



Pain and Depression

Overview: The opioid epidemic has led to increased scrutiny in the management of pain in the United States. New regulations have likely saved lives, but also risk alienating individuals who suffer from chronic pain and have seen their prescriptions curtailed. Using a patient narrative, participants will discuss the merits of using opioids for chronic pain as well as alternative therapies.

Tags: pain, pain clinics, health care professionals, suffering

Theme: Making Sense

Time: 60 minutes

Materials: participant handouts

Participants: 3-25

Room Configuration: Flexible

Activity

Introduction: Initial Questions (15-20 Minutes)

1. Introduce the participants to the subject of “making sense”. Ask the audience if they have any initial thoughts, questions, or concerns about the session. Use this as a time to help provide clarity for the audience about the session.

Engagement: Role Play (20 Minutes)

1. Ask participants to partner with someone next to them. One partner will be asking the questions from the excerpt and the other will be providing the responses. It is important that the participants only see what they will be responding to and not what the other participant will say. The key aspect of this activity is that the questioner will not know what the responses will be and the respondent will not know what questions are being asked.
2. Allow the groups 5-10 minutes to work through the conversation.
3. After groups have concluded their conversations, proceed to facilitate a discussion using the following questions:
 - a. What were some themes that you noticed from the conversation? What did this conversation make you think about?
 - b. Did any of your partner’s questions or responses surprise you? If so, what were they?

- c. For those asking the questions, what were you looking for in a response? Did you have any idea or guess of what the responses would be?
- d. For those responding to the questions, could you anticipate the question? If so, what parts of the response led you to those conclusions?

Conclusion: Wrap-Up and Next Steps (15 Minutes)

1. Announce that 15-minutes remain for the session.
2. Summarize the main points of the discussion. What were some of the key takeaways? Were there any differences in opinions? Any controversies? Were any major points about establishing place not addressed in the conversation?
3. Wrap up the session by speaking about the manuscript, additional resources, etc. Exchange contact information and continue further conversations if needed.

Reading: Excerpt from Interview with Marty Helms

Q: Drawing on your experience, do doctors have an obligation to reduce patients' pain?

A: I think they need to treat you if you're having an issue. I don't know how they would be able to tell how much pain you're actually in. I have so much scar tissue and stuff, and so much stenosis that there's no way of knowing what's going on with me. They would have to just prescribe me something, but I don't think that's a real cure. I think you should take people off for a little while or at least reduce their dosages for a while, like me right now, just to see if they can manage on their own.

Q: I wonder if there would've been a difference if your doctor had refused to prescribe you, let's say, ten years ago, as opposed to 2017. What would you have done if your doctor cut you off some years ago?

A: Started taking nerve pills probably, like Neurontin or something. For a while, I took this drug called Topamax. It's an anti-seizure medicine, but it's supposed to reduce your pain, which it did. It did reduce my pain. I didn't have that pain in my legs that I always had, and that always woke me up.

When I sleep at night, or I used to, if I laid on my right side, just a pain would start up. It would make me move. It would wake me up. It was working great. It made me lose weight because I was never hungry. It was awesome, but my husband said it made me the worst tempered person on earth. He was like, "If you ever take that again, I'm leaving you." I was so mean. I didn't even notice and everybody around me said, "Yeah, you're horribly mean." It made me paranoid.

Q: Your need for opioids seems to have been intensified by depression. Would you say that depression and pain need to be problematized together?

A: Well, of course if you're in pain all the time, it's going to wear on you. When I first had all this, up until 2009, so, ten years after I started getting back surgery is when I started taking antidepressants. So, no.

These Community Conversations are funded by the Ohio Humanities Council. For further information, as well as information on rules for use, please see OpiodsOhio.org.