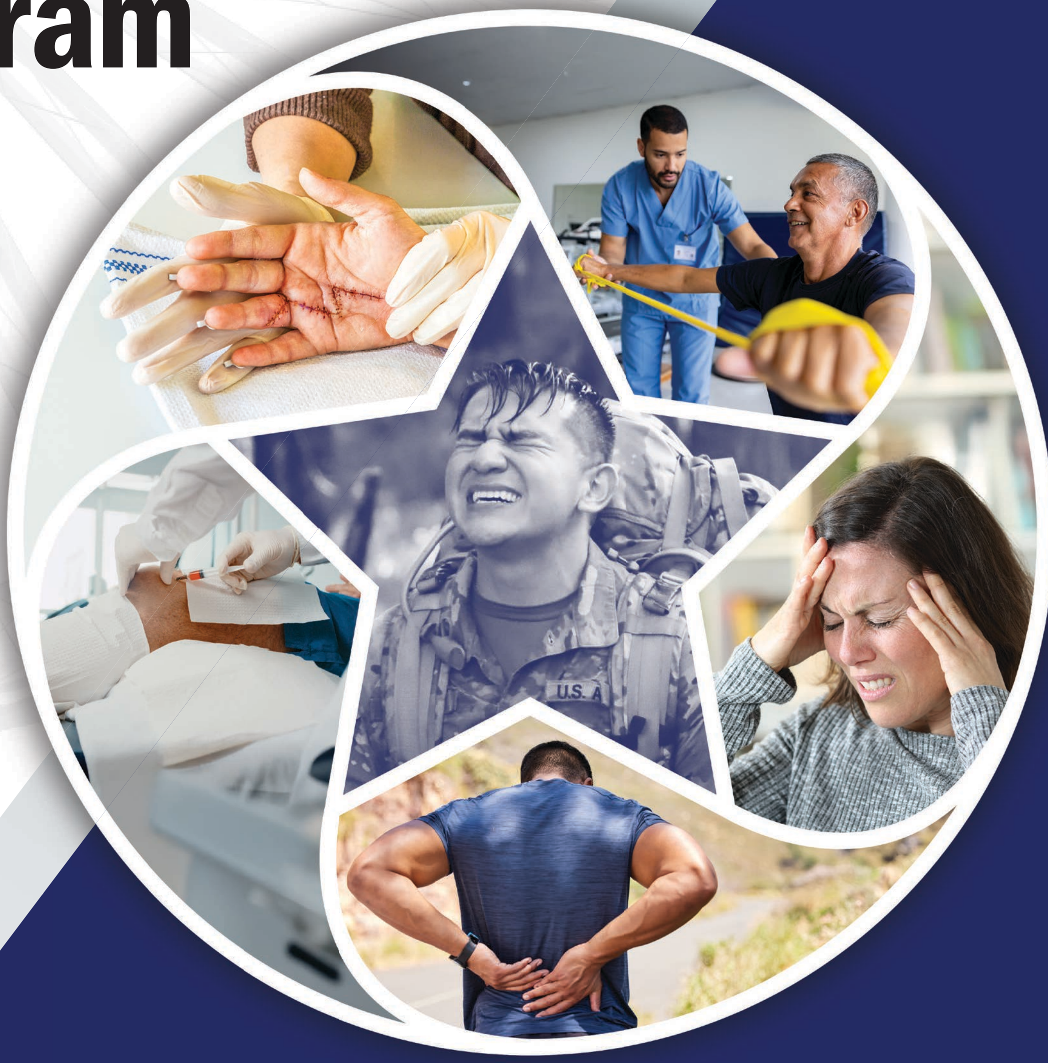
CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS

DEPARTMENT OF DEFENSE

Chronic Pain Management Research Program



Forging a Path Toward the Prevention and Management of Chronic Pain

For more information, please visit
cdmrp.health.mil/cpmrp

VISION: Improving the medical readiness of Service Members, as well as quality of life and level of function of all Americans, with or at risk for developing chronic pain

MISSION: To support and promote innovative, high-impact research to prevent the development and improve the management of chronic pain

CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS

CDMRP OVERVIEW

Congress established the Congressionally Directed Medical Research Programs in response to a grassroots effort in 1992 led by the breast cancer advocacy community. That effort resulted in a congressional appropriation of funds for breast cancer research and initiated a unique partnership among the public, Congress and the military.

The CDMRP uses a two-tier research application review process. This process incorporates input from scientists, clinicians, consumers from advocacy communities, members of the military and other specialists, as applicable. The first tier of evaluation includes a scientific peer review of applications measured against established criteria determining scientific merit. In the second tier, programmatic review evaluates applications with higher scientific or technical merit for potential impact, adherence to the intent of the award mechanism, relevance to program goals and portfolio composition.

CHRONIC PAIN MANAGEMENT RESEARCH PROGRAM

PROGRAM OVERVIEW

In FY19, Congress appropriated $10 million to establish the CPMRP. The program received $70 million in total appropriations since the program started in 2019. In alignment with congressional intent, the program supports research on the effects of using prescription opioids to manage chronic pain and opioid-alternative or nonaddictive methods to treat and manage chronic pain, with an emphasis on issues related to military communities.

Chronic pain is a prevalent and debilitating condition impacting nearly 51.6 million adults in the United States as of 2021, and costing $560-$635 billion annually in estimated annual personal and health system expenditures.[1] Veteran communities disproportionately experience chronic pain more than their civilian counterparts.[2]

Congressional language for the CPMRP defines chronic pain as “pain that occurs on at least half the days for six months or more. Issues causing chronic pain in military populations include, but are not limited to, combat and training-related physical or mental stress and trauma, migraines and chronic headaches, traumatic brain injury, arthritis, muscular-skeletal conditions, neurological disease, tick and vector-borne disease, other insect-transmitted or tropical disease, and cancer”. CPMRP addresses pain chronification, the development of novel non-opioid therapies and the implementation and comparative effectiveness of evidence-based efficacious interventions to manage chronic pain.

[1] CDC. Chronic Pain Among Adults - United States, 2019-2021 https://www.cdc.gov/mmwr/volumes/72/wr/mm7215a1.htm

[2] Taylor, Kenneth Adam, et al. 2024. “ Seventeen-Year National Pain Prevalence Trends Among U.S. Military Veterans.” *The Journal of Pain* 25(5):104420.

Within the DOD, the CDMRP works with representatives from Defense Health Agency clinical support services and the sensory systems research portfolio, the Defense & Veterans Center for Integrative Pain Management, as well other DOD pain stakeholders, to address translation, transition and implementation challenges of research outcomes related to chronic pain. The CPMRP actively pursues collaborations and partnerships with entities from the Interagency Pain Research Coordinating Committee and encourages investigators to align their research projects to the committee's work products, the National Pain Strategy and Federal Pain Research Strategy, to maximize the impact on chronic pain research outcomes.[3]

FUNDING HISTORY AND LANDSCAPE

The CPMRP funded a total of 66 awards, including 10 awards for clinical trials, between 2019 and 2023. The congressional guidance received with annual appropriations casts a broad landscape of chronic pain conditions and syndromes that fall within the responsibility of the program. The program's total investment aligns to research foci and pain types as illustrated in Figure 1. Figure 2 displays the types of research assessed in the context of CDMRP's scientific classification system, which characterizes research projects according to topic and subject.

Figure 1. FY19-FY23 CPMRP Investment by Pain Classification

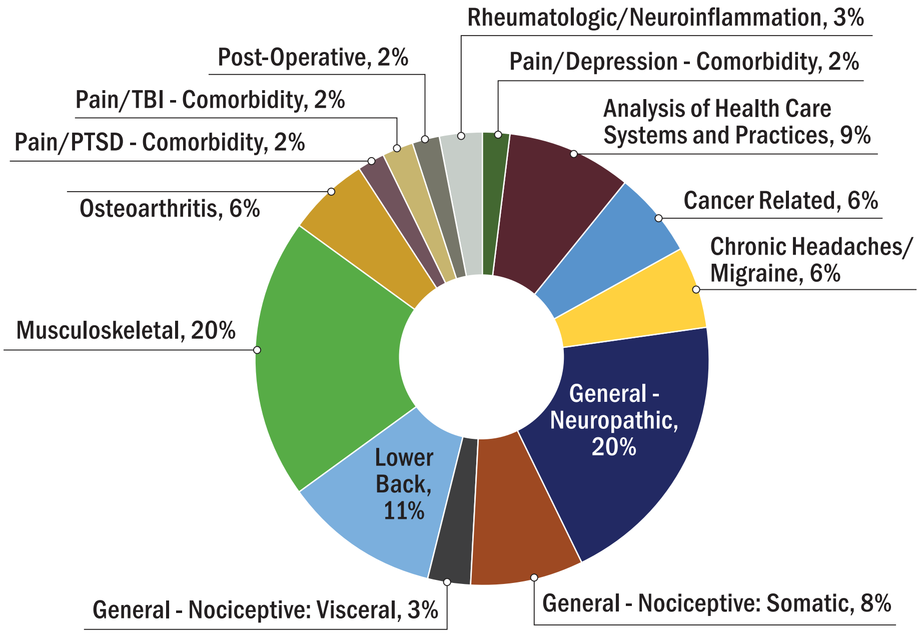
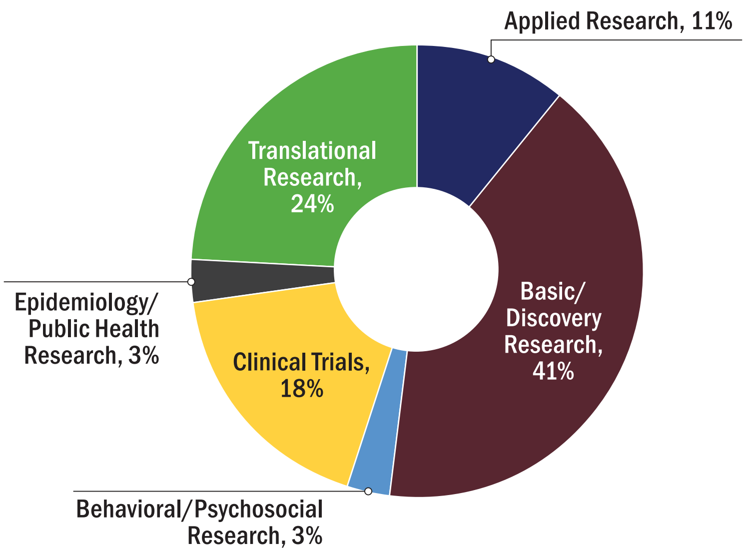


Figure 2. FY19-FY23 CPMRP Investment by Research Category

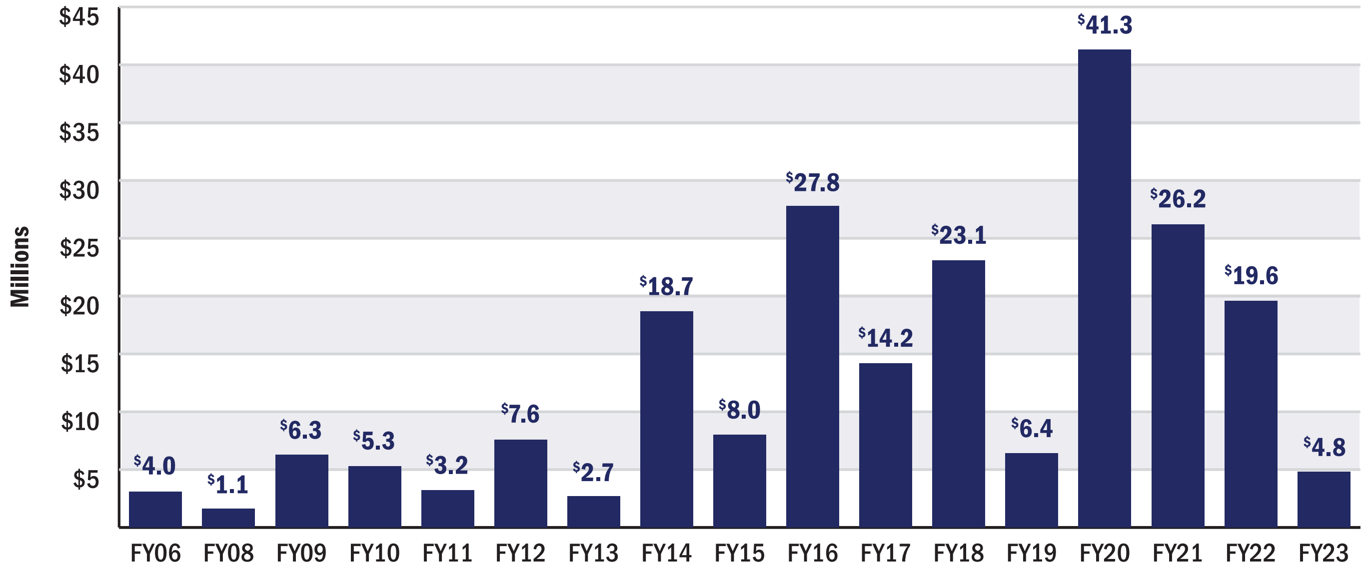


[3] Public Law 117 - 328 - Consolidated Appropriations Act, 2023.

OTHER INVESTMENTS IN PAIN RESEARCH

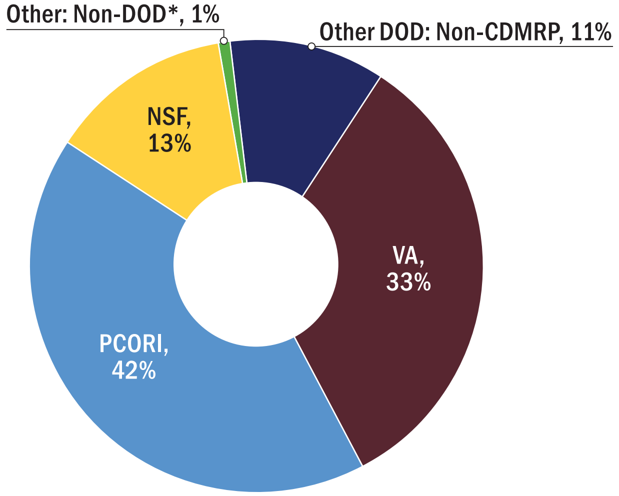
Prior to the establishment of the CPMRP, CDMRP congressional special interest funds and Defense Health Agency core research funding supported studies with relevance to chronic pain. CDMRP CSI programs include the Peer Reviewed Medical Research Program, Spinal Cord Injury Research Program, Peer Reviewed Orthopaedic Research Program, Gulf War Illness Research Program, Prostate Cancer Research Program and Multiple Sclerosis Research Program. Examples of other DOD research funding programs include other Defense Health Program funds, such as core research investments and the Psychological Health and Traumatic Brain Injury Research Program from FY09-FY20. The aggregate CDMRP investment in chronic pain research from programs other than the CPMRP from FY06-FY23 totals $234.7 million.

Figure 3. CDMRP Investment in Chronic Pain Research by Fiscal Year



Increase in FY14 is a result of PRMRP funding

Figure 4. Non-CDMRP Investment in Chronic Pain Research, Excluding NIH

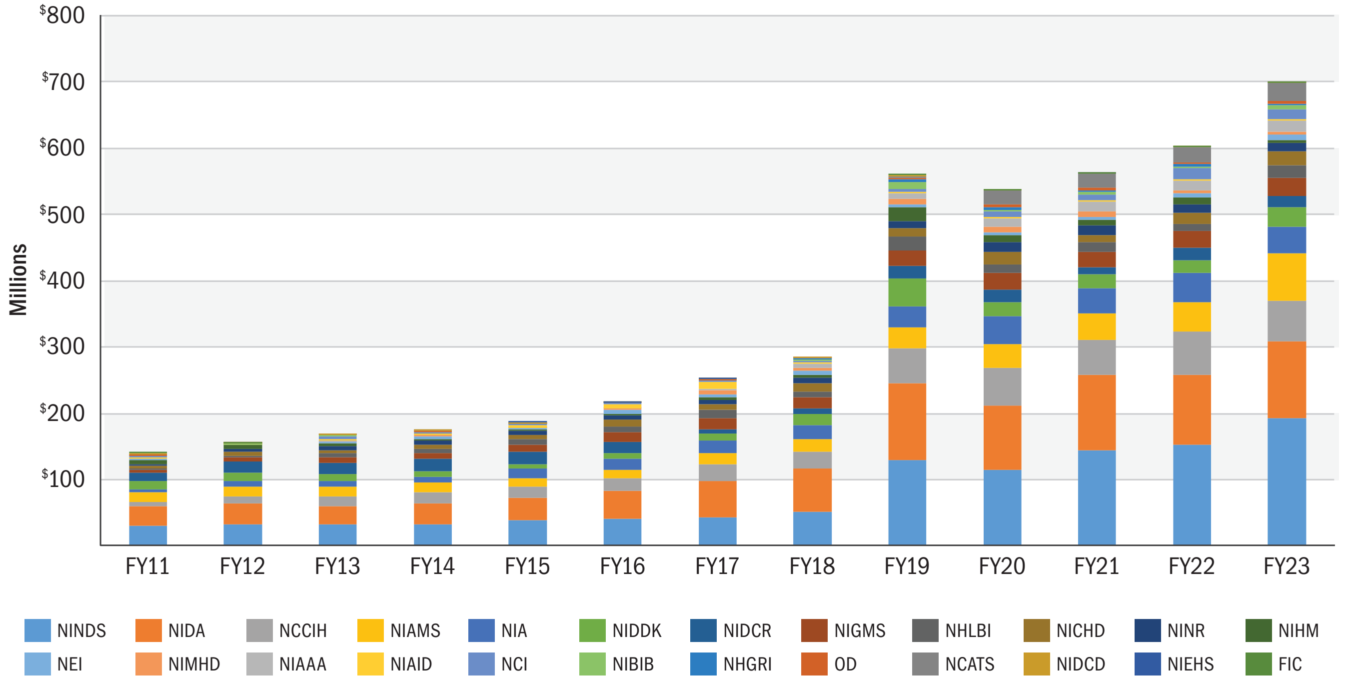


*Investment from AHL, AHRQ, DHHS/OS and SAMHSA are represented here

FUNDING LANDSCAPE

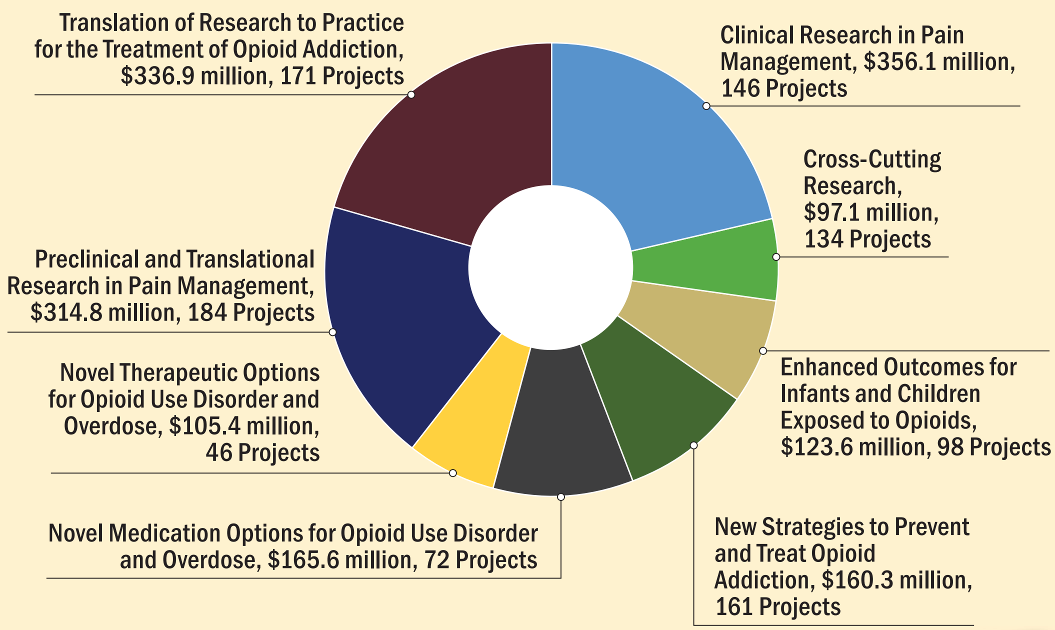
Among federal agencies, major sponsors of chronic pain research include the National Institutes of Health and the U.S. Department of Veterans Affairs. As shown in Figure 5, between FY11-FY23, the NIH invested over $4.5 billion toward research identified as chronic pain related. Key institutes responsible for this investment include the National Institute of Neurological Disorders and Stroke, $1 billion; National Institute on Drug Abuse, $865 million; National Institute of Arthritis and Musculoskeletal and Skin Diseases, $342 million; National Center for Complementary and Integrative Health, $420 million; National Institutes of Diabetes and Digestive and Kidney Diseases, $215 million; National Institutes of Dental and Craniofacial Research, $205 million; National Institute of Aging, $300 million, among others.

Figure 5. FY11-FY23 NIH Investment in Chronic Pain Research by Fiscal Year



The NIH funding in chronic pain research includes the Helping End Addiction Long-Term Initiative. Between FY19-FY23, the HEAL Initiative supported over 1,000 projects addressing opioid safety and addiction research as well as pain management, as represented in Figure 6. While the pain management focus areas of the HEAL Initiative share some priorities with the CPMRP, these priorities focus on the American public and do not specifically address the distinct needs of Service Members and Veterans. The CPMRP works with federal partners, such as the HEAL Initiative, to ensure research funding is non-duplicative and aligned to the Federal Pain Research Strategy.

Figure 6. NIH HEAL Initiative Investments by CPMRP Focus Area



STRATEGIC PLAN

The CPMRP Strategic Plan identifies the high-impact research goals most important to stakeholders while providing a framework that is adaptable to changes in the medical research environment to address those goals. Funding for the CPMRP is congressionally appropriated and there is no guarantee of future funding. The program will review and update the strategic plan as necessary.

FOCUS ON THE WARFIGHTER

The CPMRP focuses on research to improve medical readiness of Service Members, as well as quality of life and level of function of all Americans, with or at risk for developing chronic pain. The program acknowledges the diverse range of chronic pain conditions and the significant challenges they pose to participation in both everyday activities and the strenuous work conditions that can exist in military service. Developed in collaboration with the CPMRP Programmatic Panel, comprised of leaders from the scientific community, clinical care, patient advocacy and relevant federal agencies, the program's goals establish the focus of funding research towards improving medical readiness of Service Members with or at risk for a range of chronic pain conditions.

The program seeks to alleviate the burden associated with persistent and recurrent pain through the following four strategic goals.

Strategic Goal 1

Establish a better understanding of chronification of pain, the process in which acute pain transitions to chronic pain, to identify individuals susceptible to the development of chronic pain and to advance safe and effective strategies that prevent the onset of chronic pain conditions.

Strategic Goal 2

Improve clinical acceptance and utilization of non-pharmacological pain management methods with established efficacy.

Strategic Goal 3

Support the development of the next generation of non-opioid pain management strategies, including pharmaceuticals, devices and complementary and integrative health approaches.

Strategic Goal 4

Perform studies of patient care to identify promising treatment approaches worthy of further development and dissemination, or problematic practices that require reconsideration.

The CPMRP also identified key strategic encouragements for the design and implementation of studies to reflect a patient-centered approach to research.

Stakeholder Engagement

Incorporate patients, caregivers, advocates, community leaders and/or health systems personnel into the planning and conduct of research projects to evaluate clinical efficacy, treatment acceptance and utilization, and preferential attitudes.

Biopsychosocial Assessment of the Patient Experience

Clinical research should include evaluations of physical functioning, emotional functioning, social context and satisfaction with treatment, in addition to numeric scales of pain intensity driven by molecular and neurological signaling.

Real-World and Pragmatic Approaches

Study designs should reflect actual treatment environments and relevant patient populations to drive translation and implementation of research findings with the widest impact for individuals living with chronic pain.

Studies with Military Relevance

Research must align with the congressional language for the CPMRP, focusing on Service Members, Veterans and Military Health System beneficiaries by addressing unique considerations and potential barriers to implementation of practice guidelines for military populations.

STRATEGIC PLAN

The focus areas listed below represent the program's approach to address the CPMRP Strategic Goals. The needs within each focus area represent key gaps best addressed across different areas of the research and development pipeline depicted in Figure 7.

FOCUS AREAS

Chronification of pain

- Understanding mechanisms of, and developing models for studying, the transition from acute to chronic pain
- Development of therapies to prevent and treat chronification
- Identifying risk or protective factors or biomarkers for treatment response or patient susceptibility to chronification
- Investigating relationships between pain and its comorbidities that can contribute to the development/progression of chronic pain

Development of non-opioid therapies and methods for the treatment of chronic pain

- Novel non-mu-opioid pharmacological therapies
- Devices or procedures that treat chronic pain directly
- Devices or procedures that improve the administration of non-mu-opioid analgesics

Effectiveness or observational studies to advance or refine techniques/approaches/pathways to chronic pain management, including the novel or untested

- Pilot/preliminary studies
- Potential clinical effectiveness

Implementation science for evidence-based, efficacious interventions to manage or prevent chronic pain

- Unique barriers for Service Members, Veterans and beneficiaries, including at-risk subpopulations
- Self-management and service-of-care models
- Interventions to prevent chronification of pain

Comparative effectiveness for evidence-based, efficacious interventions to manage or prevent chronic pain

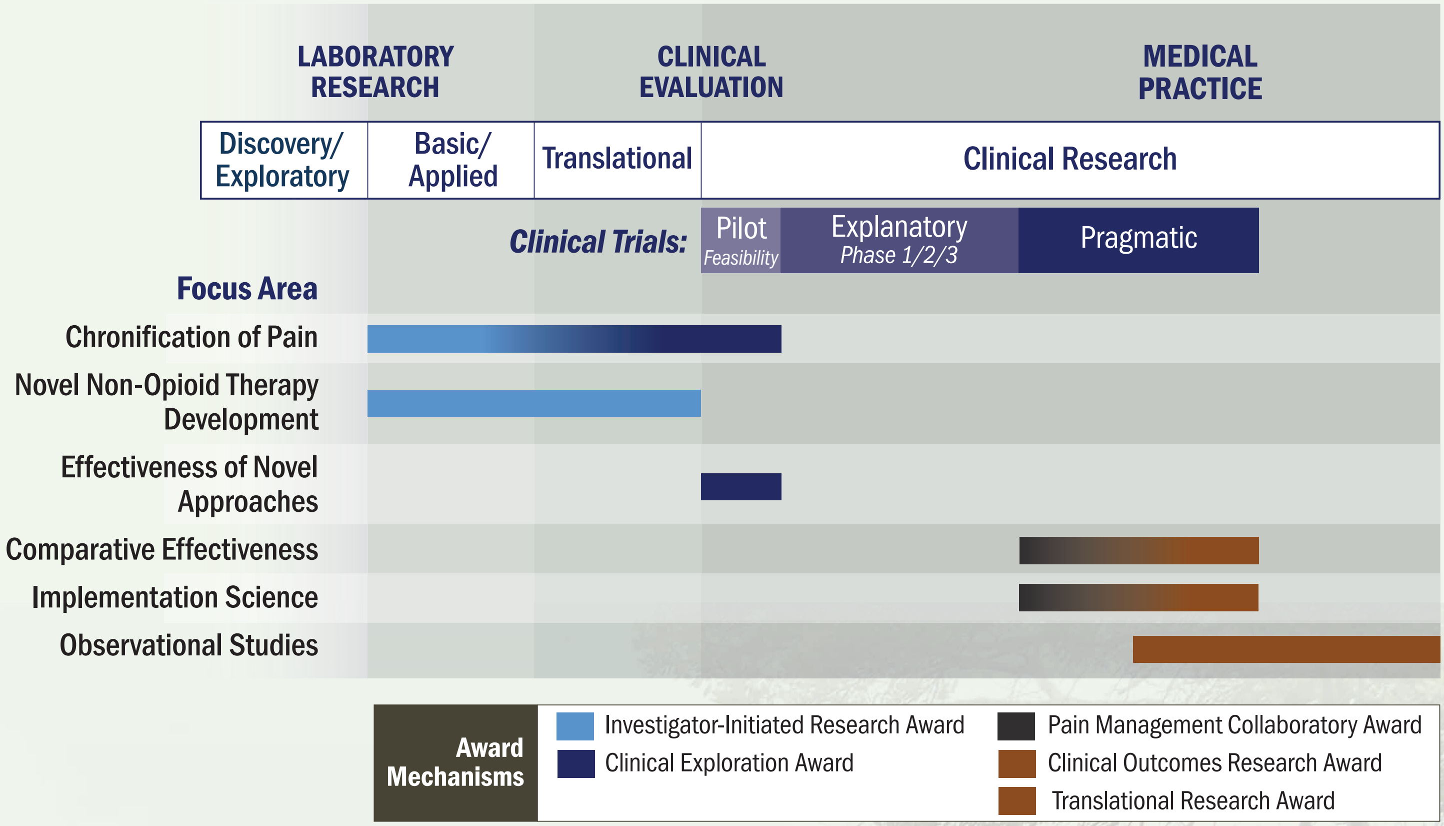
- Multimodal, integrative and combination therapies
- Relationships between comorbidities and pain
- Preventing chronification of pain

Observational studies related to chronic pain

- Predictors of outcomes from long-term opioid use
- Predictors of or against pain chronification
- Evaluation of health care use patterns including systems, interventions and treatments as examples
- Relationships between comorbidities and pain

Figure 7. Focus Areas Aligned with the Developmental Pipeline

Prioritized focus areas aligned to award mechanisms, strategically targeting settings along the developmental pipeline to maximize research impact and results



PROGRAM INVESTMENT STRATEGY

The CPMRP's investment strategy, reviewed and refined during each vision setting meeting, identified award mechanisms to achieve the program's strategic goals by supporting a continuum of research and development from applied basic research through implementation in clinical settings, as shown in Figure 8.

Investigator-Initiated Research Award Offered from FY19-FY23, this award mechanism encompassed a broad spectrum of research, from development of ideas through early clinical research but excluding clinical trials. The IIRA supported research with the potential to make significant advances in research, patient care and/or quality of life for those living with or susceptible to developing chronic pain.

Translational Research Award Offered from FY19-FY22, this award mechanism supported translational research with potential to accelerate the movement of evidence-based ideas in chronic pain management into clinical applications, such as health care products, technologies, clinical practice guidelines and/or models of care.

Clinical Outcomes Research Award Introduced in FY23, this award mechanism also supported translational research with potential to accelerate the movement of evidence-based ideas in chronic pain management into clinical applications, such as health care products, technologies, clinical practice guidelines and/or models of care. In offering the CORA, the program strategically shifted to emphasize later-stage translational research and focused on improving clinical outcomes.

Clinical Exploration Award Offered from FY21-FY23, this award mechanism supported early-stage clinical research. The CEA focused on proof-of-principle pilot studies, clinical trials and correlative studies to investigate hypothesis-based, innovative interventions and/or avenues of research that have the potential to resolve current clinical barriers and result in a profound impact on the management of chronic pain.

Pain Management Collaborative Clinical Research Award Introduced in FY23, this award mechanism supported team-based pragmatic clinical trials to accelerate evidence-based ideas and research into clinical applications such as health care products, technologies, clinical practice guidelines and/or models of care. Projects supported by the PMCCRA specifically leveraged and integrated resources and expertise from the Pain Management Collaboratory, a large research collaborative with funding from the NIH, VA and DOD.

Figure 8. Award Mechanisms Across the Research Continuum

MEASURING PROGRESS

Identifying strategic outcomes provides a means by which the program measures progress toward achieving its goals. The CPMRP uses the following to gauge progress in meeting near- and long-term program goals. Long-term success of program efforts will provide contributions to the scientific community and impact for individuals experiencing chronic pain.

Figure 9. Anticipated Program Outcomes

NEAR-TERM OUTCOMES	MID-TERM OUTCOMES	LONG-TERM OUTCOMES
• Quantity and quality of grant applications received • Distribution of research investments in programmatic priority focus areas • Distribution of research investment among military-relevant pain syndromes	• Contributions to the scientific community including, but not limited to publications, patents and presentations • Whether funded projects generate subsequent follow-on funding • Translation of evidence-based, efficacious interventions into clinical practice • Translation of research finding into new clinical trials • Completion of CPMRP-funded clinical trials across the regulatory landscape • Incorporation and engagement of all levels of relevant stakeholders on research teams	• Adoption of knowledge and/or technology products into clinical or operational practice and commercialization • Contributions toward new clinical practice guidelines and changes to standards of care • Development of diagnostic tools and methods that assist in identifying susceptibility for developing chronic pain • Contributions toward understanding the etiology of chronic pain, including the process of chronification, to prevent its onset

Retired U.S. Air Force Lt. Col. Joseph "Tom" Norris, American Chronic Pain Association Member

"I have been very privileged to participate in several of the CPMRP's reviews. I always look forward to the intellectual challenge of reading and determining the impact of research proposals for the military and for the entire pain community. The panel situation is very supportive where the scientists and other specialists go out of their way to ensure the consumer understands the technical aspects of the proposals. These reviews allow the voice of a person with pain to be recognized and heard as a part of the review and funding process, as well as determine the future of research on chronic pain management."

Strategic Goal 1

Establish a better understanding of chronification of pain, the process in which acute pain transitions to chronic pain, to identify individuals susceptible to the development of chronic pain and to advance safe and effective strategies that prevent the onset of chronic pain conditions.

Synaptic Retinoic Acid Signaling in Spinal Cord Homeostatic Plasticity and Mechanical Allodynia

Chen Lu, Ph.D., Stanford University, HT9425-23-0175

This study examines nerve communication within the spinal cord and the role of retinoic acid in nerve hypersensitivity. Researchers believe blocking this molecule may prevent acute injury from developing into chronic pain.

Tissue Chip Modeling of Acute and Chronic Pain in Osteoarthritis

Hang Lin, Ph.D, The University of Pittsburgh, W81XWH-20-1-0902

This study supports engineering of an in vitro tissue chip that combines cartilage, bone, synovium and fat pat tissues from human stem cells to model a knee joint. Adding prolonged mechanical load to the chip mimics the cause of osteoarthritis pain, enabling future studies to identify mechanisms underlying the transition of pain from an acute to chronic state.

Strategic Goal 2

Improve clinical acceptance and utilization of non-pharmacological pain management methods with established efficacy.

The Implementation of Psychologically Informed Physical Therapy to Prevent Chronification in Service Members With Musculoskeletal Disorders

Marco Campello, Ph.D., New York University School of Medicine, W81XWH-20-2-0036

This clinical trial aims to determine the feasibility and effectiveness of implementing psychologically-informed physical therapy, PiPT, in Service Members with musculoskeletal disorders at a U.S. Navy shore-based health care setting. In addition to improving care for Service Members, this trial may reveal factors related to PiPT outcomes to advance our understanding of the acute to chronic transition of pain.

Combined Nonpharmacological Therapies for MTBI-Related Headaches

Albert Leung, M.D., Veterans Medical Research Foundation of San Diego, W81XWH-21-1-0831

This study combines FDA-approved transcranial magnetic stimulation with cognitive behavioral therapy to treat headache and depression in Veterans with a mild traumatic brain injury. CBT and TMS, both noninvasive, non-pharmacological clinical interventions, improve function with minimal risk to patients. With CBT currently availability in military health care settings and TMS increasing in use, this combination could improve outcomes for Service Members and Veterans with mTBI-related headaches and reduce patient reliance on pain medications.

Development of a Highly Selective mPGES-1 Inhibitor as an Effective Non-Opioid Treatment of Chronic Pain

Chang-Guo Zhan, Ph.D., University of Kentucky, W81XWH-22-1-1000

This research project aims to develop a medication targeting the enzyme mPGES-1 responsible for overproducing a key inflammatory mediator after injury. Previous studies of the next-generation anti-inflammatory demonstrated comparable effectiveness to current nonsteroidal anti-inflammatory drugs, NSAIDs, and certain opioids without the side effects and abuse potential.

Development of a Small Chemical Drug That Targets EphB1 for the Treatment of Chronic Pain

Mark Henkemeyer, Ph.D., University of Texas, Southern Medical Center at Dallas, W81XWH-21-1-0949

This study supports development of potential non-opioid drug therapies through testing compounds that target the EphB1 receptor, which plays a role in activation of spinal cord dorsal horn neurons following nerve damage. Targeting this receptor may lead to reduced central nervous system sensitization and prevent the development of chronic pain.

Strategic Goal 3

Support the development of the next generation of non-opioid pain management strategies, including pharmaceuticals, devices and complementary and integrative health approaches.

Machine Learning for Chronic Pain Management Optimization Within a Health Equity Framework

Krista Highland, Ph.D., Henry M. Jackson Foundation, W81XWH-21-2-0047

This research leverages simulation modeling to analyze Stepped Care Model for Pain treatments and identify optimized care pathways received by TRICARE beneficiaries across direct and purchased care systems. Findings will support data-driven recommendations to mitigate chronic pain impact and support treatment access through point-of-care tools customized to patients' presentations and treatment availability.

Supporting Acceptance for Living With Uncomfortable Thoughts and Experiences in Chronic Pain, SALUTE-CP

Kathryn Kanzler, Ph.D., Baylor College of Medicine, HT9425-24-1-1063

The pilot clinical trial tests the feasibility and effectiveness of a novel educational intervention, SALUTE-CP. This paraprofessional-delivered, telehealth-based educational program, based on mindfulness and acceptance processes, seeks to improve pain management and quality of life in Service Members who suffer from chronic pain.

Strategic Goal 4

Perform studies of patient care to identify promising treatment approaches worthy of further development and dissemination, or problematic practices that require reconsideration.

Strategic Encouragement: Multi-Tiered Stakeholder Engagement

Pain Reprocessing Therapy for Veterans With Chronic Back Pain: Comparative Efficacy and Facilitators and Barriers to Implementation

Jonathan Ashar, Ph.D., University of Colorado at Denver, HT9425-24-1-0915, and Joseph Frank, Ph.D., Denver Research Institute, HT9425-24-1-0916

The Psychological pain treatment Options for Wellness and Recovery, POWeR, trial compares the effectiveness of pain reprocessing therapy, an integrative exposure intervention, to CBT or usual care for Veterans with chronic back/neck pain. Both interventions consist of weekly telehealth sessions with a trained Veterans Health Administration therapist to reduce pain severity. The POWeR trial includes interviews with Veterans with chronic pain and VA providers to identify barriers of pain reprocessing therapy and to determine whether these are unique to pain reprocessing therapy or shared with CBT.

Strategic Encouragement: Biopsychosocial Assessments

Preventing the Development of Chronic Pain: Treating PTSD at Acute Pain Onset

John Burns, Ph.D., Rush University Medical Center, W81XWH-22-1-0739

This study examines the effects of post-traumatic stress disorder on the development of chronic pain. Patients who present to the emergency room for acute, non-injury pain receive an assessment for PTSD and, if deemed appropriate, treatment with a psychotherapeutic and/or pharmacological pain intervention. The study team then continues to assess the biopsychosocial effects of the respective treatments on PTSD symptoms and pain scores over time. This study provides clinical treatment options that could prevent transition of acute pain to chronic.

Understanding Motivational Biases to Promote Opioid Tapering in Chronic Pain Patients

James Bjork, Ph.D., Virginia Commonwealth University, HT9425-23-1-0645

Patients with chronic pain receiving long-term opioid therapy need to reduce opioid utilization when pursuing alternative treatment strategies. This study uses decision-making tasks and questionnaires to identify differences in motivational biases of taper-reluctant Veterans compared to Veterans who manage chronic pain without opioids or do not have chronic pain. Determining the behavioral biases that affect the propensity of individuals to resist opioid tapering may reveal better ways to motivate and ease the concerns of patient to transition to non-opioid management.

Strategic Encouragement: Utilization of Real-World and Pragmatic Approaches

The Relationship Between Type of Opioid Used During Critical Illness and Transition to Chronic Pain

Hannah Wunsch, M.D., Sunnybrook Research Institute, W81XWH-21-1-0593

This project examines detailed pharmacy, laboratory and diagnostic billing data within enhanced multi-center electronic health record databases. The study team assesses the different types of opioids used by the intensive care unit on mechanically ventilated patients for long-term impact on chronic pain development and opioid use. Actionable study findings will then inform clinical practices and reduce long-term risks for critically ill patients.

Brief Pain Reprocessing Therapy: An Optimized Integrative Exposure Intervention for Veterans With Chronic Low Back Pain

John Sturgeon, Ph.D., University of Michigan, HT9425-24-1-1036

This study aims to adapt pain reprocessing therapy into a brief, telehealth-based format for use in a population of Veterans with chronic low back pain and high pain-related fear. This pilot clinical trial will determine the feasibility and acceptance of brief PRT to provide an accessible, non-pharmacological treatment for chronic pain.

Strategic Encouragement: Studies With Military Relevance

Feasibility of Implementing Manual Medicine in the Multimodal Management of Veterans and Service Members With Chronic Low Back Pain

Clarence Nicodemus, D.O., Ph.D., Michigan State University, HT9425-24-1-1030

The 2022 VA/DOD clinical practice guidelines recommend osteopathic manipulative treatment for patients with chronic lower back pain. This feasibility trial aims to inform implementation of these guidelines, thereby improving Veteran recovery time, reducing reliance on pain medications and providing smoother transition from MHS to VA health care.

Functional Restoration for Chronic Pain Management in Active-Duty Military Personnel: An Effectiveness-Implementation Trial

Alan Peterson, Ph.D., University of Texas, Health Science Center at San Antonio, W81XWH-22-2-0041, and Katherine Comtois, Ph.D., University of Washington, W81XWH-22-2-0042

The Functional Occupational Rehabilitation for Troops program utilizes a comprehensive rehabilitation model that previously demonstrated reduced pain-related disability and comorbid symptoms and increased physical functioning in Service Members with chronic musculoskeletal pain. This clinical trial evaluates clinical and implementation effectiveness outcomes of the FORT program and supports the rapid translation of research results at Military Treatment Facilities to increase return-to-duty and improve operational readiness.

INTERAGENCY PARTNERSHIPS:
The Pain Management Collaboratory

The congressional language for the CPMRP directs collaboration with non-military research institutions represented in the Interagency Pain Research Coordinating Committee to address the National Pain Strategy. The CPMRP collaborates with other federal partners such as core DHA research portfolios, the NIH and VA to ensure funding priorities are complementary and synergistic. For example, the CPMRP communicates with collaborative partners at PMC meetings. The PMC is a cooperative research community focused on mutisite, pragmatic clinical trials for pain management in military and Veteran communities. The PMC studies receive cooperative research funding from the NIH, VA and other DOD programs. In FY23, the CPMRP released the PMCCRA funding opportunity to strategically leverage the expertise, infrastructure and other resources established by the PMC Coordinating Center. The PMCCRA supports a 15-month planning award phase with an optional follow-on phase, pending availability of funding, to support a large-scale clinical trial that promotes acceleration of evidence-based research into clinical application. PMC working groups provide critical input and resources necessary for the success of any PMCCRA-supported efforts.

Paul Crawford, M.D. and Jeffrey Goodie, Ph.D., Uniformed Services University, received planning phase funding under the PMCCRA for the study Comparing Cognitive Behavioral Therapy and Acupuncture for Managing Chronic Pain, COMBAT-Pain, awards HT9425-24-1-1114 and HT9425-24-1-1115. Chronic low back pain is the most prevalent injury among the U.S. military. Management of chronic low back includes pharmacologic, non-pharmacologic and surgical interventions. Unresolved chronic low back pain represents a threat to force readiness and, in some cases, requires separation from the military. The funded phase of this study supports completion of activities required to initiate a pragmatic trial comparing acupuncture alone versus acupuncture delivered in conjunction with CBT for Chronic Pain, CBT-CP, to evaluate the effectiveness of the treatments in combination to treat chronic low back pain in military populations in military health care settings. The clinical trial, designed in collaboration with the PMC, proposes enrollment from multiple military sites. If completed, the trial may inform feasible and effective implementation of multi-modal pain management therapies into actionable clinical practice, utilization of health care and patient quality of life outcomes such as pain outcome and patient satisfaction.

LOOKING FORWARD

The ongoing research funded by the CPMRP reflects a patient-centered approach in delivering meaningful solutions for chronic pain. Research outcomes and products supported by the CPMRP seek to expand the understanding of the drivers of chronic pain. This robust continuum of research provides insight into manifestation of chronic pain, recovery trajectories and pathways to advance the next generation of pain management interventions. Program-level partnerships with federal funding agencies support the transition and translation of research outcomes.

The program continues to coordinate with key DHA stakeholders and clinical communities of interest to identify potential transition pathways for promising research outcomes with relevance to the MHS and Warfighter Readiness. The program will continue to maximize the impact of funded research outcomes to address the National Pain and Federal Pain Research Strategies and improve the medical readiness of Service Members, as well as quality of life and level of function of all Americans, with or at risk for developing chronic pain.

For more information, please visit
https://cdmrp.health.mil
or contact us at:
dha.detrick.cdmrp.mbx.public-affairs@health.mil

4/2025

The Congressionally Directed Medical Research Programs is a part of the Defense Health Agency, Research and Development Directorate, Medical Research and Development Command.