

Chronic Pain Patients on Opioids – Examining the Impact on Pain and Mental Illness Symptoms After a 30-Day WILD 5 Wellness Based Intervention



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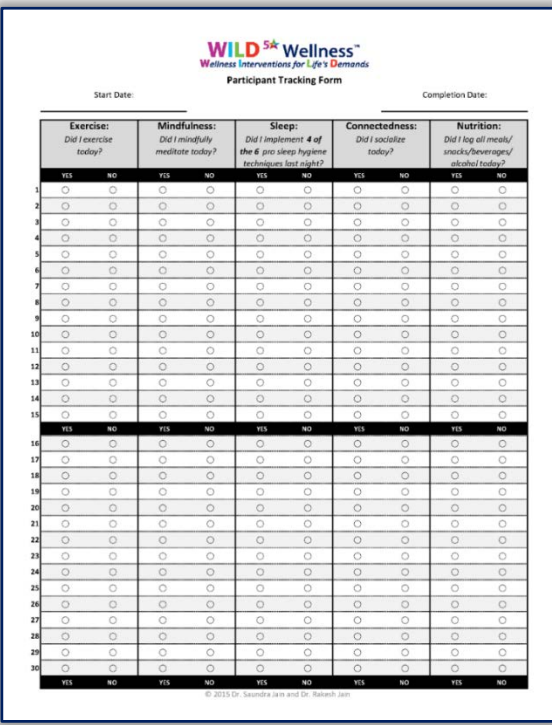
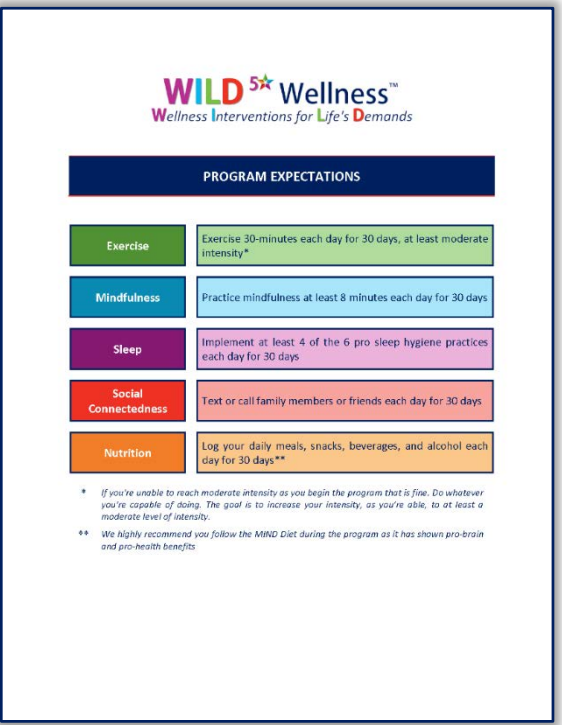
Introduction

OBJECTIVE:
Opioid medications are often utilized in treating chronic pain (defined as pain more days than not for 6 months or longer), particularly when it overlaps with a psychiatric disorder. The President of the USA recently declared a national emergency regarding opioid medication use and abuse in the country. There is a national level push to diminish opioid use and help chronic pain patients through other modalities. Wellness-based interventions have traditionally not been utilized in helping chronic pain patients who are currently taking opioid medications. WILD 5 is 30-day program that combines five interventions and tracks multiple markers over this time period to assess for outcomes in these patients.

METHOD:
Five well-studied wellness interventions were utilized in this study. These interventions include physical exercise (30-minutes a day), mindfulness-based meditation (at least 8-minutes a day), social connectedness enhancement exercises, sleep hygiene interventions, and optimizing nutritional recommendations (including daily tracking of meals). Individuals were asked to sign consent, and then were given a workbook that had educational materials, as well as tracking forms to measure daily compliance. Prior to starting the study, participants were asked to fill out multiple rating instruments. At the end of the 30-day intervention, the scales were filled out again. The pre- and post-data was captured and analyzed using the StatPlus statistical package and within group measures were utilized using ANCOVA analysis with a p value set at p<0.05. The scales used in this study were the following: PHQ-9, for the measurement of depression; GAD-7, for the measurement of anxiety, PSQI, for the measurement of sleep quality; MIND Diet score to measure compliance with a Mediterranean-based, brain healthy diet; MAAS, to measure levels of mindfulness; SCS, to measure social connectedness, and BPI, to measure eight separate elements of chronic pain.

RESULTS:
19 individuals with chronic pain, who were also taking opioid medications were recruited from private practices from around the nation. There were participants from Texas, California, Oregon, and Canada. The following changes were found at the end of this 30-day WILD 5 Wellness Program. Depression, as measured by PHQ-9 improved from a mean score of 13.1 to 6.5 (p<0.0001); Anxiety, as measured by GAD-7 improved from a mean score of 11.2 to 6.2 (p<0.001); Mental Wellness, as measured by the WHO-5 improved from a mean score of 7.5 to 13.4(p<0.0001). There was a statistically significant positive impact on chronic pain. BPI - Worst Pain, improved from mean score of 6.7 to 5.3 (p<0.05); BPI - Average Pain, improved from a mean score of 4.4 to 3.7 18% (p<0.05) and BPI - General Activities, improved from a mean score of 5.3 to 4.3 (p<0.05).

30-Day Intervention



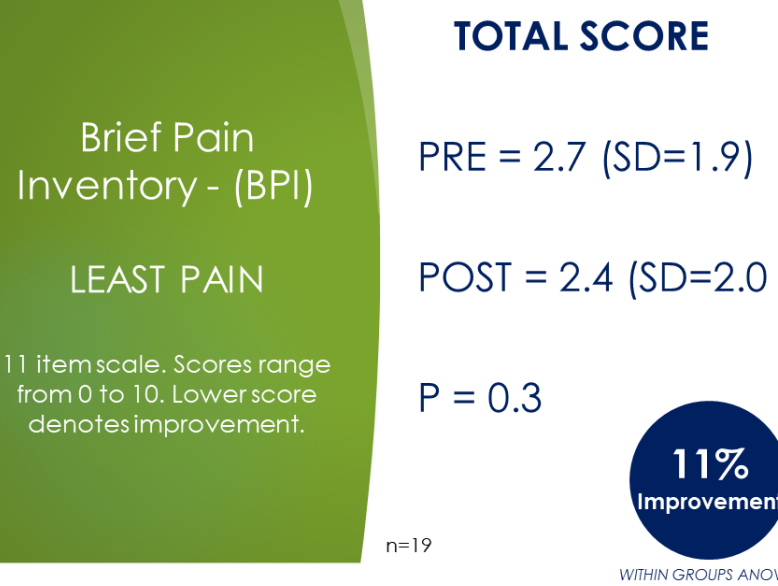
Results

DEMOGRAPHICS

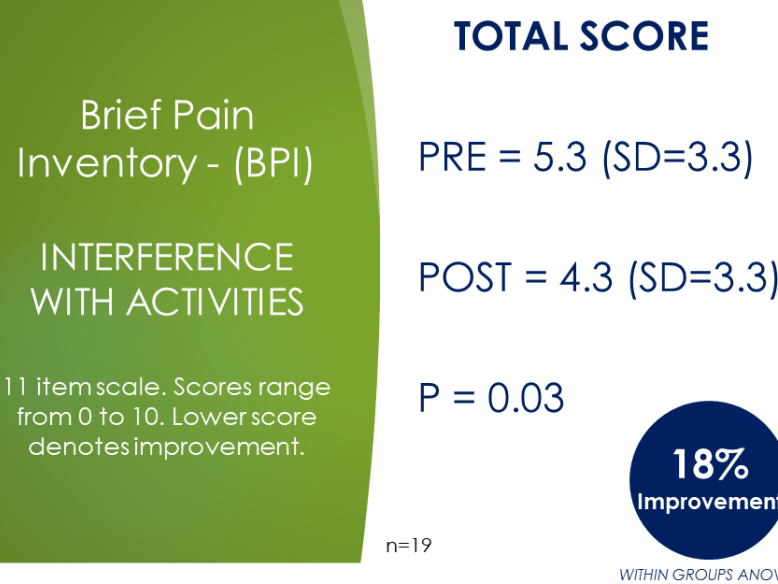
- N = 19
- Mean Age – 52.6 years (SD=7.9)
- F:M = 16:3
- 16/19 currently on psychotropic medication/s
- Primary mental health condition:
 - Major Depression 6/19
 - Bipolar Disorder 2/19
 - Anxiety Disorder 5/19
 - Sleep Disorder 4/19

Demographics

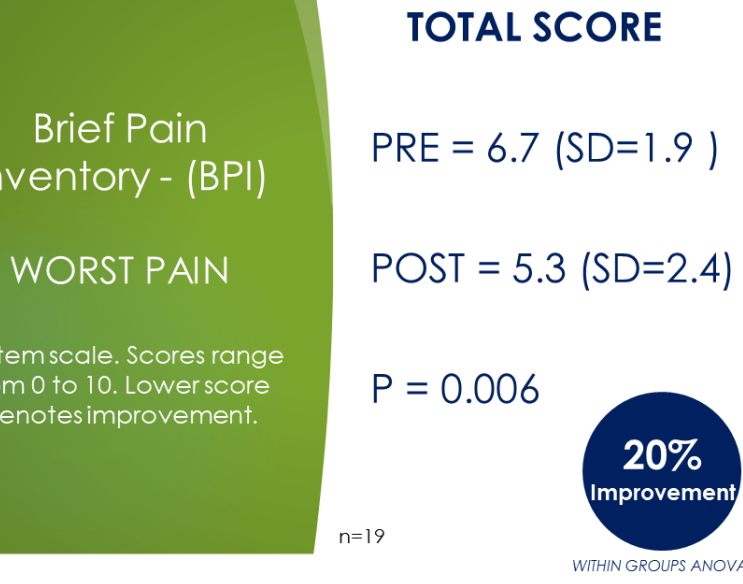
BPI - Worst Pain



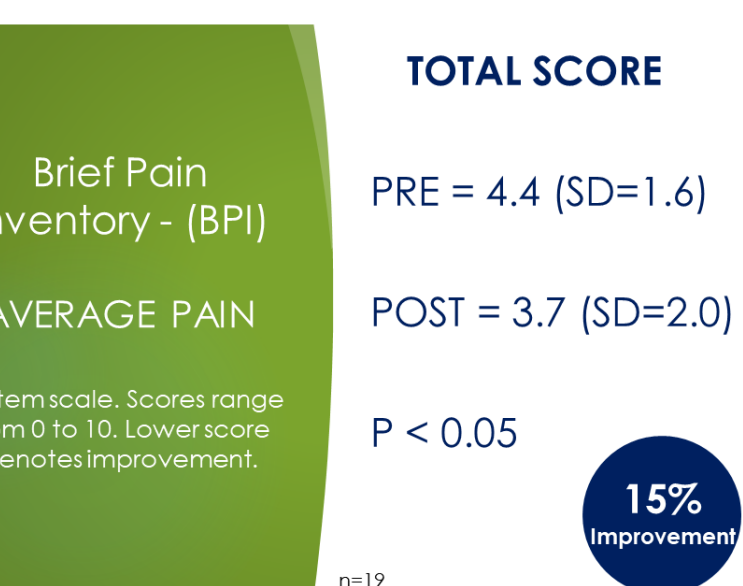
BPI - Average Pain



Demographics

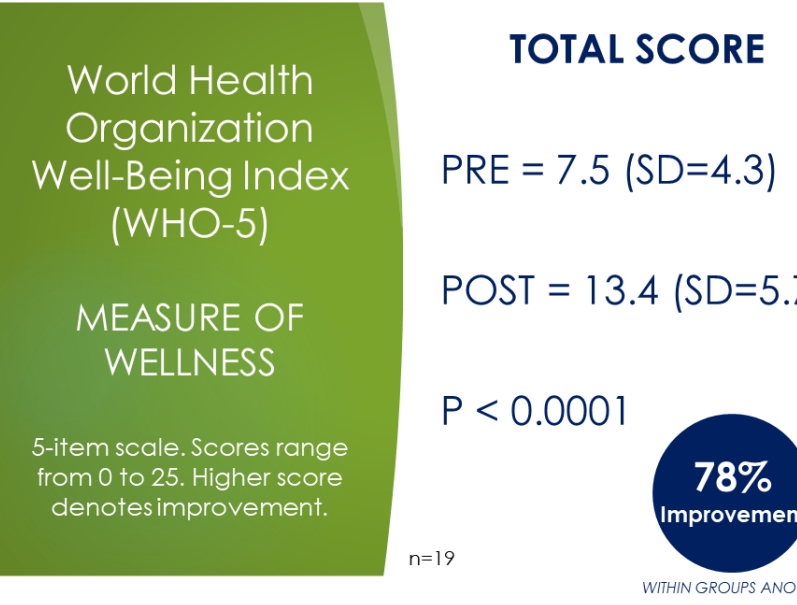
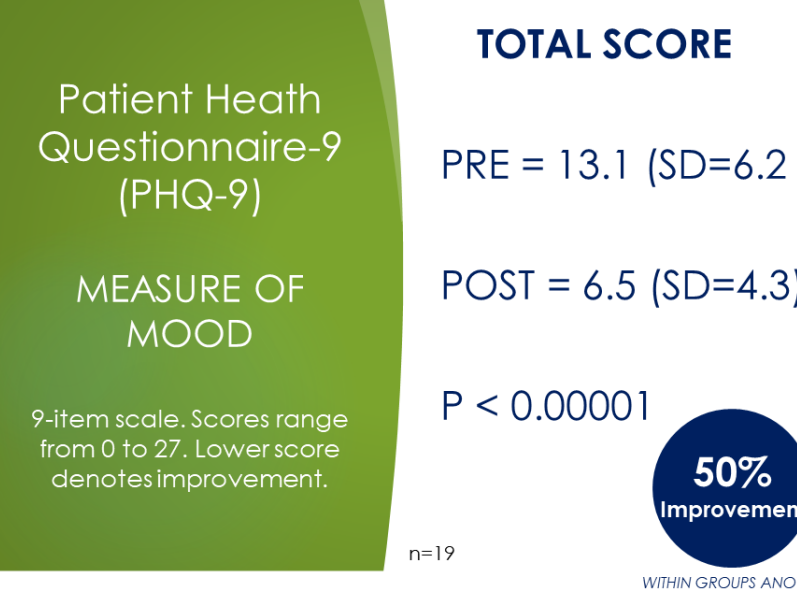


BPI - Least Pain

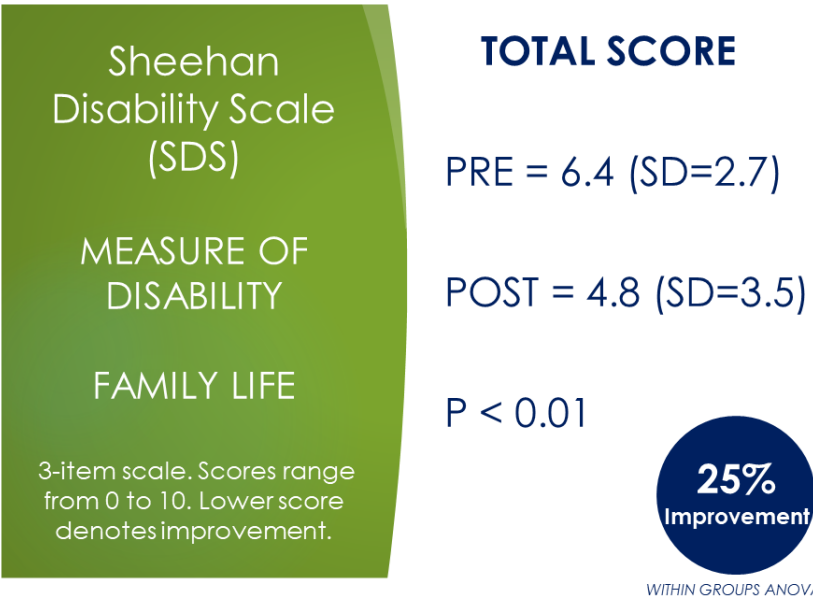
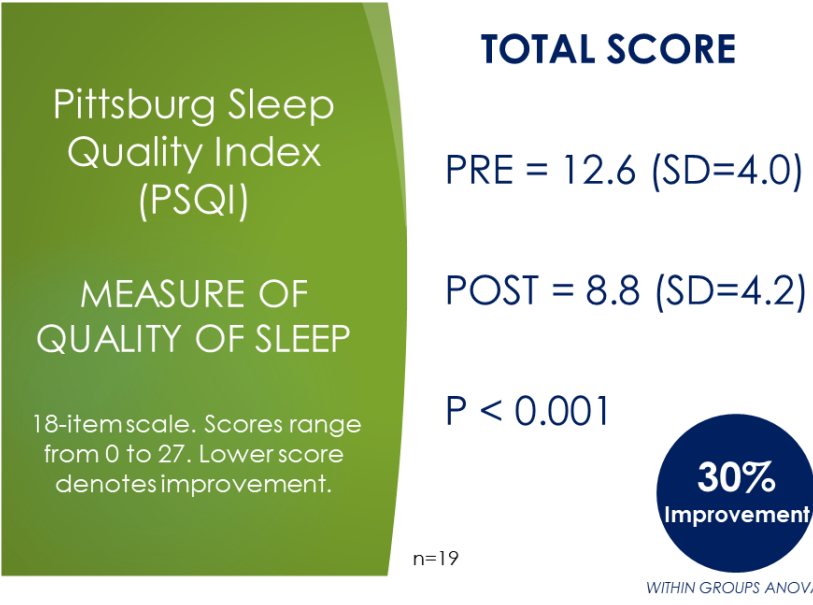
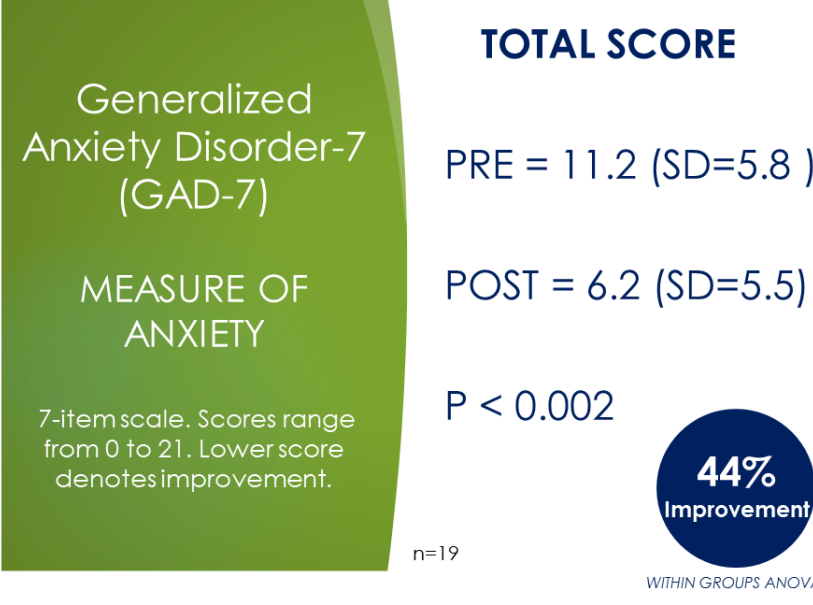
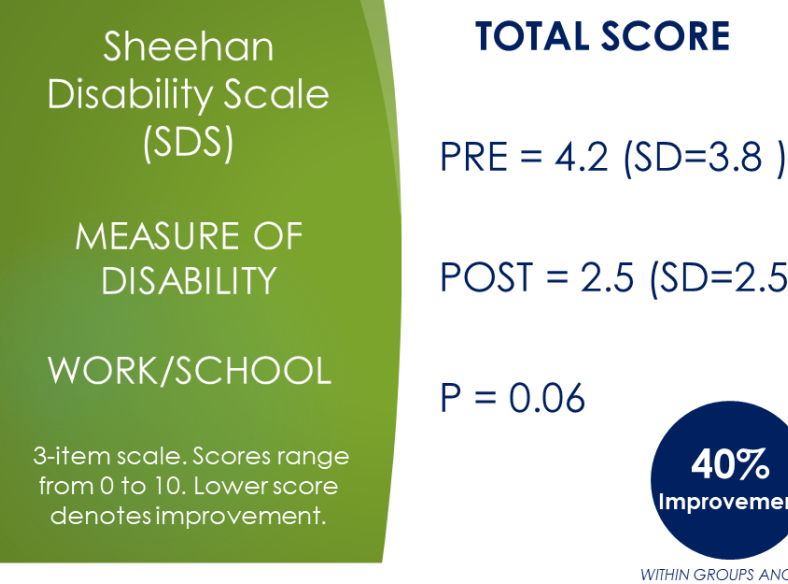
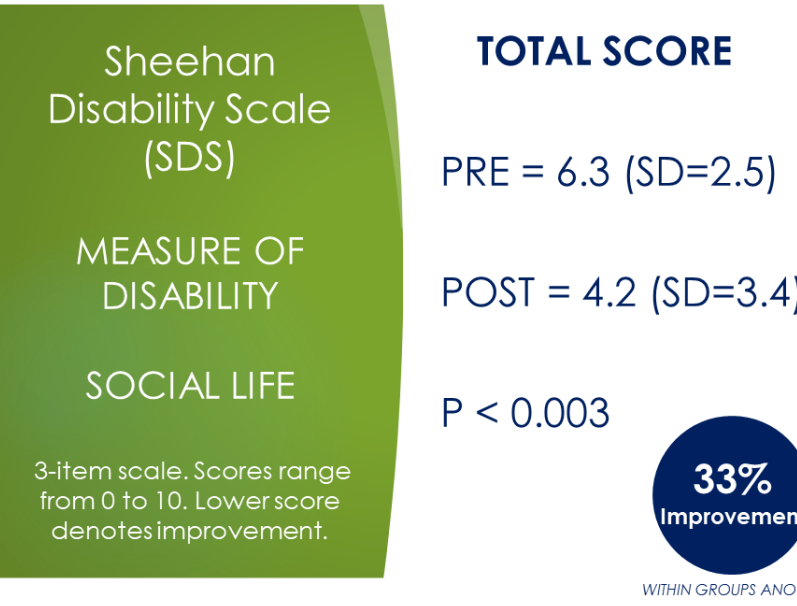


BPI – General Activities

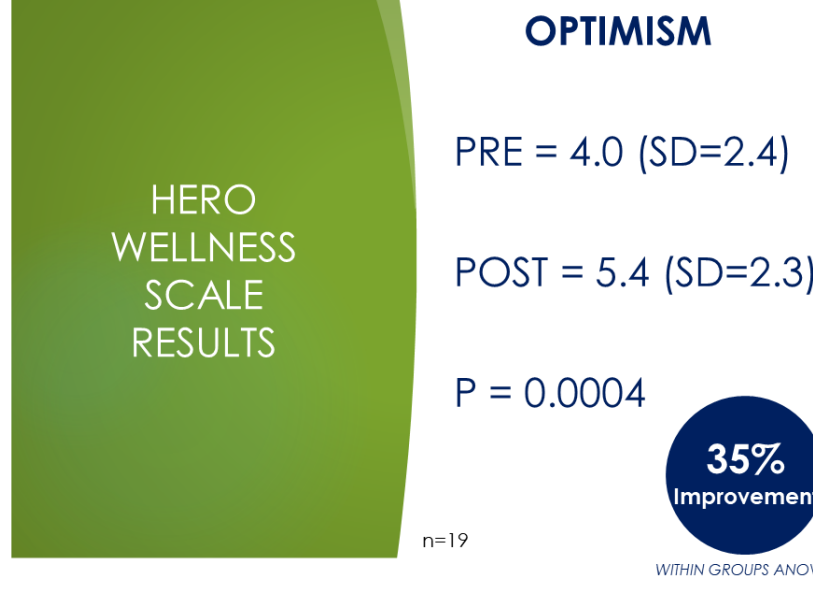
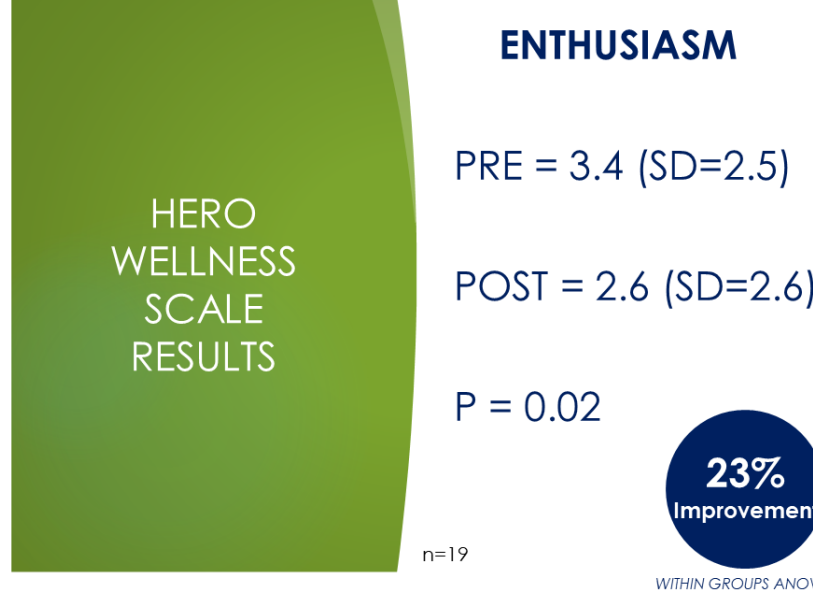
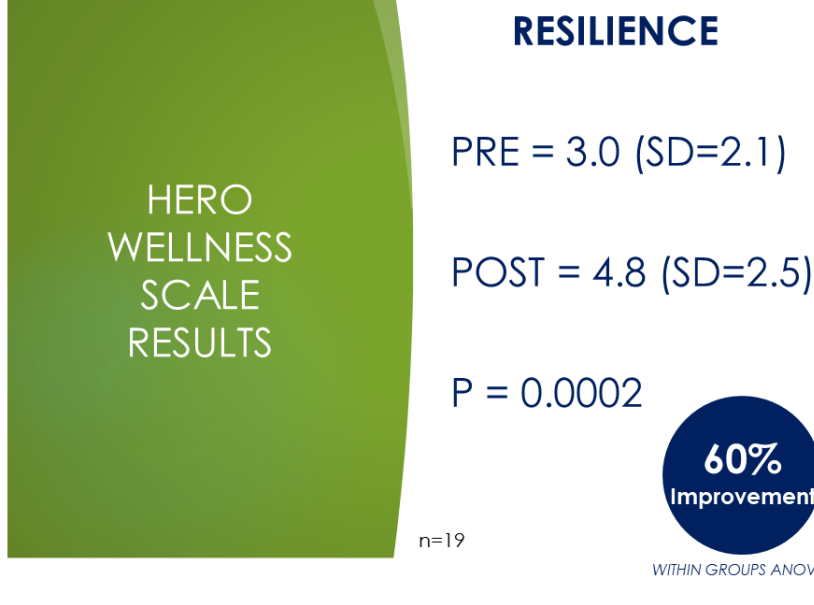
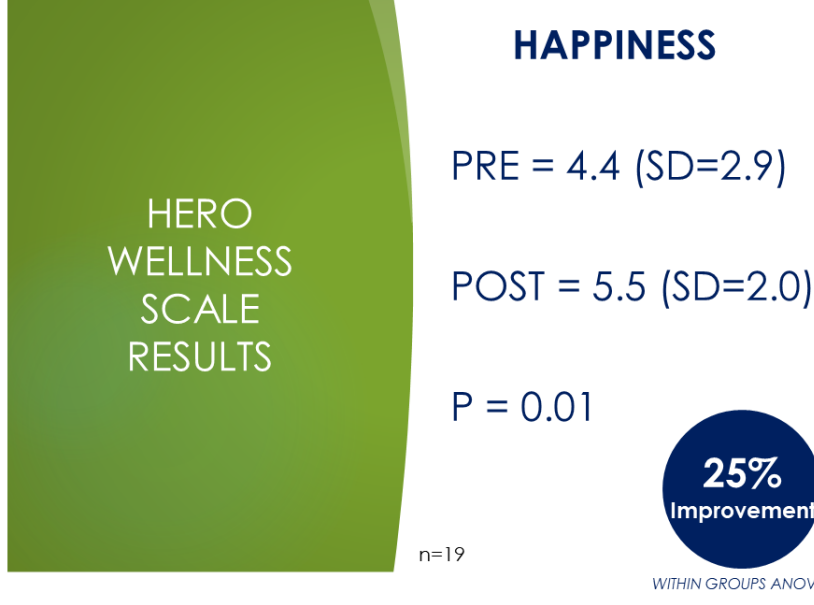
Mental Illness & Mental Wellness Measures



Disability Improvement



HERO Wellness Measures



Rheumatoid Arthritis: Patients on Opioids

Instrument	Before	After 30 day Intervention	P Value
BPI - Worst Pain	7.0	5.6	0.2
BPI - Average	5.3	4.6	0.1
SDS - Total	11.0	8.0	0.3
PHQ-9	11.6	8.0	0.4
GAD-7	9.3	5.6	0.008
WHO-5	8.6	16.0	0.002

Conclusions

Wellness interventions, such as the WILD 5 Wellness Program, is effective in chronic pain patients who are currently taking opioid medications. Non-pharmacological techniques can both improve the mental health and pain/functionality even in 'tough to treat' chronic pain patients taking opioid medications.

Affiliations

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