Lifeworks Pain Clinic - Update

Resolving Non-Malignant Chronic Pain – When Nothing Seems to Help

1. PURPOSE OF THIS UPDATE

To support general practitioners working with chronic pain patients who may not be experiencing adequate improvement from current strategies, estimated to be some 80% of non-malignant chronic pain sufferers.

2. BACKGROUND

Latest data reveals that approximately 20% of Australians experience some form of chronic pain, with back pain, neck pain, fibromyalgia, and complex regional pain syndrome being most prevalent. Chronic pain, although more prevalent in older age cohorts, nevertheless occurs in children also.

Various bodies report a failure rate of current treatment strategies in the order of 80%, meaning that approximately 3 million Australians are living with unresolved chronic pain.

Our two very small pilot studies investigating a new approach to chronic pain have achieved efficacy rates of 85% and 100% respectively.

After nearly two decades of using our strategy in a clinic setting, we are about to embark on a third clinical study with chronic pain patients.

3. REASONS FOR FAILURE OF CURRENT PROGRAMS

Current treatment strategies are not in line with updated research into the nature of chronic pain. We see that a great deal of chronic pain is no longer nociceptive in nature and is in fact mediated via the amygdala region of the brain. In fact, many researchers now consider chronic pain to be triggered by conditioned brain activity, in line with classical conditioning theory.

It is therefore not surprising that analgesic medications are effective at the same rate as could be expected from placebo interventions.

Likewise popular psychological strategies. Without exception these types of programs, including those which include protocols such CBT (cognitive behaviour therapy) and ACT (Acceptance and Commitment Therapy, also known as "mindfulness") all blame the patient for their suffering, inferring that if the patient "accepted" their feelings of suffering, or stopped "awfulizing" their situation, that they could better manage their pain.

Since there is neither evidence that thinking causes chronic pain, nor evidence that any of these psychological strategies have any significant or enduring effect for chronic pain patients, it is not surprising that 80% of patients are not helped.

To successfully reduce or eliminate non-responsive chronic pain, we must firstly recognise that rather than dealing with nociceptive pain signaling, we must work with pain that is essentially generally as conditioned behaviour of the nervous system itself (see video which accompanies this update – **www.lifeworkspainclinic.com/physician-update1**).

By identifying the conditioned stimuli to the patient's unique pain signaling, and effectively disrupting the reconsolidation of the conditioned response, we can weaken and even extinguish the response, permanently.

4. REQUIREMENTS FOR SUCCESS OF PROGRAMS FOR NON-MALIGNANT CHRONIC PAIN

The primary requirement for success is the extinction (elimination) of maladaptive automatic processes, and until recently no program has been able to provide a valid theoretical basis, nor workable protocols, to achieve this. Neither has there been any evidence of success until now.

Secondly the patient must feel in control of the process, and that he/she is surrounded by a team which is personally invested in his/her achieving resolution of their pain.

Thirdly, the elimination of maladaptive conditioned responses around pain signalling must be permanent, and must occur soon enough and effectively enough that the patient is motivated to engage with the program to the best of his/her ability.

5. THE LIFEWORKS PAIN CLINIC PROGRAM

The Lifeworks Pain Clinic program is unique in that it provides a sound theoretical basis with updated, widely-cited scientific references, uses protocols derived directly from that theoretical basis, and can demonstrate permanent alteration of patients' experience of pain.

6. INFORMATION SESSIONS FOR GENERAL PRACTITIONERS

Information sessions may be held in-house for minimum groups of 5. Please enquire further on 0409 689 741 (+61 409 689 741 for overseas callers).

In these information sessions we will demonstrate live one of several mechanisms for the extinction of conditioned responses.

Note: if your practice is not in Perth, your information session may be via teleconference.

7. REFERENCES

Note on classical conditioning

Pavlov is considered the father of classical conditioning theory. He not only demonstrated how to create conditioned responses (eg; tuning tine >> salivation) in addition to his non-reinforcement theory of extinction, he inadvertently demonstrated how to instantly and permanently extinguish conditioned responses through interruption of reconsolidation.

However instead of realising the significance of this method of extinction, his notes merely describe the "failure" of the conditioned response at that point. It has been left to modern-day researchers to recognise the enormity of this discovery, although this has certainly been in hindsight rather than as a natural progression of their investigations.

This mechanism for deliberately causing a conditioned response to fail (and be permanently extinguished) has applications for anxiety, addiction, phobias, PTSD, OCD, overweight/obesity, anger/rage, jealousy, depression, and of course chronic pain.

Our own research papers (note, the name "MDR" is an acronym for Multi-sensory Disruption of conditioned responses):

Sutherland, Christine. MDR Treatment for Depression: A Preliminary Report on a Group Treatment Program. Frontier Perspectives, Volume 10(2) 2001, pp 60-64

Sutherland, Christine. MDR Treatment for Academic and Behavioural Performance in At-risk Children. The Lifeworks Group Pty Ltd, 2003.

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A selection of papers relating to factors involved in reconsolidation of conditioned responses, and extinction, many addressing chemical and/or functional brain changes marking the process:

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Lang PJ, Bradley MM, Cuthbert BM. 2005. International affective picture system (IAPS): Affective ratings of pictures and instruction manual. University of Florida, Gainesville, FL.

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