



(564) A successful outcome using an interdisciplinary approach in the treatment of post-herpetic neuralgia: a case report

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Post-herpetic neuralgia often presents with neuropathic pain and is caused by the Varicella Zoster virus. Treatment options can include anticonvulsants and topical agents. We describe a case of a 58 year old male with a history of herpes zoster involving his left mid-thoracic region who successfully completed an interdisciplinary pain management program. This patient's pain was refractory to numerous pharmacologic agents tried, including lidocaine patch, buprenorphine patch, doxepin, gabapentin, hydrocodone/acetaminophen, oxycodone/acetaminophen, hydromorphone and fentanyl patch. Interventions such as selective nerve root blocks, epidural steroid injections, acupuncture and trigger point injections were unsuccessful. Prior to starting the program, the patient was unable to wear his shirt for more than 5 minutes, was unable to sit for more than 20 minutes and described the pain as burning with light touch to the affected area. The pain prevented him from keeping his shirt on his torso. The patient underwent a comprehensive four week interdisciplinary pain management program which included pain psychology, occupational therapy, physical therapy, biofeedback, feldenkrais, as well as medication monitoring twice weekly. When enrolled in the chronic pain program, the patient learned about focused breathing, pacing, mindfulness strategies, proper posture and desensitization/mirror therapy techniques. Upon completion of the four week interdisciplinary pain management program, the patient was able to return to work at his job with an increased sitting tolerance to 50 minutes separated by a 10 minute rest break per hour. In addition, he was able to successfully wear his shirt throughout the work day, using his techniques to manage his pain flare ups. This case highlights the importance of successful interdisciplinary pain management in the treatment of patients suffering from post-herpetic neuralgia whom have been refractory to multiple therapies.

H03 Complementary/Alternative Medicine

(566) Compassion meditation training for people living with chronic pain and their significant others: a pilot study and mixed-methods analysis

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There is a growing need for safe and effective therapies for chronic pain, bringing more attention to mind-body approaches. This pilot study investigated whether a generalized training program incorporating mindfulness and compassion meditation would significantly impact specific outcomes for individuals suffering from chronic pain. This study also examined whether the impact of compassion training on participants with chronic pain would not only be noticeable to individuals closest to them, designated "significant others," but also benefit these individuals, without undergoing the training themselves. Our primary hypothesis was that this training would result in reduced pain severity in participants with chronic pain. We also expected decreased pain interference, anger, and emotional distress, as well as increased pain acceptance, psychological well-being, and compassion. We further hypothesized an improvement in the well-being of significant others. Participants with chronic pain took part in a 9-week compassion cultivation training course, and completed questionnaires and interviews both before and after the course. 12 participants with chronic pain were included in the final analysis (10 female, mean age=48.33, SD=10.80) as well as their significant others (3 female, mean age=49.17, SD=11.48). Of the measured outcomes, pain severity ($p=.003$) and anger ($p=.014$) were significantly reduced over time, while components of well-being (Ryff Environmental Mastery ($p=.003$) and Ryff Self-Acceptance ($p=.028$)) significantly increased over time in participants with chronic pain. There was no significant difference in significant others, but there was a trend in anger reduction. These findings suggest potential benefits of compassion training for chronic pain, and replicate some of the findings of Carson, et al.¹ This was a pilot study and a larger powered, more controlled study is warranted to further investigate outcomes. (1. Carson, JW, et al. Loving-kindness meditation for chronic low back pain: Results from a pilot trial, 2005.)

H. Treatment (Complementary and Alternative)

H01 Chiropractic and Osteopathy

(565) Effectiveness of Dry Needling reduction myofascial trigger point pain in the trapezius muscle

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The therapeutic action of Dry Needling on the myofascial trigger point is still not fully elucidated. It is believed that there is a systemic effect through the release of endogenous opioids and local, through mechanical stimulation of the needle insertion site. The aim of the study was to compare the effectiveness of dry needling for pain relief with the insertion of the needle into the trigger point and not into a painful upper trapezius muscle belly. We selected college students with a latent trigger point in the trapezius muscle of the dominant side. The volunteers were randomly divided into two groups: Group A ($n = 15$) was subjected to the Dry Needling technique based on Gunn directly into the trigger point and Group B ($n = 15$), where the needle was inserted into a region free of pain in the trapezius muscle belly. Evaluation of groups was performed using a visual analog scale of pain and pressure pain threshold using an algometer at three different times: before, immediately after the conduct and at the completion of 48 hours of Dry Needling. Results: intra groups showed greater efficiency and immediately revealed Dry Needling after performing the technique directly on trigger point. When comparing the groups, statistically significant results were obtained immediately after application of the technique in group A. These results demonstrate that the performance of Dry Needling is most effective when it is performed at the site of pain, which shows the importance of acting locally to promote pro-inflammatory factors for reducing the symptoms of trigger point.

(567) Iyengar yoga for adolescents and young adults with irritable bowel syndrome (IBS): a randomized waitlist study

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Irritable bowel syndrome (IBS) is a chronic, disabling condition that greatly compromises patient functioning. The aim of this study was to assess the impact of a 6-week, twice/week Iyengar yoga (IY) program on pain, symptoms and functioning of adolescents and young adults with IBS compared to a usual-care waitlist control group. Assessments were collected pre- and post-treatment. A total of 51 participants completed the intervention (yoga = 29; usual care waitlist = 22). The yoga group included 18 adolescents (14-17 years) and 11 young adults (18-26 years); the control group included 12 adolescents and 10 young adults. Baseline attrition was 24%. On average, participants in the yoga group attended 75% of the yoga classes. Analyses were divided by age-group. Relative to controls, adolescents assigned to the yoga program reported significantly improved physical functioning; relative to controls, young adults assigned to the yoga program reported significantly improved IBS symptoms, global improvement, physical functioning, functional disability, psychological distress, sleep quality, and fatigue. The findings suggest that a brief IY intervention is a feasible and safe adjunctive treatment for young people with IBS, leading to benefits in a number of IBS specific and general functioning domains for young adults. Moreover, the age-specific results suggest that yoga interventions may be most fruitful when developmentally tailored.