

## **Research Priorities by the NYC Persistent Pain Advisory Group Members**

### **A. Creative Arts/Expressive Arts**

1. Evaluate exercise and expressive programs in the community (e.g., programs in Chan Jamoona's center).

### **B. Individual Approaches to Pain Management (including behavior change issues)**

1. How do people change lifestyle/habits?
2. What are early symptoms of chronic pain?
3. Does "purpose" and "having meaning" influence the pain experience?
4. What role does substance abuse play as a means of alleviating chronic pain?
5. Looking back—how have people coped with other past adversities; how does resilience fit?
6. How can we measure an individual's "hardiness" in the face of chronic pain?
7. Is there a difference in lifestyles between "healthy" older adults and those with chronic pain?
8. How do patients' attitudes influence intervention choices provided?
9. What are the effects of mental health on chronic pain?
10. Does stigma associated with psychological pain interfere with people choosing these interventions?
11. What are emotional barriers to accepting interventions, e.g. embarrassment?
12. Does lack of preparation for growing old and experiencing chronic pain influence the pain experience?

### **C. Programmatic Approaches**

1. How does an agency sustain programs it offers?
2. Use of buddy/partnering –can this help with sustainability, isolation and meaning in one's life?
3. Do club house settings for peer groups help with sustainability?
4. How does visibility of program help with dissemination and sustainability?
5. Can using healthcare students improve dissemination/sustainability efforts?
6. What is impact of the leader on program outcomes?
7. What strategies could improve retention in self-management programs?
8. Do peer networks help promote/ sustain change in lifestyle?
9. How do health care providers' attitudes about interventions influence intervention choices given to patients?
10. How do we build program capacity to deal with diversity in pain experiences—look at subsets of those with pain.
11. Are there intervention models for other health problems that can be applied to chronic pain management (e.g., coaching; empowerment of caregivers)?
12. Does gossip in senior centers keep people from attending programs?
13. What resources are available for pain management in New York City?

### **Prevention:**

1. Can programs developed prevent pain?

### **Implementation:**

1. Educating providers in interdisciplinary, holistic approach in many disciplines—medical, social, religious.
2. Would an increase in student internships improve sustainability of programs?

3. Study effective use of volunteers.

#### **Dissemination:**

1. Does taking a multidisciplinary approach to pain management improve dissemination and sustainability efforts?
2. Can using healthcare students improve dissemination/sustainability efforts?
3. How do we engage community members to participate in our dissemination efforts?

#### **D. Evaluation/Assessment of Programs**

1. Consider other outcomes—in addition to reduction in pain—when evaluating interventions, e.g., decrease in isolation, increase of new skills, increase in happiness, and increase in function.
2. How effective are distraction techniques in managing pain?
3. Are available pain programs effective with older adults, particularly the oldest old?
4. Study effective use of volunteers.
5. What is the impact of the leader on program outcomes?
6. What is the impact of family involvement on intervention outcomes?
7. Study centers with successful pain programs, i.e. best practice - what is working and why?
8. What role do cultural differences between the home care worker and client have on program outcomes?

#### **E. Intervention Research**

1. Laughter yoga as a treatment for chronic pain—research effectiveness of intervention.
2. How can healthcare providers communicate better with patients about early signs of chronic pain?
3. How effective are distraction techniques in managing pain?
4. Do involving home care workers and/or family in intervention improve outcomes?
5. How does social isolation influence intervention outcomes?
6. How does social isolation influence the pain experience?
7. Does staging or timing of interventions influence outcomes?
8. What strategies could improve retention in self-management programs?
9. Is life review an intervention that could benefit older adults with chronic pain?

#### **F. Detection/Assessment of Pain Experience**

1. What are early symptoms of chronic pain?
2. Are there standardized pain assessments that can be practically implemented in diverse community agencies/settings?
3. Are there methods that can help to distinguish physical and emotional pain?
4. How do people communicate about pain, e.g. do people give each other misinformation?

#### **G. Pain Biology**

1. How are physical and emotional pain related?

#### **H. Research Methods**

1. Use focus groups as a methodology to understand older people's experiences with chronic pain, as well as recruiting volunteers, developing educational materials.