生き甲斐
Ikigai
Alchemy of Purpose and Life-style in Pain Management

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生き甲斐

• "a reason for being."

• refers to the source of value in one's life or the things that make one's life worthwhile

• "thing that you live for “ ...reason to get up

• individual's ikigai is personal to them and specific to their lives, values and beliefs

• Activities that allow one to feel ikigai are never forced on an individual; they are often spontaneous, and always undertaken willingly, giving the individual satisfaction and a sense of meaning to life.
Polyneuropathy

- N 2892 with polyneuropathy
  - 1464 treated with opioids < 90 days
  - 18.8% treated with opioids > 90 days
- Control 14435 with 5.4% on opioids > 90 days
- 82% written by Int. Med and Fam. Med
- 52% for MSK pain and 24% for polyneuropathy
- > 90 day group 56% female and > co-morbidity
  - MI, CHF, PVD, CVA, dementia
  - DM, Renal Dz & COPD

No functional status markers were improved by long-term use of opioids

JAMANeurol.2017;74(7):773-779
Of all the remedies it has pleased almighty God to give man to relieve his suffering, none is so universal & so efficacious as opium

<table>
<thead>
<tr>
<th>Measure</th>
<th>Adj. Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Require assist device</td>
<td>1.9</td>
</tr>
<tr>
<td>Trouble with ADL</td>
<td>1.7</td>
</tr>
<tr>
<td>No longer working</td>
<td>1.3</td>
</tr>
<tr>
<td>Depression</td>
<td>1.53</td>
</tr>
<tr>
<td>Opioid OD</td>
<td>5.12</td>
</tr>
<tr>
<td>Opioid Dependence</td>
<td>2.85</td>
</tr>
<tr>
<td>Continues with pain</td>
<td>2.5</td>
</tr>
<tr>
<td>Trouble bathing</td>
<td>1.6</td>
</tr>
<tr>
<td>Opioid Abuse</td>
<td>3.97</td>
</tr>
</tbody>
</table>

JAMANeurol.2017;74(7):773-779
Effect of Opioid vs Nonopioid Medications on Pain-Related Function in Patients With Chronic Back Pain or Hip or Knee Osteoarthritis Pain
The SPACE Randomized Clinical Trial

- moderate to severe chronic back pain or hip or knee osteoarthritis pain despite analgesic use. 240 were randomized.
- Primary outcome Brief Pain Inventory (BPI) interference scale
- Secondary outcome was pain intensity (BPI severity scale)
- Each Arm had 3-tiers and opioid Arm went to 100 MED
- Pain intensity was signif. better in nonopioid group over 12 months

**CONCLUSIONS** Treatment with opioids was not superior to treatment with nonopioid medications for improving pain-related function over 12 months. Results do not support initiation of opioid therapy for moderate to severe chronic back pain or hip or knee osteoarthritis pain.

JAMA March 6, 2018 Volume 319, Number 9
Table 2. Associations between opioid pain medication use and measures of pain severity, quality of life, and depression (N = 604)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Opioid Use (N = 136), Mean (SD)</th>
<th>No Opioid Use (N = 468), Mean (SD)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain severity*</td>
<td>7.22 (1.70)</td>
<td>6.89 (1.89)</td>
<td>0.0712</td>
</tr>
<tr>
<td>Pain interference†</td>
<td>7.30 (2.16)</td>
<td>6.07 (2.73)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>PHQ-9 score‡</td>
<td>11.31 (5.99)</td>
<td>8.65 (6.05)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>PHQ-9 categories, No. (%)</td>
<td></td>
<td></td>
<td>0.0007</td>
</tr>
<tr>
<td>0–4</td>
<td>16 (11.9)</td>
<td>132 (28.6)</td>
<td></td>
</tr>
<tr>
<td>5–9</td>
<td>43 (32.1)</td>
<td>144 (31.2)</td>
<td></td>
</tr>
<tr>
<td>10–14</td>
<td>32 (23.9)</td>
<td>93 (20.1)</td>
<td></td>
</tr>
<tr>
<td>15–19</td>
<td>30 (22.4)</td>
<td>69 (14.9)</td>
<td></td>
</tr>
<tr>
<td>≥20</td>
<td>13 (9.7)</td>
<td>24 (5.2)</td>
<td></td>
</tr>
<tr>
<td>PROMIS global physical health§</td>
<td>8.98 (2.50)</td>
<td>10.13 (2.81)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>PROMIS global mental health¶</td>
<td>9.91 (3.54)</td>
<td>11.66 (3.86)</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>
A bar graph showing the percentage of opioid analgesic use among individuals unable to work due to disability and those receiving SSI.

- Unable to Work due to Disability:
  - Opioid Analgesic Use: 73.5%
  - No Opioid Analgesic Use: 39.3%

- Receive SSI:
  - Opioid Analgesic Use: 59.6%
  - No Opioid Analgesic Use: 37.2%
Relationship Between Opioid Analgesic Prescription and Unemployment in Patients Seeking Acupuncture for Chronic Pain in Urban Primary Care

Opioid analgesic use was associated with three times the odds of unemployment due to disability while controlling for potential confounders, including depression, pain severity, pain interference, global physical and mental functioning, and demographic characteristics.
“The use of opium is not a curse, but a comfort and benefit to the hard-working Chinese”

1858 press release from British firm of Jardine, Matheson & Co.
China’s biggest opium importer.
Decisions, Effects & Perceptions

• I’ve not gone to work and don’t even go out. I don’t go out with my husband. I don’t go out with my daughter. I don’t go out with anybody… My life is pretty much at a standstill. (HQ)

• I can’t do the things that I used to do and it kind of makes you feel like you can’t do anything… You have to depend on people to do stuff for you because, like I said, I can’t even walk from here to the bus stop. (MN)

• (Pain) affects your relationships because it affects your attitude. Sometimes, somebody might want to talk to you or whatever and you are in pain and you don’t mean to be mean and rude or not responsive.

BMJ Open 2017;0:e015083
Meaning in life in chronic pain patients over time: associations with pain experience and psychological well-being

• 2 yr. longitudinal study
• N=273 people with chronic pain
• examined the directionality of the relationships among the meaning in life dimensions (Presence of Meaning and Search for Meaning) and indicators of adjustment (depressive symptoms, life satisfaction, pain intensity, and pain medication use)
• found that Presence of Meaning was an important predictor of well-being

*Journal of Behavioral Medicine*
April 2015, Volume 38, Issue 2, pp 384–396
The capacity for hope is the most significant fact of life. It provides human beings with a sense of destination and the energy to get started.

Norman Cousins
Anatomy of an Illness
Less Cane Be More

1. Opioid tapering for those on COT
   • Pain ↓ 24 %, average pain 7.1 to 5.4
   • Close to ½ returned to opioids but this did not result in lowering pain scores

2. Opioid taper to off
   • Reduced pain in all ages, ~ 20%
   • Accompanied by reductions in:
     ➢ Depression and catastrophizing

2. Pain Med 2010;11(9):1352-1364
“Our prime purpose in this life is to help others. And if you can't help them, at least don't hurt them”

- Team Work- Not all on your shoulders
- Acknowledge the Pain & offer Hope
- Approach the person, not just pain
- Improved E³
  - Evaluate, educate and engage
  - Safety and Efficacy concerns
- Replace opiocentric paradigm
- Focus on **Function** and Purpose
- Less Morbidity and Mortality
Painful and Pricey

![Bar chart showing lifetime healthcare and disability costs following treatment (comprehensive pain program versus medical treatment).](chart)

**Figure 2.** Lifetime healthcare and disability costs following treatment (comprehensive pain program versus medical treatment).

Couple Purpose and Care
Discover What’s Possible
The Condition

- Isolated
- Stiff
- Unarmed
- Infirmed
- Stuck
- Inertially exiled
Breaking the Cycle

The Pain Cycle

- Time off works, money worries, relationship concerns
- Persistent pain
- Being less active
- Depression mood swings
- Loss of fitness, weak muscles and joint tissues
- Negative thoughts, fears about pain and the future
- Lack of energy, tiredness
- Stress, anxiety, fear, anger, frustration
We are what we think. All that we are arises with our thoughts. With our thoughts, we make the world
Life-style Modalities Pain

- Pain Education
- Purpose/ikigai
- Expectations
- Exercise
- Stress Reduction
- Sleep Education

- Mind-body
- Goal setting
- Nutrition
- Making a Change
- Laughter/Fun
- Peer Advocates

*Control not cure*
“My pain no longer controls my life. I now am in control of my pain and can enjoy my life. Thanks to the amazing staff through the Integrative Pain Program. Thank you all!”  J.D.
Treatments

• **EDUCATION**
• Progressive Exercise
• Aerobic/strength
• Service to others
• Yoga/Tai Chi
• **Massage**
• Acupuncture**
• **Chiropractic**
• Heat, TENS, Ice
• Pacing Activity
• Purpose

• Mind-Body
• Cognitive Behavioral Therapy
• Diaphragmatic Breathing
• Guided Imagery & Meditation
• Relaxation Response
• Goal Setting-Habits
• Fun/laughter/enjoyment
• Non-opioid medicine
• **Sleep Changes**
• Food as Medicine
• **EDUCATION**

*Only need to exercise on days you eat*
Acupuncture and Hope

Surgery, neuropathy, diabetes and arthritis
All gave my body much pain
The pain pills I tried helped me some,
But too much pain would still remain
A program on pain and taking control
gave me a new outlook
Less food, better rest and exercise were
Parts of the path I took.
My pain center doctor and I discussed treatment with acupuncture. His knowledge and care eased my pain and fear. I can say it helped for sure.

Acupuncture along with proper meds and for all that I have learned. The doctors and staff at Wishard who care, My thanks and respect have earned.

Kevin Crowe
You have Power to Re-habit

Healthy activity: body-nutrition, exercise, motion
Mind: spirit
Prayer, breath
Fun, Purpose

Inactivity
Poor sleep
Isolation
Bad calories
Depression
opioids
Fear-stress
Smoking
Goal-less

生き甲斐
300 lb. Mustard Seed...
www.youtube.com/watch?v=qX9FSZJu448

Meet
Arthur Boorman
At Christmas there is special joy in remembering those who hold a special place in our hearts...

That’s why there is joy in remembering you!

Thanks for my life in motion.

Your new Habit?

What is your goal?
Lumbar instrumented fusion compared with cognitive intervention and exercises in patients with chronic back pain
A prospective randomized controlled study

• For patients with chronic low back pain after previous surgery for disc herniation
• The success rate was 50% in the fusion group and 48% in the cognitive intervention/exercise group
  • Oswestry Disability Index (ODI)

For chronic low back pain after previous surgery for disc herniation, lumbar fusion failed to show any benefit over cognitive intervention and exercises.

Pain 122 (2006) 145–155
• Education
• Expectation
• Effort
• Belief
• Compassion
No Magic Bullet

Truth should not be Punitive
Reallocating time spent in sleep, sedentary behavior and light physical activity and its association with pain: a pilot sleep study from the Osteoarthritis Initiative

• 184 people at risk for knee pain/OA
• 84 had pain interference & knee pain
• Accelerometer to gage time in hours
• How they spent Days in hours
  • Sleep 7, sedentary 11
  • light activity 4.5
  • 0.23 moderate activity
• Substituted sleep, sedentary behavior or light activity with 0.167/day of moderate activity
10 Minute Substitutions

21-25% lower bodily pain interference  |  Odds Ratio
--- | ---
Sleep  | 0.79
Sedentary Behavior  | 0.74
Light Physical  | 0.75
knee pain odds reduced  | 17–20% per 10-min exchange

Effect of MBSR vs CBT or Usual Care on Back Pain and Functional Limitations in Adults With Chronic LBP: An 8-Week Randomized Clinical Trial

Treatment MBSR or CBT vs UC resulted in greater benefit in back pain & functional limitations at 26 wk.

There were no significant differences b/ MBSR and CBT.

The percentage of participants with clinically meaningful improvement in disability was statistically significantly higher for MBSR (61%) and CBT (58%) than for UC (44%) $P=.04$

JAMA.2016;315(12):1240-124
Literacy-Adapted Cognitive Behavioral Therapy Versus Education for Chronic Pain at Low-Income Clinic: RCT

• 10 weekly 90 min sessions: CBT vs. EDU
• Both beat usual care for pain and function
• At 6 months EDU cohort maintained pain benefit and CBT did not
• At 6 months both cohort’s functioning out performed usual care
• Depression was not different
  • CBT to EDU to Usual Care

Ann Int Med Feb 2018
Yoga as a treatment for chronic low back pain: A systematic review of the literature

Discussion—With few exceptions, previous studies and the recent randomized control trials (RCTs) indicate that yoga can reduce pain and disability, can be practiced safely, and is well received by participants.

Some studies also indicate that yoga may improve psychological symptoms, but these effects are currently not as well established.
Yoga, Physical Therapy, or Education for Chronic Low Back Pain A Randomized Noninferiority Trial

• 320 predominantly low-income, racially diverse adults with nonspecific Ch. LBP
• 12 weekly yoga vs. 15 PT session
• yoga program for nonspecific Ch. LBP was noninferior to PT for function and pain
• Improvements in yoga and PT groups were maintained at 1 year
• Yoga 21% and PT 22% less likely Rx pain

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Sit-N-Fit Yoga

• Based upon Iyenger Hatha Yoga
  • recommended by the National Center for Complementary and Integrative Health (NCCIH) as safe for older adults because of its emphasis on proper body alignment.

• Twice weekly 45 min
• Instructor lead
• Chair yoga

Effect of Tai Chi Versus Aerobic Exercise for FM: RCT

• N of 150 for Tai Chi ( 4 groups)
  • 12 or 24-week, once or twice weekly
• N of 75 for Aerobic Exercise
  • 24-week, twice weekly
• Followed for 52 weeks
• fibromyalgia impact questionnaire (FIQR)

BMJ 2018;360:k851
Effect of Tai Chi Versus Aerobic Exercise for FM: RCT

• Both had improved FIQR scores
• Tai Chi was equal or superior
• Duration response-
  • 24 week better results than 12
  • Tai Chi 1/wk equal to 2/wk
• Tai Chi cohort attended more sessions
• Hopeful
• Armed
• Reaching
• Animated
Table 5. Treatment Response After 6 Months

<table>
<thead>
<tr>
<th>Treatment Response</th>
<th>Conventional</th>
<th>Sham Acupuncture</th>
<th>Verum Acupuncture</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPGS Success (^b)</td>
<td>132 (34.1)</td>
<td>197 (50.9)</td>
<td>229 (59.2)</td>
</tr>
<tr>
<td>HFAQ Success (^c)</td>
<td>195 (50.4)</td>
<td>251 (64.9)</td>
<td>281 (72.6)</td>
</tr>
<tr>
<td>Combined CPGS and HFAQ Success (^d)</td>
<td>223 (57.6)</td>
<td>277 (71.6)</td>
<td>304 (78.5)</td>
</tr>
<tr>
<td>Total No. of patients</td>
<td>387</td>
<td>387</td>
<td>387</td>
</tr>
<tr>
<td>Combined GCPS, HFAQ, and unblinded patients Nonresponders (^e)</td>
<td>164 (42.4)</td>
<td>125 (32.3)</td>
<td>112 (28.9)</td>
</tr>
<tr>
<td>Responders</td>
<td>223 (57.6)</td>
<td>262 (67.7)</td>
<td>275 (71.1)</td>
</tr>
<tr>
<td>Overall treatment response including prescribed rescue medication Nonresponders (^f)</td>
<td>281 (72.6)</td>
<td>216 (55.8)</td>
<td>203 (52.4)</td>
</tr>
<tr>
<td>Responders</td>
<td>106 (27.4)</td>
<td>171 (44.2)</td>
<td>184 (47.6)</td>
</tr>
<tr>
<td>Total No. of Patients</td>
<td>387</td>
<td>387</td>
<td>387</td>
</tr>
</tbody>
</table>

Abbreviations: CPGS, Von Korff Chronic Pain Grade Scale; HFAQ, Hanover Functional Ability Questionnaire for measuring back pain–related functional limitations.

\(^a\) Values are given as number of patients (percentage).

\(^b\) Success was defined as 33% improvement or better on 3 pain-related items on the CPGS.

\(^c\) Success was defined as 12% improvement or better on the back-specific HFAQ.

\(^d\) Success was defined as 33% improvement or better on 3 pain-related items on the CPGS or as 12% improvement or better on the back-specific HFAQ.
Randomized Controlled Trial of Acupuncture for Women with Fibromyalgia: Group Acupuncture with Traditional Chinese Medicine Diagnosis Based Point Selection
## Diabetic Neuropathy: 20 wk Intervention
### PBD + B12 vs. B12

<table>
<thead>
<tr>
<th>Metric</th>
<th>Intervention</th>
<th>Supplement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight (kg)</td>
<td>-7.0</td>
<td>-0.6</td>
</tr>
<tr>
<td>LDL</td>
<td>-7.8</td>
<td>+0.4</td>
</tr>
<tr>
<td>Fasting Gluc</td>
<td>-25.9</td>
<td>-19.2</td>
</tr>
<tr>
<td>A1C</td>
<td>-0.8</td>
<td>0.0</td>
</tr>
<tr>
<td>SBP</td>
<td>-11.5</td>
<td>-4.3</td>
</tr>
<tr>
<td>SF McGill Pain Quest.</td>
<td>-9.1</td>
<td>-0.9</td>
</tr>
<tr>
<td>MNSI-Q</td>
<td>-2.2</td>
<td>-0.6</td>
</tr>
</tbody>
</table>

*Nutrition & Diabetes (2015) 5, 1-6*
Dietary intake of fibre and risk of knee osteoarthritis in two US prospective cohorts

- **Framingham (1268) and Osteoarthritis Initiative (4796)**
- Baseline fiber intake, SxOA, and ROA
- OAI also assessed knee pain worsening
- 4 yrs in OAI and 9 yrs for Framingham
- **Osteoarthritis Initiative**
  - 861 knees with SxOA, 152 knees with ROA and 1964 knees with pain worsening among 4051 subjects with valid dietary intake
- **Framingham**
  - 143 knees with SxOA and 175 knees with ROA among 971 such subjects

Ann Rheum Dis 2017;0:1–9
SxOA Inversely Associated with Fiber

• In both cohorts:
  • Dietary total fiber was inversely ass. with risk of SxOA
    • (p trend <0.03)
  • Significantly lower risk at the highest vs. lowest quartile
    • OR 0.70 for OAI and 0.39 for Framingham
  • Dietary total & cereal fiber significantly inversely ass. with knee pain worsening in OAI (p trend <0.02)
• No apparent association was found with ROA
Whole-Foods, Plant-Based Diet Alleviates the Symptoms of Osteoarthritis

• 6-week, Randomized Open Trial
• Intervention >90% of their kcal from plants
• Control continued their omnivorous diet
• SF-36 and VAS
• Patient Global Impression of Change (PGIC)
The graph shows the mean visual analog scale (VAS) over six weeks for two groups: Control and Intervention. The graph indicates a significant difference between the intervention and control groups at P < 0.01 for Week 1 and P < 0.05 for Week 4. The VAS values for each week are as follows:

- **Week 1**: Control: 3.55456, Intervention: 5.06431
- **Week 2**: Control: 3.88167, Intervention: 4.18820
- **Week 3**: Control: 3.61859, Intervention: 4.68118
- **Week 4**: Control: 3.35164, Intervention: 2.70782
- **Week 5**: Control: 3.65964, Intervention: 2.89134
- **Week 6**: Control: 2.37993, Intervention: 2.20929
**Table 3: Mixed models analysis of PGIC change from Week 1†.**

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Intervention</th>
<th>Int-Cont</th>
<th>P value</th>
</tr>
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<tr>
<td><strong>PGIC-Row</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 1</td>
<td>1.72</td>
<td>2.63</td>
<td>0.91</td>
<td>0.073</td>
</tr>
<tr>
<td><strong>Change from Week 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 2</td>
<td>0.33</td>
<td>1.37</td>
<td>1.04</td>
<td>0.022</td>
</tr>
<tr>
<td>Week 3</td>
<td>0.00</td>
<td>1.79</td>
<td>1.79</td>
<td>0.002</td>
</tr>
<tr>
<td>Week 4</td>
<td>0.00</td>
<td>2.21</td>
<td>2.21</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Week 5</td>
<td>0.28</td>
<td>2.32</td>
<td>2.04</td>
<td>0.003</td>
</tr>
<tr>
<td>Week 6</td>
<td>0.54</td>
<td>2.74</td>
<td>2.19</td>
<td>0.001</td>
</tr>
<tr>
<td><strong>PGIC-Line</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 1</td>
<td>4.67</td>
<td>4.11</td>
<td>-0.56</td>
<td>0.127</td>
</tr>
<tr>
<td><strong>Change from Week 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 2</td>
<td>-0.06</td>
<td>-0.26</td>
<td>-0.21</td>
<td>0.541</td>
</tr>
<tr>
<td>Week 3</td>
<td>0.67</td>
<td>-0.63</td>
<td>-1.30</td>
<td>0.016</td>
</tr>
<tr>
<td>Week 4</td>
<td>0.11</td>
<td>-1.42</td>
<td>-1.53</td>
<td>0.008</td>
</tr>
<tr>
<td>Week 5</td>
<td>-0.17</td>
<td>-1.37</td>
<td>-1.20</td>
<td>0.018</td>
</tr>
<tr>
<td>Week 6</td>
<td>-0.01</td>
<td>-2.05</td>
<td>-2.04</td>
<td>&lt;0.001</td>
</tr>
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†Adjusted for BL SF-36v2 BP.
## SF-36: Domains for Quality of Life

### Table 2: SF-36v2* mixed models analysis of change from baseline.

<table>
<thead>
<tr>
<th></th>
<th>PF</th>
<th>RP</th>
<th>BP</th>
<th>VT</th>
<th>PCS</th>
<th>GH</th>
<th>SF</th>
<th>RE</th>
<th>MH</th>
<th>MCS</th>
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</thead>
<tbody>
<tr>
<td><strong>Baseline mean</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control (Cntl)</td>
<td>44.15</td>
<td>45.75</td>
<td>40.13</td>
<td>47.63</td>
<td>45.04</td>
<td>49.48</td>
<td>43.26</td>
<td>44.74</td>
<td>44.19</td>
<td>45.36</td>
</tr>
<tr>
<td>Intervention (Int)</td>
<td>39.66</td>
<td>40.8</td>
<td>39.18</td>
<td>40.77</td>
<td>40.19</td>
<td>44.42</td>
<td>41.69</td>
<td>43.92</td>
<td>42.44</td>
<td>43.93</td>
</tr>
<tr>
<td><strong>Week 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cntl</td>
<td>0.88</td>
<td>1.49</td>
<td>2.11</td>
<td>3.89</td>
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Nonpharmacologic Therapies: 
**Exercise**

1. Chronic Low Back Pain
2. Fibromyalgia
3. Hip OA
4. Knee OA
   • Helped function and or pain for at least 4 weeks
   • No serious harms
5. Mood and sleep
“I’m investing less than 7 hours a month on headache prevention and getting next to no headaches”
“I’m investing less than 7 hours a month on headache prevention and getting next to no headaches”
Back into Ikigai

Tell me and I Forget
Show me and I may Remember
Involve Me and I’ll Understand
Pain Care Paradox

Standard Approach, Individual Treatment

1) Informed and Involved
2) Establish the **relationship** and Hope
   ✓ Motivation(s)
3) Remove opioid-centric perspectives
4) Focus on **Functionality**
5) Polymodal diagnosis & treatment
6) Improved outcomes
7) Greater safety and reduced cost

More Control-Less Pain
Ikigai

Ikigai: the process of allowing the self's possibilities to blossom

Kobayashi Tsukasa
The

END
Relationships Matter- Invest

• Therapeutic Relationships
  • Therapeutic visits and deliverables
  • 11-13 mins is problematic

• Create a Packet- for office and patient
  • Teach and Teach back
  • Chronic Pain, addiction, recovery
  • Sleep, medications, psych. impact
  • Less pain, more control

• Create Resource Guide
  • Pools, gyms, yoga, churches
  • meditation, nutrition, chiropractors
  • Books and websites