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SMART Stepped Care Management for Low Back Pain in Military Health System

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College of Health
University of Utah

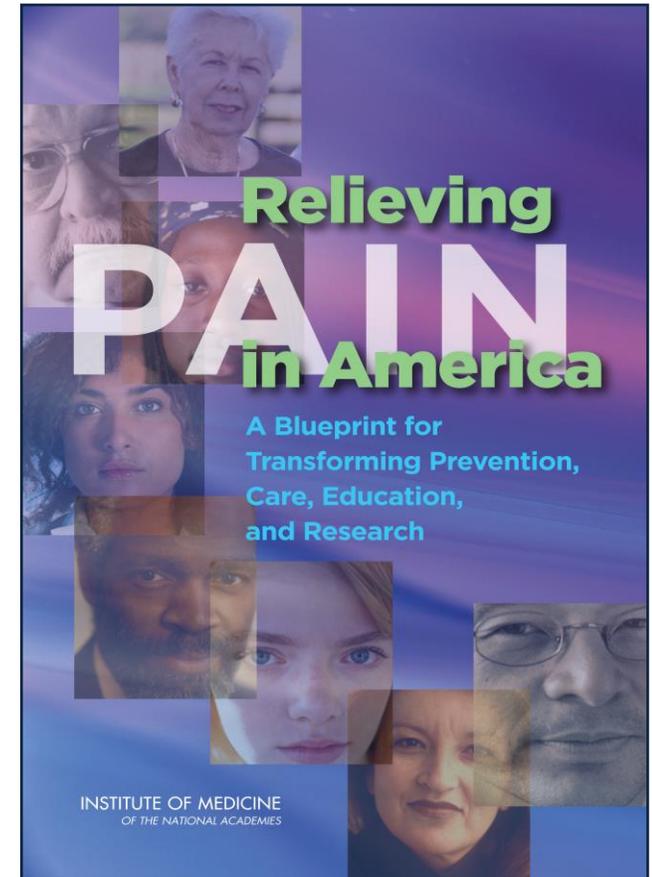
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Physical Performance Service Line,
Office of the Surgeon General

Outline

- Paradigm shift in pain management
 - Pain management considerations in Military Health System
 - NIH-DoD-VA Pain Collaboratory
 - Operationalizing SMART Stepped Care Management in the MHS
-

Institute of Medicine Committee for Advancing Pain Research, Care and Education (2011)

- *Approximately 100 million² U.S. adults burdened by chronic pain alone.*
- *The annual national economic cost associated with chronic pain is estimated to be \$560-635 billion.*
- *Pain is a uniquely individual and subjective experience that depends on a variety of biological, psychological, and social factors, and different population groups experience pain differentially.*
- *Many shortfalls in pain assessment and treatment persist despite humanity's intimate familiarity with pain throughout history,*
- *In general, these shortfalls arise through gaps in policy, treatment, attitudes, education, and research.*



National Pain Strategy: A Comprehensive Population Health Level Strategy for Pain (2016)

“The government’s first broad-ranging effort to improve how pain is perceived, assessed, and treated: a significant step toward the ideal state of pain care.”

Challenges in service delivery:

- not evidence-based.
- not coordinated.
- too often limited to pharmaceutical and procedure-based care

Efforts to reduce the burden of pain in the U.S. cannot be achieved without an expanded and ***sustained investment in basic and clinical research*** on the biopsychosocial mechanisms that produce and maintain chronic pain.

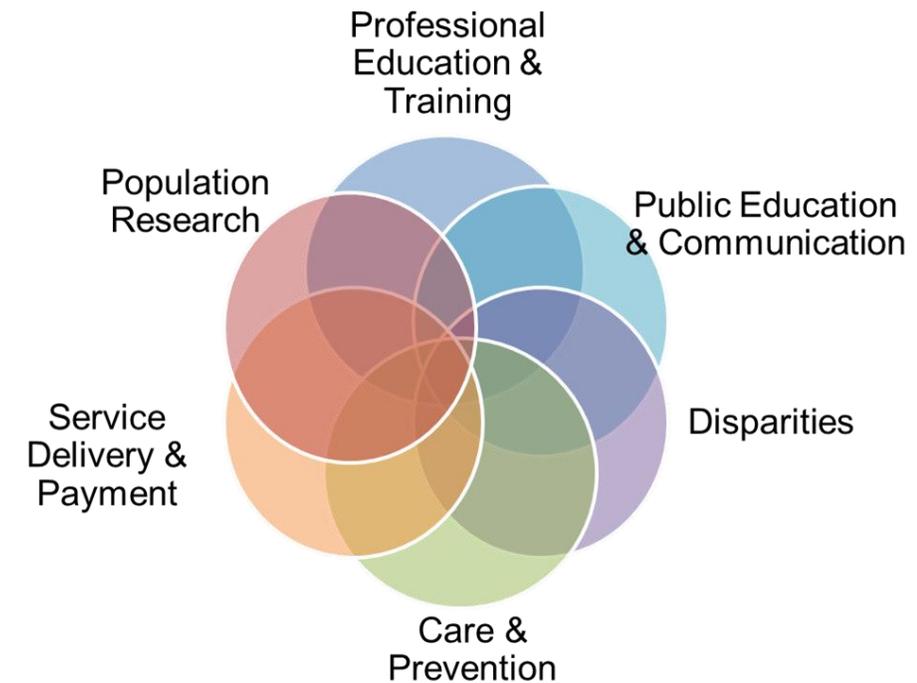


National Pain Strategy: A Comprehensive Population Health Level Strategy for Pain (2016)

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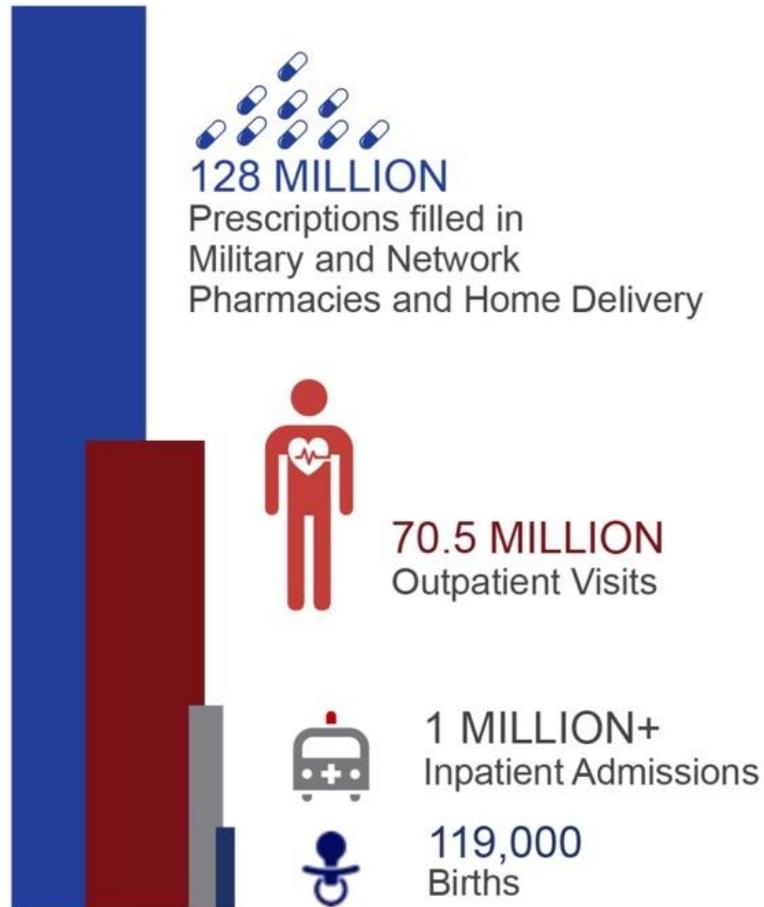
NPS recommends a ***population-based, biopsychosocial approach*** to pain care, grounded in scientific evidence, integrated, multimodal and inter-disciplinary, while tailored to an individual patient’s needs.

Research and demonstration efforts are needed that build on current knowledge, develop new knowledge, and support further testing and diffusion of ***model delivery systems***.



The Military Health System (MHS)

A YEAR IN THE LIFE OF THE MILITARY HEALTH SYSTEM



INCLUDES CARE AT MILITARY AND NETWORK FACILITIES

MHS BY THE NUMBERS



- 205,000+ Healthcare Professionals and Support Staff
- 9.4 Million Eligible Beneficiaries
- 55 Military Medical Centers and Inpatient Hospitals
- 373 Health Clinics
- 245 Dental Clinics
- 5 Theater Hospitals
- 169 Forward Deployed Sites
 - » 141 Army
 - » 45 Navy
 - » 11 Air Force
 - » 2 Marine Corps
- 300 U.S. Navy Ships
- 2 Hospital Ships

Implications of early and guideline adherent physical therapy for low back pain on utilization and costs

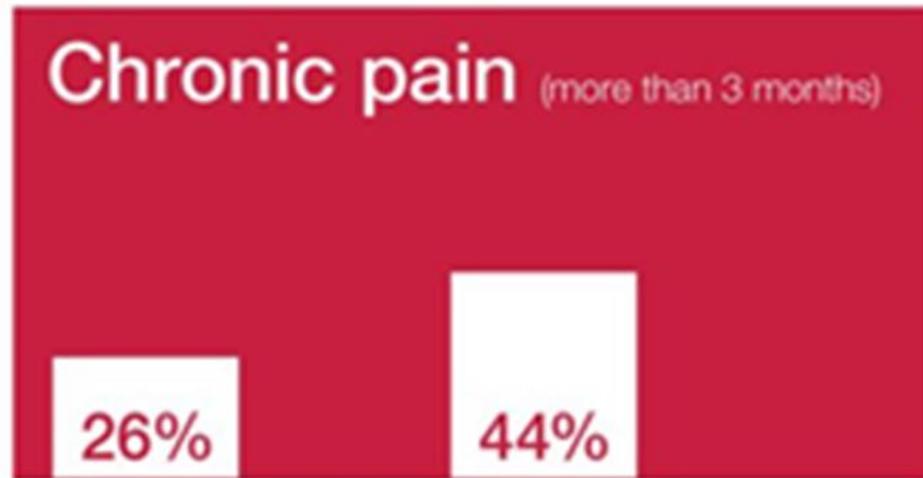
John D Childs^{1*}, Julie M Fritz², Samuel S Wu³, Timothy W Flynn⁴, Robert S Wainner⁴, Eric K Robertson⁵, Forest S Kim⁶ and Steven Z George⁷

753,450 new LBP consultations in MHS (2007-2009)

- 63% of new consultations resulted in opioid rx.
- 9.6% attended physical therapy within 30 days
 - Early use of physical therapy:
 - ↓ risk for opioids;
 - ↓ risk for receiving surgery, injections, advanced imaging;
 - ↓ subsequent health care costs
- \$918 million in LBP-related costs over 2-year follow-up period

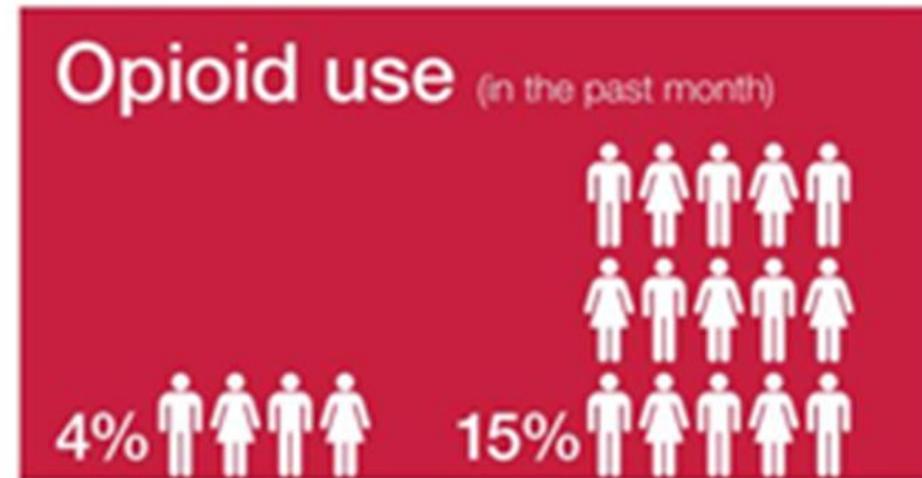
Chronic Low Back Pain in MHS

- 70% of active duty personnel with chronic pain have a LBP diagnosis
- For active duty military, LBP has been the most common reason for a medical encounter every year since 2011, accounting for over 1 million encounters in 2015.
- LBP is a leading cause of medical discharge and a top reason for evacuation from deployment



general public estimates

U.S. military after combat deployment



general public estimates

U.S. military after combat deployment

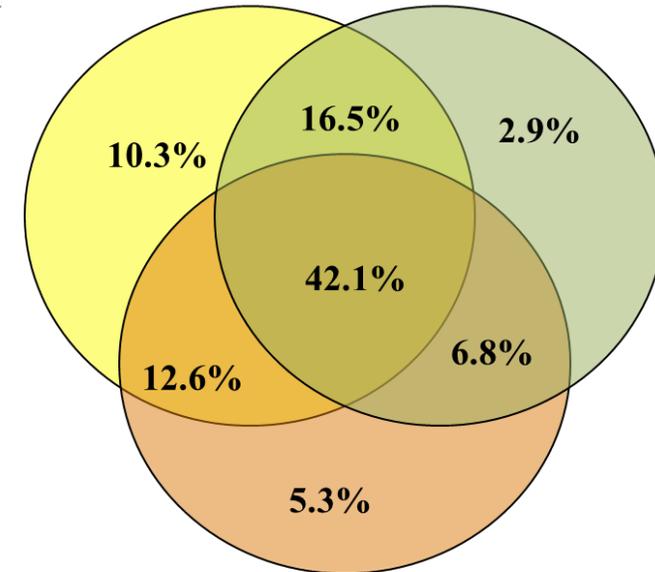
Co-Morbidity Burden OEF/OIF/OND Veterans with persistent pain

	Vets with No Pain (1,394)	Vets with Persistent Pain (3,848)
Obesity	37.9%	48.8%
PTSD	6.5%	33.6%
Mood Disorder	6.5%	23.9%
Anxiety Disorder	2.6%	8.3%
Substance Use Disorder	1.1%	6.1%
TBI	0.2%	1.5%

Higgins et al., (2014). Persistent Pain and Comorbidity Among Operative Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Veterans. *Pain Med*, 15, 782-90.

Polytrauma Triad in 340 OEF/OIF/OND Veterans

Chronic Pain
N=277
81.5%



PTSD
N=232
68.2%

TBI
N=227
66.8%

Lew et al., (2009). Prevalence of Chronic Pain, Posttraumatic Stress Disorder and Post-concussive Symptoms in OEF/OIF Veterans: The Polytrauma Clinical Triad. *J Rehabil Res Dev*, 46, 697-702.

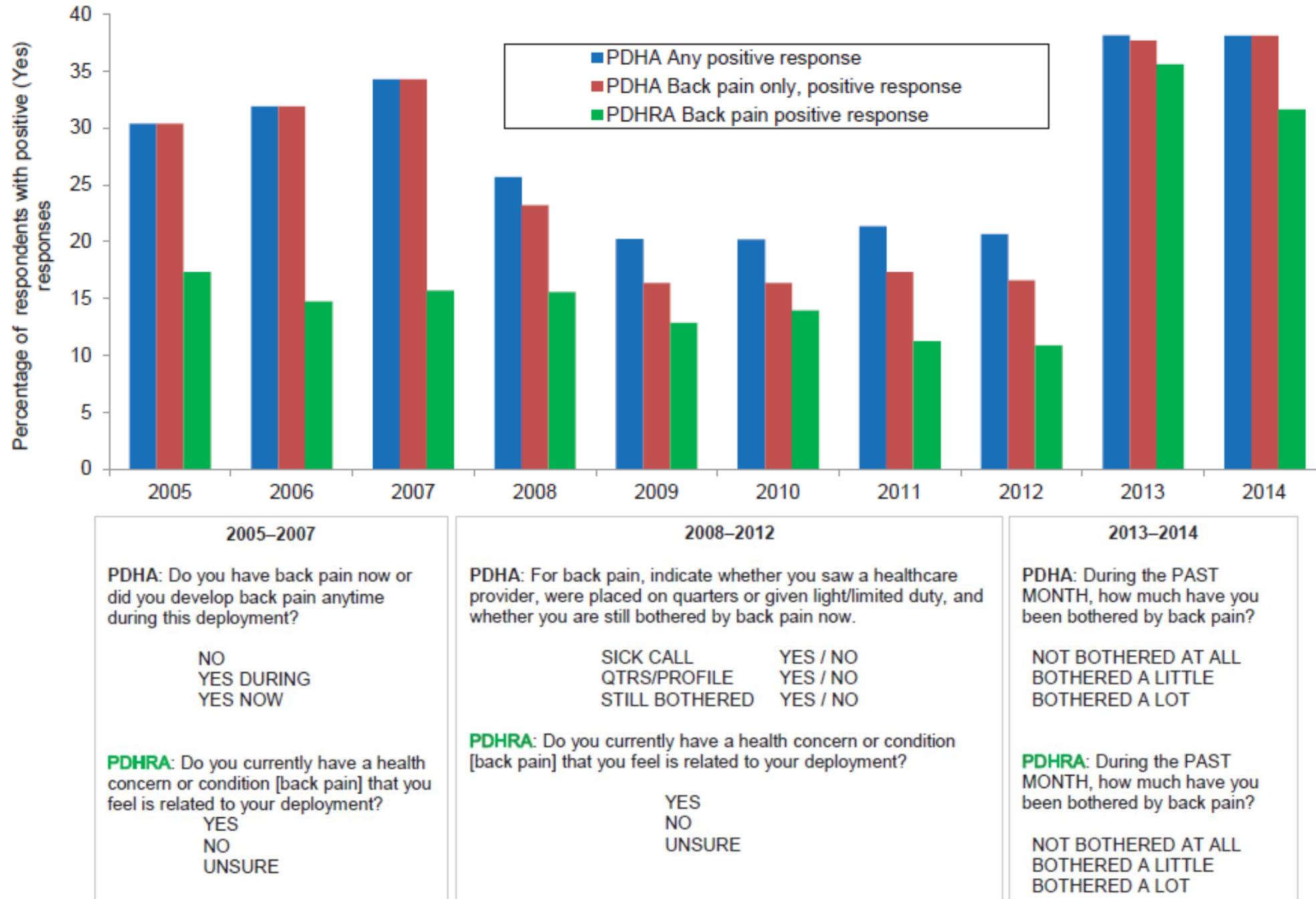


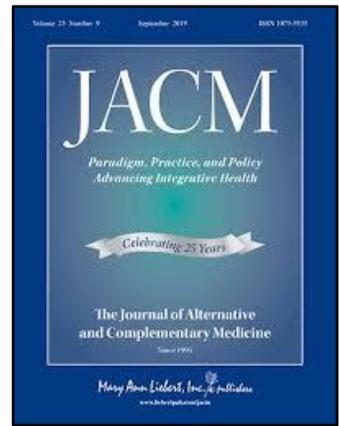
FIGURE. Annual proportions of respondents to Post-deployment Health Assessment (PDHA) and Reassessment (PDHRA) forms who endorsed previous health care for back pain or past or current symptoms of back pain. active component service members, U.S. Armed Forces, 2005–2014

Associations of Early Treatments for Low-Back Pain with Military Readiness Outcomes

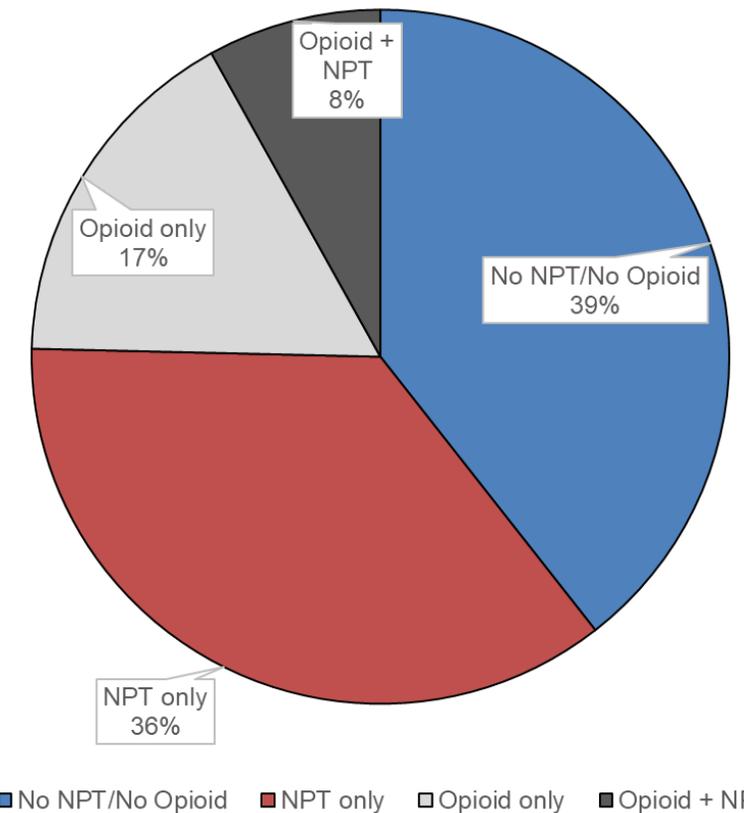
Mary Jo Larson, PhD, MPA,¹ Rachel Sayko Adams, PhD, MPH,¹
Grant A. Ritter, PhD,¹ Andrea Linton, MS,² Thomas V. Williams, PhD,³
Mayada Saadoun, MD, MPH, MSc,¹ and Mark R. Bauer, MD¹

30,612 New LBP episodes lasting >90 days with no previous opioid use (2012-2014)

- 25% received opioids or tramadol within 30 days
- 44% received an NPT with 30 days

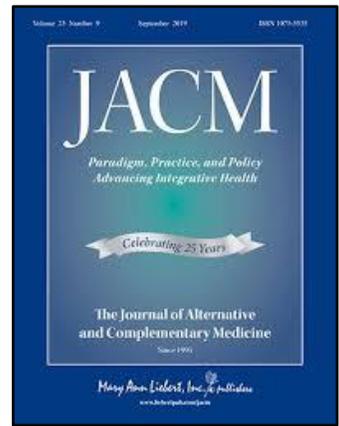


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Volume 24, Number 7, 2018, pp. 666-676



Associations of Early Treatments for Low-Back Pain with Military Readiness Outcomes

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Early NPT vs. opioids associated with:

- ↓ risk for duty limitations
- ↓ risk for long-term opioid use
- ↓ risk for pain-related hospitalization

NPT used in first 30 days:

- 39.9% exercise therapy or PT
- 19.7% spinal manipulative therapy or DC
- 11.0% massage
- 2.4% acupuncture/dry needling



Final Report
May 2010

Office of The Army Surgeon General

Pain Management Task Force

Providing a Standardized DoD and VHA Vision and Approach to Pain Management to Optimize the Care for Warriors and their Families

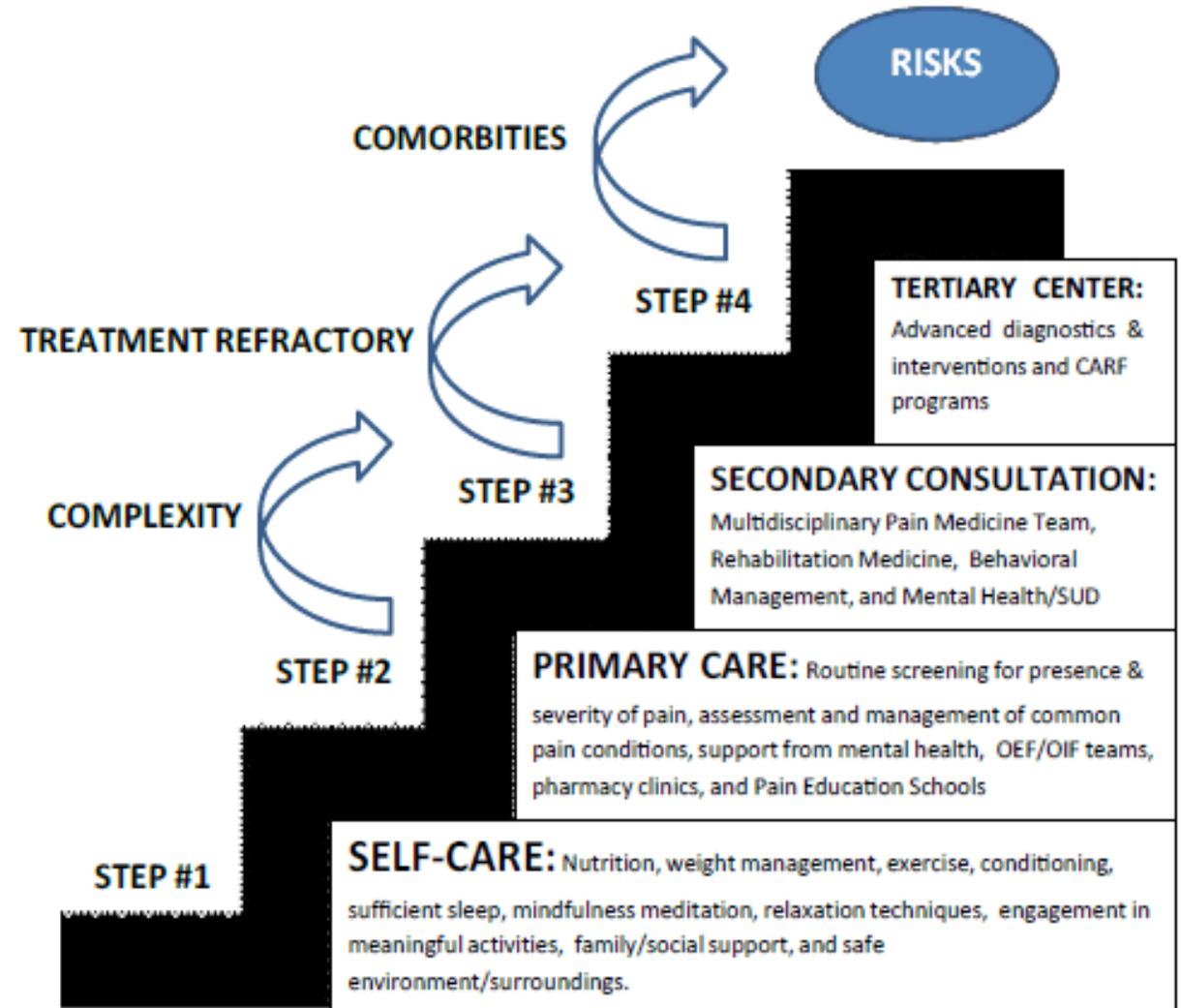
EXECUTIVE SUMMARY

Task Force Recommendation Objectives

Build a Full Spectrum of Best Practices for the Continuum of Acute and Chronic Pain, Based on a Foundation of Best Available Evidence

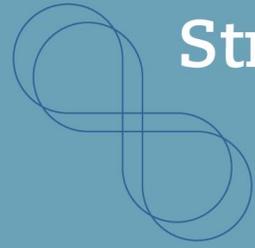
Adopt the VHA Stepped Care Model to ensure timely access to collaborative care, reduce pain and suffering, and improve quality of life for Warriors and their Families.

- Begin with low risk, low cost care
- Escalate care based on complexity of patient, persistence of symptoms, poor response to prior steps
- Evidence-based care options provided across each step
- Goal is to limit iatrogenic effects of inappropriate care escalation



The VA's stepped care model of pain management.

NCCIH Council Working Group



Strengthening Collaborations with the DoD and VA

Effectiveness Research on Mind and Body Interventions

February 2015: Report of The National Advisory Council on Complementary and Integrative Health



Working Together

The working group recommends the NCCIH further assess the feasibility of undertaking one or more large-scale studies in cooperation with VA and DoD to answer important policy and patient care questions about ... pain management.

Research should focus on:

- ✓ An integrated package of nonpharmacologic treatments that could be individualized;
- ✓ An integrative model of care that could include complementary health approaches; and/or
- ✓ A holistic or personalized approach to health care.

NIH-DoD-VA Pain Management Collaboratory

Wednesday, September 20, 2017

Federal agencies partner for military and veteran pain management research

Joint HHS-DoD-VA initiative will award multiple grants totaling \$81 million.





NIH-DoD-VA Pain Management Collaboratory Funding Initiative

- Joint support from NIH, DoD and VA
- Modeled after NIH Health Care Systems Research Collaboratory Program
- Overall Goal:
develop the capacity to implement cost-effective large-scale clinical research in military and veteran health care delivery organizations focusing on non-pharmacological approaches to pain management and other comorbid conditions.

National Institutes of Health
National Center for Complementary and Integrative Health

Fighting pain in the U.S. military and veterans

12 research projects totaling \$81 million over 6 years will address pain and related conditions using nondrug approaches*

Chronic pain (more than 3 months)

Category	Percentage
general public estimates	26%
U.S. military after combat deployment	44%

Opioid use (in the past month)

Category	Percentage
general public estimates	4%
U.S. military after combat deployment	15%

These rates show an unmet need for managing chronic pain with nondrug approaches among U.S. military personnel and veterans.

*NIH's NCCIH is leading this initiative. Other NIH cofunders include NIDA, NIAAA, NINDS, NCMRR (part of NICHD), NINR, ORWH, and OBSSR. DoD is funding this initiative through CRMRP and MOMRP. The VA is providing funding through VA ORD.
Jonas WB, Schoemaker EB. Pain and opioids in the military: we must do better. *JAMA Internal Medicine*. 2014;174(8):1402-1403.

National Center for Complementary and Integrative Health

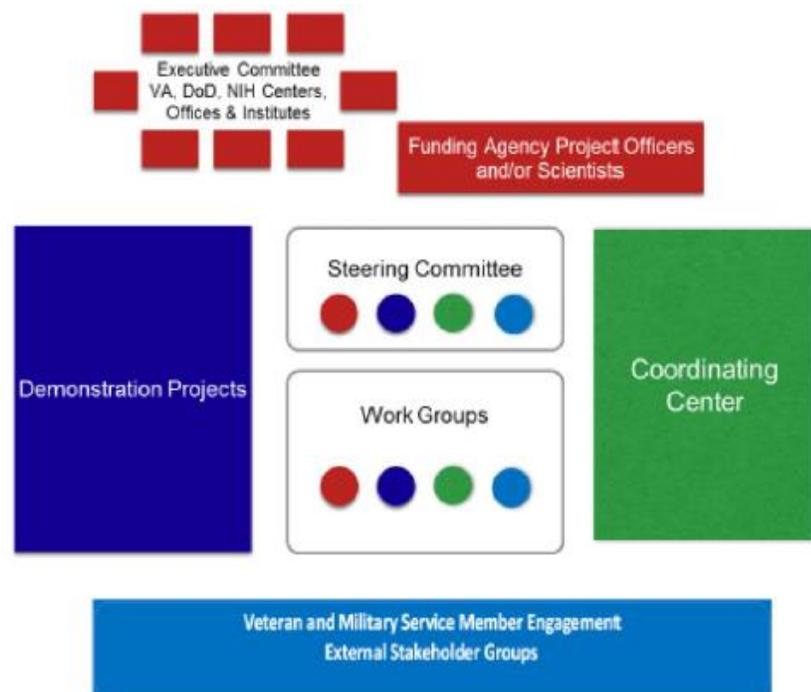
nccih.nih.gov/news/military_veterans_2017

09/2017

NIH-DoD-VA Pain Management Collaboratory

Pain Medicine 2019; 0: 1–9
doi: 10.1093/pm/prz186

The goal of the PMC is to develop capacity to implement cost-effective large-scale pragmatic clinical research in military and veteran health care delivery organizations focusing on non-pharmacological approaches to pain management and other comorbid conditions.



PI Name	Affiliation	PCT Name
A. Heapy	VA Connecticut Healthcare System & Yale School of Medicine	Cooperative Pain Education and Self-Management: Expanding Treatment for Real-world Access (Copes ExTRA)
M. Rosen S. Martino C. Goertz C. Long	VA Connecticut Healthcare System & Yale School of Medicine The Spine Institute for Quality Palmer Center for Chiropractic Research	Engaging Veterans Seeking Service Connection Payments in Pain Treatment Chiropractic Care for Veterans, a Pragmatic Randomized Trial Addressing Dose Effects for cLBP
S. George S.N. Hastings J. Fritz D. Rhon K. Seal W. Becker	Durham VA Health Care System & Duke University University of Utah Brooke Army Medical Center San Francisco VA Health Care System & University of California–San Francisco VA Connecticut Healthcare System & Yale School of Medicine	Improving Veteran Access to Integrated Management of Chronic Back Pain (AIM-Back) SMART Stepped Care Management for Low Back Pain in the Military Health System Whole Health Team vs. Primary Care Group Education to Promote Non-Pharmacological Strategies to Improve Pain, Functioning, and Quality of Life in Veterans
S. Taylor S. Zeliadt	VA Greater Los Angeles Healthcare System & UCLA Department of Health Policy and Management VA Puget Sound Health Care System & University of Washington, School of Public Health	APPROACH: Assessing Pain, Patient Reported Outcomes and Complementary and Integrative Health: A National Dissemination Project
D. Burgess	Minneapolis VA & University of Minnesota Medical School	Testing Two, Scalable, Veteran-Centric Mindfulness Based Interventions for Chronic Musculoskeletal Pain: A Pragmatics Multisite Trial
D. McGeary J. Goodie	University of Texas Health Science Center Uniformed Services University of the Health Sciences	Targeting Chronic Pain in Primary Care Settings Using Internal Behavioral Health Consultants
B. M. Ilfeld	University of California, San Diego	Ultrasound-Guided Percutaneous Peripheral Nerve Stimulation: A Non-Pharmacologic Alternative for the Treatment of Postoperative Pain
S. Farrokhi C. Dearth E. Russell Esposito	DoD-VA Extremity Trauma and Amputation Center of Excellence (EACE) & Naval Medical Center, San Diego EACE, Walter Reed National Military Medical Center & Uniformed Services University of the Health Sciences EACE, VA Puget Sound, University of Washington & Uniformed Services University of the Health Sciences	Resolving the Burden of Low Back Pain in Military Service Members and Veterans: A Multi-Site Pragmatic Clinical Trial (RESOLVE Trial)

Figure 1 Schematic depiction of the components of the Pain Management Collaboratory.

SMART Stepped Care Management for Low Back Pain in Military Health System (1UH3AT009763-01)

Key Considerations

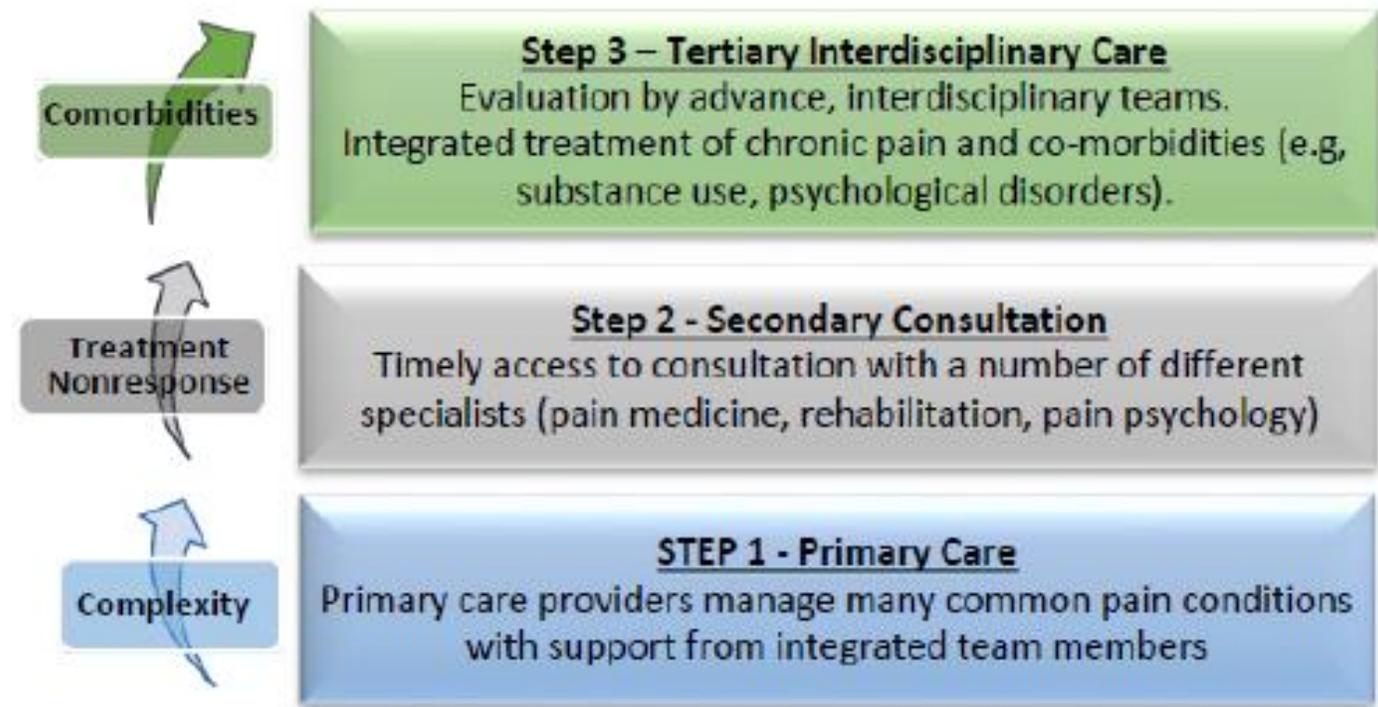
- Pragmatic examination of NPT options for chronic LBP consistent with Stepped Care Approach
 - Consideration of work force and priorities in the MHS.
 - Address question of “*what works best for whom?*”
 - Address questions of sequencing and “stepping up” care for those who are non-responsive.
-

SMART Stepped Care Management for Low Back Pain in Military Health System

- Large number of interventions at each step with modest levels of evidence
- Little understanding of comparative effectiveness within steps, tailoring or sequencing treatments between steps.
- **SMART Design** (**S**equential **M**ultiple **A**ssignment **R**andomized **T**rial)

GOALS

- Examine *pragmatic* solutions
- inform the construction of *adaptive* treatment strategies



SMART Stepped Care Management for Low Back Pain in Military Health System

UH3AT009763-01



Julie Fritz,
University of Utah



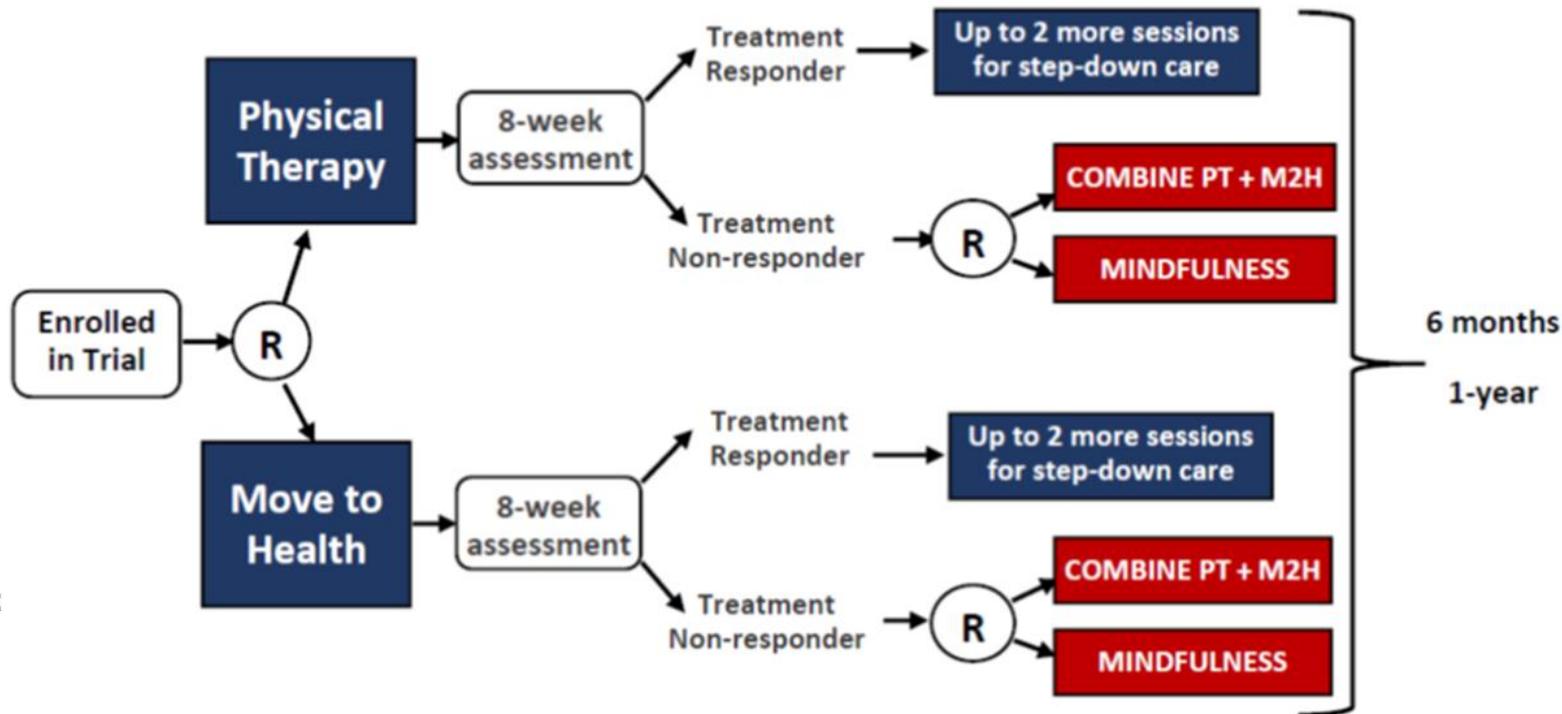
Dr. Dan Rhon,
Office of the Surgeon General

TIMELINE: ENROLLMENT ----- ASSESSMENT 1 ----- ASSESSMENT 2 ----- ASSESSMENT 3
 Week 0 6 weeks of treatment WEEK 8 8 weeks of treatment WEEK 18 WEEK 26, 52

Phase I Treatment (6 weeks)

Phase II Treatment (8 weeks)

Follow-Up



Brooke Army Medical Center

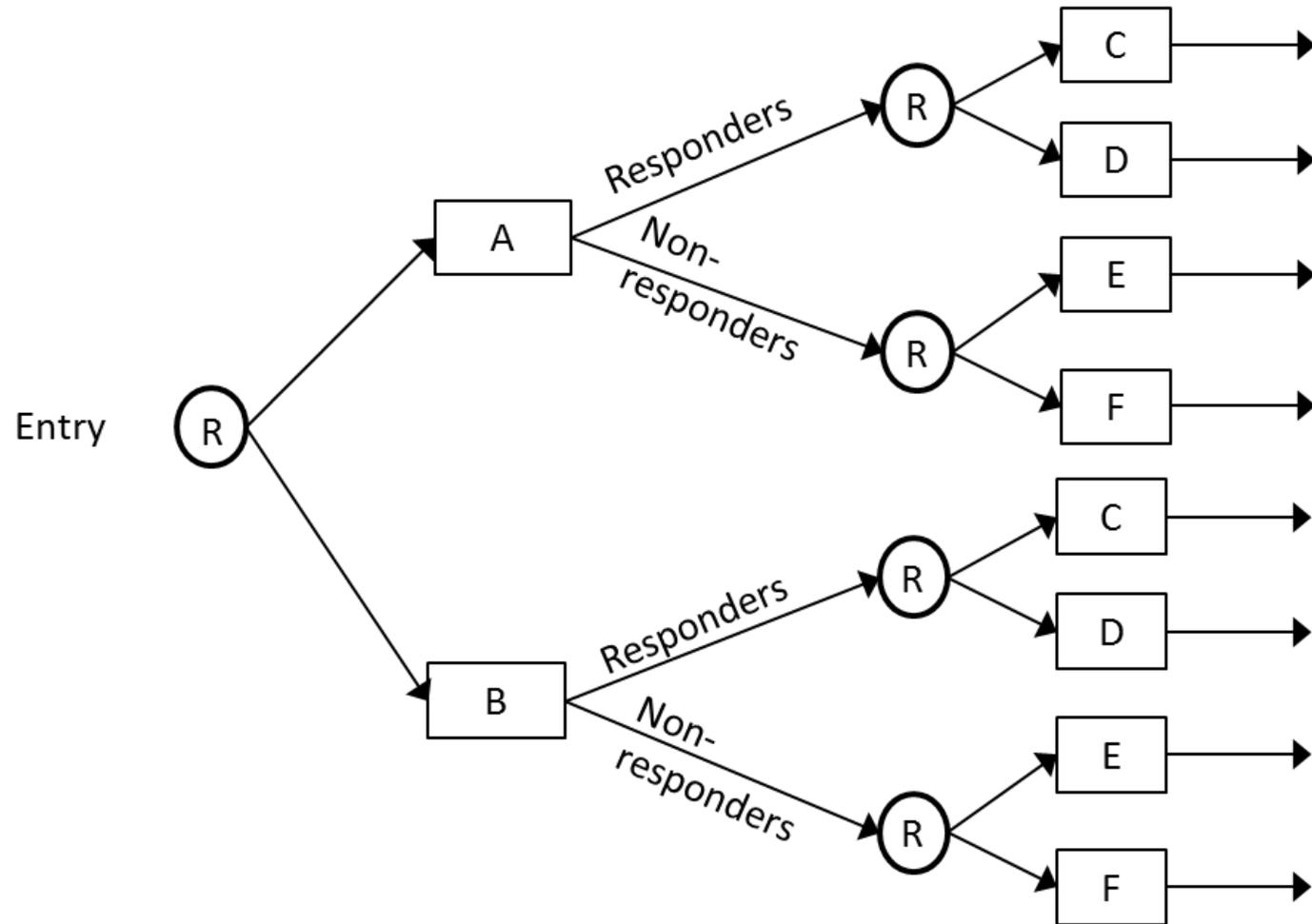
Madigan Army Medical Center

Darnall Army Medical Center

Wilford Hall Ambulatory Surgical Center

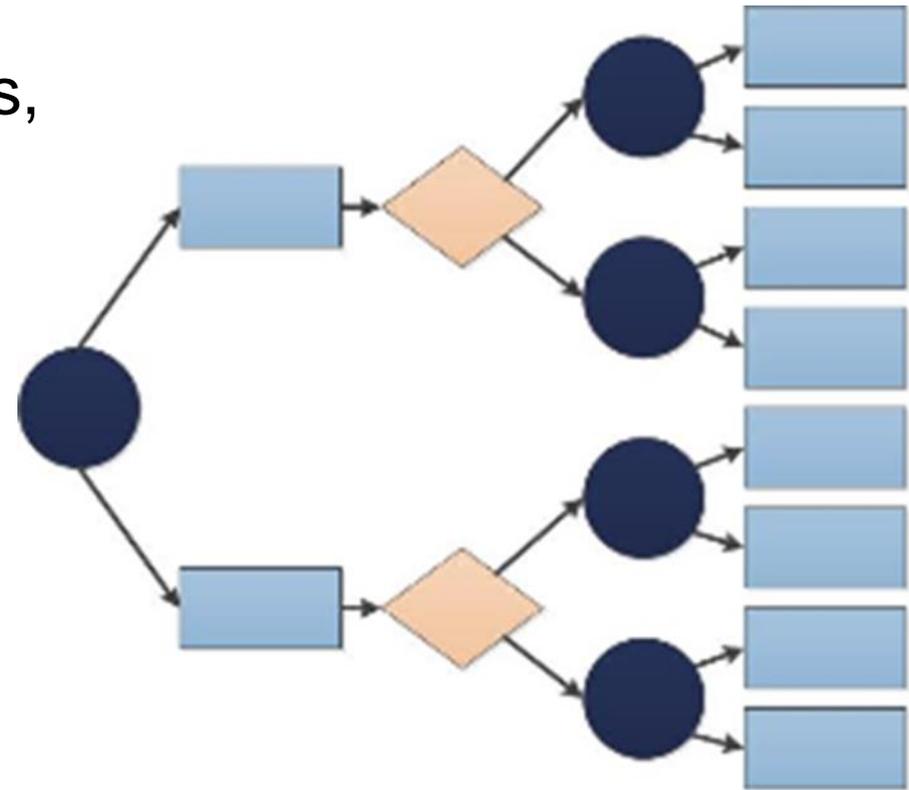


Sequential Multiple Assignment Randomization Trial (SMART) Design



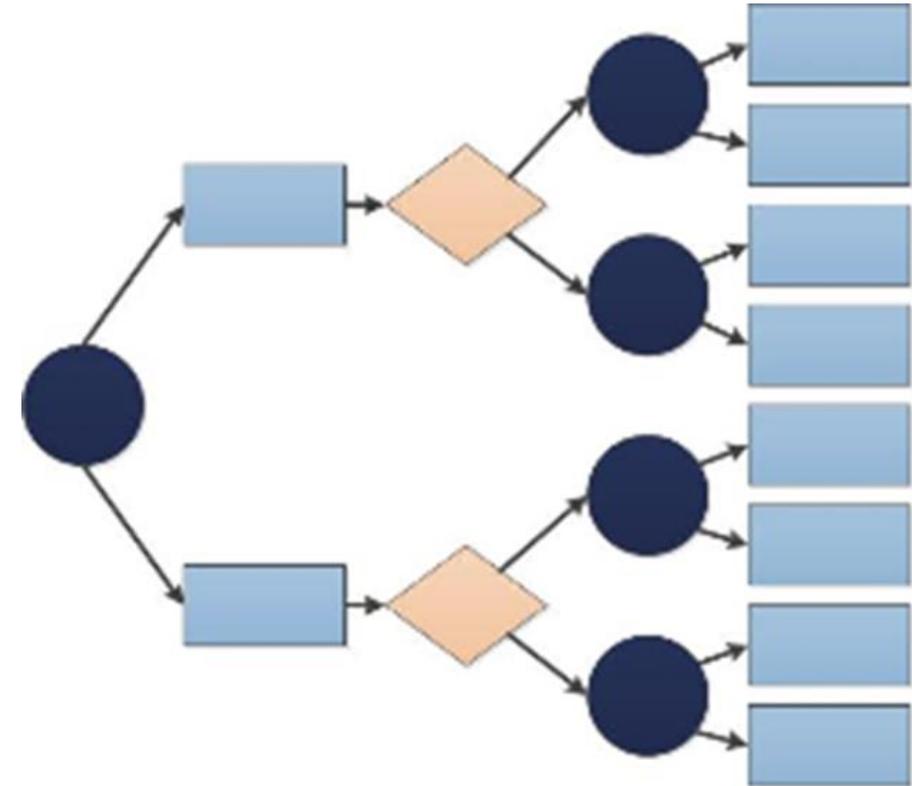
Why Use Adaptive Interventions?

- Many interventions require decisions such as, "If the patient is unresponsive to initial care, what should we do next?" or "Once the patient improves, what treatment is needed to prevent relapse?"
 - A treatment's effect may be impacted by what comes before or after.
 - High heterogeneity in response to any one treatment
 - What works for one person may not work for another
 - What works now for a person may not work later
-



Why Use Adaptive Interventions?

- Consistent with evaluation of Stepped Care Model
- Define a tailoring variable to drive adaptation
- Sufficient power to rigorously evaluate heterogeneity in response to Phase I care.
- Permits evaluation of sequences of treatment decisions for individual patients.



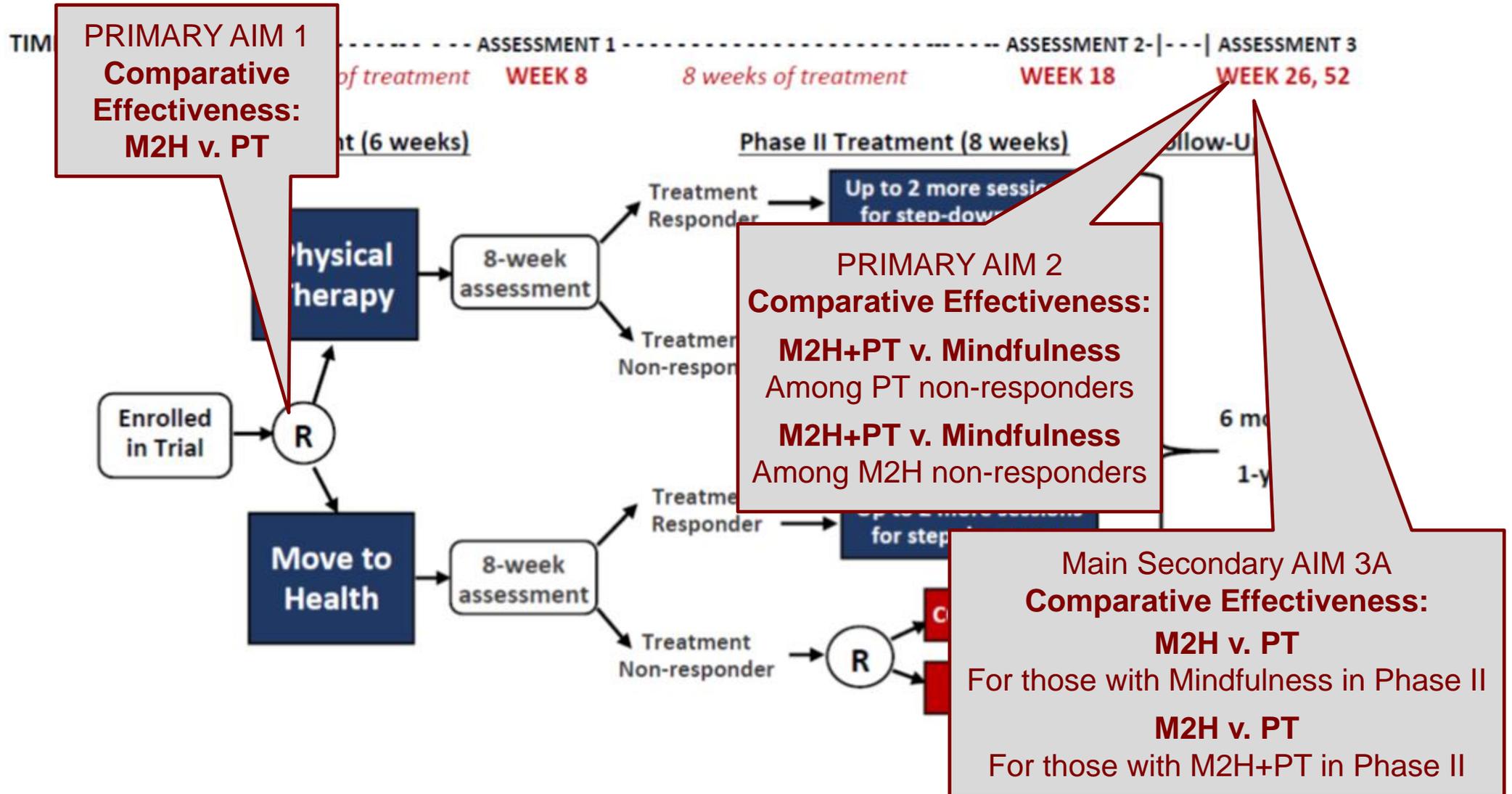
SMART Trial Design

Scientific Aims:

- ✓ Compare First-stage Treatments
- ✓ Compare Second-stage Treatments conditional on first treatment (for non-responders)
- ✓ Identify optimal treatment sequences
- ✓ Develop more personalized treatment regimens

SMART Stepped Care Management for Low Back Pain in Military Health System

UH3AT009763-01



Eligibility

- Active duty military, member of Reserves or National Guard, family member, or Tricare beneficiary receiving care in a participating MHS facility.
 - Age 18 – 65 years at the time of enrollment.
 - Nonspecific LBP
 - Meets NIH Task Force definition of chronic LBP
 - Has not received interventional pain procedures or specialist care in past 6 months
 - No spine surgery in past year
 - Not at elevated risk for suicide
-

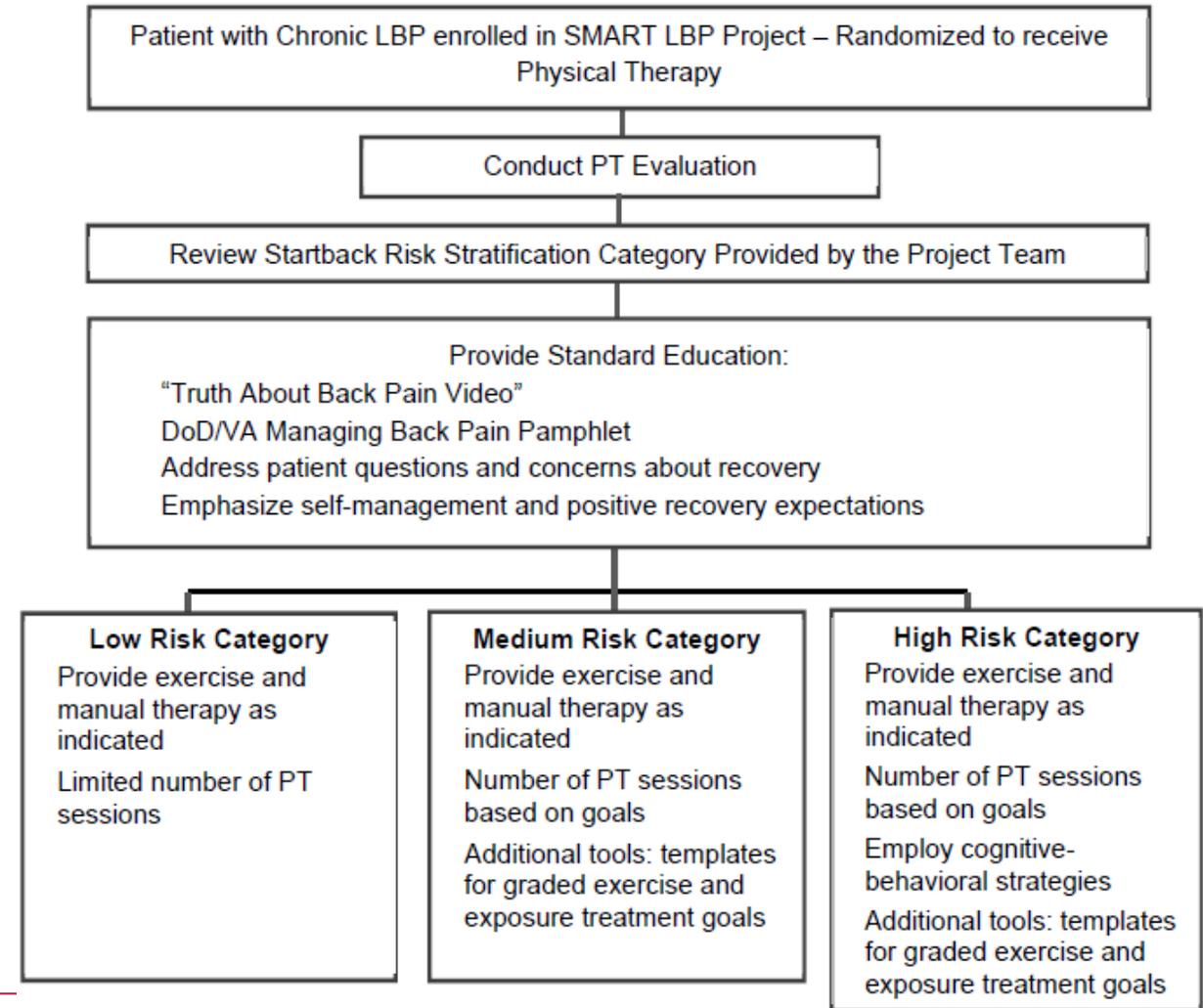
Design Considerations

- Primary Outcome: PROMIS pain interference
 - Tailoring Variable: Improvement of 7 T-score points from baseline on primary outcome
 - Sample Size: 1,200 across all sites
 - Sub Aims explore moderating effects of age (≥ 50), sleep disturbance (PROMIS sleep disturbance ≥ 50), baseline opioid use, gender
-

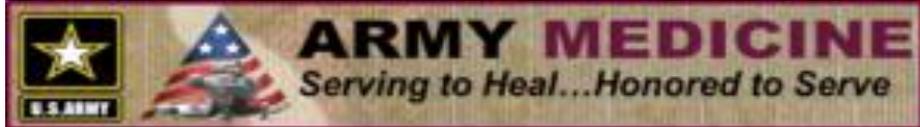
Phase I Interventions

Evidence-Based Physical Therapy

- Risk Stratification
- Patient Education
- Individualized Exercise and Manual Therapy



Phase I Interventions



Move to Health Model



Goal:

“Change the conversation” from a disease and injury-centric approach to a personalized, proactive, person-centered approach that is focused on promoting the health and wellness of the Total Army Family.



VA HEALTH CARE | Defining **EXCELLENCE** in the 21st Century



DEPARTMENT OF **Family Medicine and Community Health**
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

RADICALLY REDESIGNING HEALTH CARE FOR WHOLE HEALTH

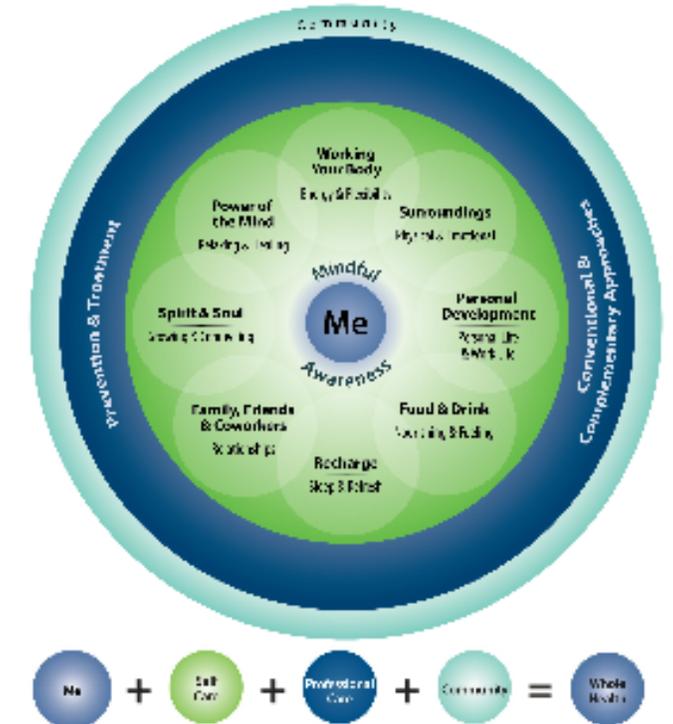
The Whole Health program focuses on 8 components which contribute to wellness and health:

1. Working your Body
2. Power of the Mind'
3. Spirit and Soul
4. Family Friends and Co-workers
5. Recharge
6. Food and Drink
7. Personal Development
8. Surroundings

Personal Health Inventory

Use this circle to help you think about your whole health.

- All areas are important and connected.
- The body and mind have strong healing abilities.
- Improving one area can help other areas.
- The inner ring represents your values and aspirations. Your care focuses on you as a unique person.
- Mindful awareness is being tuned in and present.
- Your self-care and everyday choices make up the green circle.
- The next ring is professional care (tests, medications, supplements, surgeries, examinations, treatments, and counseling). This section includes complementary approaches like acupuncture and yoga.
- The outer ring includes the people and groups who make up your community.





Move to Health Model

Disease-Centered Care: “Find It and Fix it”

Delivery of Healthcare

- Focused on disease, illness and injury

Prevention

- Focused on disease prevention (immunizations, cancer screening)

MTF

- Injury and illness treatment
- Chronic care management

GOAL: Maintain absence of disease and restore to previous state



Person-Centered Care

Delivery of Health

- Collaborative partnership
- Empowered self-healing
- Healthy lifestyles and habits

Prediction and Primary Prevention

- Focused on Primary Prevention
- Predictive analysis
- Preclinical states

Health Readiness Platforms

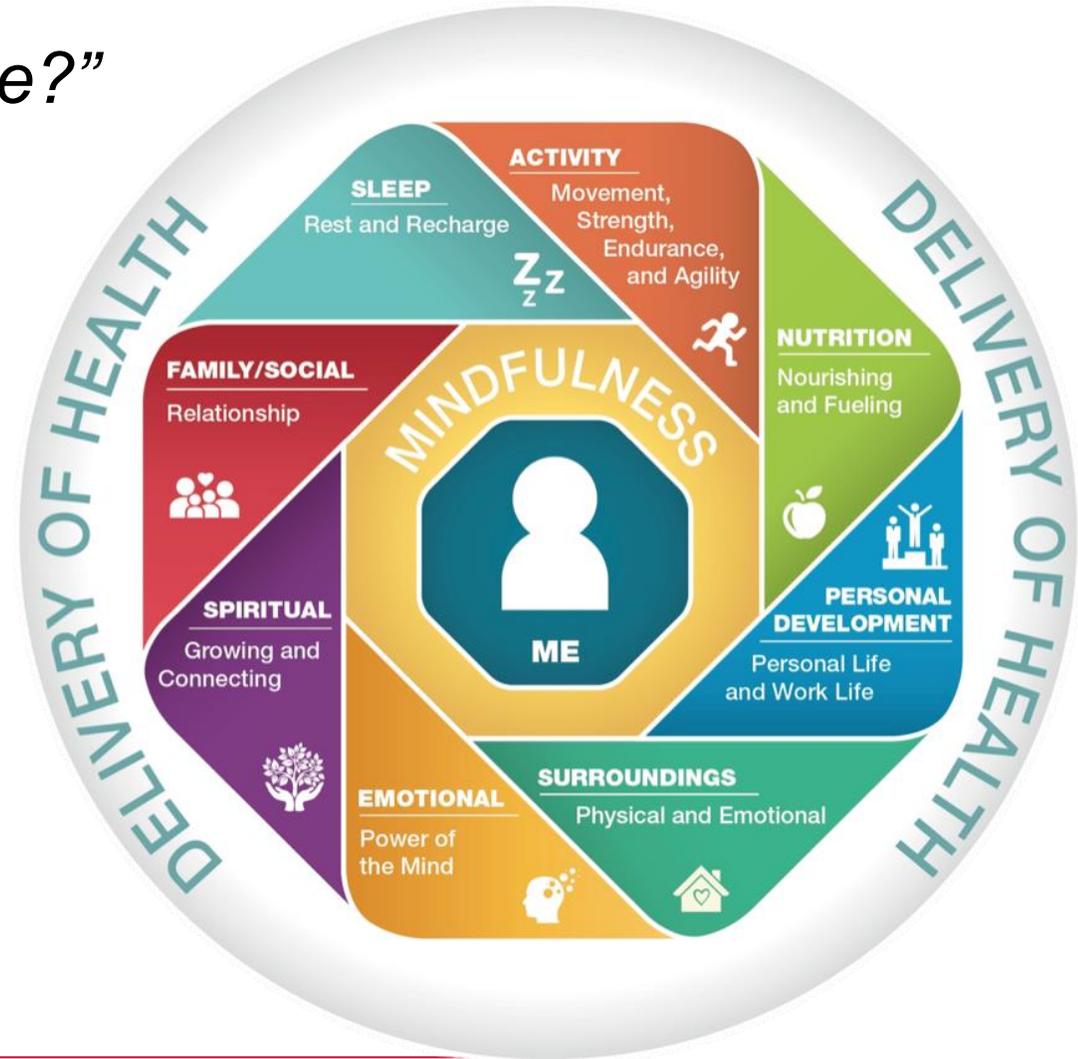
- Promote health, wellness, prevention
- Health Readiness Plan

GOAL: Improve readiness, resilience, performance

Personal Health Inventory

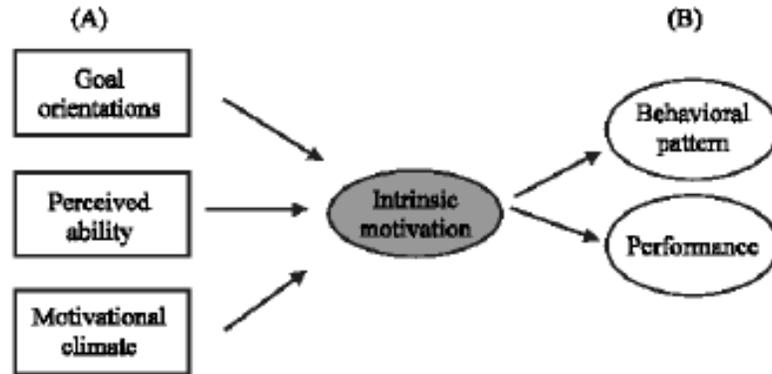
Where are you? Where would you like to be?"

- Sleep
- Activity
- Nutrition
- Personal Development
- Family/Social
- Spiritual
- Emotional
- Surroundings



Operationalizing M2H for cLBP

Grounded within self-determination theory



Incorporate evidence-based elements for behavior change: goal-setting with counseling performed in a person-centered and autonomy-supporting manner (MI).

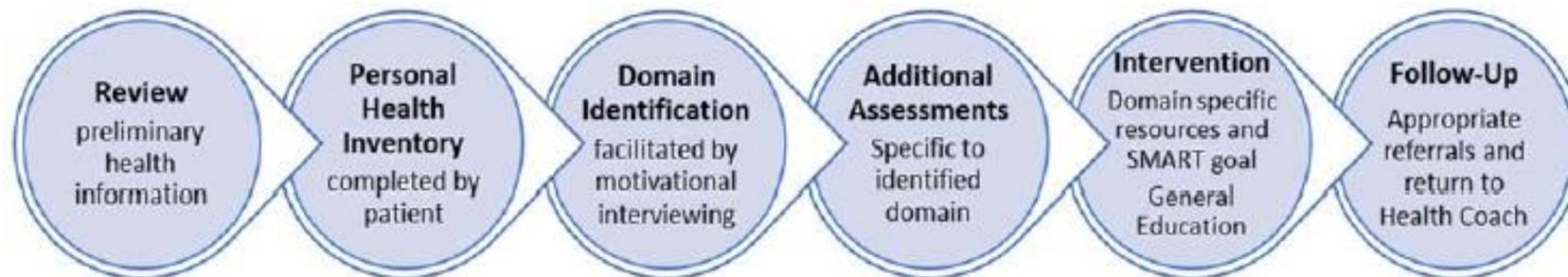
Bordoni, et al. A review of analgesic and emotive breathing: a multidisciplinary approach. J Multidiscip Healthc. 2016;9:97–102.



Operationalizing M2H for cLBP

Health Coach responsibilities:

- ✓ Engage and empower the patient to identify the domain of M2H Wheel that he/she wishes to address.
- ✓ Identify SMART goals within the chosen domain
- ✓ Provide general and domain-specific education
- ✓ Facilitate appropriate follow-up and referrals based on domain-specific algorithms



Operationalizing M2H for cLBP

Simplified M2H Wheel to 5 domains relevant to cLBP:

- ✓ Physical Activity
- ✓ Sleep
- ✓ Nutrition
- ✓ Extrinsic Well-Being (family, social relationships, work and/or home environments)
- ✓ Intrinsic Well-Being (emotional, mental, physical health, including smoking or other addictive behaviors)

Management algorithms within each domain

Training program for Health Coaches

- ✓ Biopsychosocial vs Biomedical model
- ✓ Relevance of 5 domains to cLBP
- ✓ Motivational Interviewing and use of SMART goals





Move to Health

Empowering you to take control of your health and well-being

Sleep:

Positioning and Considerations for Improving Sleep with Low Back Pain

Sleep is so important to overall health that the National Sleep Foundation encourages medical providers to consider sleep like a vital sign!

Benefits of Proper Sleep

- Decreased risk of: high BP, diabetes, heart disease, etc.
- Better quality of life
- Reduced pain
- Promoted injury recovery
- Maintenance of healthy weight
- Stronger immune system
- Optimal cognitive and physical performance
- More energy



How much sleep does someone need?

AGES	REQUIREMENT
Newborns (0-3 mths)	14-17 hours of sleep
Infants (4-11 mths)	12-15 hours of sleep
Toddlers (1-2 yrs)	11-14 hours of sleep
Preschoolers (3-5 yrs)	10-13 hours of sleep
School-Age Children (6-13 yrs)	9-11 hours of sleep
Teenagers (14-17 yrs)	8-10 hours of sleep
Young Adults/Adults (18-64 yrs)	7-9 hours of sleep
Older Adults (65+ yrs)	7-8 hours of sleep

Consequences of Lack of Proper Sleep

- Higher risk of: obesity, heart disease, chronic pain, mental health disorders, other chronic diseases
- Impaired cognition and physical performance
- Reduced ability to cope with stress
- Strained relationships
- Decreased quality of life
- Higher levels of pain



Sleep Positioning for Low Back Pain

A proper sleep position maintains alignment of ears, shoulders and hips with little rotation of the spine.
Note: Sleep position alone neither causes nor alleviates low back pain.

Lying on your back

Allows for neutral spine and even weight distribution. A pillow under the neck and knees may add additional comfort



Lying on your side

This is the most common sleep position. A pillow between the knees or under the shoulder will help prevent spine bending or rotation



Lying on your stomach

This position is generally NOT recommended. A pillow under the abdomen and/or lower legs may help decrease stress on the low back.



Does the Mattress Matter?

- Clinical research has found that patients report improved low back pain and a better night's sleep when they sleep on a mattress described as **medium-firm**.
- Buying an expensive mattress is not necessary.
- Experts recommend replacing your mattress every 10 years and your pillows every two years.

Resources

National Sleep Foundation (Sleep.org) Tips to improve lifestyle and bedroom to promote healthier sleep.

NIH Brief Guide to Health Sleep <https://www.nhlbi.nih.gov/files/docs/public/sleep/healthysleepfs.pdf>

To Improve Sleep, Make Sleep a Priority.

- ✓ Strive to get up and move around during the day; a stiff back may increase discomfort at bedtime.
- ✓ Establish a wake/sleep schedule and stick to it even on weekends.
- ✓ Unwind 30 min before bed by putting away electronics.

Americans who are very motivated to get enough sleep reported sleeping

36 more minutes
PER NIGHT ACROSS THE WEEK.



Move to Health

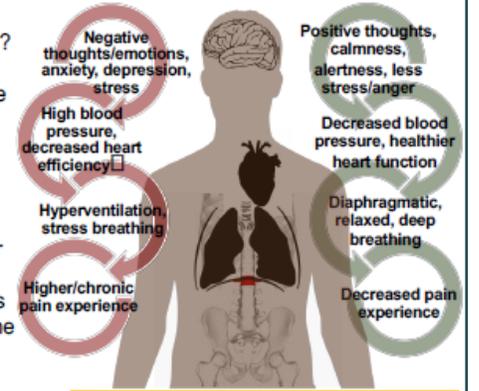
Empowering you to take control of your health and well-being

Emotions:

Deep Breathing for Relaxation & Pain Relief

Did You Know?

- o Breath, pain, heart/lung function & emotions are closely linked?
- o Many people with chronic low back pain may also demonstrate inefficient/abnormal breathing patterns.
- o Research shows that practicing deep breathing has many restorative health benefits.
 - ✓ Decreased sensitivity to pain
 - ✓ Reduced feelings of tension, depression, anxiety, anger
 - ✓ Improved nervous system function for a healthier heart
 - ✓ Increased coordination of trunk muscles with daily tasks
 - ✓ Decrease levels of stress hormones for stronger immune system
 - ✓ Sharpen focus and memory for a productive day



Learning Deep Breathing

GOALS

- 1) Slow breathing rate to about **6 to 10 breaths per minute**
- 2) Inhale through the nose using the diaphragm (rather than the chest) to draw in air (pictured below)
- 3) Exhale letting air out naturally as the diaphragm returns to normal position
- 4) Concentrate on sensation of the breath, trying to block out other distractions



Start in a comfortable position, which can be lying down or sitting.



Breathe in slowly. Try to feel your stomach rise without feeling your chest move.



Exhale through mouth. Allow stomach to return to start without moving the chest.

Repeat the cycle as many times as you need to feel relaxed & calm

Relax

Deep breathing is most effective when performed in a relaxed state

- Find a quiet space
- Close the office door
- Use calming essential oils
- Take a bath
- Try yoga
- Sit or walk in a park

"Remember to breathe. It is after all, the secret of life." - Author Gregory Maguire

Resources

Breath2Relax App - from National Center for Telehealth & Technology Available for iOS and Android Teaches diaphragmatic (deep) breathing as a tool for stress reduction



Breath: 5 Minutes Can Change Your Life TEDx Talk (with 5 min breathing instruction) https://www.youtube.com/watch?v=hFcQpNr_KA4

More Information About How Breath Helps Improve Health from the Mayo Clinic

<https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/decrease-stress-by-using-your-breath/art-20267197>

Phase II Interventions

Mindfulness-Oriented Recovery Enhancement

- ✓ *Mindfulness*. Participants are guided to: a) become aware of when their attention is being engaged by pain, aversive thoughts and feelings; b) acknowledge and accept that this attentional engagement has occurred; and c) disengage attention from pain and aversive experience - shift and engage attention to neutral or health-promoting stimuli via the practice of mindful breathing.
 - ✓ *Cognitive reappraisal*. Patients are queried about their use of mindfulness to become aware of, and decenter from automatic thoughts, challenge automatic thoughts, and become open to new, more adaptive appraisals.
 - ✓ *Savoring of positive experiences*. Patients are queried about their use of mindfulness to become aware of, focus their attention on, and savor day-to-day positive experiences (e.g., an enjoyable meal, a beautiful sunset, etc.)
-

Current Status – Future Milestones

- ✓ Transitioned from Planning to Demonstration Phase
 - ✓ IRB approvals and CRADA finalized
 - ✓ Data collection infrastructure
 - ✓ Study protocol approved through multiple levels of review
 - ✓ Personnel Training and Stakeholder engagement at recruitment sites is ongoing
 - ✓ Projected start date November 1, 2019
-

NIH-DoD-VA Pain Management Collaboratory

ABOUT THE COLLABORATORY

The goal of the Collaboratory is to develop the capacity to implement cost-effective large-scale pragmatic clinical research in military and veteran health care delivery organizations focusing on non-pharmacological approaches to pain management and other comorbid conditions.



www.painmanagementcollaboratory.org

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