

## FACT SHEET

**TITLE:** **CHRONIC PAIN RELIEF WITH DR. JAMES DILLARD**  
[Stereo] [TV-PG] [CC]

**LENGTH:** 1/60

**NOLA CODE:** CPJD

**CATEGORY:** How-To

**OFFERED:** Premium Service 14 offer, December 2002

**RELEASE DATE:** March 1, 2003

**CONTRACT TERMS:** Unlimited use to be completed by March 31, 2006.

**PROGRAM SUPPLIER:** Connecticut Public Television

**PROGRAM DESCRIPTION:** Every morning, more than 50 million Americans wake up to another day of pain. Recent research has shown that the solution to chronic pain is almost never one “magic bullet” treatment, but a combination of therapies – often three or more – customized to an individual’s needs. The key is knowing how to combine the best of both conventional and alternative medicine. In this one-hour special, Dr. James Dillard reveals the biology of the new model of pain and how it has affected treatment options. He lays out practical approaches to deal with chronic pain including a pain diary, an evaluation tool, and strategies for putting together a pain-management team.

**PROMOTIONAL MATERIALS:** Use above for listing. A press kit, including fact sheet, press release bio, and interview is posted to FirstClass. Photography is available via e-mail and on [www.aptonline.org](http://www.aptonline.org).

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**PRODUCTION CREDITS:** Producer: Roynn Lisa Simmons.

Executive Producers: Gary Nenner, Larry Rifkin & Harriet Unger.

**BROADCAST HISTORY:** U.S. television premiere

**RELATED MERCHANDISE:** This program is available on VHS and DVD exclusively to public television stations. There is a companion book, "The Chronic Pain Solution" written by Dr. Dillard.

Pledge: If you are need assistance with premiums, please contact APT Station Services at 617-338-4455, ext. 121.

**VIEWER INQUIRIES:** American Public Television  
55 Summer Street, 4<sup>th</sup> Floor  
Boston, MA 02110  
617-338-4455 ext. 202

**COMMUNICATIONS CONTACT:** Donna Hardwick  
(617) 338-4455, ext. 129  
[donna\\_hardwick@aptonline.org](mailto:donna_hardwick@aptonline.org)

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(617) 338-4455, ext. 129  
donna\_hardwick@aptonline.org

## PRESS RELEASE

# WHAT IS CHRONIC PAIN AND WHY ARE OVER 50 MILLION AMERICANS SUFFERING FROM IT?

*Find out this March as public television presents, CHRONIC PAIN RELIEF WITH DR. JAMES DILLARD*

With over 50 million Americans suffering from chronic pain, what can be done to relieve the suffering of so many? In a new one-hour public television special airing in March 2003 (check local listings), Dr. James Dillard helps viewers make informed choices about their health care to find relief from chronic pain and resume everyday activities. In **CHRONIC PAIN RELIEF**, Dr. Dillard demonstrates that there is almost never one “magic bullet” treatment, but a combination of therapies – often three or more – customized to an individual’s needs. The key is knowing how to combine the best of both conventional and alternative medicine.

Recently Dr. Dillard spoke with American Public Television about the upcoming special. “As a pain practitioner, I see a lot of patients floundering around confused. I felt like people needed some guidance and because I have formal training on both sides of this equation – both traditional medicine and alternative medicine – I felt like I just wanted to give people a little bit of guidance,” says Dr. Dillard. “Being able to speak with them directly on the television show is an opportunity to try to give people hope. A lot of this is about guidance and hope – hope that they can take their lives back from pain, to recover a part of themselves that is lost. That’s what I hope to convey.”

Dr. James Dillard is one of the leading pain specialists in the United States, working daily out of the renowned University Pain Center in Manhattan. He is sought out by people who have suffered for years from chronic pain without relief. In this program he offers viewers new information and a new understanding of the nature of pain, a

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comprehensive program of cutting-edge medical treatments, a wide range of proven alternative approaches, and step-by-step guidance for choosing the right therapies and measuring progress.

**CHRONIC PAIN RELIEF WITH DR. JAMES DILLARD** is co-produced by Connecticut Public Television (CPTV) and Associated Broadcast Consultants in association with American Public Television (the special's national distributor). The program is hosted by Dr. James Dillard and produced by Roynn Lisa Simmons along with executive producers, Gary Nenner, Larry Rifkin, and Harriet Unger.

#### **About American Public Television**

For 41 years, American Public Television (APT) has been a major source of programming for the nation's public television stations. APT has more than 10,000 hours of programming including *Discovering the Real World of Harry Potter*, *Nightly Business Report*, *Globe Trekker*, *Rick Steves' Europe*, *Julia and Jacques Cooking at Home*, *Ballykissangel*, *Brian Jacques' Redwall* and *The Three Tenors Christmas*. APT is known for identifying innovative programs and developing creative distribution techniques for producers. In four decades, it has established a tradition of providing public television stations nationwide with program choices that enable them to strengthen and customize their schedules. For more information about APT's programs and services, log on to [www.aptonline.org](http://www.aptonline.org) or contact Donna Hardwick at 617/338-4455 ext. 129 or [donna\\_hardwick@aptonline.org](mailto:donna_hardwick@aptonline.org).

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## BIOGRAPHY

### DR. JAMES DILLARD

James N. Dillard, M.D., D.C., C.Ac., is assistant clinical professor, Columbia University College of Physicians and Surgeons, and clinical adviser to Columbia's Rosenthal Center for Complementary and Alternative Medicine. He is also attending physician at the New York—Presbyterian Hospitals and at Beth Israel Medical Center, Department of Pain Medicine and Palliative Care and Continuum Center for Health and Healing; and director of Complementary Medicine Services, University Pain Center, Manhattan.

Dr. Dillard is the author of *Alternative Medicine for Dummies*, as well as his latest book, *The Chronic Pain Solution* – a comprehensive guide on how to integrate the best of conventional and alternative medicine for chronic pain.

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## PROGRAM HIGHLIGHTS

### CHRONIC PAIN RELIEF WITH DR. JAMES DILLARD

#### **In this 60-minute special, Dr. James Dillard:**

- Shares with viewers the new research on how pain is transmitted through the body.
- Dispels many of the common myths that people have about pain.
- Informs audience about the new approaches to pain management.
- Presents the new options that are available to manage pain.
- Explores the risks and benefits of conventional medical treatments.
- Helps demystify the complementary approaches to healing such as massage, acupuncture, yoga and biofeedback.
- Shows viewers through his approach to pain management how to accurately assess their pain and build an appropriate strategy that will help relieve it.
- Explains how to keep a “pain diary,” an essential tool in identifying the things that can trigger pain during a patient’s day.
- Shares with viewers how to choose the types of professionals that they might want on their “pain team.”
- Inspires viewers to find their personal path to pain relief.

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## INTERVIEW WITH DR. JAMES DILLARD

### CHRONIC PAIN RELIEF WITH DR. JAMES DILLARD

***Q: How did you become interested in pain relief as a specialty?***

Well, as I mentioned in the show I taped for APT, I had experienced chronic spine pain as a kid, I had a bone-growth condition called Scheuermann's Disease. It caused me mid-and upper-back pain almost every day as a kid. I don't know if that's the major thing that inspired me but it's something that I understand. I understand what it's like to live in chronic pain.

***Q: How is chronic pain described?***

Chronic pain is an unpleasant sensation of a bodily nature. It's not usually thought of as emotional pain or other aspects of suffering. It's a physical unpleasant sensation that most people would characterize as being pain that lasts more than six months. Acute pain is up to six weeks and the period between those two is usually referred to as sub-acute and then after you hit the six month level we characterize it as chronic.

***Q: How many Americans are facing chronic pain?***

Fifty to 65 million Americans suffer with chronic pain every day. Some of these people have underlying illness that is a clear source of their pain but for many people, we don't understand what the source is. What exactly is hurting when you have a headache? What is hurting when you have chronic back pain? Well, most back doctors can't figure that out. Why is arthritis so painful? These are all questions that are not well answered at this point. Low back pain and headache compete for the number one spot as the cause for days out of work. Both of those illnesses are somewhat mysterious. Many headache doctors and many back doctors will be pretty honest about that.

One quarter of all American households is affected by chronic pain. If there is someone in that family that lives in chronic pain, it affects the character of the entire household. More people are disabled by chronic pain than cancer and heart disease put together. The problem is that people are very confused, and I think this is one of the most important points about this show and the book. They've run around to several different doctors. They've tried this, they've tried that, they've had bad side effects, they've had injections, they've had surgeries and they still live in chronic pain.

***Q: Does Chronic Pain affect people differently?***

Yes. The things that go along with chronic pain are depression, anxiety, a sense of loss of self, a sense that something catastrophic has happened in the whole fabric of a

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person's life, and a sense of being separated from whom and what you used to be. Chronic-pain patients often feel very isolated and very disconnected from their lives. We always have to look to see how depressed somebody is; pain, depression and anxiety live in a triumvirate together.

A particular individual will respond to a pain situation based upon many factors, what the pain is, what the underlying illness is. Obviously somebody who has chronic pain from a poorly understood source is going to be different from somebody who has chronic pain due to cancer. It depends on the individual. It's very important to work with psychologists and psychiatrists in treating the chronic pain. The pain-relief television show for APT and the book, *The Chronic Pain Solution*, are not about substituting alternative therapies for appropriate modern pain medicine. But rather simply enhancing what is being done by the best of modern-pain physicians.

Even if we use the best pharmacology we can and we combine those medications as best as we possibly can, surveys of multiple pain patients show that on average we're able to take away only 57% of people's pain. Even by using everything we have in the medicine cabinet right now and using it as well as we possibly can, we're still going to have 43% of people's pain remaining. So what do we do about those 43%? Do we simply jack them up on more medicine? The problem is that people get side effects and we have to back off. We stick needles in them, we do surgeries, we do lots of stuff, but on average we still can't take away all the pain. I see that 43% as an opportunity to incorporate conventional non-drug therapies, such as physical therapy and other things that are being done in the hospitals, but also to weave in the best of complementary and alternative therapies.

***Q: How are these complementary and alternative therapies viewed in the United States vs. the conventional methods of treating chronic pain that might be seen as superior?***

As I say in the show, I believe there is an artificial conflict in the minds of many practitioners, patients and people living in pain – that you have to pick one or the other, that you have to go the standard medical route and see your doctors and get your injections and your surgeries. And then there is the other group of people that think that doctors and surgeons are barbarians and they want to use only alternative therapies and natural therapies. I think that this is a false conflict and it actually stops people from getting pain relief. Many pain patients naturally combine conventional pain approaches with complementary therapies.

***Q: What do you suggest to someone who is dealing with chronic pain?***

The first suggestion I always make for people is that they have to be fairly certain that they have a good diagnosis. There are lots of people who want to treat themselves and

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be treated without knowing what the heck is going on. They need to know the cause and then, I believe they need to work with someone who understands pain. Most doctors understand strokes, cancer and cardiovascular illness.

I think for somebody who has lived with chronic pain for awhile and they can't find adequate resources in the area where they live, they need to go to an academic medical center, a teaching hospital, hospitals that are affiliated with medical schools and try to find pain specialists who can perhaps give them a little bit better diagnosis and treatment.

You need to have a good doctor on the pain team, as I talk about in the show, to help direct what needs to be done medically, manage medications, consider whether or not any testing needs to be done and be your partner in the therapeutic plan. Then you can do trials with other therapies and other kinds of treatments to see if they're helpful and add that into your own pain program and your pain team.

***Q: Why did you decide to write the book *The Chronic Pain Solution*, and create this public television program?***

The main reason behind the book is just observing the fact that though conventional medicine has a lot to offer, if it had all the answers we wouldn't have 50 – 65 million Americans living with chronic pain. There's got to be something wrong with this picture. As a pain practitioner, I see a lot of patients floundering around confused. I felt like people needed some guidance and because I have formal training on both sides of this equation – both in traditional medicine and in alternative medicine (acupuncture, chiropractic, nutritional medicine, herbal medicine, mind/body medicine and Reiki) – I felt like I just wanted to give people a little bit of guidance. There are a lot of people who are hopeless, they've hit the wall. They've been told nothing more can be done, and that's often not the case. Being able to speak with them directly on the television show is another opportunity to try to give people hope. A lot of this is about guidance and hope – hope that they can take their lives back from pain, to recover a part of themselves that is lost. That's what I hope to convey with both the book and the television show.

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