



# **Calming the Storm: Adding PTSD Treatment to Your Pain Practice**

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# Title and Affiliation

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# Disclosure

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- Nothing to disclose

# Learning Objectives

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- Identify screening methods and tools to help effectively assess for the presence of post-traumatic stress disorder in a chronic pain population
- Articulate three different clinical scenarios where chronic pain can be associated with trauma symptoms or post-traumatic stress disorder
- Review at least three different types of treatments to diminish trauma symptoms in patients with chronic pain

# Introduction

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# Prevalence

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- What proportion of patients with chronic pain will also have PTSD?
- 35%, 51%, 50%, 19.8%, 3%
- Practice demographics seem to matter

# Definition

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- *PTSD is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war, combat, or sexual assault or who have been threatened with death, sexual violence or serious injury.*
- The perception of danger

# Symptoms

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- Intense disturbing thoughts
- Flashbacks
- Nightmares
- Sadness, fear, and anger
- Detached or estranged
- Socially avoidant
- Moody
- Alterations in arousal and cognition





# Diagnosis

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- Patient interview – dive deep
- Screening tests for PTSD
- PTSD Checklist or PCL
- PCL-C and PCL-M

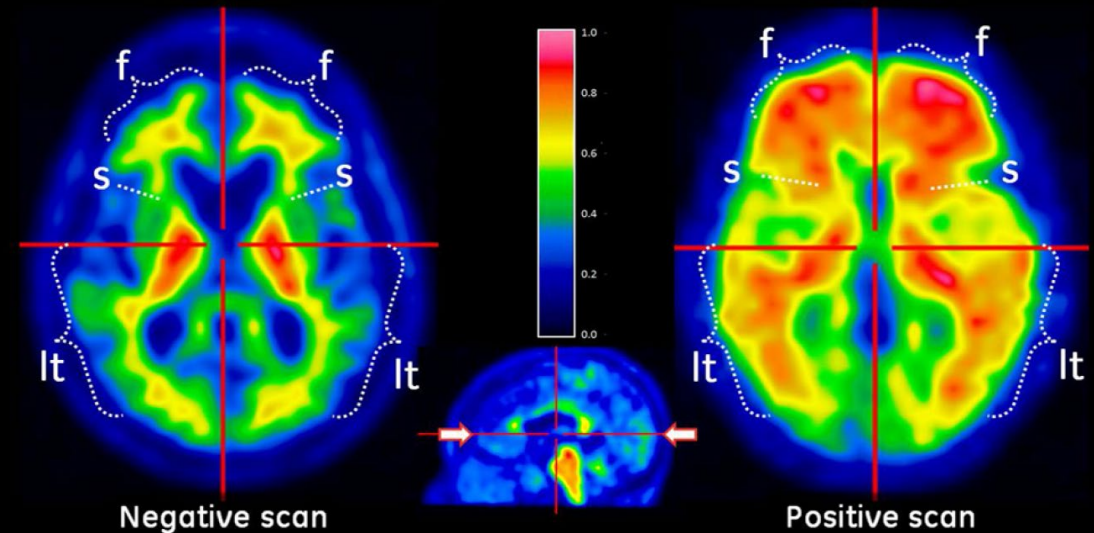
# Stress Response

- Fight or flight response
- Heart and blood pressure rise
- Skin gets flushed
- Pupils dilate
- Rapid breathing
- Heightened sensation
- Sympathetic nervous system overdrive



# PTSD and the Pain Brain

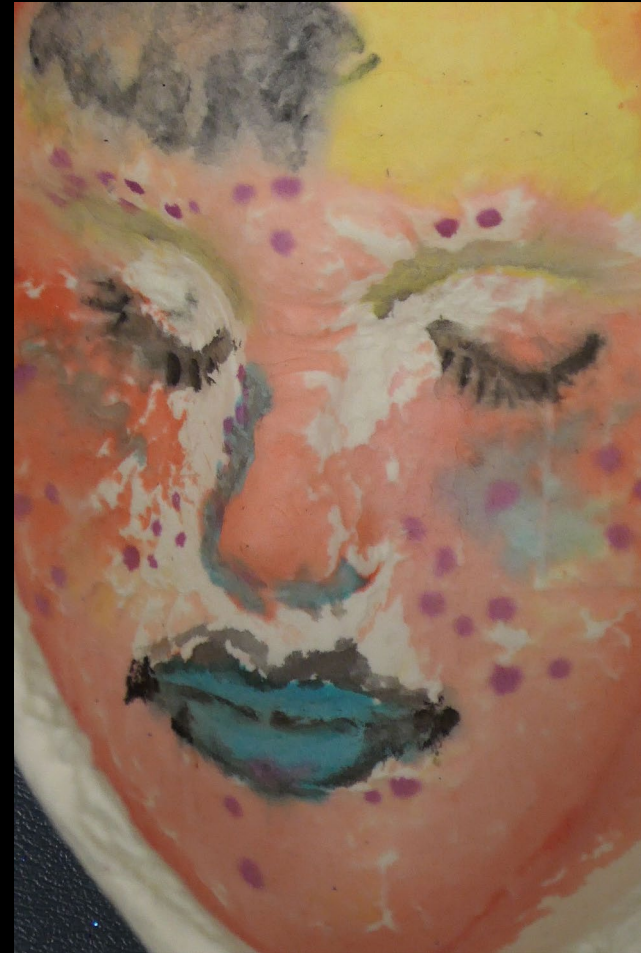
- During the fight or flight response, the anterior cingulate cortex is less able to regulate the amygdala, the insular cortex boosts the fear response in the amygdala and disrupts the hippocampus, and the hypothalamus helps trigger the sympathetic nervous system
- Pain patients with PTSD can exhibit greater pain sensitivity, hyperalgesia, and central sensitization



# Freeze

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- Fight, Flight, or FROZEN!
- Deer in the headlights
- Peter Levine and the freeze response
- When a person with PTSD is “frozen” this leads to incredible pent up energy in the body that can’t be released – this intensifies the pain experience
- The PTSD patient is afraid to release it and let it go





# Freeze

- A truck driver's story



# The PTSD/Pain Connection

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- Three ways pain and PTSD get intertwined
- Traumatic events that brought on the pain experience - the point of pain
- A history of past traumas – war, childhood abuse
- The experience of pain becomes the source of trauma

# A Bridge to Somewhere



# How Should I Bring PTSD Treatment Into My Pain Practice?

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- Have a screening process in place that identifies trauma symptoms
- Outsource versus Insource? – weigh overhead costs, control, outcomes, patient buy-in
- What I offer in-house – behavioral health team, individual treatment for PTSD, structured program, art therapy support



# Treatment Options

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- Psychological-based – CBT, cognitive processing
- Prolonged exposure therapy – face the demons
- EMDR – eye movement desensitization and reprocessing, reliving the memory while watching the movements of the finger



# Treatment Options

- Yoga and other mind/body practices
- Art Therapy – a different way to process and heal pain and dark emotions
- Meditation and breath work
- Exercise
- Somatic experiencing



# PTSD Treatment Goals for Pain Patients

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- Improve their ability to better self-manage their pain experience – calm the storm
- Get past fight, flight, or freeze so they can respond more effectively to pain therapies and treatments
- Address discernible problems like relationships, sleep, behavioral activation, mental focus, sense of purpose, mood, acceptance, and growth

# Addiction

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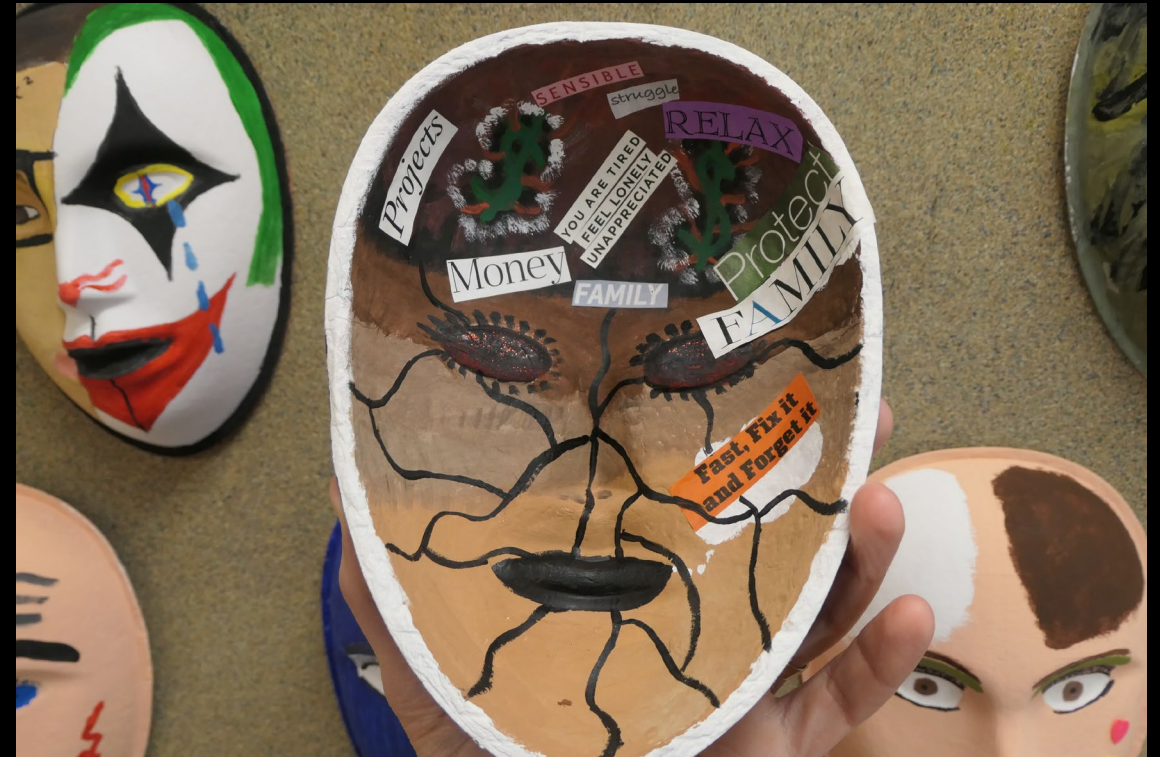
- PTSD and substance use disorders frequently co-occur
- Among individuals seeking treatment for substance abuse, approximately 36%-50% meet the criteria for lifetime PTSD





# Opioids

- The prevalence of opioid use disorder in chronic pain patients is higher among those with PTSD
- What do we do about opioids in pain patients with trauma symptoms?



# Conclusions

- Treating PTSD and chronic pain can be deep, heavy, and exhausting work for both patients and providers
- But the results can be transformational



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