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1E.3. Risk for Overeating to Cope with Pain among Obese Adults with Chronic Pain

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INTRODUCTION

Obesity and chronic pain are related (Zdziarski, Wasser, & Vincent, 2015). Pain intensity and pain-related disability increase as body mass index (BMI) increases (Fowler-Brown et al., 2013; Messier et al., 2013). The relationship between obesity and pain is unclear; a potential contributor may be overeating to soothe discomfort (Janke & Kozak, 2012). Co-occurring pain and obesity is complex; research is needed for clinicians to address both simultaneously.

METHOD

Adults with a self-reported pain condition were recruited from physicians' offices to complete surveys. An author-created item asked whether participants eat less, eat more to feel better, or do not change eating habits when in pain. Participants provided height and weight from which BMI was calculated. Chi-square analyses were conducted to compute relative risk ratios.

RESULTS/IMPLICATIONS

In total, 233 participant data were analyzed. Adults classified as obese were three times more likely to report increased eating as compared to adults with normal weight (RR = 3.75, 95% CI = 0.98, 11.00, p 0.05). When comparing adults with obesity versus overweight, obese adults had a 19% greater risk of reporting overeating when in pain (RR=1.19, 95%CI= 0.55, 2.55, p <0.05). Despite large confidence intervals, this study supports that adults with chronic pain and obesity may overeat in response to pain which could contribute to obese status and further exacerbate pain symptoms. Clinicians should inform clients of this risk and recommend dietary self-management techniques when indicated.

1F A Taste of MI: Motivational Interviewing and Brief Action Planning for Pain Management Nurses

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Patients with chronic pain often engage in unhealthy behaviors that contribute to poor health outcomes. Chronic pain and associated symptoms can be improved by active patient involvement. Nurses have the opportunity to raise patient awareness of health risks through motivational interviewing and brief treatment plans. This session will introduce motivational interviewing and brief action planning and allow a brief opportunity to practice skills necessary for delivery in the context of comprehensive pain management.

OBJECTIVES

Describe the foundational components of Motivational Interviewing. Discuss the components of Brief Action Planning. Apply Motivational Interviewing Skills in a Pain Management Framework.

2A Overdose Education and Naloxone Distribution Part 2: Data from Attendees of a Pain Rehabilitation Program

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This presentation is intended to be the second part of two presentations on the development of an Overdose Education and Naloxone Distribution (OEND) training program within an interdisciplinary pain rehabilitation program. This presentation will focus on quality data that was used to evaluate the development of the OEND program for friends/family members. The Mayo Clinic Pain Rehabilitation Center (PRC) is based on a Cognitive-behavioral approach to improve functioning and quality of life and to decrease dependence on healthcare services. Patients are tapered off of all pain related medications and practice a wide variety of pain coping strategies. There are known risks of patients returning to medication use during times of pain flares, even though multiple steps are put in

place (destroying pain medications, establishing relapse prevention plans, contacting previous prescribers). In recognition of the opioid epidemic in the USA, the OEND training provided in Family Group helps individuals increase the likelihood that they will administer naloxone to save another person's life in the event they encounter anyone who has overdosed on opioids. Pilot data revealed that of 69% of family/friends completed OEND training with 2.5% reporting a level of concern that their patient was likely/very likely to overdose (p = .000); 8% expressed mild worry about overdose and 3.5% expressed that they were worried/extremely worried about overdose (p = .000) Confidence levels of "knowing what to do in case of opioid overdose" and in their "ability to administer naloxone" were measured, demonstrating p = .000 level change pre to post training for both items. After training Naloxone kits are given out via prescription. Next steps are to proceed to a full, IRB study of the impact of training on PRC patients and those who participate in the training.

2B Making "Scents" of Aromatherapy and Use of Essential Oils: Journey to Implementation

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AIM

Patients and families are requesting aromatherapy and use of essential oils as non-pharmacologic options for comfort management. Not currently regulated by the FDA, it is imperative for institutions to establish policies and procedures to ensure safe use.

METHODS

Two Children's hospitals implemented aromatherapy/essential oils programs and will share their journey. Hospital policy development is necessary to ensure the best clinical evidence is placed into practice. Staff need to have specialized training on the basic knowledge of essential oils and their approved indications for each of the specific oils as well as contraindications for specific patient populations. This presentation will share important information that healthcare providers need to know for safe use of aromatherapy in the medical setting. There are a variety of methods used to deliver aromatherapy however, some delivery modes may not be safe in the healthcare setting. Safe options for delivering aromatherapy will be reviewed. The development of patient and family education on the safe use of aromatherapy is essential to ensure safety. All treatment options for pain management must be documented for use and patient outcomes. The teams will share their journey with aromatherapy documentation and how to use this information to help with looking at quality improvement with use and outcomes.

RESULTS

Aromatherapy programs can be successfully implemented in a hospital setting however, it is essential to ensure proper education and procedures are put into place to safeguard patient and staff safety. This session will share the implementation of aromatherapy programs at 2 different institutions.

CONCLUSION

Aromatherapy programs can be successfully implement in a hospital setting however, in doing so healthcare organizations need to monitor safe use and help with publishing data for others to use.

2C Using a Pain Tracking App in an Adult Oncology Pain Clinic

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AIM OF INVESTIGATION

To determine if adult patients of an oncology pain clinic who self-report high pain scores (>4 on pain numeric rating scale) that use a smartphone pain tracking application (app) have improved pain and self-efficacy scores in 60 days compared to the baseline.

METHODS

This was an IRB approved study to recruit patients who met inclusion criteria at their usual follow-up appointment. A self-administered pain self-efficacy questionnaire (PSEQ) was completed after consenting. The