

Multidisciplinary Strategies for the Management of Pain

Walter Koroshetz (NINDS)
Chair NIH Pain Consortium
Executive Committee
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The NIH Pain Consortium



Membership

National Cancer Institute

National Eye Institute

National Institute on Aging

National Institute on Alcohol Abuse and Alcoholism

National Institute of Arthritis and Musculoskeletal and Skin Diseases

National Institute of Biomedical Imaging and Bioengineering

National Institute of Child Health and Human Development

National Institute on Deafness and Other Communication

Disorders

National Institute of Dental and Craniofacial Research

National Institute of Diabetes and Digestive and Kidney

Disorders

National Institute on Drug Abuse

National Institute of General Medical Sciences

National Institute of Mental Health

National Institute of Minority Health and Disparities

National Institute of Neurological Disorders and Stroke

National Institute of Nursing Research

National Heart Lung and Blood Institute

National Center for Advancing Translational Science

National Center for Complementary & Integrative Health

John E. Fogarty International Center

Warren Grant Magnuson Clinical Center

Office of Science Policy and Analysis

Office of Behavioral and Social Sciences Research

Office of Technology Transfer

Office of Research on Women's Health

Office of Rare Diseases

The NIH Pain Consortium



Mission http://painconsortium.nih.gov

 To enhance pain research and promote collaboration among researchers across the NIH Institutes and Centers that have programs and activities addressing pain

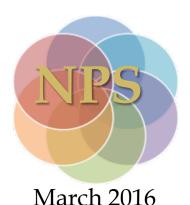
Leadership

- Dr. Walter Koroshetz, Acting Director NINDS, NIH Pain Consortium Chair
- Dr. Josephine Briggs, Director NCCIH
- Dr. Patricia A. Grady, Director NINR/
- Dr. Martha Somerman, Director NIDCR
- Dr. Nora Volkow, Director NIDA

Staff: Office of Pain Policy

- Dr. Linda Porter, Director, Office of Pain Policy
- Dr. Cheryse Sankar, Dr. Leah Pogorzala and Dr. Khara Ramos, Pain Policy Analysts

Multidisciplinary Pain Care







March 2016

Multidisciplinary Care to Improve Patient Outcome & Reduce Reliance on Opioids



"The potent medications science has developed have great potential for relieving suffering, as well as great potential for abuse. Any policy in this area must strike a balance between our desire to minimize abuse of prescription drugs and the need to ensure access for legitimate use".

A Public Health Crisis

100 million American adults report pa

40 million have severe pain

25 million report daily pain

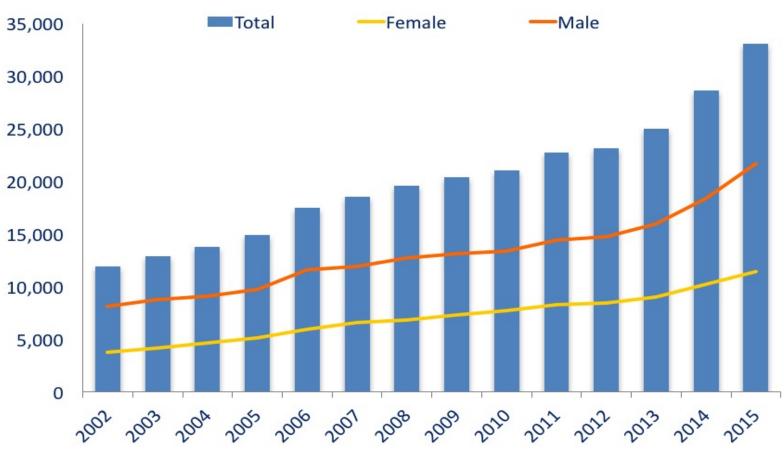


8 million have pain that interferes with lifestyle

A Public Health Epidemic



Number of Deaths from Opioid Drugs



Source: National Center for Health Statistics, CDC Wonder

Balancing Pain Care and Treatment Risks HHS Opioid Strategy: Five Pillars



Cutting Edge Science Meetings to Address the Opioid Crisis

Develop Treatments for Opioid Use Disorder & Overdose Prevention

June 5, 2017



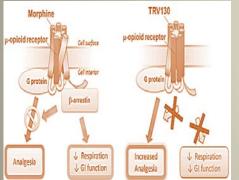


Neurobiology of Pain

Facilitate Development of Mechanistically-based

Treatments

July 7, 2017



2016 Science Advances

Pain Mechanisms

The indirect pathway of the nucleus accumbens shell amplifies neuropathic pain. Ren W, et al. Nat Neurosci. 2016 Feb.

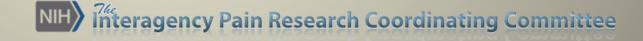
Injured sensory neuron-derived CSF1 induces microglial proliferation and DAP12-dependent pain. Guan Z et al. Nat Neurosci. Jan

Selective spider toxins reveal a role for the Nav1.1 channel in mechanical pain. Osteen JD et al. Nature. 2016 June

Risk Factors & Causes

Early life stress elicits visceral hyperalgesia and functional reorganization of pain circuits in adult rats. Holschneider DP, et al. Neurobiol Stress. 2016

Identification of clusters of individuals relevant to temporomandibular disorders and other chronic pain conditions: the OPPERA study. Eric Bair, et al. Pain. 2016 June



2016 Science Advances

Tools & Instruments

Coupled Activation of Primary Sensory Neurons Contributes to Chronic Pain. Kim YS, et al. Neuron. 2016

Basic to Clinical

Structure-based discovery of opioid analgesics with reduced side effects. Manglik A, et al. Nature. 2016 Sep.

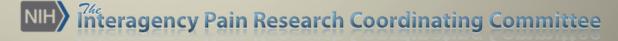
Surveillance and Human Trials

Two-Year Follow-up of a Randomized Clinical Trial of Mindfulness-Based Stress Reduction vs Cognitive Behavioral Therapy or Usual Care for Chronic Low Back Pain Cherkin DC, et al. JAMA. 2017 Feb

Disparities

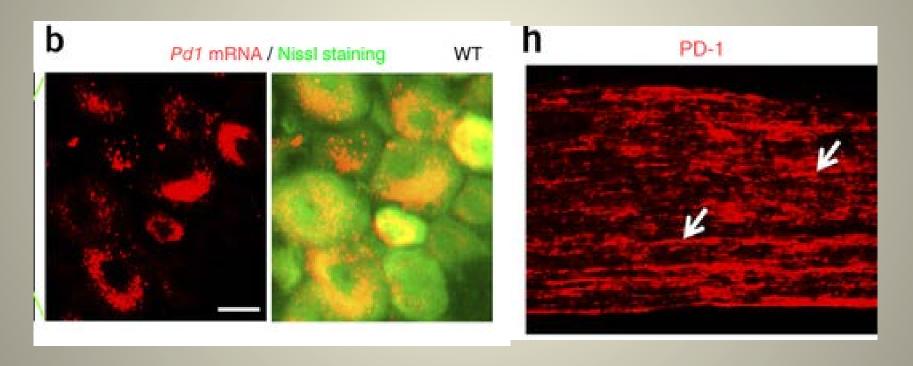
Sociodemographic disparities in chronic pain, based on 12-year longitudinal data. Hanna Grol-Prokopczyk. Pain. 2017 Feb.

Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. Kelly M. Hoffman, et al. Proc Natl Acad Sci U S A. 2016 Apr





PD-L1 inhibits acute and chronic pain by suppressing nociceptive neuron activity via PD-1

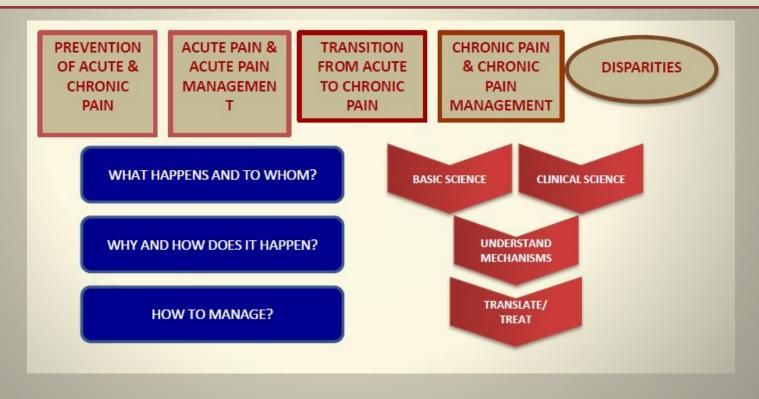


NATURE NEUROSCIENCE, MAY 22, 2017 Chen et al., Laboratory of Ru-Rong Ji



Federal Pain Research Strategy

The CONTINUUM of PAIN: characterization of pain as a temporal process, beginning with an acute stage, which may progress to a chronic state of variable duration. Chronic pain may start early after injury or surgery, because of an individual's susceptibility, through mechanisms activated in the acute setting.



Federal Pain Research Strategy

Public Comment Period on the Federal Pain Research Priorities

FPRS_PublicComments@mail.nih.gov

Public Discussion June 1, 2017
NIH Campus
Natcher Auditorium
12:45 pm – 3:30 pm



For more information see: https://iprcc.nih.gov/FPRS/FPRS.htm