



Learning Module #1

Understanding the Basics of Chronic Pain and the Washington State Opioid Prescribing Rules

Learning Objectives

- Understand the underlying mechanisms behind the development of chronic pain
- Describe how opioids work and why they have addictive potential
- Explain why a person’s history and emotional state can influence the experience of chronic pain
- Introduction to the Washington state opioid prescribing rules

Materials

- Basics of Chronic Pain Pre and Post Self-Test (page 2 of this document)
- “A World of Pain” National Geographic, January 2020 (provided)
- The “How” and “Why” of “1427”: The New WA State Opioid Prescribing Rules. Available [here](#).
- Discussion Questions and Key Learnings (page 3 of this document)

Activities

To be completed by the next Six Building Blocks Practice Facilitator Training Session.

- Complete the Basics of Chronic Pain Pre-Test
- Read “A World of Pain” article
- Complete the Basics of Chronic Pain Post-Test
- Watch the UW TelePain on 1427 opioid prescribing rules
- Reflect on the Discussion Questions and Key Learnings
- Attend the next training session to discuss your learnings with your colleagues



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Basics of Chronic Pain Pre and Post Self-Test

This is a self-test designed to facilitate your learning. This test will not be graded or submitted to the Six Building Blocks team.

1. Chronic pain is defined as pain that lasts longer than
 - a. 1 month
 - b. 2 months
 - c. 3 months
 - d. 6 months

2. In the brain, pain is perceived by
 - a. One central pain receptor region
 - b. Only our cognitive center
 - c. Only the region that regulates our emotions
 - d. Multiple regions that include emotional and cognitive centers

3. Opioids are potentially addictive because
 - a. They act on peripheral nerves that become dependent on them
 - b. They communicate with proteins in brain cells that cause a euphoric effect
 - c. The body develops a tolerance that requires higher doses to produce the euphoric effect
 - d. They stimulate the body's release of its own opioids

4. When the body produces its own natural opioids, they are effective in reducing the amount of perceived pain because they
 - a. Block pain signals that are coming up the central nervous system to the brain
 - b. Create a sense of euphoria
 - c. Re-wire the circuits in the brain that perceive pain
 - d. Cause our genes to mutate so that we don't perceive pain as well

5. Some of the therapies shown to help relieve chronic pain include
 - a. Virtual reality therapy
 - b. Meditation
 - c. Deep brain stimulation
 - d. All of the above



Discussion Questions

1. When reading the National Geographic article, what surprised you the most?
2. After reading the National Geographic article, what questions do you still have that went unanswered?
3. Why do you think physicians prescribe opioids for chronic pain instead of using more evidence-based non-pharmacologic approaches such as mindfulness therapy, massage, or yoga?
4. What are some conditions that amplify chronic pain? Should we be screening for these conditions in patients with chronic pain, why or why not?
5. Given our current understanding of chronic pain, why is it important have a thorough understanding of a patient's history and social circumstances/environment?
6. Why are prescribers required to check the Washington State Prescription Monitoring Program Database before refilling an opioid prescription for a patient on long-term (chronic) opioid therapy?

Key Learnings

- For many, pain originating from an injury or ailment persists long after the underlying cause has resolved. After only a short period of time of tissue injury, for some, this injury can sensitize the central nervous system to transmit pain signals to the brain even with only mild stimulation of the previously injured area, or with no stimulation at all. This is known as “central sensitization.” This type of pain is not a symptom, it is a disease caused by a malfunctioning nervous system.
- The interpretation of pain signals sent to the brain by the nervous system can alter each individual's interpretation of those signals, making pain a complex subjective phenomenon that can be influenced by a person's emotional state, past history of emotional trauma and their genetics. This is because there is no single pain center in the brain. Multiple regions of the brain are activated in response to painful stimuli, including the networks that are involved in emotions, cognition, memory and decision-making. This explains why fear, sadness and anxiety can make pain feel worse. And why pain-flares in patients with chronic pain are often due to emotional stress or changes in a patient's emotional state.
- Opioids bind to a receptor on the surface of a brain cell, the “*mu*” receptor. This receptor then communicates to proteins in the cell and these proteins both alleviate the perception of pain AND cause a euphoric effect. Unfortunately, the body develops a tolerance to these drugs, which requires higher and higher doses of them to achieve the same effect. This can lead to addiction.
- Our bodies are capable of producing opioids synthesized in the brain that then block incoming pain signals from the body. Many non-pharmacologic treatments for chronic pain enhance the body's ability to produce and effectively use these natural opioids and explain their effectiveness.
- A useful summary of 1427 prescribing laws can be found in the Washington Medical Commission's [What You Need to Know](#) brochure.

