# **Managing Chronic Non-Cancer Pain**

#### Integrative therapies

- Manual medicine
- Chiropractic, acupuncture
- Herbs, supplements, anti-inflammatory eating
- Yoga, Tai Chi, mindful movement
- Mind-body therapies

### **Behavioral** therapies

- Depression/anxiety group
- Health/pain group
- Social engagement plan
- Cognitive Behavioral Therapy (CBT)
- Acceptance and Commitment Therapy (ACT)

## **Medication**

- NSAIDs/Acetaminophen
- Anticonvulsants
- Antidepressants
- Topical (lidocaine, capsaicin)
- Immune modulators
- Muscle relaxants
- Cannabinoids
- Lowest effective opioid dose

### **Procedures**

- Ice/heat
- Injections (joint, trigger) point, epidural)
- Transcutaneous electrical nerve stimulation (TENS)
- Referrals (orthopedics, neurosurgery, procedural pain clinic)

If an opioid medication is part of the treatment plan, take the following steps:

>> ASSESSMENT OF RISK, ADHERENCE, FUNCTION AND PAIN: at least annually

- **INFORMED CONSENT OR CONTROLLED SUBSTANCE AGREEMENT:** at least annually
- **CONTROLLED SUBSTANCE MONITORING PROGRAM:** check CURES every 4 months

#### **Movement**based therapies

- Physical/occupational therapy
- Supervised/graded physical activity

#### **PRESCRIBE NALOXONE:** at least every two years

#### If managing opioid use disorder, options include:

- Start buprenorphine, methadone maintenance, or extended-release naltrexone
- Arrange for outpatient or residential treatment
- Consider behavioral health and other referrals



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#### These recommendations are general and informational only; specific clinical decisions should be made by providers on an individual case basis.

This publication was produced by the Center for Innovation in Academic Detailing on Opioids (CIAO) at the San Francisco Department of Public Health (SFDPH), funded by the California Department of Public Health (CDPH), and supported by Grant Number NU17CE925000 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of SFDPH, CDPH, CDC, or the Department of Health and Human Services.