



### President's Message

## NANS Midterm Report: Activities and Accomplishments

David Kloth, MD

As I reach the midpoint of my term as NANS president, I am pleased to report on the continued growth and achievements of our society. The credit for this goes to the many physicians, volunteers, educational faculty, board members, and staff who support NANS with all of their hard work behind the scenes. NANS has made a strong commitment to advocacy, leadership development, and education to ensure the continued growth and acceptance of treatments within the space of neuromodulation.

I would like to introduce several new board members who began their terms during the NANS 2014 Annual Meeting. Our two newest directors at large are Jason Pope, MD, a pain physician at Summit Pain Alliance in Santa Rosa, CA, and Steven Falowski, MD, a neurosurgeon and director of functional neurosurgery at St. Luke's University Health Network in Bethlehem, PA. Both have worked tirelessly during the past several annual meetings as program directors for the NANS resident and fellows' courses. You can read more about Drs. Falowski and Pope on page 3.

Re-elected to the board as directors at large are pain physicians Richard Rauck, MD, from Wake Forest University in Winston-Salem, NC, and Marc Huntoon, MD, from Vanderbilt University in Nashville, TN. Congratulations to all of the re-elected board members. Continuing in their roles on the board as ex-officio directors are Salim Hayek, MD PhD; Konstantin Slavin, MD; and Julie Pilitsis, MD PhD. Robert Foreman, PhD, will continue in his role as an ex-officio member of the board as a liaison between the NANS Board of Directors and the Foundation Board, and Joshua Prager, MD, will continue in his role as senior advisor to the board. The NANS Executive Committee remains unchanged from last year.

I am proud to report that the NANS 20th anniversary meeting exceeded all expectations and demonstrated NANS's leadership and commitment to growth in the diverse field of neuromodulation. Thank you to all who attended and helped make this such a successful meeting. The Scientific Program and Annual Meeting Committees again did an outstanding job coordinating another fabulous event this past December. More than 1,900 individuals attended the 2014 Annual Meeting, breaking the record set in 2013. Nearly 1,600 were medical attendees, representing a wide variety of medical specialties, including neurosurgery, neurology, anesthesia/pain medicine, physical medicine and rehabilitation, cardiology, gastrointestinal, orthopedics, and urology. The number of medical attendees in 2014 reflects just under a 14% increase over attendance at the 2013 meeting.

Bringing all of these attendees and experts together was a special way to celebrate the 20th anniversary of NANS. Thank you to each of you who participated as faculty or a presenter. More details, including a summary of the meeting and all special sessions, are included later in this newsletter.

I also would like to extend congratulations to our 2014 award recipients: Alim Louis Benabid, MD PhD, 2014 Lifetime Achievement Award recipient, and David Caraway, MD PhD, 2014 Distinguished Service Award recipient. Both have demonstrated great leadership and dedication to the continued use and development of neuromodulation therapies and procedures throughout their careers and have made significant and lasting contributions to the field.

We are pleased to announce that the NANS Foundation was able to provide travel grants to attend the 2014 Annual Meeting to 15 young researchers, who submitted abstracts that were accepted for

presentation. The grants enabled them to attend the annual meeting and present their research, as well as interact with colleagues and peers. The NANS Foundation also presented the first Kumar New Investigator Best Manuscript Award. The award is intended to honor the legacy of the late Dr. Kumar and his work in the field of neuromodulation. The inaugural award was presented to Sridevi Sarma, PhD, from Johns Hopkins University, for her work on deep brain stimulation mechanisms in Parkinson's disease.

NANS will be moving forward with several key projects during 2015, including a full redesign of our website. This will be the first major overhaul to the website since

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# Women in Neuromodulation: Women Leading the Way

Marilyn S. Jacobs, PhD ABPP, pain psychology, WIN Outreach Committee

The ideal standard of care for patients with persistent pain disorders is the biopsychosocial approach. In addition to medical treatment this includes psychosocial assessment and interventions. The International Association for the Study of Pain (IASP) has defined pain as a subjective emotional state accompanying the concomitant sensory abnormalities.<sup>1</sup> A plethora of studies has established that psychological factors influence pain perception.<sup>2,3</sup>

Although mental health professionals from varied disciplines can be involved in the care of patients with pain disorders, clinical psychologists are the most frequently seen. It is essential that pain patients who are neuromodulation candidates have a behavioral evaluation. Presently, most insurance carriers required psychological approval prior to permanent implantation<sup>4-6</sup> and several psychological protocols are available.<sup>7</sup> A barrier to including this step may be unavailability of psychologists trained in pain assessment. However, mid-level health practitioners can provide basic screening techniques when psychologists are not available.<sup>8</sup>

It has been said that “pain patients have a remarkable psychiatric morbidity.”<sup>9</sup> Many patients with prior psychological problems develop chronic pain, and the circumstances of illness and injury leading to chronic pain can create psychiatric disorders in almost anyone. Weisberg and Keefe have posited that there is a stress/diathesis phenomenon operating with pain patients—the stress of chronic pain can cause personality changes.<sup>10</sup> Pain alters the assumptive world and identity of the sufferer. Yet, most patients with chronic pain have not had contact with a mental health professional and may view such a referral to mean the physician doubts that the pain is as bad as described or even is real.

The preneuromodulation psychological evaluation is directed at understanding the cognitive, emotional, and social context of the patient’s pain experience. Although advanced healthcare diagnostics can identify the physical substrate underlying a pain disorder, pain perception does not always correlate to tissue damage. Psychological screenings lead to better patient care and optimal use of medical resources.

This type of psychological evaluation is specific to understanding the premorbid and concurrent psychological factors that influence the patient’s pain perception. In addition to a pain-specific history and mental status, psychological testing is a valuable tool. Assessment measures such as the Millon Behavioral Medicine Diagnostic<sup>11</sup> standardized on medical patients will provide data as to how the patient is coping with their illness and medical interventions as well as other relevant medical factors. Personality tests standardized on psychiatric patients, such as the Minnesota Multiphasic Personality Inventory–2, will identify psychiatric syndromes.<sup>11</sup>

Problems that can occur in this patient population include depression, anxiety, posttraumatic stress, somatization, psychosis, cognitive impairment, substance use, eating disorders, and personality disorders, and interpersonal and social stress. Alone or in combination, these findings can interfere with the efficacy of a neuromodulation device, lead to management difficulties for the treating physician and add to the burden of the pain illness for the patient. Since many pain patients have ongoing litigation, understanding the factors involved in this aspect will lead to better quality of care for all concerned.

The psychologist also will determine if the patient truly understands what neuromodulation interventions can provide. Many patients have unrealistic views of the mechanics of neuromodulation and what to expect. It is important to inquire about the patient’s relationship with the implanting physician as these patients will have care needs for the foreseeable future in most instances. Also, the extent of family support is important to understand.

Although these protocols are clinically recognized as important, studies of the correlation between psychological factors and outcome of neuromodulation do not show strong effects.<sup>12,13</sup> However, patients may benefit from a psychological evaluation in that it provides an opportunity to tell their story in greater detail than medical visits can provide. This experience can have therapeutic effects. In addition, knowing that there is a resource for future psychological treatment may have a positive impact on some patients.

Once problem areas are identified, patients can be provided with a variety of psychotherapeutic interventions.<sup>14</sup> There are a variety of psychotherapy orientations (e.g., cognitive-behavioral, psychodynamic) which should be selected based upon the patient’s presentation. Behavioral therapies also are effective at improving self-regulation and include biofeedback, neurofeedback, hypnosis, and meditation. A psychopharmacological referral may also be needed. Patient education is a means to improve readiness for neuromodulation interventions.

Pain management that includes neuromodulation must also include psychological assessment. There is a need for more highly trained clinical psychologists to provide this care and for physicians practicing interventional pain management to consider the psychologist as an essential member of the pain team. Perhaps Dordmandy said it best: “... no ‘Victory over Pain’ can be celebrated until the treatment of mental hurt has advanced as least as far as has the treatment of physical suffering.”<sup>15</sup>

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