





Developing and using at-home teaching materials can leverage in-office visits and harness the patient's own recuperative powers.

# AT-HOME TEACHING MATERIALS FOR CHRONIC PAIN

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One of the critical differences between the human organism and a machine is the capacity for self-repair, a capacity that modern medicine — modeled largely on machine repair — has greatly underutilized. The concept of at-home patient self-care is predicated on the reality that mental and emotional factors play a significant role in both etiology and treatment.

When compared to the total elapsed time it takes to recover from an illness or injury, the time it takes to actually administer treatment is relatively short. Writing a prescription or giving an injection takes about a minute, and swallowing a pill, even less. Prescribed physical therapy may take but two to three hours a week. Between treatments, however, patients continue to have needs that, if met, may allow them to harness their own recuperative powers.

The educational materials physicians may give the patient to take home, such as a sheet explaining their condition, an exercise program, or a suggestion to look something up on the internet is intended to involve the patient in their own treatment and, if successfully executed, may actually enhance and accelerate pain treatment. Discussed here is one example to encourage and assist other doctors to develop similar programs for their own patients.

## Limitations of Ad-Hoc Patient Instruction

While most physicians try to enroll a patient's own healing powers to treat pain by encouraging patient self-care, an ad-hoc approach may not be effective. Most physicians will at least explain their particular philosophy and approach to the patient. Typically this is a brief, office-based, face-to-face discussion (or more often a monologue), in which they succinctly explain (in three minutes or less) how they will treat a condition the patient may have endured for months, or even years. The more conscientious physician may supplement these encounters by putting them in writing, so patients can study and reread them at their leisure. The latter not only improves educational efficacy, it may also reinforce an image as a "healer," enhancing the power of the physician's authority, an often underated — but beneficial — effect of the "art" of medicine.

The physician may also give the patient another handout, such as an article from a medical journal, a newspaper health article, or even educational material from a pharmaceutical represen-

**Key aspects of successful at-home materials**

- Clarity, legibility, professional quality (artwork, layout, etc.)
- User-friendly, understandable, and avoids medical jargon
- Educational level and language appropriate to the patient population
- Recognizes different kinds of adult learners (visual, audio, kinesthetic, etc.)
- Considers portability of materials (written is the most portable)
- For recorded media, considers availability of playback devices (Tape, CD, DVD, VCR, etc.)
- Includes interactive, task-oriented materials that involve the patient (for example keeping a journal)

**TABLE 1.**

tative. If the material is well written and avoids the jargon that tends to bewilder and intimidate patients, it may further help clarify and simplify medical concepts. Realistically, however, even this combination of approaches has significant shortcomings:

- How much patients learn (let alone retain) from these approaches is probably very limited.
- How well it changes behavior and attitude — both of which are crucial to success in pain management — is even more problematic.
- It may still leave the patient playing a very passive role in their treatment, leaving much of their own, internal healing resources untapped.

**The Mind-Body Connection**

Certain forms of pain — excluding serious illnesses or injury, fracture, tumor, infection, severe form of arthritis, or other clearly physiologically-caused insult — appear to have a psychologic component. So much so that they may carry titles such as "Psychologic Pain Syndrome," "Tension Myositis Syndrome," or "Chronic Benign Pain." Exactly how the mind may cause or propagate pain that has little objective, physical evidence of pathology is uncertain. Equally uncertain but clearly demonstrable is that education, psychotherapy, and motivation may mitigate some manifestations of pain. Even more important is that the majority of pain patients, regardless of the underlying cause, probably have some "mind-body connection" that — when dealt with in addition to other therapies — may enhance pain control and treatment. When patients are educated about this connection, they are usually more eager to participate in treat-

ment than be a passive recipient of prescribed treatment.

In situations where the physician evaluates a patient by history and physical exam and determines that the patient will benefit from attitudinal changes and emotional insight, subsequent visits may partially consist of providing educational materials about the mind-body connection. Educational materials for at home use include books, tapes, CD's, articles, and or workbooks that require the patient to complete tasks. The authors have found this approach helps to change the patients' understanding and perspective on what causes their pain, and, in so doing, may actually reduce or even eliminate it in selected cases.<sup>12</sup> These results support the psychological or mind-body connection of pain. The home educational materials may play a key role in treating the pain and expand what can accomplish at an office visit.

**Efficacy of Home Education**

Much of chronic pain is strongly related to fear, anxiety, and anger — both at the pain itself and its impact on the emotional issues in a patient's life. The authors have found this psychologic ramification to be especially prevalent among worriers and people who are highly responsible or otherwise hard on themselves. Many find the pain often gets better just from being aware of its emotional causes. The basic message communicated to the patient is "Change the way you think about your pain, change your understanding of its etiology, reduce the fear that it will never go away, address the underlying emotional issues: and, the pain itself will actually improve." As strange as it may sound, these results are

consistent with both recent theories of pain physiology and brain scans of people in pain, which demonstrate brain activity during pain that is augmented by fear and uncertainty.

The authors conducted one study of 37 patients using take-home materials. Thirty-three (89%) found that at home materials helped them reduce or eliminate their pain and 28 (76%) felt the materials<sup>11</sup> were helpful in healing. Other investigators have also reported that educational booklets improved outcomes in back pain treatment.<sup>3</sup>

**Developing Effective At-Home Materials**

Beyond preparing a simple handout that describes the physician's own insight into a particular pain condition and describing the treatment approach, the physician needs to address multiple issues in order to enlist the patient's own healing energy. Such issues include the illness model, attitudinal issues, emotional aspects of recovery, and physical activity level and exercise. Table 1 presents key aspects of successful implementation of at-home educational materials.

**Summary**

Patients who effectively use at home teaching materials in treating their pain often undergo a variety of positive changes in understanding their condition and their expectation of success. Some aspects of this may be a "placebo" effect, some a "healing" effect, and some may relate to the underlying etiology of chronic pain. In any event, as powerful as a doctor's words may be to a patient, patients who are actively involved in a home program that keeps them focused on the

goals of treatment are more likely to experience long term results.

Materials including a simple flyer, interactive set of CD's, books, or workbooks, all appear to expand the therapeutic repertoire. The authors believe that direct patient involvement, such as a workbook, is most effective. The goal is to educate and engage the patient to actively deal with the mind-body connection. With these techniques a physician can leverage brief follow up visits into an effective therapeutic regimen. ■

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