

APC NEWS

What is Multidisciplinary Pain Management?

A multidisciplinary approach to pain management is when specialists from a variety of fields work together to help you manage and treat your pain. The Augusta Pain Center is an area leader in pain management, offering a variety of state-of-the-art services designed to help patients of all ages find relief from chronic pain. Opened in 2001, the Augusta Pain Center is staff by a team of experienced Interventional Pain Management Physicians - led by Richard S. Epter, M.D., Medical Director - who has more than 30 years of experience helping patients find relief from chronic pain such as headache, back pain and neck pain. He is joined by Nicholas A. DeAngelo, D.O. with 19 years of Interventional Pain Management experience in treating patients with acute and chronic pain and William S. Schiff, PsyD. whose experience in Behavioral Health Management has served chronic pain patients in the Evans and Augusta area for over 10 years.

Our Board-Certified Interventional Pain Management Physicians and the Behavioral Health team, along with Georgialina Physical Therapy Associates, practice within Augusta Pain Center's state-of-the-art facility located in the Epicenter Building.



This facility features the pain center where patients are evaluated and examined, a Joint Commission-accredited surgery center where fluoroscopic-guided interventional procedures are performed and a center for aquatic therapy that is delivered by a staff of accredited aquatic therapists.



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APC Staff News

"This facility has been designed specifically for the chronic pain patient," says Dr. Epter. "We have a committed staff that was chosen for their experience and empathy towards patients experiencing chronic pain, and we strive to provide patients with modalities that will optimize their functioning and return to daily activities pain free."

Chronic Pain and Anxiety – What's the Connection?

A blog post on HeySigmund.com by Karen Young

We've known for a while that chronic pain and anxiety have it in them to fuel each other. It's not uncommon for people who experience chronic pain to also experience anxiety but up until recently, little was understood about the relationship. Research published recently in the journal *Biological Psychiatry* has removed some of the mystery, offering new hope for the treatment of pain, as well as anxiety. The study found that a neurotransmitter in the body called ... ready? ... we go ... pituitary adenylate cyclase activating polypeptide ('PACAP') is released in response to stress and is also elevated in response to chronic pain. Neurotransmitters are chemicals in the brain that help send information between cells.

For neurotransmitters to do their job well, their levels have to be just right – not too high and not too low. When PACAP is elevated, we see symptoms of pain, anxiety or both. In previous research by members of the same research team, it was found that PACAP was elevated in women who had post-traumatic stress. Here's how it works. PACAP is found along one of the nervous system's pathways to the brain. The pathway travels from the spinal cord to the amygdala, which is the seat of anxiety and emotions. The researchers noticed that when there is chronic pain it's not unusual to also see an increase in anxious behaviors – but – when the pathways for PACAP are blocked (effectively reducing the levels of PACAP), both anxious behavior and pain are significantly decreased.

'By targeting this [PACAP's] regulator and pathway we have opportunities to block both chronic pain and anxiety disorders,' – Victor May, Ph.D., senior author of study and professor neurological sciences at the University of Vermont.

The research team is now turning their attention to developing small molecule compounds that can reduce levels of PACAP.

'This would be a completely different approach to using benzodiazepine and opioids – it's another tool in the arsenal to battle chronic pain and stress-related behavioral disorders.' – Victor May

Whether chronic pain and anxiety occur together or separately, their intrusion into lives can be relentless. When they appear, they have a wide reach – for those who love someone who has to live with pain or anxiety, the struggle is also very real. Hopefully, this research brings us closer to finding an effective, safe way to manage pain and anxiety.



Heart health and aerobic exercise is important, especially for chronic pain patients. Movement and weight loss can ease pain. Try something low impact such as swimming or slow walking. A physical therapist can help you to understand different ways to get your body moving without injuring your body worse. Let our providers advise you on how to become more comfortable and able to exercise and help your body to heal and move better and easier!

How Heels Hurt

Research suggests that wearing those stylish pumps may lead to pain and problems from your hips to your toes.

Shortened Calf Muscles

High heels hold the leg in a bent or shortened position for an extended period. A study found that after 20 to 50 years of wear, high heels could shorten the muscle fibers in a woman's calf by up to 13 percent. This could result in discomfort when trying to wear flat, or low-heeled, shoes.

Heel and Ankle Pain

64 percent of women reporting hindfoot pain regularly wore high heels or pumps.

Hips and Spine

In order to maintain her balance, a woman wearing high heels will tense her calf, hip and back muscles. This leads to excess muscle fatigue and cramps.

Joint Degeneration and Knee Osteoarthritis

As heels get higher, more stress is generated on the inside of the knee with each footstep. The resulting compression could damage the joints and lower back.

Highest Heels?

Physicists have devised a formula to calculate the highest heels that a woman should wear, based on factors such as the cost of the shoes, the amount of experience the wearer has with high heels, and the amount of alcohol consumed. According to the formula, Carrie Bradshaw of "Sex and the City" could wear 5-inch (12.5 cm) heels when sober, but only 0.8-inch (2 cm) heels after consuming 6 units of alcohol.

$$h = Q * (12 + 3s/8)$$

Ingrown Toenails

High heels or pointed-toe shoes create chronic stress on the big toenails, causing improper growth, skin puncture, nail trauma or fungal infections.

SOURCES: INSTITUTE OF PHYSICS (LONDON)/DR PAUL STEVENSON, UNIVERSITY OF SURREY (HEEL HEIGHT FORMULA); LOYOLA UNIVERSITY HEALTH SYSTEM; INSTITUTE FOR AGING RESEARCH; JOURNAL OF EXPERIMENTAL BIOLOGY
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FACTS ABOUT OPIATES

Opioid addiction and dependence affect EVERY SINGLE state, racial, ethnic, and socio-economic demographic.

TYPES OF OPIATES:
Fentanyl, Hydrocodone, Methadone, Morphine, Oxycodone, Hydromorphone, OxyContin, Tramadol

1 Since 2009, deaths from prescription painkiller overdoses have increased more than 400% among women and 265% among men.

2 It is estimated that 15 million people struggle with opiate dependence or addiction worldwide.

3 More people die from prescription painkiller-related causes than heroin and cocaine combined.

4 In 2009 one baby every hour was born dependent on opiates. The rate has only gone up since then.

5 Though there are effective treatments for opiate addiction and opiate overdose, only about 10% of those who need it are getting it.

— National —
DOCTORS DAY
MARCH 30

Prevent Back Pain with the Right Mattress

Just Right – offer conforming support and even weight distribution to keep your spine naturally aligned in a fully relaxed position.

stomach laying, side laying, back laying

Too soft – While a soft bed may feel good at first, inadequate support of your lower back (where your body weight is concentrated) can cause pain and stiffness.

stomach laying, side laying, back laying

Too Firm – A hard sleep surface provides uneven support and causes uncomfortable high pressure areas that cause you to toss and turn during the night.

stomach laying, side laying, back laying

EIGHT BEDTIME STRETCHES TO RELIEVE LOWER BACK PAIN

1. Lie on your back with knees bent and feet flat on the floor. Pull one knee towards your chest.

2. Lie on your back with knees bent and feet flat on the floor. Pull both knees towards your chest.

3. Lie on your back with knees bent and feet flat on the floor. Pull one knee towards your chest, then the other.

4. Lie on your back with knees bent and feet flat on the floor. Pull both knees towards your chest.

5. Lie on your back with knees bent and feet flat on the floor. Pull one knee towards your chest, then the other.

6. Lie on your back with knees bent and feet flat on the floor. Pull both knees towards your chest.

7. Lie on your back with knees bent and feet flat on the floor. Pull one knee towards your chest, then the other.

8. Lie on your back with knees bent and feet flat on the floor. Pull both knees towards your chest.

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www.AugustaPainCenter.com

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APC Staff News

Birthdays:

January

Dr. Nicholas DeAngelo - 1/1

TJ Midla - 1/5

Ashlee Delrie - 1/16

February

Carly Williams - 2/11

March

Shelby Woodard - 3/14

Work Anniversaries:

January

Amanda Walker - 16 years

Chris Scheuer - 4 years

Shelby Woodard - 2 years

Tabbatha Lowery - 1 year

Danielle Williams - 1 year

February

Michael Hooker - 4 years

March

Carly Williams - 1 year



January's edition of Medical Professionals (Augusta) featured the writing of TJ Midla, Administrator for the Augusta Pain Center. Medical Professionals (Augusta) is a monthly magazine, written for, written about and written by our area's top doctors and health care industry leaders.