

**Pain research using Veterans Health Administration electronic and administrative data sources**

Erica A. Abel, PhD, et al.

Pain researchers may use electronic health records and other Veterans Health Administration (VHA) data sources to examine the prevalence, treatment, effect, and outcomes of pain and pain management in Veterans. This article presents the results of a survey of pain researchers. We asked about their experiences with, opinions about, confidence in, and perceived barriers to using VHA data sources. Most of those surveyed reported using VHA data sources. Less than half thought the sources were adequate for pain research. Despite some challenges, pain researchers are using VHA data sources to improve healthcare services for Veterans with pain.

<http://dx.doi.org/10.1682/JRRD.2014.10.0246>

**Association between pain outcomes and race and opioid treatment: Retrospective cohort study of Veterans**

Diana J. Burgess, PhD, et al.

Previously, we found rates of opioid prescriptions to be lower among black versus white Department of Veterans Affairs primary care patients with a diagnosis of chronic noncancer pain. In this study, we found that these racial differences in opioid prescription were not associated with poorer pain outcomes for black patients; receipt of an opioid prescription was generally not associated with perceptions of treatment effectiveness and was associated with greater pain interference for both white and black Veterans. Findings raise questions about the benefits of opioids for chronic pain, in light of the risks, and point to the need for alternative treatment approaches.

<http://dx.doi.org/10.1682/JRRD.2014.10.0252>

**Correlates of prescription opioid therapy in Veterans with chronic pain and history of substance use disorder**

Travis I. Lovejoy, PhD, MPH, et al.

This study characterized opioid prescription in a sample of Veterans Health Administration patients with chronic pain and lifetime substance use disorder histories. Participants prescribed long-term opioid therapy had a greater number of pain diagnoses and endorsed poorer pain-related function than those not prescribed opioid therapy or those prescribed short-term opioid therapy. Findings highlight the poor pain-related functioning in patients with history of substance use disorder who are prescribed long-term opioid therapy.

<http://dx.doi.org/10.1682/JRRD.2014.10.0230>

**Does comorbid chronic pain affect posttraumatic stress disorder diagnosis and treatment? Outcomes of posttraumatic stress disorder screening in Department of Veterans Affairs primary care**

Samantha D. Outcalt, PhD, et al.

Department of Veterans Affairs primary care clinics routinely perform screening tests for posttraumatic stress disorder (PTSD). It is important to understand what happens after a Veteran screens positive for PTSD in primary care. This study examined how comorbid chronic pain could affect this process. We examined 4,244 primary care patients with a positive PTSD screen and compared outcomes based on whether they also had a pain diagnosis. We found that patients with coexisting pain had a slightly lower rate of mental health visits than those without pain. There were no differences in rates of PTSD diagnosis or new antidepressant medication prescription.

<http://dx.doi.org/10.1682/JRRD.2014.10.0237>

### **Fibromyalgia syndrome care of Iraq- and Afghanistan-deployed Veterans in Veterans Health Administration**

April F. Mohanty, MPH, PhD, et al.

Among Iraq- and Afghanistan-deployed Veterans, 1 percent were diagnosed with fibromyalgia syndrome. Most had combined care (defined as regular primary care combined with mental health and/or rheumatology specialty care visits), which can be important for expert management of fibromyalgia syndrome and common comorbidities. Combined care is a recommended practice, but in our sample, it was associated with greater likelihood of prescription of opioid medications, which is not a recommended treatment for fibromyalgia syndrome. Combined care was also associated with greater likelihood of prescription of nonopioid pain medications. These results indicate possible benefits of combined care but also reflect the probable greater complexity of Veterans receiving combined care.

<http://dx.doi.org/10.1682/JRRD.2014.10.0265>

### **Iraq and Afghanistan Veterans report symptoms consistent with chronic multisymptom illness one year after deployment**

Lisa M. McAndrew, PhD, et al.

We used data from a prospective longitudinal study of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) Veterans to determine the frequency of symptoms consistent with chronic multisymptom illness (CMI). CMI is characterized by multiple chronic symptoms. We found that 1 yr post-deployment, 49.5 percent of OIF/OEF Veterans met criteria for mild to moderate CMI and 10.8 percent met criteria for severe CMI. Veterans with symptoms consistent with CMI reported significantly worse physical health function than Veterans who did not report symptoms consistent with CMI. This study suggests that the presence of CMI should be considered in the evaluation of OIF/OEF Veterans.

<http://dx.doi.org/10.1682/JRRD.2014.10.0255>

### **Prevalence and correlates of painful conditions and multimorbidity in national sample of overweight/obese Veterans**

Diana M. Higgins, PhD, et al.

Chronic pain and overweight/obesity occur at particularly high rates among Veterans in Veterans Health Administration care. To better understand the overlap of these conditions and the effect of additional medical and mental health conditions on these co-occurring conditions, we examined rates of back pain and arthritis among a national sample of Veterans with overweight/obesity. A majority of these Veterans (72%) reported back and/or arthritis pain. Women Veterans were more likely to report arthritis and combined back pain and arthritis. Veterans who reported pain were more likely to report additional health conditions, which may make treating co-occurring overweight/obesity and chronic pain more challenging.

<http://dx.doi.org/10.1682/JRRD.2014.10.0251>

### **Sex differences between Veterans participating in interdisciplinary chronic pain rehabilitation**

Jennifer L. Murphy, PhD, et al.

The purpose of this research study was to see whether differences existed between male and female Veterans who took part in a residential treatment program for chronic pain. We looked at differences in how they changed during and after the program. The results indicate that some differences existed in the men and women who participated in the treatment and in how they benefitted. Since the number of women using the Department of Veterans Affairs for their healthcare is rising, this research helps to understand who may choose to participate in programs for chronic pain and how to adjust their pain treatment.

<http://dx.doi.org/10.1682/JRRD.2014.10.0250>

**Potential neurobiological benefits of exercise in chronic pain and posttraumatic stress disorder: Pilot study**

Erica Scioli-Salter, PhD, et al.

Individuals with both chronic pain and posttraumatic stress disorder (PTSD) may experience greater pain, distress, and disability than if they have either condition alone. Research indicates that individuals with pain and/or PTSD may have abnormally low levels of the antistress, antinociceptive hormones neuropeptide Y (NPY) and allopregnanolone and pregnanolone (together termed ALLO) and that exercise may help to increase these levels. This study investigated how cortisol, dehydroepiandrosterone, NPY, and ALLO respond to a maximum load exercise stress test in relation to pain sensitivity in a group of trauma-exposed men and women with and without PTSD and chronic pain. Both NPY and ALLO levels correlated with cardiorespiratory fitness, as well as with pain threshold and tolerance, respectively. The findings suggest that improving fitness through exercise training may reduce pain sensitivity in this population.

<http://dx.doi.org/10.1682/JRRD.2014.10.0267>

**Opioid use and walking among patients with chronic low back pain**

Sarah L. Krein, PhD, RN, et al.

Managing chronic back pain, a common problem among Veterans, is a significant challenge. Opioid medications are frequently used to manage pain, but this is of concern because of documented problems with their safety and effectiveness. However, whether patients who receive opioids might engage in other recommended forms of therapy, such as physical activity, is unknown. Our study findings suggest that with additional support, patients taking opioids may engage in walking to help manage their back pain, emphasizing the importance of encouraging the use of alternative pain management strategies for these patients.

<http://dx.doi.org/10.1682/JRRD.2014.08.0190>

**Perceptions of other integrative health therapies by Veterans with pain who are receiving massage**

Carol Elizabeth Fletcher, PhD, RN, et al.

Veterans are seeking complementary and integrative health (CIH) therapies in addition to conventional care for issues such as chronic pain and posttraumatic stress disorder. In response, the Department of Veterans Affairs (VA) has begun offering therapies such as massage and yoga, but as with any new program there are challenges. Veterans benefit when other Veterans describe their experiences to clarify the successes and problems that Veterans have when obtaining, or trying to obtain, CIH therapies through the VA. Understanding Veterans' experiences is essential if the VA wishes to successfully provide CIH therapies to Veterans.

<http://dx.doi.org/10.1682/JRRD.2015.01.0015>

**Initial development of a patient-reported instrument assessing harm, efficacy, and misuse of long-term opioid therapy**

William C. Becker, MD, et al.

We identified a need for a comprehensive, feasible, and clinically actionable instrument to monitor long-term opioid therapy in primary care, where most opioids are prescribed. The present study describes the initial development steps of a preliminary version of such an instrument, the Patient Reported Indications for Opioid Reassessment (PRIOR). Forty-seven subject matter experts in the clinical field of long-term opioid therapy highly rated 37 items related to harm, efficacy, and misuse. These items were modified and tested for Veteran comprehension in this study developing the preliminary PRIOR.

<http://dx.doi.org/10.1682/JRRD.2014.11.0285>

**Stepped care model for pain management and quality of pain care in long-term opioid therapy**

Brent A. Moore, PhD, et al.

The Pain Care Quality (PCQ) extraction tool was used to examine the effect of interventions to improve primary care provider's quality of pain care. The study examined electronic health records of patients receiving opioid medication in one Veterans Health Administration (VHA) healthcare system over 4 years and a non-VHA Federally qualified health center over 2 years. Documentation of reassessment of pain and pain education improved in the VHA. Results suggest that the PCQ extraction tool is feasible and may be responsive to change in the context of efforts to promote organizational improvements in pain care of Veterans.

<http://dx.doi.org/10.1682/JRRD.2014.10.0254>

**Implementation of telementoring for pain management in Veterans Health Administration: Spatial analysis**

Evan P. Carey, MS, et al.

In 2011, the Veterans Health Administration (VHA) started a telementoring program called the Specialty Care Access Network-Extension for Community Healthcare Outcomes (SCAN-ECHO) for pain management in seven healthcare networks. This analysis examines the implementation of Pain SCAN-ECHO by mapping the location of Veterans with chronic pain, VHA healthcare resources, and the reach of the program in a sample network. For all seven networks, we investigated the relationship between distance to nearest in-person specialty pain care and access to a primary care provider participating in Pain SCAN-ECHO.

<http://dx.doi.org/10.1682/JRRD.2014.10.0247>