

Webinar Series



Pain Management and MS

Tuesday, September 8, 2020

Presented by:

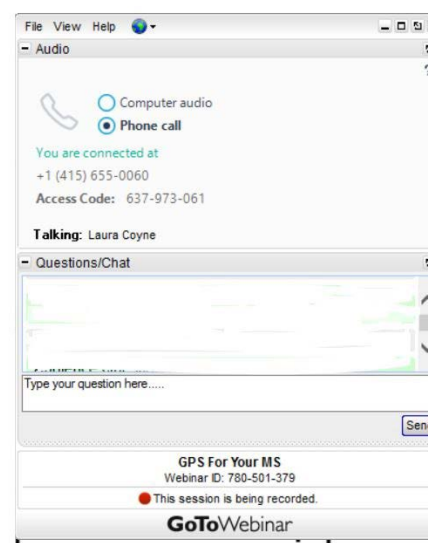


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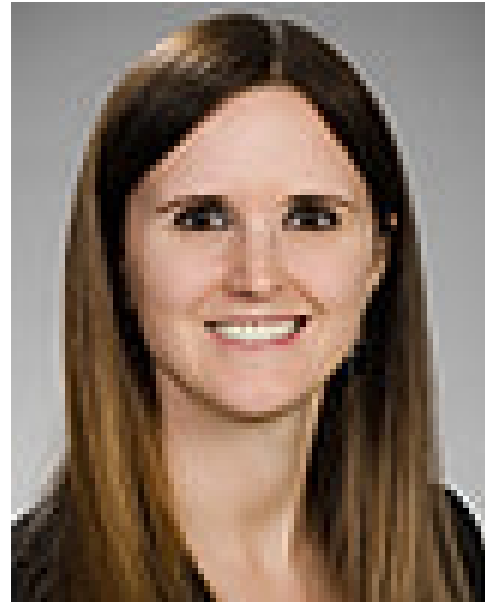
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Learning Objectives

- Understand the types of pain that can occur in MS.
- Understand the impact of pain on quality of life and relationships.
- Explore strategies for managing pain.

Definition of Pain

- An unpleasant sensory and emotional experience
- Associated with actual or perceived tissue damage
- “It's whatever the experiencing person says it is, existing whenever and wherever the person says it does.”
 - Margo McCaffery 1968
- An invisible MS symptom that is real, valid, and can be treated

Definition of Pain

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Characteristics of Pain in MS

Multi-factorial

- Many potential causes

Variable

- Can change hourly, daily, weekly

Unpredictable

- Not always the same pattern

Acute vs. Chronic

- Want to prevent acute pain from becoming chronic

Polling Question

Many people have difficulty describing their pain. What are some ways you describe your pain?

- a) Multiple causes
- b) Changes often
- c) Unpredictable
- d) Different locations
- e) Different sensations

Describing Pain

flickering	quivering	beating	jumping	flashing
pricking	boring	drilling	cutting	lacerating
mild	aching	constant	deep	superficial
intense	dull	tugging	wrenching	pins & needles
scalding	tingling	smarting	stinging	hurting
heavy	taut	rasping	splitting	tiring
exhausting	sickening	suffocating	fearful	frightful
terrifying	punishing	grueling	cruel	vicious
killing	wretched	binding	annoying	troublesome
miserable	intense	unbearable	spreading	penetrating
piercing	tight	numb	drawing	squeezing
tearing	cool	cold	freezing	nagging
nauseating	agonizing	dreadful	torturing	trigger points
electrical	lightening	bolts	pressing	excruciating
pounding	cramping	tight	crushing	piercing
knot-like	pinching	pulling	shooting	stretching
tender	gnawing	swollen	stinging	distressing
horrible	burning	stabbing	searing	lancinating
radiating	pulsing	throbbing	prickly	itchy
waves	sore	sharp	hot	intermittent

Polling Question

How often do you experience pain?

- a) Never
- b) Rarely
- c) Sometimes (less than half of days)
- d) Often (more than half the days)
- e) Very Often (nearly every day)

Prevalence of Pain in MS

- Affects 50% of MS population
- 20% of the MS population reports pain at disease onset
- 25% of the MS population report experiencing severe pain
- >50% of people with MS have pain in >1 place

Types of Pain in MS

- Pain can be directly related to MS
 - New lesion → optic neuritis (eye pain)
 - Spinal cord demyelination → neuropathic pain
- Pain can be indirectly related to MS
 - Gait/posture changes → joint pain
 - MS → depression → increases pain intensity
- Pain can be unrelated to MS, but still affect how you manage MS
 - Arthritis → new medications → interacts with MS medications

Types of Pain in MS

- Neuropathic pain
 - Caused by damage to the nerves
 - Often feels like burning, vibrating, electrical shocks, pins and needles, itching





Types of Pain in MS

- Musculoskeletal pain
 - Associated with injury to the muscle or bone (e.g., sprained ankle)
 - Often caused by changes in strength (weakness), flexibility (stiffness), or spasticity (uncontrollable tightening)
 - Example: foot drop → change in walking pattern → hip/back pain

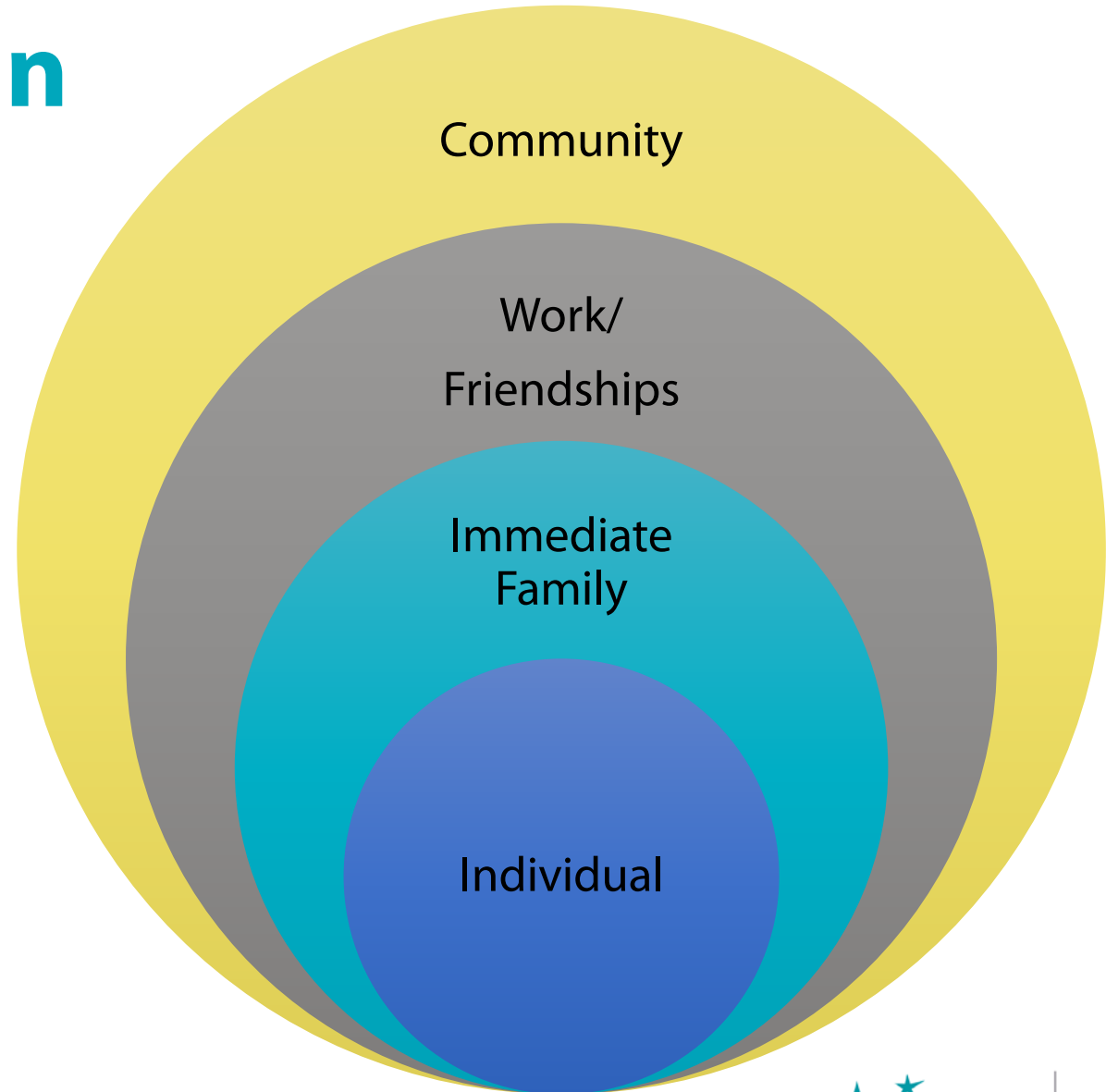
Polling Question

What type of pain do you experience?

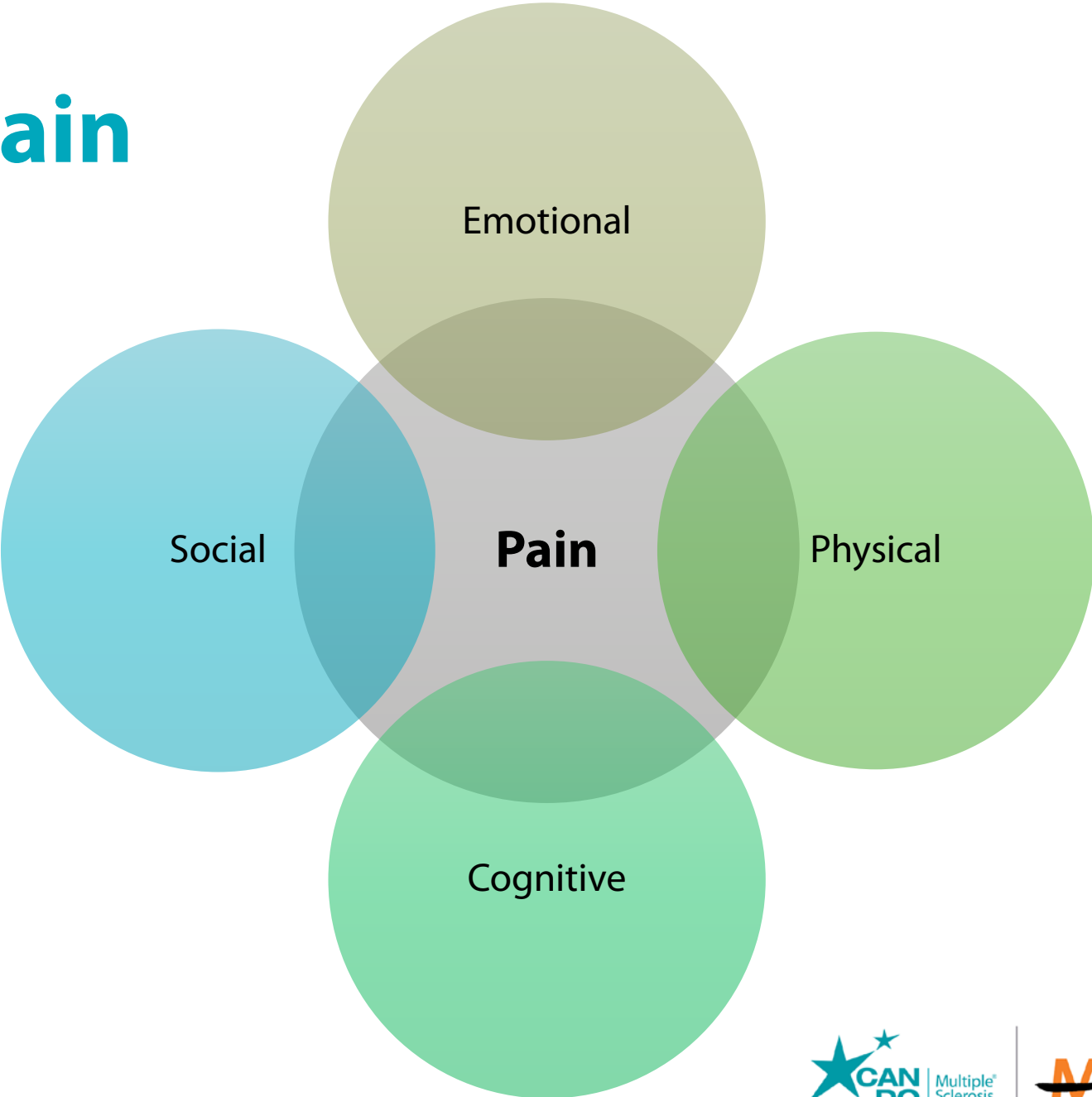
- a) Neuropathic
- b) Musculoskeletal
- c) Both
- d) Neither

The Impact of Pain

- Quality of Life
- Daily activities
- Relationships
- Views about oneself



The Impact of Pain



Managing Pain in MS

- Complex problems often require complex approaches to management
 - Individualized → everyone is different and may require different approaches
 - Pharmacological strategies
 - Medication is not always the best/first solution
 - Many non-pharmacological approaches

Managing Pain in MS

- Rehabilitation therapies
 - Physical therapy
 - Occupational therapy
 - Psychological/Behavioral approaches (with a rehabilitation or health psychologist)
- Complimentary and Integrative Medicine
 - Acupuncture
 - Yoga
- A collaborative, team-based approach
 - With you at the center (patient-centered care)

Polling Question

How often does your MS provider ask about pain?

- a) Every visit, even if I don't bring it up
- b) Most visits, even if I don't bring it up
- c) Some visits, even if I don't bring it up
- d) Only if I bring it up

Pharmacological Pain Management

- Different medications for pain
- Depends on the type of pain
 - e.g., musculoskeletal vs spasticity vs neuropathic
- Interactions with other medications
- Consider contraindications
- Co-morbid conditions (other diseases)
- Consider the side effects of medications

Pharmacological Management Principles

- Starts with the lowest dose and increase as tolerated
- Treat two conditions with one medication
 - An antidepressant that helps pain and depression
- Minimize polypharmacy
- Use one medication at a time
- Consider topical creams if helpful
- Have realistic expectations

Polling Question

How do you usually manage your pain?

- a) Medications
- b) Rehabilitation strategies
- c) Complementary methods
- d) Combination of modalities
- e) None
- f) Not applicable

Classes of Pain Rx



Rehabilitation and CIM

- Consult with the different rehabilitation specialists
 - TENS unit and other modalities
- Acupuncture for trigeminal neuralgia
- Yoga for stretching and relaxation
- Be open to try different safe modalities
- Consult with your team

Yoga Exercise



2 minutes - Cat-Cow stretch in the chair



Chair shavasana: Final Relaxation

Psychological Approaches

Mindfulness

- Activity: 1-minute body scan



Psychological Approaches

- Cognitive Behavioral Therapy (CBT) for Pain
 - Thoughts → Emotions → Behaviors/Experiences
 - Think of a time when you were injured and you experienced pain that was very intense or very disruptive.
 - Now think of a time when you were injured, but you experienced the pain as less intense or less disruptive.
 - What made these experiences different?

Psychological Approaches

- Cognitive Behavioral Therapy (CBT) for Pain
 - Common beliefs about pain:
 - “My pain will never get better”
 - “My pain is unbearable”
 - “If my pain doesn’t go away, I won’t be able to cope”
 - “I will never have a normal life because of my pain”

Psychological Approaches

- Cognitive Behavioral Therapy (CBT) for Pain
 - CBT works to reshape/reframe some of these unhelpful thoughts
 - Changing the thoughts changes the emotional and physical experience of pain

Psychological Approaches

- Acceptance and Commitment Therapy (ACT)
 - Works to increase one's flexibility to adapt and work with what IS and not what COULD/SHOULD BE
 - NOT the same as "giving up" or "being helpless"

Psychological Approaches

- Acceptance and Commitment Therapy (ACT)
 - Identifies areas where pain → suffering
 - Focuses on important values in one's life, and ways to replace pain behaviors with wellness behaviors
 - Avoiding physical activity → New ways of engaging in PA

Psychological Approaches



Acceptance
Be willing to experience difficult thoughts

Defusion
Observe your thoughts without being ruled by them

Values
Discover what is truly important to you

Commitment
Take action to pursue the important things in your life



Summary

- Pain is complex but not untreatable
- You are NOT alone
- Working with your medical team is essential
- It may take several different types of approaches to achieve optimal pain management
- Organizations like Can Do MS and NMSS can help!

Q & A





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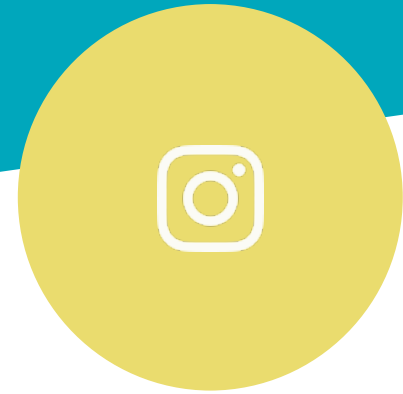
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Bowel and Bladder Symptoms

Tuesday, October 13, 2020

Presented by:



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