Advancing Precision Pain Care Through Science and Care (w/ Amelio Health) Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Background

And good evening. Um, hi Xavier. Thank And good evening. Um, hi Xavier. Thank you so much for joining me uh on the you so much for joining me uh on the Amelio podcast.

Amelio podcast. Could you share with our audience uh a Could you share with our audience uh a little bit about your background and little bit about your background and your passion in [music] chronic pain your passion in [music] chronic pain management?

management? management? >> Yes, thank you so much Kathy. It's good >> Yes, thank you so much Kathy. It's good to see you. Um, thank you for having me to see you. Um, thank you for having me on. Um, [music] so for those who don't on. Um, [music] so for those who don't know me, my name is Dr. Javier Jimenez.

know me, my name is Dr. Javier Jimenez. Uh, some people call me Dr. X. The Uh, some people call me Dr. X. The Javier [music] spelled with an X, so Javier [music] spelled with an X, so it's a little confusing. Um, I'm um I'm it's a little confusing. Um, I'm um I'm basically I'm a physician in the New basically I'm a physician in the New York area that specializes in about York area that specializes in about three areas, [music] uh, psychiatry, three areas, [music] uh, psychiatry, pain medicine, and addiction medicine.

pain medicine, and addiction medicine. And the way that I ended up with those And the way that I ended up with those specializations uh, is still a surprise specializations uh, is still a surprise to me, a pleasant one. I love what I to me, a pleasant one. I love what I do, but I [music] did not know that I'd be but I [music] did not know that I'd be doing this. Um, I uh I'm a CubanAmerican doing this. Um, I uh I'm a CubanAmerican kid from Miami, Florida, kid from Miami, Florida, and was always and was always very restless and [music] very restless and [music] um you know, interested in philosophy um you know, interested in philosophy and ethics and topics of that sort. But and ethics and topics of that sort. But I decided I wanted to go into medicine I decided I wanted to go into medicine when one of my aunts was a physician.

when one of my aunts was a physician. She's now [music] retired and she She's now [music] retired and she influenced me. And when I was in influenced me. And when I was in medicine, I was fascinated by every medicine, I was fascinated by every topic. Uh particularly surgery and topic. Uh particularly surgery and physiology and all of these topics, but physiology and all of these topics, but I really fell in love with psychiatry.

I really fell in love with psychiatry. Um I [music] thought, you know, the mind Um I [music] thought, you know, the mind as the next frontier was just so as the next frontier was just so fascinating. So I specialized after fascinating. So I specialized after becoming a physician, I specialized becoming a physician, I specialized [music] in psychiatry, but I never [music] in psychiatry, but I never really felt comfortable being only quote really felt comfortable being only quote unquote a psychiatrist. [music] I really unquote a psychiatrist. [music] I really kept one foot in the medical and kept one foot in the medical and surgical space.

surgical space. Uh, and as a result, I I did some extra Uh, and as a result, I I did some extra training in what what's [music] called training in what what's [music] called consultation psychiatry or medical consultation psychiatry or medical psychiatry.

psychiatry. psychiatry.

How Chronic Pain and Psychiatry Intersect

My training was at the University of My training was at the University of Pittsburgh Medical Center for psychiatry

Pittsburgh Medical Center for psychiatry and then after went to the Harvard and then after went to the Harvard system at Mass General for [music] a system at Mass General for [music] a year to specialize in medical settings, year to specialize in medical settings, psychiatry in medical settings or psychiatry in medical settings or consultation liaison [music] psychiatry.

consultation liaison [music] psychiatry. That's actually the first place I became That's actually the first place I became interested in pain management. It was interested in pain management. It was accidental. I think uh I was actually in accidental. I think uh I was actually in a burns unit, a trauma and burns unit.

a burns unit, a trauma and burns unit. Horrible stories of individuals with Horrible stories of individuals with [music] severe injuries requiring skin [music] severe injuries requiring skin grafts, uh various interventions, grafts, uh various interventions, surgical [music] surgical [music] interventions. And my mentor who was a interventions. And my mentor who was a psychiatrist himself said, "Don't be psychiatrist himself said, "Don't be afraid [music] of managing and helping afraid [music] of managing and helping people with pain." Uh so you know that people with pain." Uh so you know that was my introduction uh after years of was my introduction uh after years of specializing in psychiatry go back to specializing in psychiatry go back to the basics of medicine and help the basics of medicine and help individuals who are in pain and [music] individuals who are in pain and [music] from there on I never looked back. I've from there on I never looked back. I've only worked as a psychiatrist in medical only worked as a psychiatrist in medical settings. After that training I went to settings. After that training I went to the Cleveland Clinic and [music] was the Cleveland Clinic and [music] was there for about eight years and there for about eight years and specialized in a number of areas medical specialized in a number of areas medical areas with [music] psychiatric uh areas with [music] psychiatric uh dimensions. So for instance I worked in dimensions. So for instance I worked in an epilepsy monitoring unit for a while.

an epilepsy monitoring unit for a while. I worked uh with rheumatology with I worked uh with rheumatology with orthopedics [music] orthopedics [music] with anesthesia with anesthesia neurology and the area that I spent neurology and the area that I spent [music] the most time in which is [music] the most time in which is germanine to today's discussion was germanine to today's discussion was chronic pain. I uh had a mentor who was chronic pain. I uh had a mentor who was running a program there [music] at the running a program there [music] at the Cleveland Clinic called the chronic pain Cleveland Clinic called the chronic pain rehabilitation program. This was a rehabilitation program. This was a multidisciplinary multidisciplinary multidisciplinary entity where we had doctors, [music] entity where we had doctors, [music] nurses, psychologists, physical nurses, psychologists, physical therapists, occupational therapists, therapists, occupational therapists, music therapists, everyone working music therapists, everyone working together in a very dynamic way to help together in a very dynamic way to help individuals with chronic [music] pain individuals with chronic [music] pain that was very lasting and disabling. And that was very lasting and disabling. And in that space, I became the medical in that space, I became the medical director. I became certified, board director. I became certified, board certified in pain medicine. And I also certified in pain medicine. And I also became very interested in sort of became very interested in sort of related topic of addiction medicine and related topic of addiction medicine and became board certified in [music] that became board certified in [music] that as well. All of this was somewhat as well. All of this was somewhat accidental. I I went into medicine accidental. I I went into medicine really thinking about what every kid really thinking about what every kid thinks about, right? Let me fix a broken thinks about, right? Let me fix a broken bone. Let me transplant an organ. Save a bone. Let me transplant an organ. Save a life. That kind of stuff, right? The the life. That kind of stuff, right? The the flashy stuff. And then I realized flashy stuff. And then I realized actually when you're in medicine, you actually when you're in medicine, you see enormous suffering, you see enormous see enormous suffering, you see enormous [music] pain, enormous chaos, and I [music] pain, enormous chaos, and I wanted to help bridge some of those wanted to help bridge some of those [music] gaps. So that's what got me [music] gaps. So that's what got me eventually to where I am. I'm currently eventually to where I am. I'm currently working for Northwell, which is a large working for Northwell, which is a large health system in and around [music] health system in and around [music] uh New York City. And I continue to see uh New York City. And I continue to see individuals who have chronic pain, individuals who have chronic pain, mental health concerns, addiction or mental health concerns, addiction or some combination of those [music] both some combination of those [music] both in the hospital and in clinic. I have a in the hospital and in clinic. I have a clinic also where I see individuals clinic also where I see individuals >> [music] >> [music] >> [music] >> um in in the ambulatory space and I >> um in in the ambulatory space and I continue to strategize with the rest of continue to strategize with the rest of Northwell growing health system to Northwell

growing health system to deliver integrated care models so that deliver integrated care models so that we [music] can really fill in these gaps we [music] can really fill in these gaps that are inadvertently created by our that are inadvertently created by our massive [music] health care systems.

massive [music] health care systems. That's kind of how I got here. That's kind of how I got here. >> Wow, that's an amazing journey [music] >> Wow, that's an amazing journey [music] and it's really interesting uh that you and it's really interesting uh that you sort of fell into chronic pain sort of fell into chronic pain management. Um I can really relate to management. Um I can really relate to this. I I myself [music] this. I I myself [music] came from uh acute pain management came from uh acute pain management background a role in nursing [music] uh background a role in nursing [music] uh which led me to pain management and then which led me to pain management and then psychology which is you know very psychology which is you know very [music] similar journey isn't it and uh [music] similar journey isn't it and uh um it's really interesting uh where I um it's really interesting uh where I was working in um [music] you know was working in um [music] you know trauma and uh acute pain and ICU and uh trauma and uh acute pain and ICU and uh [music] anesthetics recovery those sorts [music] anesthetics recovery those sorts of areas and then also working in a of areas and then also working in a [music] multi-disiplinary pain clinic [music] multi-disiplinary pain clinic like yourself and we could actually see like yourself and we could actually see that you know the people [music] would that you know the people [music] would come from that acute phase and then into come from that acute phase and then into the chronic pain clinic and you think the chronic pain clinic and you think [music] [music] [music] wow I've just seen this from beginning wow I've just seen this from beginning to end and I can see where these cracks to end and I can see where these cracks are that's just phenomenal that you are that's just phenomenal that you you're uh you're talking about that you're uh you're talking about that [music] [music] [music] can you tell me your thoughts on the can you tell me your thoughts on the link links between mental ill health and link links between mental ill health and mental wellness and [music] chronic mental wellness and [music] chronic pain. I know it's a you know we we often pain. I know it's a you know we we often talk about um mental health, but I think talk about um mental health, but I think we're me missing the point here. We're we're me missing the point here. We're actually missing the fact that it's actually missing the fact that it's mental ill health [music] and chronic mental ill health [music] and chronic pain.

pain. pain. >> It's a great topic and we can go on on >> It's a great topic and we can go on on on these relationships for hours. uh the on these relationships for hours. uh the the the relationship between mental the the relationship between mental health or ill health and chronic pain health or ill health and chronic pain [music] is rich uh it's birectional [music] is rich uh it's birectional uh in the sense that each domain [music] uh in the sense that each domain [music] influences the other and is what is influences the other and is what is perpetually fascinating in my work.

perpetually fascinating in my work. [music] I will start with a disclaimer [music] I will start with a disclaimer because some individuals who have because some individuals who have chronic pain will react to somebody from chronic pain will react to somebody from mental health like a psychiatrist, mental health like a psychiatrist, psychologist, a therapist, uh trying to psychologist, a therapist, uh trying to quote help them with their pain and some quote help them with their pain and some individuals react to that poorly and individuals react to that poorly and [music] think this is a purely medical [music] think this is a purely medical issue. There's no space for for those issue. There's no space for for those kinds of discussions. I obviously kinds of discussions. I obviously disagree, especially in chronic disagree, especially in chronic disabling pain. to get to your point, disabling pain. to get to your point, when we have somebody who is [music] uh when we have somebody who is [music] uh especially exhausted conventional especially exhausted conventional medical interventions, hasn't [music] medical interventions, hasn't [music] responded to them, continues to responded to them, continues to languish, um is disabled by their languish, um is disabled by their chronic pain, that's really where we we chronic pain, that's really where we we have to incorporate a a broader what's have to incorporate a a broader what's [music] called biocschosocial approach, [music] called biocschosocial approach, which includes psychological dimensions.

which includes psychological dimensions. It's not the only factor. We have to It's not the only factor. We have to continue to balance the biological and continue to balance the biological and the social [music] too, but the the social [music] too, but the psychological is part of it. And I think psychological is part of it. And I think to answer your question more more to answer your question more more generally, [music] the relationship has generally, [music] the relationship has a lot to do with what we call the pain a lot to do with what we call the pain experience.

experience. experience. I think most people really fixate on I I think most people really fixate on I [music] have pain or I have chronic pain [music] have pain or I have chronic pain and and yet don't really get as curious and and yet don't really get as curious as maybe they need to be about their as maybe they need to be about their pain experience. What does that even pain experience. What does that even mean? That means how somebody in mean? That means how somebody in totality is experiencing their pain. Not totality is experiencing their pain. Not not just that it hurts. The physical not just that it hurts. The physical component of it is very important.

component of it is very important. [music] Sometimes the most important [music] Sometimes the most important part. But in other situations, there's part.

Resilience, Wearables, and Pain Tracking

But in other situations, there's the physical component, the sensation of the physical component, the sensation of pain and [music] pain and [music] additional layers of experience. And additional layers of experience. And those layers of experience can be those layers of experience can be psychological. They can be anger, psychological. They can be anger, sadness, [music] sadness, [music] fear, panic, depression, all all sorts fear, panic, depression, all all sorts of experiences that [music] come with of experiences that [music] come with and around related to etc. the pain that and around related to etc. the pain that pain experience [music] is squarely a pain experience [music] is squarely a psychological phenomenon. And that's psychological phenomenon. And that's where you start to see that individuals where you start to see that individuals with mental [music] with mental [music] ill health versus mental health issues ill health versus mental health issues vary widely in their pain [music] vary widely in their pain [music] experience. you ran an experiment or experience. you ran an experiment or even just did a population study on even just did a population study on [music] everyone who has very similar or [music] everyone who has very similar or identical medical injuries, diseases, identical medical injuries, diseases, [music] uh concerns and then plot them [music] uh concerns and then plot them out over time and see how many of them out over time and see how many of them even have chronic pain to [music] start even have chronic pain to [music] start with. Secondly, of those with chronic with. Secondly, of those with chronic pain, what is their degree of disability pain, what is their degree of disability [music] and pain experience? You will [music] and pain experience? You will see variability. you'll see differences see variability. you'll see differences which points at individual again pain which points at individual again pain [music] experience. So to get back to [music] experience. So to get back to your point and how you phrased it, your point and how you phrased it, mental health, mental ill health is huge mental health, mental ill health is huge in uh ascribing some variability to how in uh ascribing some variability to how individuals [music] navigate their pain.

individuals [music] navigate their pain. And of course we have lots of research And of course we have lots of research to suggest [music] that more to suggest [music] that more specifically. There's the granular stuff specifically. There's the granular stuff about well if somebody [music] for about well if somebody [music] for instance has a very negative pain instance has a very negative pain experience with fear-based cognitive experience with fear-based cognitive patterns [music] patterns [music] catastrophizing which is worst case catastrophizing which is worst case scenario thinking or other distortions scenario thinking or other distortions they're going to have poorer prognosis they're going to have poorer prognosis they're going to cycle into disability they're going to cycle into disability at much greater rates than somebody who at much greater rates than somebody who doesn't have that thinking pattern. So doesn't have that thinking pattern. So that's a a a clear example that has been that's a a a clear example that has been studied many times. On the flip side, studied many times. On the flip side, alternatively, we have [music] positive alternatively, we have [music] positive thinking patterns like increased thinking patterns like increased self-efficacy [music] or optimism, self-efficacy [music] or optimism, a sense of agency and mastery. These a sense of agency and mastery. These kinds of tendencies [music] tend to kinds of tendencies [music] tend to portend very very well for the portend very very well for the individual with chronic pain and [music] individual with chronic pain and [music] rarely will they have significant rarely will they have significant crippling disability. So, [music] those crippling disability. So, [music] those are just two micro examples of what I are just two micro examples of what I think you're referring to in terms of think you're referring to in terms of mental health or mental ill health mental health or mental ill health impacting [music] impacting [music] the total chronic pain experience.

the total chronic pain experience. Yeah, this is exactly what we found uh Yeah, this is exactly what we found uh in

our online chronic pain [music] in our online chronic pain [music] program and this is why we use program and this is why we use behavioral scores [music] and combine it behavioral scores [music] and combine it with wearable data so that we can with wearable data so that we can actually see that [music] impact of actually see that [music] impact of these uh you know sleep, mood behaviors these uh you know sleep, mood behaviors and resilience [music] on how they're and resilience [music] on how they're actually coping uh with their chronic actually coping uh with their chronic pain. How do you think resilience uh and pain. How do you think resilience uh and >> Yeah, it's a great question. Firstly, I >> Yeah, it's a great question. Firstly, I want to say that you guys in Amelio want to say that you guys in Amelio Health are ahead [music] of the curve Health are ahead [music] of the curve from what I can tell and and even from what I can tell and and even thinking about these dimensions of thinking about these dimensions of chronic pain and measuring them and and chronic pain and measuring them and and and being data driven in that regard.

and being data driven in that regard. So, I commend you for that. Most of So, I commend you for that. Most of healthcare really isn't set up for that healthcare really isn't set up for that unfortunately. [music] unfortunately. [music] As far as resilience, resilience is As far as resilience, resilience is really the the the counterpoint to really the the the counterpoint to vulnerability, right? And individuals vulnerability, right? And individuals with high default resilience are [music] with high default resilience are [music] going to meet challenges very going to meet challenges very differently than somebody with very low differently than somebody with very low resilience or high vulnerability.

resilience or high vulnerability. [music] And so resilience is a very [music] And so resilience is a very protective kind of element. individuals protective kind of element. individuals with a lot of support, a lot of [music] with a lot of support, a lot of [music] frontloading of knowledge and health frontloading of knowledge and health literacy, a lot of incentives [music] to literacy, a lot of incentives [music] to be well for these individuals have a be well for these individuals have a resiliency package, [music] if you will, resiliency package, [music] if you will, that will buffer against severe that will buffer against severe disabling effects of chronic pain. Uh disabling effects of chronic pain. Uh there are other psychological factors there are other psychological factors too, not just the environmental ones too, not just the environmental ones that I just listed [music] that would, that I just listed [music] that would, you know, be incorporated into you know, be incorporated into resilience. So this is the other side.

resilience. So this is the other side. These are the individuals we don't see These are the individuals we don't see in our chronic pain clinics [music] uh in our chronic pain clinics [music] uh because they're they're they're thriving because they're they're they're thriving despite horrible diseases, injuries, despite horrible diseases, injuries, surgeries, and other surgeries, and other >> [music] >> [music] >> [music] >> uh pain conditions. Uh but I will say >> uh pain conditions. Uh but I will say the good news about resiliency is that the good news about resiliency is that it can be built up. [music] It's not a it can be built up. [music] It's not a static phenomena. Individuals even with static phenomena. Individuals even with some vulnerabilities can develop quite a some vulnerabilities can develop quite a bit of resiliency. [music] It's it's a a bit of resiliency. [music] It's it's a a dynamic issue that can be manipulated if dynamic issue that can be manipulated if you will by the individual in healthcare you will by the individual in healthcare and we can team up to actually bolster and we can team up to actually bolster that like a muscle that has been [music] that like a muscle that has been [music] weakened or underdeveloped. It can be it weakened or underdeveloped. It can be it can be developed and that's I think an can be developed and that's I think an important optimistic [music] take on important optimistic [music] take on this. It's not about only focusing on this. It's not about only focusing on individuals and their vulnerabilities, individuals and their vulnerabilities, their weaknesses. It's about also their weaknesses. It's about also boosting [music] up that resilience. And boosting [music] up that resilience. And by the way, I'll just add this. I I by the way, I'll just add this. I I don't think of resiliency as simply don't think of resiliency as simply [music] an attitudinal [music] an attitudinal or or psychological phenomenon.

or or psychological phenomenon. Individuals [music] tend to think it's Individuals [music] tend to think it's soft and it's all about optimism. It's soft and it's all about optimism. It's actually also about neurobiology. You actually also about neurobiology. You know, individuals can beef up, if you know, individuals can beef up, if you will, [music] their resilience will, [music] their resilience physically too through conditioning and physically too through conditioning and being able to withstand more. [music] being able to withstand more. [music] And furthermore, even at a at a at the And furthermore, even at a at a at the level of analesia, the the [music] term level of analesia, the the [music] term for pain control, we see that for pain control, we see that individuals who, for instance, now I'm individuals

who, for instance, now I'm going to get very technical, get beef up going to get very technical, get beef up their descending pain pathways and their their descending pain pathways and their [music] inbuilt endogenous painkillers, [music] inbuilt endogenous painkillers, their endorphins, all of that. When they their endorphins, all of that. When they beef that up and condition that up, they beef that up and condition that up, they also develop a form of resilience also develop a form of resilience [music] that is neurobiological that [music] that is neurobiological that arguably is medical. So there are arguably is medical. So there are medical and psycho behavioral and social medical and psycho behavioral and social elements that can be woven into the elements that can be woven into the enhancement of resiliency. I think it's enhancement of resiliency. I think it's an a critical target [music] for us in an a critical target [music] for us in chronic pain management.

chronic pain management. >> Yeah, we what we found is that we've now >> Yeah, we what we found is that we've now got a marker for it. So [music] got a marker for it. So [music] uh looking at um the wearable device, we uh looking at um the wearable device, we can now see [music] that difference uh can now see [music] that difference uh in the heart rate variability between in the heart rate variability between the sympathetic [music] and the the sympathetic [music] and the parasympathetic nervous systems. And uh parasympathetic nervous systems.

Opioids and Safe Discontinuation

And uh uh that is our marker now for [music] uh that is our marker now for [music] uh people actually gaining resilience. uh people actually gaining resilience.

And it's really really powerful when we And it's really really powerful when we can actually share this information with can actually share this information with the person that's uh going [music] the person that's uh going [music] through our pain program.

through our pain program. [clears throat] Sorry. And uh and we can [clears throat] Sorry. And uh and we can [music] see they can start to see, you [music] see they can start to see, you know, you know, I had this [music] the know, you know, I had this [music] the worst night's sleep. I I really didn't worst night's sleep. I I really didn't get any sleep. You know, I feel like get any sleep. You know, I feel like crap.

crap. crap. And you know, well, that's pretty And you know, well, that's pretty obvious. [music] I can see it on your obvious. [music] I can see it on your your wearable. You know, you you your wearable. You know, you you literally had 300 minutes of sleep and literally had 300 minutes of sleep and then it was only light sleep. You didn't then it was only light sleep. You didn't get any REM or deep sleep.

get any REM or deep sleep. [clears throat] [clears throat] [clears throat] So any wonder you know you're feeling So any wonder you know you're feeling pretty bad [music] pretty bad [music] and if you take a look now at your heart and if you take a look now at your heart rate variability you can actually see rate variability you can actually see [music] that um you're not you're not as [music] that um you're not you're not as resilient today. So, you know, it's a resilient today. So, you know, it's a very real bof [music] feedback for them very real bof [music] feedback for them and they go, "Oh, that's why I can't and they go, "Oh, that's why I can't cope with the kids screaming and you cope with the kids screaming and you know, [music] you know, being know, [music] you know, being uh, you know, annoying to each other and uh, you know, annoying to each other and you know, I just I just snap and I I uh, you know, I just I just snap and I I uh, you know, take it out on them and then you know, take it out on them and then they feel guilty and you know, it's just they feel guilty and you know, it's just [music] this sort of cycle, isn't it?" [music] this sort of cycle, isn't it?" Um Um Um so [music] it it's really really so [music] it it's really really powerful uh information I think is is powerful uh information I think is is [music] being able to give that now back [music] being able to give that now back to the individuals [music] and be able to the individuals [music] and be able to say this is why this is happening.

to say this is why this is happening. You know this is um you're not a nutter You know this is um you're not a nutter and the fact that you're a psychiatrist and the fact that you're a psychiatrist I think is really uh pertinent to that I think is really uh pertinent to that because you know that's what people because you know that's what people think the doctors are saying to them.

think the doctors are saying to them. I'll send you to a psychiatrist [music] I'll send you to a psychiatrist [music] because we actually think you're a because we actually think you're a nutter. And they actually start to think nutter. And they actually start to think they are a [music] nutter themselves.

they are a [music] nutter themselves. You know, that that they're going out of You know, that that they're going out of their mind. And [music] uh I guess their mind. And [music] uh I guess opioids play a really big role in this, opioids play a really big role in this, you know, these feelings [music] you know, these feelings [music] um of, you know, not coping and um the, um of, you know, not coping and um the, you know, the levels of fatigue, [music] you know, the levels of fatigue, [music] the interference in sleep. uh and then the interference in sleep. uh and then exacerbating this problem with exacerbating this problem with resilience. [music] Um how do you see resilience. [music] Um how do you see opioids play a role in this particular opioids play a role in this particular mix?

mix? mix? >> Yeah, it's a great and loaded uh >> Yeah, it's a great and loaded uh controversial topic. Uh opioids uh sadly controversial topic. Uh opioids uh sadly [music] claimed the lives of many and [music] claimed the lives of many and it's been a huge issue in the United it's been a huge issue in the United States in particular. I did want to say States in particular. I did want to say briefly [music] that I love the BOF briefly [music] that I love the BOF feedback uh example you were offering feedback uh example you were offering about [music] our sympathetic nervous about [music] our sympathetic nervous system. It's just another physical system. It's just another physical dimension to resiliency that you can dimension to resiliency that you can modify [music] and and enhance and modify [music] and and enhance and empower the individual to feel more in empower the individual to feel more in control. This is all about individuals control. This is all about individuals managing their pain as [music] opposed managing their pain as [music] opposed to the pain managing them. And back to to the pain managing them. And back to opioids. [music] Um you know opioids are opioids. [music] Um you know opioids are important in analesics for certain important in analesics for certain situations. [music] They are needed for situations. [music] They are needed for acute pain for terrible you know uh acute pain for terrible you know uh medical processes at times. [music] If medical processes at times. [music] If you recall my introduction into pain you recall my introduction into pain management was acute pain management management was acute pain management with with burns and trauma and the with with burns and trauma and the peroperative [music] space. So clearly peroperative [music] space. So clearly opioids have a role. The mistake that I opioids have a role. The mistake that I think we made with our [music] uh think we made with our [music] uh approach to chronic pain is just approach to chronic pain is just extrapolating lessons from acute pain extrapolating lessons from acute pain onto something called chronic pain that onto something called chronic pain that is vastly different. Chronic [music] is vastly different. Chronic [music] pain you know as defined 3 to 6 months pain you know as defined 3 to 6 months beyond its original uh you know acute beyond its original uh you know acute pain [music] progenitor is is a very pain [music] progenitor is is a very different phenomenon and I think opioids different phenomenon and I think opioids there have a diminishing role. It's not there have a diminishing role. It's not a zero role. There are some individuals, a zero role. There are some individuals, although very rarely, that may need although very rarely, that may need opioids, [music] but time and time opioids, [music] but time and time again, we have learned that there are again, we have learned that there are more cons than pros to continuing more cons than pros to continuing opioids in chronic pain. They may opioids in chronic pain. They may restore function in a few individuals, restore function in a few individuals, but by and [music] large, they but by and [music] large, they contribute to a host of other problems.

contribute to a host of other problems. And I won't even focus on [music] the And I won't even focus on [music] the highly publicized ones like addiction or highly publicized ones like addiction or overdoses. Those are extreme examples.

overdoses. Those are extreme examples. Even though they're very important, even Even though they're very important, even within pain management, opioids [music] within pain management, opioids [music] actually are known to cause actually are known to cause paradoxically worse pain [music] through paradoxically worse pain [music] through opioid induced hyperalesia or opioid induced hyperalesia or upregulation, if you will, strengthening upregulation, if you will, strengthening of pain pathways. [music] And so, of pain pathways. [music] And so, paradoxically, this tool that we have paradoxically, this tool that we have all hoped would be, you know, very all hoped would be, you know, very effective in chronic pain can be uh effective in chronic pain can be uh backfiring in a number of individuals.

backfiring in a number of individuals. And I see time and time again that And I see time and time again that [music] you know either diminishing or [music] you know either diminishing or detoxing eliminating the opioids safely detoxing eliminating the opioids safely and judiciously can be a huge component and judiciously can be a huge component of the recovery [music] process for of the recovery [music] process for individuals with chronic pain. Not individuals with chronic pain. Not always the only one but a big [music] always the only one but a big [music] part of it. Um in in that in that space part of it. Um in in that in that space we have to of course educate patients we have to of course educate patients [music] as to why this is you know [music] as to why this is you know necessary or important to think about.

necessary or important to think about. We also educate going back to the We also educate going back to the descending pain pathway and our own descending pain pathway and our own endogenous pain relieving [music] endogenous pain relieving [music] pathways. We have to educate about how pathways. We have to educate about how that pathway has been weakened actually that pathway has been weakened actually by chronic opioids. If you're taking by chronic opioids. If you're taking opioids [music] from the outside, your opioids [music] from the outside, your own endorphins are going to take a own endorphins are going to take a backseat. Let's get [music] those backseat. Let's get [music] those indogenous endorphins back online. So, I indogenous endorphins back online. So, I talk about all of this neurobiology talk about all of this neurobiology to make it clear this is a medical to make it clear this is a medical intervention. This isn't about, you intervention. This isn't about, you know, [music] know, [music] being afraid of the government and being afraid of the government and policy and and preventing addiction.

policy and and preventing addiction. It's more it's more about helping It's more it's more about helping somebody's actual pain condition. And so somebody's actual pain condition.

Trauma, Nervous System, and Chronic Pain

And so [music] to answer your question, I think [music] to answer your question, I think opioids have a diminishing role in opioids have a diminishing role in chronic pain next to or near zero.

chronic pain next to or near zero. [music] Uh but I I I don't want to say [music] Uh but I I I don't want to say zero. There are some outliers and and zero. There are some outliers and and [music] so we need to think about [music] so we need to think about everything else that can be entertained everything else that can be entertained and not just other medications. [music] and not just other medications. [music] Of course, there are other strategies Of course, there are other strategies through physical, psychological through physical, psychological rehabilitation [music] rehabilitation [music] and and so on and so forth.

and and so on and so forth. >> Wow, that's that's amazing. You recently >> Wow, that's that's amazing. You recently shared [music] shared [music] uh a video on YouTube and Instagram. I uh a video on YouTube and Instagram. I love your videos and you know, keep love your videos and you know, keep going, Dr. X. It's [music] great.

going, Dr. X. It's [music] great. um about helping people discontinue um about helping people discontinue [music] [music] [music] opioids uh utilizing a biocschosocial opioids uh utilizing a biocschosocial lens. Can you [music] lens. Can you [music] enlighten us about this approach? I I enlighten us about this approach? I I know that it's very similar [music] to know that it's very similar [music] to what to what we're looking at as well what to what we're looking at as well and uh I'm really really fascinated to and uh I'm really really fascinated to see you know how you bring that about.

see you know how you bring that about. >> Sure. Thank you. Um, I I encourage >> Sure. Thank you. Um, I I encourage anyone who's interested to see the anyone who's interested to see the videos, but essentially, as I just videos, but essentially, as I just alluded to, stopping chronic opioids in alluded to, stopping chronic opioids in chronic pain is is not a [music] a chronic pain is is not a [music] a simple task. It requires some careful simple task. It requires some careful consideration of all of the factors consideration of all of the factors involved. What I alluded to earlier in involved. What I alluded to earlier in terms of pain experience, terms of pain experience, um, [music] other um, [music] other >> thought processes, comorbid or you know, >> thought processes, comorbid or you

know, accompanying conditions. So it needs to accompanying conditions. So it needs to be taken very seriously and carefully.

be taken very seriously and carefully. [music] [music] [music] There are no shortcuts. They say There are no shortcuts. They say famously with opioid discontinuation.

famously with opioid discontinuation. And it what I say as a very first thing And it what I say as a very first thing [music] to individuals who are grappling [music] to individuals who are grappling with this question, should I continue?

with this question, should I continue? Should I not? Is I say to them, you Should I not? Is I say to them, you know, you've been on chronic opioids for know, you've been on chronic opioids for [music] four years, 10 years, 15 years, [music] four years, 10 years, 15 years, whatever the duration is. is [music] the whatever the duration is. is [music] the question I pose to them is would you be question I pose to them is would you be willing to entertain something much willing to entertain something much shorter than that a couple of [music] shorter than that a couple of [music] months maybe even less as a process to months maybe even less as a process to get off of these opioids. It took a long get off of these opioids. It took a long time to get us here. [music] Would you time to get us here. [music] Would you be open to something briefer than four be open to something briefer than four years, 10 years, [music] 8 years? And years, 10 years, [music] 8 years? And and most patients, you know, agree with and most patients, you know, agree with that. And to get back to the that. And to get back to the biocschosocial meat of the matter, it biocschosocial meat of the matter, it really is attending to the biological, really is attending to the biological, psychological, [music] and the social psychological, [music] and the social all at once. It's a balancing act. And all at once. It's a balancing act. And we have to hold all of these at once. So we have to hold all of these at once. So the biological part would be of course the biological part would be of course [music] safely discontinuing the [music] safely discontinuing the medications over time, thinking about medications over time, thinking about alternative medications either alternative medications either transiently, temporarily or long-term transiently, temporarily or long-term [music] [music] [music] that have less effects than than opioids that have less effects than than opioids and and helping manage that pain and and helping manage that pain appropriately, biologically, if you appropriately, biologically, if you will. And by the way, I I've also will. And by the way, I I've also trained in interventionals, [music] trained in interventionals, [music] you know, anesthesia, nerve blocks, all you know, anesthesia, nerve blocks, all of that. So I also incorporate that when of that. So I also incorporate that when [music] the time is is is right for [music] the time is is is right for that. Psychologically there's quite a that. Psychologically there's quite a bit of work that needs to [music] be bit of work that needs to [music] be done around the individual's again pain done around the individual's again pain experience, their fear of discontinuing experience, their fear of discontinuing opioids, [music] their fear of pain opioids, [music] their fear of pain returning. These variables cannot be returning. These variables cannot be ignored. You have to anticipate [music] ignored. You have to anticipate [music] them and say they're going to come up, them and say they're going to come up, but also educate individuals in ways but also educate individuals in ways that they're prepared. [music] For that they're prepared. [music] For instance, one important uh dimension for instance, one important uh dimension for individuals to think about individuals to think about psychologically is [music] they need to psychologically is [music] they need to understand that sometimes when something understand that sometimes when something hurts, it doesn't actually mean that it hurts, it doesn't actually mean that it is harming them. [music] That hurt and is harming them. [music] That hurt and harm distinction is critical. That's a a harm distinction is critical. That's a a very important [music] very important [music] psychological psychological psychological space to reside in for a moment so that space to reside in for a moment so that individuals don't get paralyzed by the individuals don't get paralyzed by the fear [music] fear [music] of something harming them. Um, and of something harming them. Um, and remember harm has connotations to remember harm has connotations to [music] trauma, injustice, other things [music] trauma, injustice, other things that scare really anyone, but in that scare really anyone, but in particular individuals who might have particular individuals who might have been harmed before. [music] been harmed before. [music] So hurt alone, although it's unpleasant, So hurt alone, although it's unpleasant, doesn't equate to harm. So [music] doesn't equate to harm. So [music] that's you know the the beginning if you that's you know the the beginning if you will or one major component of will or one major component of understanding the psychology [music] of understanding the psychology [music] of coming off of of opioids and the rebound coming off of of opioids and the rebound pain and withdrawal and things of pain and withdrawal and things of [music] that sort. And then the social [music] that sort. And then the social part is very important too. You know part is very important too. You know individuals really

need to feel individuals really need to feel supported through this not just through supported through this not just through our healthc care connections but family our healthc care connections but family community [music] community [music] friends. They may have developed all friends. They may have developed all sorts of social patterns over the years sorts of social patterns over the years that are now being challenged [music] that are now being challenged [music] and disentangled.

and disentangled. Their life may have become quite small Their life may have become quite small uh due to chronic pain and chronic uh due to chronic pain and chronic [music] pain disability. And now instead [music] pain disability. And now instead we're actually inviting individuals to we're actually inviting individuals to get out in the world and be more active get out in the world and be more active [music] and make social connections. So [music] and make social connections. So these are just a few examples of the these are just a few examples of the biological, [music] biological, [music] psychological, and social elements that psychological, and social elements that are needed for individuals that are are needed for individuals that are going to come off of chronic opioids.

going to come off of chronic opioids. [music] But of course, each case is [music] But of course, each case is individual. Some may need different individual. Some may need different medications. [music] Some may need medications. [music] Some may need cognitive behavioral therapy, cognitive behavioral therapy, motivational interviewing, things of motivational interviewing, things of [music] that sort in the psychological [music] that sort in the psychological bucket. And then socially, of course, uh bucket. And then socially, of course, uh you know, family interventions and you know, family interventions and social interventions. [music] social interventions. [music] >> Yeah. It really needs to be tailored to >> Yeah. It really needs to be tailored to the individual, doesn't it?

the individual, doesn't it? >> Yeah. and and I guess too [music] >> Yeah. and and I guess too [music] um you know they've got to start to gain um you know they've got to start to gain confidence that um they can actually confidence that um they can actually start to reduce these medications and start to reduce these medications and that's something that [music] we do um I that's something that [music] we do um I think quite well in that we we find a think quite well in that we we find a medication because they're usually on medication because they're usually on multiple [music] different medications multiple [music] different medications and usually very high doses. Uh what we and usually very high doses. Uh what we found is that if [music] you can find a found is that if [music] you can find a medication that they might have uh medication that they might have uh missed at some time and found that it missed at some time and found that it didn't really make much difference, didn't really make much difference, uh that's what we we tend to start with uh that's what we we tend to start with and they they [music] it might be and they they [music] it might be something like uh you know the something like uh you know the gabapentenoids or even um uh gabapentenoids or even um uh anti-inflammatories.

anti-inflammatories. anti-inflammatories. So, uh, we know that anti-inflammatories So, uh, we know that anti-inflammatories aren't very effective for, [music] you aren't very effective for, [music] you know, for chronic pain because there's know, for chronic pain because there's really no, um, tissue inflammation at really no, um, tissue inflammation at that time. Um, and so what we get them that time. Um, and so what we get them to do is to start reducing one slowly to do is to start reducing one slowly that uh that [music] hasn't been very that uh that [music] hasn't been very effective for them and see that it's not effective for them and see that it's not really making much difference as they're really making much difference as they're going off and they start to get quite going off and they start to get quite confident of being able to do that and confident of being able to do that and then they can work on the more difficult then they can work on the more difficult [music] medications afterwards with that [music] medications afterwards with that support around them that you were just support around them that you were just talking about. I think this re really talking about. I think this re really leads straight into my next [music] leads straight into my next [music] question. Um, and that is, you know, question. Um, and that is, you know, emotional trauma. Does this really set emotional trauma. Does this really set our nervous systems up for chronic pain?

our nervous systems up for chronic pain? [music] Especially in childhood and, you [music] Especially in childhood and, you know, this sort of um physical and know, this sort of um physical and emotional trauma. You know, the the mind emotional trauma. You know, the the mind and the body, we we [music] just can't and the body, we we [music] just can't separate.

separate. separate. >> Yeah. I I I love this topic. It's a >> Yeah. I I I love this topic. It's a complex one and yet not at

the same time complex one and yet not at the same time because you're right, the mind and the because you're right, the mind and the body can't be separated. [music] body can't be separated. [music] The short answer to that question, my The short answer to that question, my visceral reaction is not exactly but visceral reaction is not exactly but sort of.

sort of. >> Yeah. >> Yeah. >> Yeah. >> So, [music] um, clear as mud, right? Um, >> So, [music] um, clear as mud, right? Um, >> yeah. >> yeah. >> yeah.

>> Emotional or physical trauma, early >> Emotional or physical trauma, early development, [music] development, [music] childhood, etc. These adversities that childhood, etc. These adversities that we sometimes refer to as adverse we sometimes refer to as adverse childhood experiences, etc.

childhood experiences, etc. absolutely [music] shape the nervous absolutely [music] shape the nervous system and by that I mean the central system and by that I mean the central nervous system primes the central nervous system primes the central nervous system [music] to be on high nervous system [music] to be on high alert. Um it shapes our autonomic alert. Um it shapes our autonomic nervous system, our fight-flight nervous system, our fight-flight pathways. Absolutely. [music] This has pathways. Absolutely. [music] This has been shown been shown numerous times and there are downstream numerous times and there are downstream health consequences from this and this health consequences from this and this is where is where >> the causing of chronic pain is where it >> the causing of chronic pain is where it gets complex. There are some individuals gets complex. There are some individuals who have had adverse childhood who have had adverse childhood experiences, trauma, experiences, trauma, >> [music] >> [music] >> [music] >> etc. and don't develop chronic pain.

>> etc. and don't develop chronic pain. >> And then there are others who have >> And then there are others who have [music] quite a bit of that and it seems [music] quite a bit of that and it seems to be an important ingredient in the to be an important ingredient in the development of chronic [music] pain. Um development of chronic [music] pain. Um the chronification of pain is an is a the chronification of pain is an is a fascinating area of study. When [music] fascinating area of study. When [music] we crack that nut, if you will, and we crack that nut, if you will, and figure that out, then we'll really be figure that out, then we'll really be able to [music] prevent, you know, able to [music] prevent, you know, chronic pain hopefully. But what we have chronic pain hopefully. But what we have seen is enormous rates, sadly, enormous seen is enormous rates, sadly, enormous rates of developmental trauma [music] rates of developmental trauma [music] and childhood adverse experiences in and childhood adverse experiences in those with severe chronic disabling those with severe chronic disabling pain. It's not the only thing or the pain. It's not the only thing or the only factor involved, [music] but it only factor involved, [music] but it certainly sets up the central nervous certainly sets up the central nervous system to be on high alert system to be on high alert >> [music] >> [music] >> [music] >> uh to recover uh poorly or not at all >> uh to recover uh poorly or not at all sometimes to stimuli and to have fight sometimes to stimuli and to have fight orflight reactions that just [music] do orflight reactions that just [music] do not help with the ultimate pain not help with the ultimate pain experience we were describing earlier.

experience we were describing earlier. So somebody without trauma, somebody So somebody without trauma, somebody [music] with trauma, they they both go [music] with trauma, they they both go through the same car accident, have through the same car accident, have whiplash, let's say, [music] or same whiplash, let's say, [music] or same surgery.

surgery. surgery. You know, the one with trauma is going You know, the one with trauma is going to be in heightened sense of of [music] to be in heightened sense of of [music] vigilance and have downstream problems vigilance and have downstream problems from that, the other one, while it was from that, the other one, while it was unpleasant as well, uh may not have that unpleasant as well, uh may not have that experience. And that alone can make the experience. And that alone can make the [music] difference in terms of recovery.

[music] difference in terms of recovery. >> Yeah. Yeah. And we've seen that um you >> Yeah. Yeah. And we've seen that um you know published over and over again and I know published over and over again and I [music] think uh professor um Michael [music] think uh professor um Michael Sullivan from Canada uh has published on Sullivan from Canada uh has published on this quite a lot in particular uh the this quite a lot in particular uh the

learned [music] catastrophizing learned [music] catastrophizing behaviors that that people develop when behaviors that that people develop when [music] they've been through these sorts [music] they've been through these sorts of trauma but also the way that they've of trauma but also the way that they've um you know maybe grown up in their um you know maybe grown up in their their uh their uh >> [music] >> [music] >> [music] >> um you know social environment. ment uh >> um you know social environment. ment uh as well. So those learned behaviors of a as well. So those learned behaviors of a copic um [music] responses, but also to copic um [music] responses, but also to um perceived injustice is something that um perceived injustice is something that he talks about as [music] well. And uh he talks about as [music] well. And uh that's something that we measure in our that's something that we measure in our program to [music] program to [music] just see how much of the epistemic just see how much of the epistemic injustice plays a role [music] in this injustice plays a role [music] in this uh you know continuation of the uh you know continuation of the heightened sensitiv [music] sensitivity heightened sensitiv [music] sensitivity of the nervous system.

of the nervous system. Wow. It gets very deep, doesn't it? It's Wow. It gets very deep, doesn't it? It's just incredible. And um you know, this just incredible. And um you know, this has just been [music] a truly has just been [music] a truly inspirational conversation. And thank inspirational conversation. And thank you so much, Savia. Um or Dr. X. I think you so much, Savia. Um or Dr. X. I think that's a really really good uh [music] that's a really really good uh [music] um analogy. And then I hope you will um analogy. And then I hope you will join us again for further insight uh join us again for further insight uh into chron chronic [music] pain into chron chronic [music] pain management. Thank you so much for management. Thank you so much for talking with us today. Thank you so talking with us today. Thank you so much. Each of these topics can go on for much. Each of these topics can go on for an hour and it's a delight. [music] an hour and it's a delight. [music] Thank you so much, Kathy.

Thank you so much, Kathy. >> I think we'll be uh we'll be joining >> I think we'll be uh we'll be joining forces again and and really digging some forces again and and really digging some deep into some of these deep into some of these >> [music] >> [music] >> [music] >> um other topics. I think there's so much >> um other topics. I think there's so much more that we can we can talk about that more that we can we can talk about that is valuable for uh for our our [music] is valuable for uh for our our [music] participants that are uh going through participants that are uh going through both, you know, both of our programs.

both, you know, both of our programs. >> Sign me up. We're allies and I love what >> Sign me up. We're allies and I love what you guys are doing with Alio Health.

you guys are doing with Alio Health. It's very data driven. It's very [music] It's very data driven. It's very [music] powerful. Again, you guys are on the powerful. Again, you guys are on the sort of on the cusp of something really sort of on the cusp of something really [music] [music] [music] uh fantastic and empowering individuals.

uh fantastic and empowering individuals. And if this can help even one individual And if this can help even one individual out there, then I've done my job.

out there, then I've done my job. >> Me [laughter] too. [music] Thank you so >> Me [laughter] too. [music] Thank you so much. much. much.