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)

Movement- based therapies

- Physical/occupational therapy
- Supervised/graded physical activity

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 regularly
- >> 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





