

INTERVENTIONAL TREATMENTS FOR COMMON CHRONIC PAIN CONDITIONS

Based on the Centers for Disease Control and Prevention's Recommendations

PRINCIPLES OF CHRONIC PAIN TREATMENT

Patients with pain should receive treatment that provides the greatest benefit. Opioids are not the first-line therapy for chronic pain, outside of active cancer treatment, palliative care, and end-of-life care. Evidence suggests that non-opioid treatments, including non-opioid medications and non-pharmacological therapies, can provide relief to those suffering from chronic pain — and are safer to use. Effective approaches to chronic pain should:

- Use non-opioid therapies to the extent possible
- Identify and address coexisting mental health conditions (e.g., depression, anxiety, PTSD)
- Focus on functional goals and improvement, engaging patients actively in their pain management
- Use disease-specific treatments when available (e.g., triptans for migraines, gabapentin/pregabalin/duloxetine for neuropathic pain)
- Emphasize non-pharmacological treatments
- Use first-line medication options preferentially
- Consider interventional therapies (e.g., corticosteroid injections) in patients who have failed standard noninvasive therapies
- Use multimodal approaches, including interdisciplinary rehabilitation, for patients who have failed standard treatments, have severe functional deficits, or have psychosocial risk factors

NON-OPIOID MEDICATIONS

To improve patient care and safety, the CDC recommends non-opioid medications as the preferred therapies for chronic pain, outside of active cancer, palliative and end-of-life care.

MEDICATION	DEGREE OF PAIN RELIEF	HARMS	COMMENTS
Acetaminophen	Small	Hepatotoxic, particularly at higher doses	First-line analgesic, probably less effective than NSAIDs
Nonsteroidal anti-inflammatory drugs (NSAIDs)	Small to moderate	Cardiac, GI, renal	First-line analgesic, cyclooxygenase-2 (COX-2) selective NSAIDs less GI toxicity
Gabapentin/pregabalin	Small to moderate	Sedation, dizziness, ataxia	First-line agent for neuropathic pain; pregabalin approved for fibromyalgia
Tricyclic antidepressants (TCAs) and serotonin/norepinephrine reuptake inhibitors (SNRIs)	Small to moderate	TCAs have anticholinergic and cardiac toxicities; SNRIs are safer and better tolerated	First-line medications for neuropathic pain; TCAs and SNRIs for fibromyalgia, TCAs for headaches
Topical agents (lidocaine, capsaicin, NSAIDs)	Small to moderate	Capsaicin may cause initial flaring/burning, irritation of mucous membranes	Consider as alternative first-line therapy, thought to be safer than systemic medications; lidocaine for neuropathic pain, topical NSAIDs for localized osteoarthritis, topical capsaicin for musculoskeletal and neuropathic pain

ADDITIONAL NON-OPIOID TREATMENTS RECOMMENDED FOR COMMON CHRONIC PAIN CONDITIONS

Acupuncture — Including the use of thin needles, heat, and pressure applied to certain places on the body to release endorphins, the body’s natural painkilling chemicals

Chiropractic Care — Including manipulation, physiological therapeutics, exercise, spinal remodeling techniques, interferential stimulation, massage, cold laser, hot and cold therapies, and ultrasound

Cognitive Behavioral Therapy — Including improvement of coping strategies and fostering life skills to help reduce the impact of the physical response to pain

Healthy Lifestyle — Including exercise therapy, a plant-based diet, stress management, staying hydrated, and getting adequate sleep

Massage — Including deep-tissue and light-touch approaches and stretching techniques

Physical Therapy — Including exercise, manual therapy, education, and a patient-as-team-member personalization of approaches

Yoga — Including yoga postures and breath awareness to build flexibility and strength

INTERVENTIONAL APPROACHES FOR COMMON CHRONIC PAIN CONDITIONS

Cryoneuroablation — Freezing of sensory nerves at the source of pain

Epidural Steroid Injections — Anti-inflammatory medication delivered directly to the epidural space

Interspinous Process Spacer Devices — Implantable devices to provide relief for patients who have lumbar spinal stenosis

Intrathecal Pain Pumps — Small doses of opioid medication in the spinal fluid to provide continuous medication

Joint Injections — Corticosteroid injections into joints to treat inflammation

Nerve Block — Local anesthesia, with or without steroids, that is injected into nerves

Neuromodulation — Device-based electrical or magnetic stimulation that is used to activate nervous system tissue to reduce sensitivity to pain

Radio Frequency Ablation — Pulses of radio frequency waves that surgically remove the nerves that contribute to chronic pain syndromes

Vertebral Augmentation — Spine stabilization by cementing the vertebrae that have compression fractures

REFERRING OR RECOMMENDING A PRACTITIONER FOR ALTERNATIVE THERAPIES

Licensed practitioners are available for most alternative therapies. It’s important that you refer a trained and certified individual to perform pain management therapy. The chart below offers online sources to find a licensed practitioner.

THERAPY	REFERRAL SOURCE FOR LICENSE VERIFICATION
Acupuncture	Visit the National Certification Commission for Acupuncture and Oriental Medicine’s website at nccaom.org , and click on Find a Practitioner.
Chiropractic Care	Visit the Delaware Division of Professional Regulation’s online license verification service at dpr.delaware.gov .
Cognitive Behavioral Therapy	Visit the Association for Behavioral and Cognitive Therapies’ website at findcbt.org .
Massage Therapy	Visit the American Massage Therapy Association’s website at amtamassage.org , or the National Certification Board for Therapeutic Massage’s website at ncbtmb.org .
Physical Therapy	Visit the Delaware Division of Professional Regulation’s online license verification service at dpr.delaware.gov .
Yoga	Visit yogaalliance.org to find a certified yoga teacher near you.

For more information about non-opioid pain management, visit HelpsHereDE.com.

