

## Seven Strategies for reducing duration of Chronic Pain Cases

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Message: 3

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Subject: Re: What to DO if we can accurately predict chronicity?

What to do when you suspect you have a patient headed down the slippery slope to chronic pain is an issue with which I have struggled for years. I've been practicing occupational medicine for 15 years, but did my residency in and spent the first 11 years of my career practicing emergency medicine. So, when I switched to occ med, I didn't know what to with the patients who didn't do what they were supposed to do-- i.e. get better after I did all the things I was supposed to do. But with reading, and practice, I've figured out a few things.

So, I have 7 strategy suggestions:

- 1) Identify patients with the propensity for "chronic pain" as soon as possible
- 2) Focus concern and questions on functioning, not feeling
- 3) Reassure patients that their pain is "real" but not a symptom of something "seriously wrong"
- 4) Encourage the patient, employer and insurance carrier not to look on pain as a moral failing
- 5) Withdraw sedatives, hypnotics and narcotics
- 6) Discuss attitudes and beliefs that nurture pain and help the patient adopt new ones . These harmful attitudes and beliefs include "should beliefs" (I should be better by now, my supervisor should be more understanding, my spouse should be more helpful, etc.); perfectionist beliefs (I shouldn't be at work if I'm not 100%); "I can't stand it beliefs"; anxiety beliefs (worrying about the worst possible scenario is "good preparation" and will help them handle a possibly bad outcome); and dependency beliefs (the physician has to cure their problem).
- 7) Listen for the patient's hidden agenda and expectations. Hold patients accountable for their responsibilities in "getting well."

The thing I've learned is that the physician has to give up the role of healer (which is a seductive one), and become a rehabilitator to get good outcomes with this group of patients.

It's never easy, but I've found these strategies helpful. And ultimately, when I help get one of these "difficult" patients back to work in a reasonably quick time, it is extremely satisfying. I feel as if I've done something good for that person, for that person's employer, and for society as a whole. It feels much better than recycling social problems in the ER did.

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