

Webinar

Organized by the Chronic Pain Centre of Excellence for Canadian Veterans.

Speakers:

- Dr. Jason Busse
- Ms. Josée Pierre
- Dr. Isabelle Cornell
- Dr. Michel Gil

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RESPECT

Veteran Chronic Pain: The Canadian Situation

This webinar is the first part of a Veteran and Family Well-Being Series. How the Mind and Body Experience Pain.

To (re)-see this webinar:

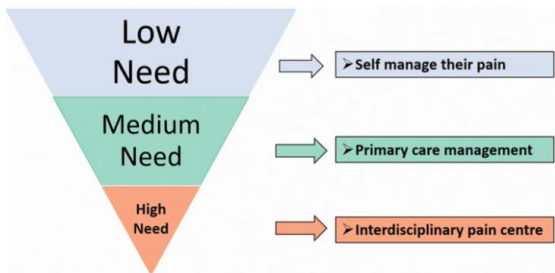
<https://www.livemeeting.ca/meeting/veteran-chronic-pain-the-canadian-situation/>

The Chronic Pain Centre of Excellence for Canadian Veterans:

The Chronic Pain Centre of Excellence provides national leadership for research co-designed with veterans and their families, and supports the implementation of this research with a national network of clinics to help veterans and their families manage their pain and reconnect with life.

Featured presentations:

- Dr. Jason Busse – “Identifying Care Need Groups for Veterans With Chronic Pain”



- Ms. Josée Pierre, Dr. Isabelle Cornell, and Dr. Michel Gil – “Chronic Pain and Mental Health”



Image source: Combat Camera

Dr. Jason Busse

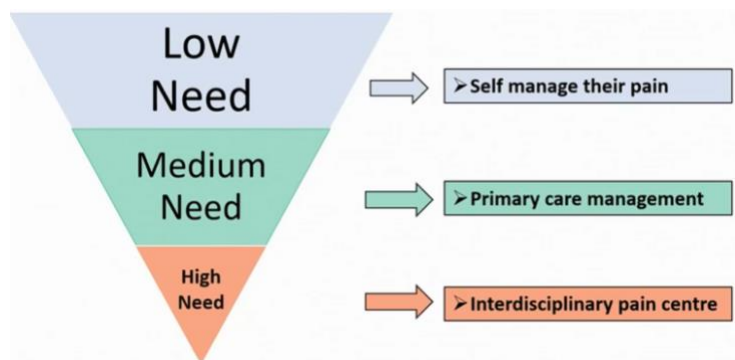
“Identifying Care Need Groups for Veterans with Chronic Pain”

This presentation tends to understand the prevalence and variability of chronic pain in Canadian Veterans.

Background:

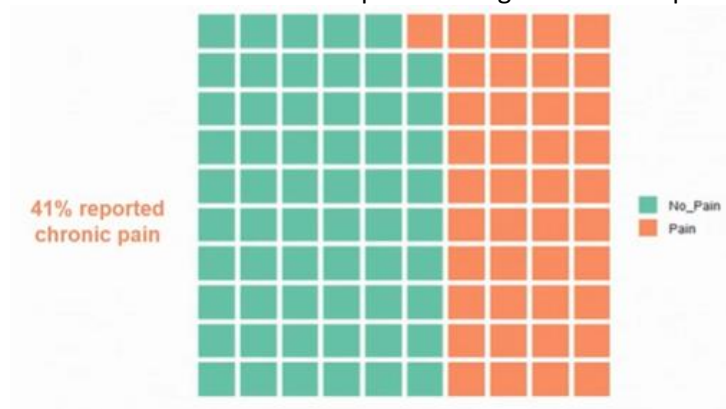
- Chronic pain is common among Canadian Veterans.
- Understanding the diversity in this population is important to support policy development, research, and development of adequate healthcare services.

Study Hypothesis:



Methods:

Using data from the 2016 Life After Service Study, they identified all Veterans who reported living with chronic pain.

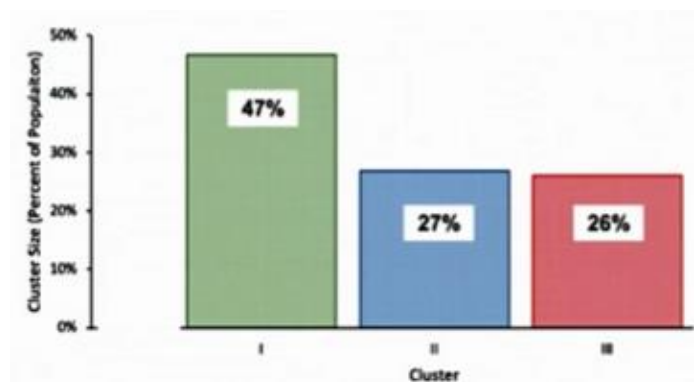


Characteristics of Veterans with Chronic Pain:

- More likely to be female (15% vs 10%)
- Lower household incomes, and were more likely to be dissatisfied with their finances (23% vs 14%)
- Less likely to be working and more likely to be on disability (17% vs 2%)
- Senior non-commissioned member rank and longer years of service
- More likely to report physical and mental health problems, extreme life stress, suicidal ideation, and difficult adjustment to civilian life.
- More likely to be Veterans Affairs Canada clients (73% vs. 27%)

Conclusion:

- Veterans released from 1998 to 2015 were twice likely to report chronic pain compared to the general Canadian population.
- The cluster analysis identified 3 groupings of Veterans living with chronic pain, which were not entirely distinct.



Cluster I (47%) reported limited physical impairment or psychological distress. Cluster II (27%) reported more severe pain and physical impairment. Cluster III (26%) reported more severe pain, physical impairment, and mental health problems.

To see the research paper:

<https://www.tandfonline.com/doi/full/10.1080/24740527.2021.1898278>

Ms. Josée Pierre, Dr. Isabelle Cornell, and Dr. Michel Gil

“Chronic Pain and Mental Health”

Chronic Pain and Veterans:

In Canada, 41% of all Canadian veterans surveyed reported being in constant physical pain, 56% reported recurring pain and 42% reported that this pain significantly reduced their daily activities. If we consider only veterans receiving services from VAC, the figures were 80.3% (constant pain), 77.3% (recurring pain) and 71.6% (interference with daily activities).

Chronic pain is very prevalent among veterans receiving Veterans Affairs services in the US (50%). 63% of active military personnel and 43% of US veterans are diagnosed with a pain-causing condition each year. 59% of 1,8000 military personnel who served in Iraq and Afghanistan reported significant pain that exceeded the “clinical threshold” of 4 on a scale of 0 to 10.

Mental Health and Veterans:

In the most recent version of a national survey of Canadian veterans: 23% reported being diagnosed with one or more mental health disorders, 5.8% reported suicidal ideation, and 1.1% reported an attempted suicide in the previous year.

From 2002 to 2018, 45% of female veterans and 33% of their male counterparts reports symptoms consistent with a major depressive disorder.

Research shows that 10% to 17% of returning military personnel are affected by PTSD. Almost all Canadian veterans diagnosed with PTSD also suffer from other mental health disorders, such as depression, generalized anxiety disorder, panic disorder, etc. Veterans with PTSD have poorer physical health than veterans without PTSD.

Chronic Pain and Mental Health:

50% of veterans reported at least one chronic physical condition and one chronic mental health condition. Several studies show a strong correlation between chronic pain and mental health disorders, the most prevalent being major depression and anxiety disorders. Depression is the most common psychiatric diagnosis for people with chronic pain.

PTSD is very prevalent among people experiencing chronic pain, particularly veterans. Patients with musculoskeletal pain are four times more likely to develop PTSD than those who do not experience physical pain.

Clinical practice and research show that mental health disorders and chronic pain are frequently concurrent and that their interaction may interfere with the course and success of treatment for one or all issues.

Treatment of Comorbid Pain and Mental Health Issues:

Patients with comorbid pain and a mental health disorder are often shuffled back and forth between mental health and pain management clinics, on the grounds that the other problem should be treated first. It is best to treat both conditions in an integrated manner to improve the patient’s quality of life and reduce disability.

There are several recognized techniques that can be incorporated and/or modified to treat individuals with comorbid issues: psychoeducation, emotional regulation techniques, cognitive restructuring, exposition, etc.

Challenges and Solutions:

We must continue to promote interdisciplinary management and work, despite the ongoing obstacles.

The complexity of the interactions between physical and psychological diagnosis leads to a complexity in developing pharmacological treatment plans for all stakeholders. Medication is useful but never sufficient on its own for treating issues. Collaboration between chronic pain and mental health professionals should be the norm to develop the most effective and least harmful pharmacological treatment plans for clients.

A huge challenge in current practices, both in mental health and pain management, is to navigate between the trivialization of medicinal cannabis AND the potential benefits of cannabinoids used, prescribed, and monitored as medications should be.