Modern Innovations to Treat Pain - Interventional Treatments Provide Patients Options During War Against Opioids

In the coming days, the U.S. Senate and House of Representatives will look to reach a consensus on solutions to the nation’s menacing opioid abuse crisis, while seeking to assure patients have access to appropriate non-opioid treatments to address their pain. As policymakers and communities across the nation struggle to find this balance, we urge Congress to ensure patients have access to the wide variety of interventional pain treatments. Such interventions might entail effectively blocking nerves from sending pain signals to the brain or destroying the nerve that is causing the chronic pain. These treatments, in the hands of physicians with special training in pain medicine can offer patients safe, effective, non-opioid alternatives for pain relief with improved quality of life.

For those suffering from chronic pain, pain that lasts three months or longer, finding a treatment that works can be a long and frustrating road. According to a national survey, more than 25 million Americans live with daily chronic pain, and this number is likely an underestimate. Additionally, more than 2 million Americans have opioid use disorder (OUD—a problematic use of opioids resulting in tolerance, dependence or addiction) and millions more misuse opioids, taking opioid medications longer or in higher doses than prescribed. For this reason, patients have grown increasingly cautious about the decision to take opioids and physicians are providing alternatives to help their patients. Fortunately, patients do not have to wait for the holy grail or a magic bullet to address their pain. Many can find hope by seeking out a pain medicine specialist and asking about interventional pain treatments.

Pain medicine physicians treat patients with severe persistent pain and often use interventional measures, advanced imaging and focused procedures to diagnose and treat chronic pain. Examples of these procedures include injections, also known as nerve blocks, which provide pain relief. Common injections include epidural steroid injections, such as interlaminar injections or facet joint injections, both of which involve the spine and can help relieve back pain. Other procedures include radiofrequency ablation, where heat is used to “turn off” pain, or neuromodulation, where electrical or pharmaceutical agents are delivered to a target area. Examples of neuromodulation include implantation of a stimulator to send electrical pulses directly to the area causing pain, such as the spinal cord, nerves or brain, as well as implantation of a pain pump to deliver medication to the source of pain.

These procedures are far from routine and often require complicated, medical equipment such as fluoroscopic, computed tomography, or ultrasound guidance to facilitate the precise and proper placement of medication through an injection. Yet, for many patients they provide much-needed relief.

It is critical that both government and commercial insurance plans makes these treatments available to patients. Too many of us have experienced circumstances in which a patient that was the perfect candidate for an interventional therapy received a denial from their insurance company; this is an all too common occurrence. Pain physicians want to treat patients with the
appropriate intervention that’s going to relieve their pain and avoid opioids where they aren’t necessary. Unfortunately, some insurance policies require a patient to try opioids first, before seeking other treatment options. It doesn’t make sense when there is an opioid crisis and we should be doing everything we can to prevent OUD.

Due to the complexities in diagnosing and treating chronic pain, and the inherent risks associated with interventional treatments, it is imperative that these difficult procedures only be performed by pain medicine specialists. Although the procedures can be quite invasive, it is not the procedure itself that requires the ongoing application of direct and immediate medical judgment, but the purpose and manner in which such procedures are used.

Because the treatment of pain is so complex, pain medicine has been recognized as an important multi-disciplinary subspecialty by the American Board of Medical Specialties. Numerous primary specialty boards collaborate on certifying physicians who choose to complete an additional one-year multidisciplinary pain fellowship after successful completion of four years of medical school and four years of residency. In all cases, a physician who specializes in Pain Medicine diagnoses and treats patients experiencing problems with acute, chronic and/or cancer pain in both hospital and outpatient settings and coordinates patient care needs with other specialists.

As Congress and our communities continue to work toward solutions to the opioid crisis, we urge policymakers to balance the opioid abuse epidemic with the need for patients to have access to solutions to their pain. Interventional procedures provided by highly-trained, pain medicine physicians with the expertise and knowledge in these evidence-based techniques can help patients on their journey to find relief from their suffering.

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