Teaching Older Adults Self-Management Approaches to Manage Chronic Pain or Chronic Conditions

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What is Chronic Disease

Chronic disease:

• A disease that persists for a long time.
• A chronic disease is one lasting 3 months or more
• Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear.

U.S. National Center for Health Statistics
CDC’s National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

CHRONIC DISEASES IN AMERICA

6 IN 10
Adults in the US have a chronic disease

4 IN 10
Adults in the US have two or more

THE LEADING CAUSES OF DEATH AND DISABILITY
and Leading Drivers of the Nation’s $3.5 Trillion in Annual Health Care Costs
What is Chronic Disease Self Management Program

• It’s a self-management education workshop attended by people with a variety of chronic health conditions.

• It aims to build participants’ confidence in managing their health and keep them active and engaged in their lives.
The Chronic Disease Self-Management Program (CDSMP)

This interactive program aims to increase:

- Confidence.
- Physical and psychological well-being.
- Knowledge of ways to manage chronic conditions.
- Motivation to manage challenges associated with chronic diseases.
The Chronic Disease Self-Management Program (CDSMP)

• Developed by a team of researchers at Stanford University
• One of the most well-studied, evidence-based self-management programs available, backed up by over 20 years of federally-funded research.
• It is also one of the most highly-adopted self-management programs worldwide, offered by numerous organizations in at least 19 countries.
The Chronic Disease Self-Management Program (CDSMP)

Target Audience:

- CDSMP is for adults with chronic health conditions such as arthritis, diabetes, heart disease, lung disease, and other ongoing health problems.

- The program may be particularly beneficial for people who have more than one health condition, whose health problems have begun to interfere with their valued life activities, or who have had difficulty following your health recommendations.
The Chronic Disease Self-Management Program (CDSMP)

Key Activities:

• Interactive educational activities like discussions, brain storming, practice of action-planning and feedback, behavior modeling, problem-solving techniques, and decision making.

• Also includes symptom management activities like exercise, relaxation, communication, healthy eating, medication management, and managing fatigue.
The Chronic Disease Self-Management Program (CDSMP) Outcomes

• Participants demonstrated significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations.
• They also spent fewer days in the hospital, and there was also a trend toward fewer outpatients visits and hospitalizations.
• Many of these results persist for as long as three years.
The Chronic Disease Self-Management Program (CDSMP)

There is strong evidence from peer-reviewed publications and program evaluations that participation in CDSMP workshops can improve physical and psychosocial outcomes and quality of life for people with chronic health conditions.
The Chronic Disease Self-Management Program (CDSMP)

Benefits include:

• Decreased pain and health distress
• Increased energy and less fatigue
• Increased physical activity
• Decreased depression
• Better communication with physicians
• Decreased social role limitations
• Increased confidence in managing chronic disease
What is Chronic Pain?

• Defined as pain persisting over 3 months

• Often not related to initial injury or disease but is secondary to physiological changes in pain signaling and detection

• Often associated with emergence of complex set of physical and psychological changes that are an integral part of chronic pain problem
Prevalence of Chronic Pain

Approximately 20 percent of U.S. adults had chronic pain and 8 percent had high-impact chronic pain—meaning pain that limited at least one major life activity—in 2016.

www.cdc.gov/mmwr
Who has chronic pain?

- Higher prevalence of chronic pain and high-impact chronic pain were observed among women, older adults, previously but not currently employed adults, adults living in poverty, adults with public health insurance, and rural residents.
- Higher prevalence was associated with advancing age.
- For adults less than 65 years of age, the age-adjusted prevalence of chronic pain and high-impact chronic pain was higher among those with Medicaid and other public coverage or other insurance compared with adults with private insurance or those who were uninsured.
- Among adults 65 years of age and older, those with Medicare and Medicaid had a higher age-adjusted prevalence of chronic pain and high-impact chronic pain than adults with all other types of coverage.
Chronic Pain and Opioid Use Disorder

• Higher percentages of older adults experience chronic pain or chronic conditions and thus may be more likely to be prescribed an opioid medication, increasing their risk for developing an opioid use disorder (Dean 2017).

• In 2016, 19% of opioid overdose deaths in Michigan were among those age 55 and older, compared to only 6% in 2001 (KFF 2018).
Opioid Prescription Misuse Risk & Protective Factors

• Risk factors for opioid prescription misuse or abuse include:
  • Having multiple chronic conditions
  • taking multiple medications
  • difficulties with memory, hearing, and vision,
  • mental health issues, and physiological changes due to age (Dean 2017).

• Protective factors for older adult cognitive health include:
  • physical activity
  • engagement in learning or educational activities
  • social engagement (IOM 2015).
What is the Chronic Pain Self-Management Program

• Six-week workshop that helps people with chronic pain to better manage their symptoms and their daily lives.

• The workshop provides information and teaches practical skills.

• It gives people the confidence and motivation they need to manage the challenges of living with chronic pain.
Chronic Pain Self Management Program (CPSMP)

- Designed for people who have chronic pain or those who care for someone with chronic pain.

- Gives to tools to manage pain
Topics covered in CPSMP

• Techniques to deal with problems such as frustration, fatigue, isolation, and poor sleep
• Appropriate exercise for maintaining and improving strength, flexibility, and endurance
• Appropriate use of medications
• Communicating effectively with family, friends, and health professionals
• Nutrition
• Pacing activity and rest
• How to evaluate new treatments.
CPSMP Evidence Base

- Delivered to thousands of people in chronic pain
- Tested in two research studies
- Research found on average participants have
  - More vitality
  - Less pain
  - Less dependence on others
  - Improved mental health
  - More involved in everyday activities
2019 Michigan Data – CPSMP (80%) & CDSMP (20%)

- Data being collected through an MDHHS State Opioid Response Grant
- Sample Size: 91
- Gender: 75% Female, 25% Male
- Age: 66 (Mean), 55-91 (Range)
- Ethnicity: 89% White/Caucasian, 10% Black/African American, 22% Hispanic
- Family Composition: 38% lived alone, 38% two person household, 24+ lived in households of 3 or more
Study Results: 2019 Michigan Data – CPSMP & CDSPM*

• Statistically significant reductions in perceived pain from pre- to post-intervention (p < .05).
• Statistically significant improvements in frequency of asking their doctor questions about the things they want to know and don’t understand about their treatment (p< .05).

* Data results from an MDHHS Sate Opioid Response Grant
Results also showed the following statistically significant changes \((p < .05)\): 

- Increased confidence to do things other than just taking medication to reduce how much illness affects everyday life
- Increased confidence to do activities to keep: 
  - fatigue caused by their disease from interfering with the things they want to do 
  - physical discomfort or pain of their disease from interfering with the things they want to do 
  - emotional distress caused by their disease from interfering with the things they want to do 
  - any other symptoms or health problems they have from interfering with the things they want to do.
- Increased confidence to do the different tasks and activities needed to manage their health condition so as to reduce their need to see a doctor.

*Data results from an MDHHS State Opioid Response Grant*
## Practicing Elements from the PATH Toolkit

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Moving Easy Program (MEP)

• Sequence of 26 moves that combines flexibility & gentle strength-building exercises with better breathing to reduce stress/tension & calm our nervous system
• Incorporates the whole body
• Not meant to be strenuous
• Improves flexibility safely by gently loosening muscles/joints
• Increases circulation
Tips for MEP

- Focus your mind on the present
- Become aware of your posture
- Monitor your breathing

Movements:
- Pay attention to your body as it moves
- Move slowly – don’t jerk or bounce
- Relax as you move
- Keep breathing as you move
- Never force beyond what is comfortable
Precautions for MEP Practice

• Everyone has their own range of movement
• Be sure that neck, back and other exercises are OK for you.
• If there are moves you should not do, DO NOT do them
Parts of an Action Plan

• Something YOU want or decide to do
• Achievable
• Action-specific
• Answer the questions
  • What? (specific action)
  • How much? (time, distance, amount)
  • When? (time of day or which days of the week)
  • How often? (number of days in the week)
• Confidence level of 7 or more
Becoming A Certified CP-PATH or CD-PATH Leader

• Free Classes Available in 2020-21 – Grant funds pay for your registration, leader materials.
• Five day training – Funded by an MDHHS State Opioid Response Grant
• Requires a commitment to teach two sessions within 12 months of training.
• Sessions may be taught in your own facility or local community.
• For more information contact Dawn Contreras at contrer7@msu.edu or Sheilah Hebert at murphysh@msu.edu
References


• Kaiser Family Foundation. (2018). *Opioid Overdose Deaths by Age*. Kaiser Family Foundation analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics Multiple Cause of Death 1999-2016 on CDC Wonder Online Database.


Thank you for your interest in improving the health and quality of life for older adults!

Also, thank you to MDHHS for their support through a State Opioid Response Grant