Multidisciplinary Strategies for the Management of Pain

Walter Koroshetz (NINDS)
Chair NIH Pain Consortium
Executive Committee
Josephine Briggs (NCCIH), Patricia Grady (NINR), Martha Somerman (NIDCR), Nora Volkow (NIDA)
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
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
“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”.

Multidisciplinary Pain Care to Improve Patient Outcome & Reduce Reliance on Opioids
A Public Health Crisis

100 million American adults report pain

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

Strengthening public health surveillance

Supporting cutting-edge research

Advancing the practice of pain management

Targeting availability & distribution of overdose-reversing drugs

Improving access to treatment and recovery services

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Strengthening public health surveillance
Cutting Edge Science Meetings to Address the Opioid Crisis

Develop Treatments for Opioid Use Disorder & Overdose Prevention
June 5, 2017

Accelerate Development of Effective & Non-Addictive Treatments for Pain
June 16, 2017

Neurobiology of Pain
Facilitate Development of Mechanistically-based Treatments
July 7, 2017
**Pain Mechanisms**


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**


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


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


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