Cognitive Behavioral Therapy for the Management of Neurogenic Pain in Patients with Spinal Cord Injury

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Conflict of Interest Disclosure
Information
None

Educational Objectives

• At the conclusion of this activity participants should be able to:
  • Recall the incidence of neuropathic pain in patients with spinal cord injury.
  • Define CBT
  • Recognize the benefits of CBT for neurogenic pain in a small group setting.
Introduction
The incidence of neuropathic pain after spinal cord injury has been estimated at 65%. A common treatment for this pain is often ongoing opioid prescription medication, despite limited evidence that these medications are effective for neurogenic pain. This presentation will provide insight to the benefits and challenges encountered when using CBT in a small group setting as part of a treatment plan.

The Problem
- Patient reports of pain not adequately managed.
- Frequent requests by patients for early refills of opiates and/or increased doses.
- Angry outbursts if denied.
- Threats against employees.
- Frequent ED visits for exacerbations of pain.

The Participants
- All participants were well known to the providers were previously evaluated in our Pain Support Clinic. They were chosen due to frequent requests for early refills of opiates and behavioral problems.
- All had trials of multimodal pain therapy without improvement.
- All were determined to be suffering from chronic neurogenic pain.
- All suffered from spinal cord injuries (different degrees and levels).
- Participation in the group was voluntary.
What is CBT?

- Cognitive Behavioral Therapy
- psychotherapy that combines cognitive therapy with behavior therapy by identifying faulty or maladaptive patterns of thinking, emotional response, or behavior and substituting them with desirable patterns of thinking, emotional response, or behavior.

Merriam-Webster, 2018

Session Structure

- Sessions held bi-monthly.
- Focus on relaxation techniques, meditation, distraction.
- Education on alternative methods of pain management, massage, exercise, stretching etc...
- Participants encouraged to begin journaling and share experiences with other group members.
- Guest speakers, peer mentors and educators in attendance.

Methods

- Participants completed the Brief Pain Inventory (BPI Short Form) and the Patient’s Global Impression of Change (PGIC) Scale at the start of each session.
Methods cont.

- Refills of pain medications given after each session, (attendance not a requirement for refills).
- Patients encouraged to contact Pain Resource Nurse as needed to discuss any requests for early refills of pain medications.

Outcomes

- Early Refills
  - Continued to occur however, handled in more appropriate manner.
- Behavior
  - Dramatic decline in outbursts.
- PGIC Scale (Quality of Life)
  - Patient responses ranged from Somewhat better to Better at 4 months post initiation.
- Pain
  - Brief Pain Inventory assessment tool.
  - Improvement in "pain at it's worst in the last 24 hours" from an average of 9.75 at initiation to 7.2 at 4 months post.
- ED Visits
  - Occurred occasionally.

Challenges

- Consistent attendance.
- Difficulties maintaining session structure.
- "Social Club" atmosphere developed over time.
Conclusion

- CBT is a beneficial tool for management of chronic pain in a small group of patients with Spinal Cord Injuries. It may not be as effective with larger groups.

References