

F O C U S

VISTA PSYCHOLOGICAL & COUNSELING CENTRE, LLC

Wise Choices

Dealing Safely With Pain

Things you can do if you're prescribed an opioid:

Ask if there are ways besides opioids to relieve your pain.

Make sure your healthcare provider knows about all other medications you are taking.

Let your healthcare provider know if you or others in your family have had any problems with addiction, such as with alcohol, prescription medications, or illicit drugs.

Ask about the risks of taking an opioid.

Ask how to take the opioid and how long you should take it.

Never use alcohol when taking an opioid.

Store opioids in a safe place out of sight and out of reach of children, preferably in a locked cabinet.

Dispose of leftover prescription medicine quickly and properly.

MANAGING PAIN MOVING BEYOND OPIOIDS

Most people experience some kind of pain during their lives. Pain serves an important purpose: it warns the body when it's in danger. Think of when your hand touches a hot stove. But ongoing pain causes distress and affects quality of life. Pain is the number one reason people see a doctor. A class of drugs called opioids is often used to treat pain. One reason, explains HHH pain expert Dr. Michael Oshinsky, is that opioids work well for many people. Opioids can stop the body from processing pain on many levels, from the skin to the brain. Because they work throughout the body, he says, "Opioids can be very effective for multiple types of pain." But opioids also produce feelings of happiness and well-being. And they're reinforcing: the more people take them, the more they create them. This can lead to addiction, or continuing to take opioids despite negative consequences. Scientists have not yet been able to develop opioids that reduce pain without producing these addicting effects, Oshinsky explains. The longer someone takes opioids, the more they may need to take to get the same effect. This is called tolerance. Having a high tolerance doesn't always mean you'll become addicted but taking higher doses of opioids increases the risk for both addiction and overdose. The U.S. is now in the grip of an opioid crisis. Every day, more than 100 Americans die from an opioid overdose. This number includes deaths from prescription opioids. "We don't need 'better' opioids. We need to move away from the reliance on opioids for developing pain treatments," Oshinsky says. NIH is funding research into new and more precise ways to treat pain. It's also working to develop new treatment to combat opioid misuse and addiction. **Opioids Not Always Needed-** Opioids are often prescribed for acute pain. Acute pain is short-term pain, the kind experienced after an accident or an operation. But other drugs may be just as effective for acute pain, even after surgery, explains Dr. Dena Fischer, a dental health expert at NIH. Some of these drugs, like acetaminophen or ibuprofen, Don't require a prescription. People may think that prescription drugs work better for acute pain. But that's often not the case, Fischer says. Using something other than an opioid first can be especially important to manage acute pain in fields such as dentistry, she adds. Many people receiving opioid prescriptions from dentists are teens or young adults who have never been prescribed an opioid before. "Research is starting to tell us that people who receive an opioid as a teenager have a tendency to continue to take opioids for non-medical purposes in the long term," Fischer says. Healthcare providers who decide their patient needs an opioid are now being encouraged to give only a few pills at a time. People who receive shorter prescriptions are less likely to misuse their pills by taking more than prescribed or taking them after the pain is gone. This also cuts down the chance that the pills could be taken by others. **When Pain Is Chronic-** Managing chronic pain is more complicated than treating acute pain. More than 25 million

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people in the U.S. alone live with chronic pain, which is pain that lasts more than three months. Many things can cause chronic pain. For example, Oshinsky says, a muscle that was damaged in an accident may heal relatively quickly. But if a nerve was also hurt it can continue to send pain signals long after the body has repaired the muscle. Other types of chronic pain are driven by brain changes, explains Dr. David Williams, an NIH-funded pain researcher at the University of Michigan. When these changes happen, the brain continues to perceive pain even though the injury has healed. For people with this type of chronic pain, sometimes called central pain, opioids and some other kinds of pain medication can actually make the pain worse. Research has shown that talk therapies, such as cognitive behavioral therapy, can help many people with chronic central pain. These types of therapies “emphasize behaving in different ways or thinking in different ways that alter the perception of pain,” Williams explains. “Pain is a combination of a sensory and an emotional experience.” Cognitive behavioral therapy can also help people with chronic pain manage related health problems, such as problems sleeping, feeling tired, or trouble concentrating. This can increase quality of life for people with chronic pain. It can also have overlapping effects. “Pain processing and sleep and thinking and mood all share the same neurotransmitters in the brain,” Williams says. “So, by improving something like sleep, you are also improving pain.” Non-opioid drugs can help some people with chronic pain too, Oshinsky says. Many of these drugs were first developed to treat different health conditions

such as seizures, depression, or anxiety. But they can also change the way the brain processes pain. Some people benefit from devices that stimulate the nerves directly to block pain signals from reaching the brain, Oshinsky adds. Different devices can work on different parts of the nervous system, from the nerves in the skin to the spinal cord. People with certain types of pain have also been shown to benefit from exercise, acupuncture, massage therapy or yoga. **Expanding the Options** - The alternatives to opioids we have now don't work for everyone's pain. More non-opioids non-addictive treatment options could reduce the number of opioids prescribed each year. Recently, NIH launched the Helping to End Addiction Long-Term (HEAL) Initiative to address the shortage of effective medications for chronic pain and other issues contributing to the opioid crisis. Some of the research funded by HEAL will focus on understanding how chronic pain develops. A better understanding of how acute pain becomes chronic could reveal new treatment targets. Researchers funded by HEAL also hope to learn how to predict who will develop chronic pain from acute pain. This information could be used to guide early pain management, Oshinsky explains. HEAL will fund research into new treatments for opioid misuse and addiction as well. More options for pain management could help doctors better personalize pain treatment. “It could be a little more like precision medicine, where you try to identify what flavor of pain the patient has, and then match the treatments we have available to the needs of the patient,” Williams explains. **Source: National Institute of Health, Department of Health and Human Services. *News in Health, October 2018.* newsinhealth.nih.gov.**

I'M IN PAIN, WHY'S MY DOCTOR SUGGESTING A PSYCHOLOGIST?

Pain makes us human. It is a bell, fine-tuned by evolution, that often rings in moments necessary for our survival. Because of pain, we can receive warnings that trigger the reflexes to escape potential danger. But what happens when that bell continues to ring? How do we respond to a signal when it interferes with the other elements that make us human? Pain that lasts longer than six months is considered chronic, and it may not go away. With chronic pain, the bell's ongoing signal gets your nervous system wound up and increases its reactivity to incoming messages. This can be quite distressing and anxiety-provoking. Additionally, the feelings of frustration or sadness when pain doesn't go away can make pain worse. ***What's the link between emotion and my perception of pain?*** Pain, depression, and anxiety travel through similar pathways along your nervous system and share many of the same biological mechanisms. One of the areas in the brain that receives pain signals—specifically, the limbic region—shares many of the same messengers as the mood signals. We know

from research studies using neuro-imaging that the parts of the brain controlling emotion and sensory features of pain are altered in people with chronic pain. The connection between pain and emotion can also be seen with certain classes of medications. For example, some medications used to treat pain can cause side effects like euphoria, and medications originally developed for psychiatric conditions can be effective treatments for certain types of pain. The medical community has come to appreciate a direct correlation between improvement in one's emotional well-being and their experience of pain (and vice versa). Chronic pain increases the risk of depression and anxiety, *and* depression and anxiety strongly predict the development of chronic pain. This association is seen in conditions like fibromyalgia and irritable bowel syndrome, where behavioral and psychological treatment strategies have shown benefit in reducing symptoms. ***What can a psychologist help me address? Pain catastrophizing:*** This is when you magnify the negative effects of pain and focus on

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feelings of helplessness while ruminating about the presence of pain in your life. Negative thoughts and beliefs about pain often lead to worsened emotional and social functioning and a decreased response to medical interventions for pain. *Fear of pain*: Concern or worry about an injury drives avoidant or protective behaviors. The anticipation of an increased sensation of pain may limit you from engaging in physical activity or attending social outings. Pain-avoidant behaviors can lead to physical de-conditioning and further decreased quality of life. *Pain acceptance*: This is a challenging but highly effective technique focused on developing an accepting attitude towards the pain. It involves doing your best to non-judgmentally acknowledge the presence of pain and minimize unhelpful thoughts and behaviors that won't make pain better. *Trauma*: The link between prior trauma and chronic pain is becoming better understood. Psychological therapies can address ongoing physical and emotional stress responses linked to traumatic experiences. **What type of therapies help with chronic pain?** There are multiple psychotherapeutic treatment options commonly used to help people manage chronic pain. Practicing meditation and becoming as active as possible have been shown to be effective methods that can be done on your own. Mental health professionals who specialize in working with people in pain can guide you with additional evidence-based treatments. *Cognitive behavioral therapy (CBT)*: talk therapy that helps to change your thoughts and behaviors related to pain and improve coping strategies. You can learn CBT techniques with a psychologist or as part of a therapeutic group, which may also provide a support network. *Mindfulness-based stress reduction (MBSR)*: a form of meditation where you learn to non-judgmentally become aware of your thoughts and feelings and accept pain and other uncomfortable sensations as neither positive nor negative. *Hypnosis for pain (hypno-analgesia)*: a set of techniques intended to modify your thoughts, feelings and behaviors via subconscious suggestions aimed at altering your experience of pain. Hypno-analgesia differs from CBT, which is a conscious recognition of your emotions related to pain and a more self-directed, action-oriented approach. *Biofeedback*: a technique where your body functions such as heart rate, muscle tension, and skin temperature are monitored to make you aware of your involuntary responses to stress. During biofeedback sessions you learn a variety of ways to control your physical reactions to stress and anxiety. **Where can you find help to manage the emotional aspects of pain?** It is always recommended that you have a primary care physician coordinating your care and your doctor may be able to provide you with a referral to a pain specialist or psychologist. It is worth finding out what mental health services your health insurance covers as you navigate this process. Additional resources for finding resources for finding specialists in your area: **American Chronic Pain Association**

www.theacpa.org/ and **American Pain Society**

www.americanpainsociety.org . **Will my pain ever go away?**

This question is surely at the top of every person's mind if they are in pain. The difficulty in answering this stems from the variety and types of chronic pain syndromes, as well as individual variability. What has been shown to make a difference in people managing chronic pain is trying a variety of approaches, such as cognitive behavioral techniques, staying active, practicing meditation, and working with your doctor to find effective medical and procedural interventions. The more of these interventions you try, the more likely you will find something that makes a positive impact. The challenges of coping with a chronic pain condition cannot be understood. The negative emotions that come from it can be self-perpetuating, as one's feelings about pain can lead to depression, and that very depression can lead to worsening pain. In coping with this cycle, the goal is to take whatever steps are possible to continue to lead a fulfilling life, including getting emotional and social support. Our understanding of pain continues to evolve, and with it may come improved personalized treatments and better understanding of chronic pain's influence on the body and mind. **Source: NIH News in Health, October 2018. National Institute of Health, DHHS. newsinhealth.nih.gov**

USING CBD OIL FOR PAIN

A growing body of research is demonstrating how CBD (cannabidiol) is an effective treatment for a variety of pain-related conditions. Pain, whether chronic or acute, is something most people will experience at some point in their lives. According to the Global Pain Index (2017), 95% of the global population have experienced body pain and 86% have experienced head pain. It's no surprise that many people have started to show a strong interest in cannabidiol (CBD), a non-intoxicating cannabinoid that offers the potential for numerous therapeutic benefits, one of the most prominent being pain relief. The relationship between CBD and the human body is complex and requires more research to fully comprehend, but we already know a substantial amount about this multi-faceted interaction. CBD interacts with a wide range of proteins in the body and central nervous system, including components of the endocannabinoid system (ECS) found in all living things, except insects. CBD inhibits the absorption of anandamide, a natural cannabinoid molecule that regulates pain and correlates with feelings of well-being and happiness. When CBD enhances anandamide signaling it increases levels in the bloodstream, helping to reduce pain throughout the body. CBD also activates other receptor proteins which are responsible for control functions such as inflammation and the awareness of pain, sensations of pain as well as its transmission. Growing research is showing how CBD is an effective treatment method for a



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wide spectrum of pain-related conditions including arthritis, osteoarthritis, multiple sclerosis, and neuropathic pain induced by chemotherapy in cancer patients. There are different ways to introduce CBD into the body; the most common methods are sublingual, ingestion, inhalation, and transdermal application. The optimal CBD dosage will depend on several individual specific factors, including body weight, metabolism, frequency of use, as well as the CBD product's quality. To find the most effective dose, start with the lowest viable dose and gradually increase the amount of CBD until pain relief is achieved. Once you find that therapeutic sweet spot, continue there and tweak the dosage when necessary. The use of a CBD infused transdermal patch or topical, either alone or in conjunction with oral ingestion, may be more effective for some conditions such as arthritis or muscular pain. CBD is not a one size fits all treatment so specific guidelines or instructions for dosing don't exist. However, in order to receive the best possible results when treating pain or another health issue with CBD, one thing is for certain—quality. It is important to know how to distinguish high-quality products from the flooded market. With the passage of the 2018 Farm Bill that legalized the production and sale of industrial hemp, CBD products have never been more accessible. CBD oil and other CBD-infused products can be ordered online or found in coffee shops, grocery stores and gas stations. Before you are able to sort through the plethora of CBD products, it is important to know the difference between hemp-derived and marijuana derived CBD. Products derived from hemp plants can be legally purchased throughout the United States. According to federal regulations enforced by the (FDA) Food and Drug Administration, hemp plants are not allowed to have more than 0.3% THC (tetrahydrocannabinol). This is the psychoactive constituent of the cannabis plant. Therefore, most hemp

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derived CBD products either contain small amounts or no trace of THC. Marijuana-derived CBD products, which come from plants that generally contain higher levels of THC, are only available in states that have legalized adult-use (recreational) or medical marijuana. **Ohio is currently legal for medical marijuana.** While access to CBD products with higher levels of THC are restricted to legal states, research suggests CBD and THC work more effectively in tandem. It is estimated that approximately 70% of hemp-derived CBD is below standard. **Where are you buying your CBD?** The importance cannot be emphasized enough in choosing products that come with a certificate of analysis (COA) from a third party testing lab. Use this information to cross-check and ensure that the lab analysis matches what is listed on the product label and has been tested for potency, mold, mildew, metals and pesticides. Seek products that are grown, extracted, produced, packaged, and shipped within the USA. Look for 100% organic and non-GMO ingredients. Keep in mind that products containing hempseed oil or hemp oil are not the same as CBD oil and do not include any cannabinoids at all. **Source: Julia Appleby, LPCC-S, NCC, TBHI, and Healer Certified Cannabis Advisor**



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