



A Team Approach to Pain Management

A Conversation with Demaceo Howard, M.D. and W. Keith Barnhill, Ph.D.

By Sarah Storey Smiles / Reprinted from Healthy Cells Magazine, August 2006

The practice of pain management dates back thousands of years. Primitive pain management tools at this time ranged from opiate use to the application of electric fish to apply current to a painful body part. Ancient Middle East drawings depict a physician using heated metal rods to cauterize spinal structures. And by the turn of the 20th century, two men in Germany allegedly gave each other spinal injections with cocaine, using bamboo shoots.

Today, the medical specialty of pain management (PM) has evolved into a team approach that brings together the skills and insights of myriad professionals to benefit patients. Demaceo Howard, M.D., medical director of the Methodist Pain Management Clinic and director of Advance Pain Management Institute (APMI), explained the ideology that arose 25 years ago. "We have a multi-disciplinary approach to pain management. Rather than just predominantly looking at physical issues with a pain patient, we try to look at everything. We use the biopsychosocial model, which incorporates physical complaints and injury and how they affect behavior."

Dr. Howard said the team approach to controlling pain uses the expertise of pharmacists, nurses, psychologists and psychiatrists, physical and occupational therapists, neurologists, orthopedists, chiropractors, and registered dietitians. "We're a clinic without walls."

Dr. Howard, who is accredited by the American Board of Pain Medicine, became interested in pain management during his second year of residency in the Department of Anesthesia at the University of Chicago. He said he decided to dedicate his medical practice to pain management because "in any specialty, such as pain management, the practitioner's clinical skills are directly proportional to the amount of time dedicated to the specialty." Because Dr. Howard devotes 100% of his practice to PM, this has

allowed him to hone his skills and develop better quality of care for his patients.

Early Diagnosis and Patient Education

W. Keith Barnhill, Ph.D., CRNA (Certified Registered Nurse Anesthetist), and Diplomat of the American Academy of Pain Management, works with Dr. Howard at both Methodist and APMI. He emphasized that the first steps in pain treatment are diagnosis and patient education. "When patients come to us, they're going to learn what they have, what pathology (abnormality) is going on, and they will be educated on the process (of what is causing the pain)." Most conditions seen at the offices involve spine-related pathology that causes low back pain, neck pain, and pain in the extremities."

Dr. Howard said that when a patient comes in for a first visit with a diagnosis of back pain, the individual might know only that the pain is caused by a herniated disc. He and Barnhill help the patient understand the process of what is generating the pain, explain that the bulging disc is rubbing against spinal nerves, causing inflammation, and present cortisone injections as one way to reduce the inflammation and disc swelling. "Sometimes, if people understand the process, it actually helps them resolve (the problem)," Dr. Howard said.

Barnhill agrees, "Once a person learns what's going on with their back, they will make a choice whether or not to do injections. They will know there are other options besides injections."

Early diagnosis is crucial for successful outcome and return to work, which in turn reduce a patient's chances of developing depression, Dr. Howard explained. In the biopsychosocial model of pain management, the social aspect includes returning to work, Barnhill added.

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Patient Assessment and Treatment Options

The first step in addressing a patient's needs comes in the form of a questionnaire mailed out before the first appointment, that includes sections on past medical history, pain assessment, current medications, and psychosocial issues. Howard and Barnhill said they review the answers on the questionnaire before the appointment, saving the patient valuable time. After a physical exam, "We will sit down and talk about what the patient's pain generator is. There may be a few different issues intertwined," Dr. Howard said. Treatment options are explained, and the patient can decide the same day or sometime later which option to choose.

Communication between the clinicians and their patients is key because pain is a very subjective experience, Dr. Howard pointed out. "If you have a broken leg, we can measure how much it is displaced (with an x-ray exam), but we can never measure how much pain it's causing." Listening to what the patient says, then, is the only way to assess the pain, Barnhill added.

After assessment, many treatment options are available to pain patients, including anti-inflammatory steroid injections given under fluoroscopic (specialized x-ray) guidance. The focus of the practice is treatment of the spine, Howard said, because "most of the science in the field of pain management in the last 25 years has gone into understanding spinal anatomy and pain generated from the spine." Early intervention to reduce inflammation to injured nerves is crucial, he added, because injured nerves heal very slowly. Interventional options include nerve blocks, neuroablative (surgical removal of nerves) procedures, spinal drug pumps, and the "growing, effective, and minimally invasive" procedure called spinal cord stimulation.

In addition to interventional therapies, Dr. Howard never loses sight of the multi-disciplinary approach to pain management. Other treatment options include physical therapy, medications, weight loss, diet and exercise, limited alcohol consumption (alcohol is an inflammatory agent), and smoking cessation (smoking reduces blood flow to spinal discs, slowing the healing process).

Follow-up with Patients

After a patient receives a successful outcome from a treatment, the care he or she receives does not end. When Howard and Barnhill follow up with a patient, they assess

improvement in pain level, ability to sleep, improvement in activities of daily living (ADL), and reduced reliance on medications. "Most people we encounter would prefer not to take pain medicine if they can avoid it," Dr. Howard said.

Patients are given instructions for long-term pain management because they have a "condition," Howard explained. "They're not cured. Once you have a back injury, you're more likely to develop another injury." Exercises that strengthen back, abdominal, and lower extremity muscles, as well as aquatic therapy, can increase the chance of long-term relief from pain and prevent recurring injuries.

Patient motivation to work toward goals is another important aspect of long-term pain control, Dr. Howard said. "What would you do different if you didn't have this pain?" is a vital question he asks each patient before treatment. Some common answers he gets from patients include, "I'd walk more," "I'd be more involved with my grandkids," and "I'd go back to work." After treatment, the desire to resume and maintain these activities can keep a patient on the road to a healthier lifestyle (e.g., smoking cessation, regular exercise), resulting in positive long-range outcomes.

A Team Approach

In the quest to improve patients' quality of life and daily function, Howard and Barnhill again emphasized their use of the multi-disciplinary approach to pain management. The specialists listed earlier, including registered nurses with "decades of experience" in pain management, Howard said, working together as a team for the good of their patients.

Barnhill offered an amusing, yet poignant, analogy to describe the multi-disciplinary model he and Howard embrace. He told a story about three blind East Indian men who were holding different parts of an elephant, and each man was asked to describe the animal. "One was holding the elephant's trunk, one was holding a leg, and the third man was holding the tail. They're going to describe the elephant three different ways because they have three different parts. In the multi-disciplinary approach, we all see pain with a different eye."

For more information, contact the Advanced Pain Management Institute (in the Peoria Day Surgery Center building) at (309) 692-1539 or Methodist Pain Management Clinic at (309) 672-5950.