NCCIH’s Pain Research

Dr. Josephine P. Briggs
Director, National Center for Complementary and Alternative Medicine
National Institutes of Health
May 31, 2017
NCCIH Budget

Pain 40%
Beyond Drugs: How alternative treatments can ease pain.

March 7, 2011
SPECIAL REPORT

PAIN
New Ways to Find Relief without Opioids

WHY POWER CORRUPTS
BREAKTHROUGHS FOR MIGRAINE
THE SCIENCE OF SELF-COMPASSION

RETHINKING RELIEF

Doctors are breaking away from opioids to treat chronic pain with nondrug remedies and psychological interventions instead

By Stephani Sutherland

ILLUSTRATION BY GYCO
Tai Chi for Fibromyalgia

A Randomized Trial of Tai Chi for Fibromyalgia
Chenchen Wang, M.D., M.P.H., Christopher H. Schmid, Ph.D., Ramel Rones, B.S.,
Robert Kalish, M.D., Janeth Yinh, M.D., Don L. Goldenberg, M.D.,
Yoojin Lee, M.S., and Timothy McAlindon, M.D., M.P.H.

Prescribing Tai Chi for Fibromyalgia — Are We There Yet?
Gloria Y. Yeh, M.D., M.P.H., Ted J. Kaptchuk, and Robert H. Shmerling, M.D.

Fibromyalgia is a common and poorly understood pain disorder that afflicts an estimated 200 million or more people worldwide. The lack of objective abnormalities detected on physical examination and standard blood and imaging tests has hindered the development of evidence-based treatments. It is no wonder, then, that many people with fibromyalgia seek out less conventional and less evidence-based treatments, such as tai chi, yoga, massage, or acupuncture. The limited success of these therapies highlights the need for controlled trials of their efficacy and safety.

A Downside to Tai Chi? None That I See
By JANE E. BRODY

The graceful, dance-like progression of meditative poses called tai chi originated in ancient China as a martial art, but the exercise is best known in modern times as a route to reduced stress and enhanced health. After reviewing existing scientific evidence for its potential health benefits, I’ve concluded that the proper question to ask yourself may not be why you should practice tai chi, but why not.

It is a low-impact activity suitable for people of all ages and most states of health, even those who “hate” exercise or have long been sedentary. It is a gentle, calming exercise — some call it meditation in motion — that involves deep breathing but no sweat or breathlessness.

It places minimal stress on joints and muscles and thus is far less likely than other forms of exercise to cause muscle soreness or injury. It requires no special equipment or clothing and can be practiced almost anywhere at any time, alone or with others.
Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians

Amir Qaseem, MD, PhD, MHA; Timothy J. Wilt, MD, MPH; Robert M. McLean, MD; Mary Ann Forciea, MD; for the Clinical Guidelines Committee of the American College of Physicians (*)
Recommendation 2: For patients with chronic low back pain, clinicians and patients should initially select nonpharmacologic treatment with exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction (moderate-quality evidence), tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation (low-quality evidence). (Grade: strong recommendation)
NCCIH’s DIR Pain Program

Division of Intramural Research

- Pain and Integrative Neuroscience Branch
- Section on Affective Neuroscience and Pain
- Section on Behavioral Neurocircuitry and Cellular Plasticity
- Section on Sensory Cells and Circuits
- Clinical Investigations Branch
Dr. Amishi Jha reviews brainwave testing protocol with Col. Piatt.
Pain Management in Military and Veteran Populations

Toblin et al, 2011
NIH-DoD-VA Pain Management Collaboratory

• Goal: Develop the capacity to implement cost-effective large-scale clinical research in military and veteran health care delivery organizations focusing on non-pharmacological approaches to pain management and other comorbid conditions.
NIH-DoD-VA Pain Management Collaboratory

- **NIH**: NCCIH, NINDS, NIDA, NIAAA, NICHD (NCMRR), ORWH, NINR
- **DoD**: Clinical Rehabilitation Medicine Research Program (CRMRP), Military Operational Medicine Research Program (MOMRP)
- **VA**: Health Services Research and Development (HSRD)
This Initiative Builds Upon Two Sets of Efforts

• Collaborations between the NIH, DoD and VA over many years
  – Initiatives on substance abuse, mental health problems, and non-pharmacological approaches to pain management

• NIH Collaboratory
  – Mission: The mission of the NIH Collaboratory is to strengthen the national capacity to implement cost-effective large-scale research studies that engage healthcare delivery organizations as research partners
NIH-DoD-VA Pain Management Collaboratory

Goals

• Establish a Coordinating Center to provide leadership and technical expertise supporting the design and execution of high impact demonstration projects on non-pharmacological approaches for pain management and other comorbid conditions;

• Support the design and execution of a set of high-impact pragmatic clinical trials with patients in health care delivery systems that provide care to military personnel, veterans and their families;

• Make data, tools, best practices, and resources from these and other projects available
Types of Non-Pharmacological Approaches

- Mindfulness/meditative (e.g., mindfulness based stress reduction, meditation), and movement (e.g. structured exercise, tai chi, yoga) interventions;
- Manual (e.g. spinal manipulation, massage, acupuncture) therapies;
- Neuromodulation (e.g., electrical stimulation); and
- Psychological and behavioral interventions (e.g., cognitive behavioral therapy); or an
- Integrative approach that involves more than one intervention. Of special interest are integrated models of multi-modal care that are delivered in different settings (e.g. pain care that could include collaborative care, care management, care delivered through tele-care, peer-coaches, or informal caregivers etc.)
# Part 1. Overview Information

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<th>Participating Organization(s)</th>
<th>National Institutes of Health (NIH)</th>
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<tr>
<td>Components of Participating Organizations</td>
<td>National Center for Complementary and Integrative Health (NCCIH)</td>
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<tr>
<td>Funding Opportunity Title</td>
<td>Behavioral Interventions for Prevention of Opioid Use Disorder or Adjunct to Medication Assisted Treatment-SAMHSA Opioid STR Grants (R21/R33)</td>
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<td>Activity Code</td>
<td>R21/R33 Phased Innovation Award</td>
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**Key Dates**

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<th>Posted Date</th>
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<tr>
<td>Open Date (Earliest Submission Date)</td>
<td>July 4, 2017</td>
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Models of Integrated Pain Care
Robert Kerns, PhD
Psychiatry, Neurology, & Psychology
Yale University