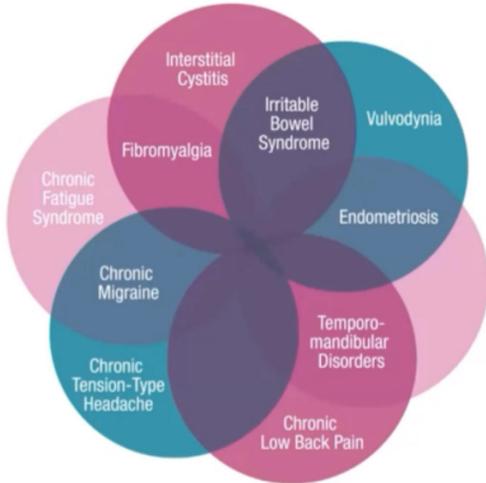


# Chronic Overlapping Pain Conditions

Taken from Christin Veasley and David Williams, PhD

## Understanding Pain Processing:

All forms of pain processing happen in the **brain**. In the brain, numerous “**neurotransmitters**” are involved. These neurotransmitters affect SPACE. **S.P.A.C.E. = Sleep, Pain, Affect, Cognitive changes, Energy deficits** SPACE represents new targets for treating pain. Improving sleep quality, pain severity, mood, thoughts and fears about pain and energy levels can change chemicals in the brain that can change the experience of pain. SPACE commonly affects people with COPCs.



## What are **Chronic Overlapping Pain Conditions (COPC)**?

“COPCs describe conditions that often coexist and share similar disease mechanisms across the neurological, endocrine and immune systems.” \*refer to figure\* Many people with chronic pelvic pain also have other bothersome chronic pain conditions.

## What are the **barriers** to studying COPCs?

Our health care system is broken up into medical specialties. In this system, patients receive different treatment recommendations from different specialists. Patients often deal with disagreement between their doctors and commonly do not have a primary care doctor who can coordinate their health. This leads to poorer outcomes and more frustration for patients.

We NEED a **comprehensive** assessment to treat the whole person

## Why are COPCs important? If ignored, it can lead to a **vicious cycle**. \*refer to figure below\*

Worsening of localized and systemic symptoms → decreased treatment effectiveness → reduced health and psychosocial outcomes → increased disability → increased costs → markedly diminished quality of life

## How do we **overcome** these barriers to assess

for COPCs? Utilizing the Chronic Overlapping Pain Conditions Screener (COPCS)- <https://copcscreener.com>

This tool helps screen patients for COPCs.

## How to treat COPCs?

Remember that pain is a **perceptual experience** formed in the brain. Pain must be treated as a perception. Therefore, pain perceptions must be changed. This is how we ERASE SPACE. **E.R.A.S.E. = Emotions, Reflections, Actions, Sleep, Environment**

Psychotherapy (*can target **emotions***)

Mediation, mindfulness and relaxation (*can target **reflections***)

Exercise, lifestyle changes (*can target **actions***)

Sleep hygiene, sleeping medications (*can target **sleep***)

Changing workplace or social environment, bettering physician-patient relationships (*can target **environment***)

Other ideas: Patient-Centered Functional Goal Setting. Shared Decision Making (*this fosters better communication between clinicians and patients*). Web-based self-management. Try <http://painguide.com>.

