someone who advocates for thousands of pain patients each year, I strongly believe that we can combat the issues of abuse while still giving patients who need pain relief a safe, effective and accountable access to these medications. Removing barriers to the use of branded and non-branded, non-opioid pain medications will allow patients greater options with less chance of becoming dependent on them. Providing medications including ADF can be done through physical and chemical barriers: chewing, crushing, cutting, grating, or grinding must be prevented. ADF will have the most value if they are universally adopted so people cannot switch to other medications that do not have the correct formulation.

We know we must find a balance between the pain patients who truly need opioid medication for daily living and those who are abusing them. The responsible patients should



*Barby Ingle
Chairman, Power of Pain Foundation*

not be punished by the crackdown on prescription drugs and opioid abuse. There is a need to stem the tide of drug abuse, but not at the detriment to those who need proper and timely care and access to tools for better daily living so they may function in a more productive way in our communities and provide greater benefit to society as a whole.

7 STRANGE STRATEGIES FOR PAIN RELIEF

September is Pain Awareness Month and The Pain Center of Arizona actively searches for ways to help patients cope with painful symptoms. Aside from regular treatment and daily management, patients are encouraged to find coping methods that best help them. While physical therapy, medications, and a healthy diet can help relieve pain, these 7 interesting methods have actually helped people get rid of irritating pain symptoms. Take a look and see which ones work for you!

BREATHE SLOWLY

Try a few deep breaths the next time you're in pain.

SNIFF A GREEN APPLE

The aroma of an apple may ease headache pain. Just as cigarette smoke, perfume, and cooking aromas can trigger migraines, other smells may ease migraine pain.

EXPECT LESS PAIN

If you dread seeing the doctor, your stress and anxiety could be making it worse. Repeat to yourself, "No matter what the pain is, I can handle it."

LISTEN TO MUSIC

Try listening to your favorite music whenever you feel achy.

TALK ABOUT IT

Cognitive behavioral therapy (CBT) teaches people how to relax and use stress-relief tactics to ease pain. Focus on more positive things in your life to help boost optimism & feel-good endorphins in the brain.

SPICE UP YOUR MEALS

Pain relief could be waiting in your spice cabinet! Turmeric, a popular spice in curry dishes, contains curcumin, which is high in anti-inflammatory and antioxidant elements.

COUNT BACKWARDS

It may be a simple distracting method, but counting backward from 100 may help ease the pain of an injection or preparing for an appointment.

Talk to your Pain Center physician before you incorporate any of these strategies into your treatment to ensure your health and safety. For more information on how to relieve painful symptoms in the comfort of your home, talk to a physician at The Pain Center of Arizona today!



PAIN AWARENESS MONTH

THE PAIN CENTER OF ARIZONA

Get Back Into Life![™]

thepaincenter.com

P: (623) 516-8252 F: (623) 516-8253