Chronic Pain Management during the COVID-19 Pandemic

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FUTURE OF PEDIATRICS
Disclosures

• No financial disclosures.
Objectives

• Review the mental health impact from the COVID-19 pandemic
• Identify stressors impacting pain across age groups
• Recognize the spectrum of services offered in the chronic pain clinic
• Identify steps in management prior to pain clinic referral
• Identify parental resources for chronic pain
• Describe expectations of resuming care for a patient who had chronic pain
• Describe return to school steps
• List strategies for pediatricians
COVID-19 Mental Health Impact on Youth

• Tidal wave of mental health difficulties

• Seasonal challenges:
  • Prolonged restrictions, fear of easing restrictions
  • Missing events
  • Vaccines
Clinical Observations: Deterioration

• Increased Depression
• Increased Anxiety
• Attention Problems
• Virtual School

• Decreased Protective Factors
Clinical Observations: Escalation in Severity

• Severe Psychiatric Symptoms
  • Worsening of prior anxiety/depression (YoungMinds, 2020)
  • More severe symptoms

• Suicidality & NSSI
  • More severe self-harm attempts

• Dissociations

• Hallucinations
Compromised Behavioral Health

- Barriers to healthy lifestyles
  - Access to healthy foods
- Sleep hygiene
- Limited Physical Activity
- Increased screen time
- Health inequities widening

Becker et al., 2021; Bates et al., 2020; Gilic et al., 2020; Yang et al., 2020
Pandemic Stress:

KIDS:
- Attention Problems
  - High demand of virtual school
  - Compounded by screen time
- Irritability
  - Poor emotion regulation
  - Anger
- Anxiety
  - Increased worries/anxiety
  - Poor sleep
  - Behavioral regressions
- Loneliness
  - Missing friends & family

ADOLESCENTS:
- Peer Precaution Variability
  - Increased negotiations and conflict
  - Limited numbers leads to more “leaving out”
- Social Isolation
  - Contributes to depressed mood
- Missing Milestone Events
- Virtual School Platforms

COLLEGE
- Altered Campus Life
  - COVID fears and restrictions
  - Social isolation
  - Conflict with physical distancing
  - “All the work, none of the fun”
- Living at home
- Virtual Classes
- Balancing Emotional Demands
  - Safety, Health, Anxiety
  - Connection
  - Normalcy, Fun
Pediatric Pain Screening Tool

**PPST items**

**Physical Subscale**
- My pain is in more than one body part.
- I can only walk a short distance because of my pain.
- It is difficult for me to be at school all day.
- It is difficult for me to fall asleep and stay asleep at night.

**Psychosocial Subscale**
- It’s not really safe for me to be physically active.
- I worry about my pain a lot.
- I feel that my pain is terrible and it’s never going to get any better.
- In general, I don’t have as much fun as I used to.
- Overall, how much has pain been a problem in the last 2 weeks?*

*“not at all”, “a little”, “some”, “a lot”, and “a whole lot.”

**9 questions**

**High sensitivity and specificity for disability & emotional distress**

Conditions we treat

- Chronic headache, not responding to medications
- Persistent post-surgical pain
- Back pain
- Pain associated with orthopedic and sports injuries
- Nerve-related pain and injuries
- Widespread musculoskeletal pain
- Complex Regional Pain Syndrome
- Hypermobility syndrome including Ehlers Danlos
- Dysautonomia
- POTS (Postural Orthostatic Tachycardic Syndrome)
- Abdominal pain
- Pain associated with chronic illness such as sickle cell disease and juvenile arthritis
- Children with physical dependence on pain medications needing to be weaned
- **Patients who demonstrate functional disability due to pain**
Therapies Offered

- Medications
- Physical Therapy
- Cognitive Therapy
- Acupuncture or Interventions
Before Pain Clinic

- **Diagnostic Testing**
  - None Required
  - Request diagnostic testing already completed
- **Joint and MSK Pain**
- **Abdominal Pain**

  - Red flags:

**Alarm Findings in Children with Recurrent Abdominal Pain**

| Chronic, severe, or nocturnal diarrhea | Genitourinary tract symptoms |
| Deceleration of linear growth | Involuntary weight loss |
| Delayed puberty | Pain that wakes the child from sleep |
| Dysphagia | Persistent right upper or lower quadrant pain |
| Family history of inflammatory bowel, celiac, or peptic ulcer disease | Significant vomiting |
| Gastrointestinal blood loss | Unexplained fever |

After Pain Clinic

• Clinic provides comprehensive care
  • Education
  • Follow up in our clinic
Access

TELEMEDICINE

LICENSED DC, MARYLAND, VIRGINIA

IN CLINIC

MARYLAND: ROCKVILLE, PG COUNTY, ANNAPOLIS

VIRGINIA: FAIRFAX
Parent Resource

https://riseandshine.childrensnational.org/Topics/diseases-and-conditions/pain/

Did you know psychologists can help with chronic pain?
Return to School: Anxiety and Pain

• Increased anxiety, depressed mood during pandemic
• Adolescents with chronic pain are at increased risk of anxiety (Noel et al., 2016)
• School Anxiety and avoidance often develop
  • 1/3 experience anxiety-related school avoidance (Mano, 2017)
  • Higher rates of school absences (Mano, 2017)

Increased Anxiety
Decreased Functioning
Increased pain
School Anxiety/Refusal
Return to School: Rehab Approach to Treatment

• **Goal of treatment for chronic pain is to focus on INCREASING FUNCTIONING**
  • Pain reduces only after functioning increases
  • Increase activity level
  • Daily schedule/routine
  • Gradually increase exercise (prioritize consistency and low-impact)

• **Expectation: Attend school daily**
  • Pain/somatic symptoms are NOT reasons to miss school

• Students in home-based schooling:
  • Regular schedule
  • Facilitate social opportunities
Return to School: Before Day 1

- Healthy habits routine:
  - Eating schedule
  - Sleep hygiene – gradually shift wake up time
  - Ample hydration
- Practice morning routine
- Regular movement throughout day
- Create daily schedule (school, homework, exercise, relaxation, social, fun activities)
- Visit the school or meet school personnel via Zoom
Return to School: Preparing for Success

- **Normalize** anxiety and discomfort of return to school
- **Address** anxiety with exposure therapy
  - Creating hierarchy of feared situations, and gradually practice
- **Create written Coping Plan (for pain & anxiety)** for return to school
  - Relaxation and distraction strategies
  - Identifying in-school advocate
  - Establish regular check-ins with school counselor
- **Anticipate how school will be different than February 2020**
  - In person and hybrid models
Return to School: 504 Plan Considerations

• Increase patients’ confidence in pain management/emotion regulation with formal accommodations
• May look different due to Covid-19
• Prepare students for self-advocacy

• Flash Pass
  • Typical locations may be closed: outside locations, “breaks” in seat alternatives
• Access to hydration & snacks
  • Water fountains may be off: bring extra water bottles to school, reminder system through apps
• More travel time between classes
How can Pediatricians Help?

• Normalize range of emotions and patient/family’s fears
• Educate families on importance of:
  • Good sleep hygiene
  • Regular routine/schedule
  • Regular, low-impact exercise
  • Proper hydration and nutrition
• If safe for your patient, encourage school attendance
• Try to **avoid** homebound or home-and-hospital placements for youth with chronic pain who are safe to attend school
• Refer to behavioral pain medicine for patients with poor functioning, high anxiety, and/or school refusal
Questions?

Thank you for your attention today!