

SCI & Pain Event

Agenda for Today

1. Welcome and Grounding (15 min)
2. Power Point lecture? (20 min)
3. Dr. Daniel Kim (20 min) Break
4. Group Questions (25 min)
5. Closing (10 min)

Grounding: Community Agreement

- Take space and make space.
- Respect each other.
- Use “I” statements/speak from your experience
- Preserve confidentiality.
- Ask questions!
- Take care of yourself.

SCI & PAIN

Improving pain health literacy and quality of life for SCI.



Education resource for people with SCI, their families, caregivers and community health providers

Objectives

At the conclusion of this presentation the participant will be able to:

- Know the Type of Pain, Pain Experience, and pain Mechanisms
- Hear Real Life Cases of Pain
- Meaning of Pain after SCI and Chronic Pain
- How pain can be managed
- Know the pharmacological and non-pharmacological treatment options.
- We hope that this information will help to improve communication among individuals with SCI, who experience pain.

INTRODUCTION

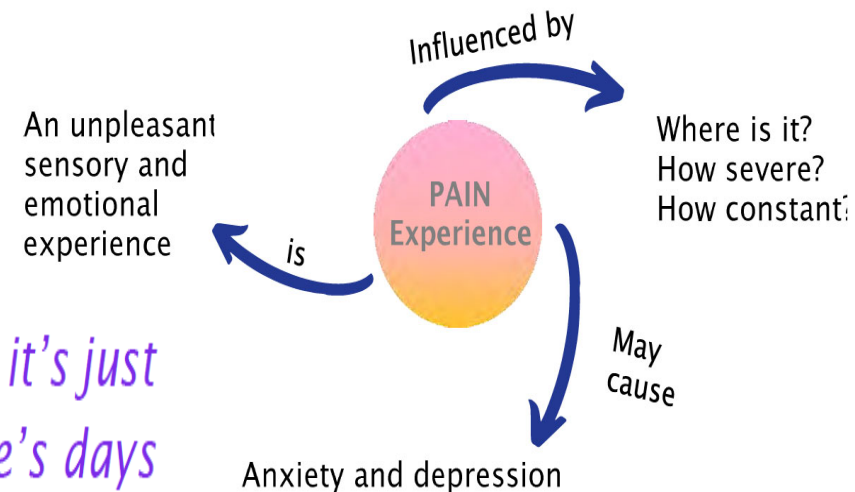
- I participated in this study (The Miami Project to cure Paralysis.)
- This PowerPoint contains basic information about the pain experience, pain mechanisms, pain type and some treatment options.
- One cannot “feel” pain.

"You know, it's a common misconception, um, with people that don't know anybody with spinal cord injuries, they just think, "Oh, you're paralyzed. How could you have pain?"

Back Ground: Pain

- **Pain:** Is an unpleasant sensory and emotional experience from actual or potential tissue damage.
- 80% SCI develop some pain (first year SCI)
- Pain health Literacy (understood pain)

“The pain is like unbearable sometimes and sometimes it’s just you get used to, immune to the pain already but there’s days you can’t deal with the pain and you have to find ways to make it less for you.”



Understanding The Science and Experience of Pain

- Type of Pain (2 type)

1. Nociceptive Pain : Most common type of pain that occurs after an injury or disease. It is generated when specialized nerve endings called **nociceptors** are activated by mechanical, chemical or thermal stimuli that may be harmful. (note p.6)

Figure 1 – The pain signal and pathway from the skin to the brain

Pain Signal:

Pain signal travels along the axon of the nociceptive neuron to the dorsal of the spine.

Spin thalamic tract:

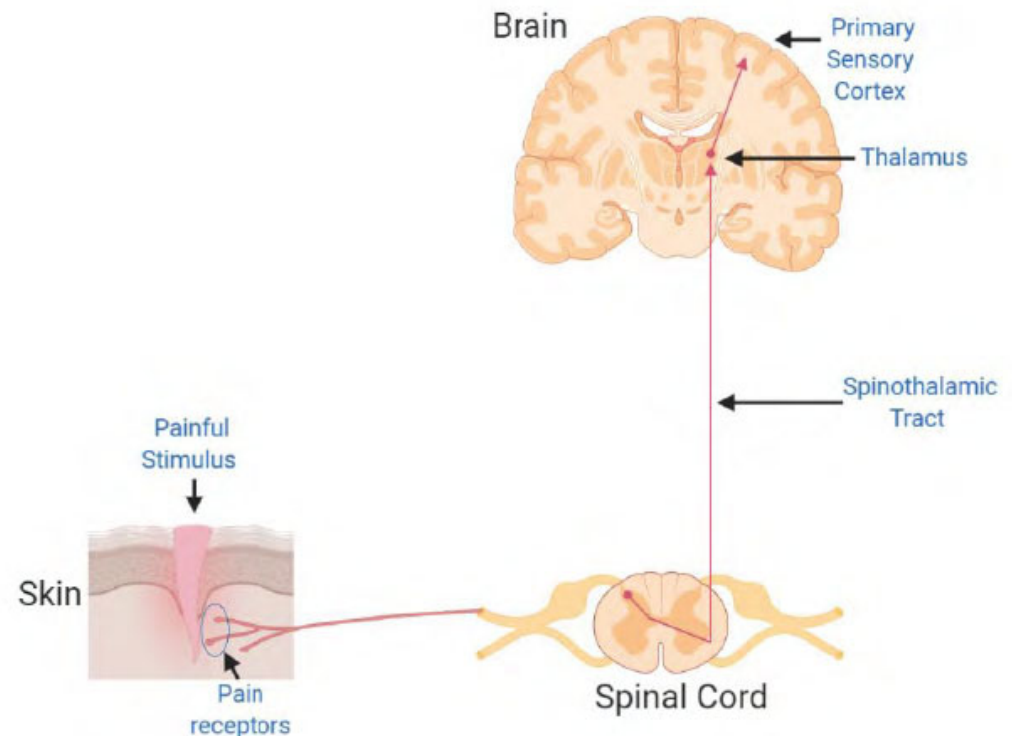
Pain travel to Spine via Spin..

Thalamus:

Receives the Signal from the pain pathway.

Primary Sensory Cortex:

Neurons originating in the thalamus send the pain signal to the outer layer of the brain.

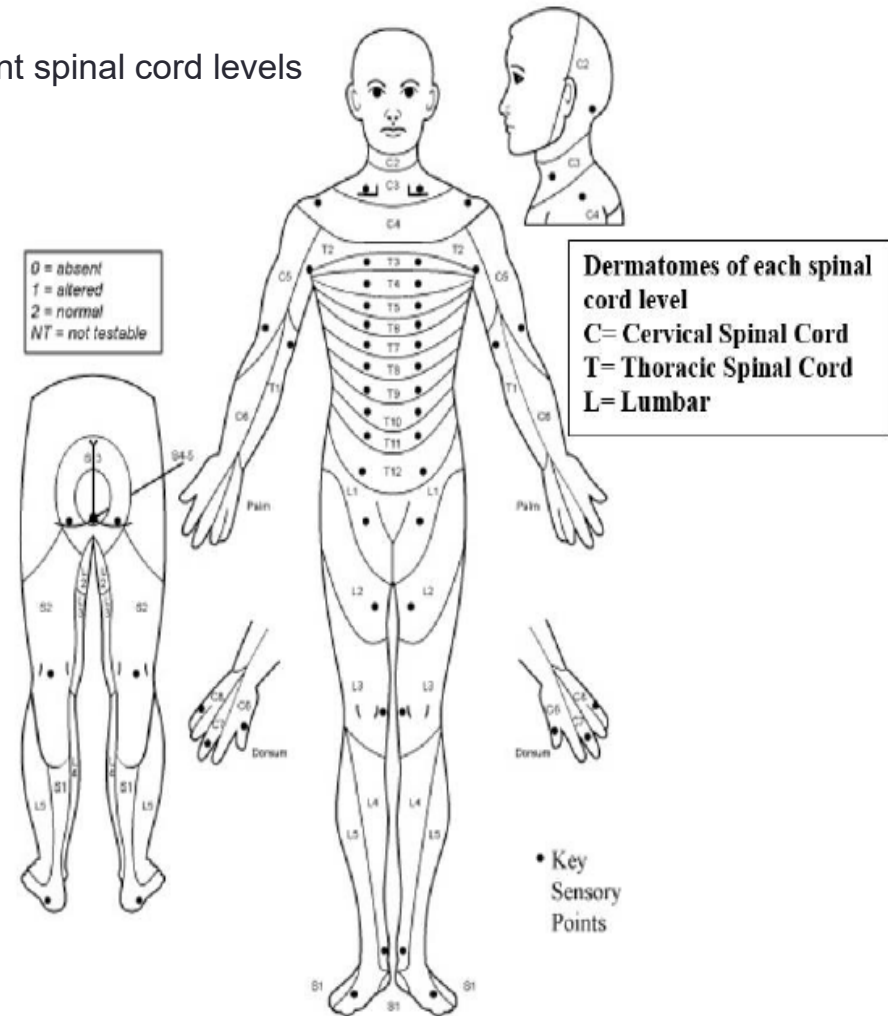


Understanding The Science and Experience of Pain: Continue...

2. Neuropathic Pain: When injury or disease affects the brain, spinal or peripheral nerves. It can be acute (short-lasting or it can develop into a chronic or persistent pain.

Figure 2 – Dermatomes of different spinal cord levels

Pins and needles
 Painful cold
 Burning
 Numbness
 Tingling
 Electric shocks
 Itching



1. Neuropathic pain can develop after an injury to the brain, spinal cord, or peripheral nerves, such as an SCI.
2. Neuropathic pain occurs in about 40% of people who suffer an SCI.
3. Sensory nerves exist at each level of the spinal cord and provide sensation for a specific skin area or dermatome of the body.

Understanding The Science and Experience of Pain: Continue...

Those who experience this pain often described it as:

Other words that used to describe this pain are “pricking”, “sharp”, “stabbing”, “shooting”, “lacerating”, “squeezing”, and “aching.”

People may describe this pain as a deep pain:

“Pressure yes, but not brushing, not poking, it’s deep inside, deep pain. It’s not skin surface pain”.

Neuropathic pains may be constant or intermittent:

“The pain there is as if you were to have your legs put into a massive vice grip and you’re constantly squeezing. It’s a very hard throbbing, squeezing pain constantly all day, all night.”

“It’s.. intense um it’s not necessarily constant; it does stop.... just like suddenly I got stabbed and I’m like whoa you.. that kind of sensation.”

Manage Your Pain

Most of the pain types that occur after a SCI tend to be long-lasting and can be difficult to manage.

But.....



Pain can improve over time either by itself or because pain treatment and self-management.

“... I use the oven analogy. I tell folks that I can’t turn off the oven, I am just turning down the heat a little bit”

Approaches to Manage Pain

Educational goals:

1. Learn about Common prescription medication
2. Learn from other people living with SCI
3. Learn about non-pharmacological options



What do people with SCI use to relive their pain?

1. Pharmacological Treatment:

Lyrical, Gabapentin (Neurontin), Amitriptyline (Elavil), Tramadol (ultram, ultracet, ultram ER, ultradol, Conzip), Lamotrigine (lamictal), Oxycodone, And Opioid)

Positive Perspectives

“Lyrica does help me”, “Aleve for me is wonders”, I take the pain killers
When I need to”, the medicines I use, sometimes work, sometimes don’t”,
“It doesn’t take it all away, but it does help”

Negative Perspectives

“it didn’t really help me”, The way they tell you to deal with pain is medication”,
They just throw some drugs at you and, say, “Try this and see how you do”



Approaches to Manage Pain... Continue

2. Non- Pharmacological Treatment:

- Self-Management
- Coping Strategies
- Be Active
- Exercise (physical therapy)
- Rest
- Electrical Stimulation
- Massage and Acupuncture
- Ignore or Tolerate the pain
- Distraction and companionship
- Spirituality, hope and optimism
- Pain Acceptance



Final message

It is important to know that treatments don't always take the pain away, or only relieve it temporarily. This is part of the difficult nature of pain, especially **neuropathic** pain after SCI. The reality of the **neuropathic** pain is that treatments may only reduce pain.... They may “turn down the volume” of the pain. In the end, people with SCI and chronic pain stress the importance of coping with your pain by learning what works for you.

“like I say, you have to do what works for you. Take the knowledge and then do what works for you.”



Closing

- Feedback
- Brief Plus / Delta
- Contact:

Facebook <https://www.facebook.com/OregonSCI/>

Email contact@oregonsci.org

Website <https://oregonsci.org/>

Thank you for Joining OSCI educational form, if you have any farther questions please don't hesitate to contact one of our Community health worker below:

1. Casey Moore casey@oregonsci.org
2. Francisco Elias francisco@oregonsci.org
3. Waddah waddah@oreognsci.org
4. West west@oregonsci.org

Resources 1

Educational goal: Provide links to additional resources regarding various aspects covered in this module.

Below are some resources that may help to find information:

Phone Apps

- Mindfulness Coach:
- <https://mobile.va.gov/app/mindfulness-coach> Calm:
<https://www.calm.com/>
- Headspace: <https://www.headspace.com/>

PDFs and Websites

- Mindfulness:
https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0005/212864/Mindfulness_1.pdf
- Imagery: https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0004/212863/Imagery_1.pdf

Resources 2

- Progressive muscle relaxation:
https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0003/212862/Progressive_Muscle_Relaxation_2.pdf
- Slow Focused Breathing:
https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0006/212865/Slow_Focused_Breathing_1.pdf
- Better Pain Management <https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/better-pain-management/index.html>
- Opioid Basics <https://www.cdc.gov/drugoverdose/opioids/index.html>
- Understanding the Epidemic <https://www.cdc.gov/drugoverdose/epidemic/index.html>
- Prescription Opioids <https://www.cdc.gov/drugoverdose/opioids/prescribed.html>