



# Research priorities of Canadian Veterans living with chronic pain



# Forward

I am very pleased to be presenting this public report of the CPCoE's 2023 research priority setting process.

In many ways, this process reflects some of the highest aspirations of the CPCoE – a transparent, equitable, and rigorous process whereby the expertise of Veterans living with chronic pain can be considered together with the best available scientific knowledge to forge a path to building new knowledge to improve the well-being of Veterans, their family members, and civilians living with pain.

Organizationally, the CPCoE is committed to using these priorities to inform all of our scientific activities over the next several years. As we document in the report, we have already used these priorities to inform every aspect of our 2023 research competition and we look forward to supporting a diversity of research projects directly addressing these priorities.

I also believe that these priorities can, and should, play a significant role in providing guidance and justification for the scientific activities of researchers, research funders, policy makers and others involved in developing and synthesizing knowledge in service of improving the well-being of Veterans and others living with pain – both here in Canada and also internationally. I encourage these groups to consider, and where relevant to reference, this report when developing new research proposals, constructing research funding opportunities, or constructing Veteran- or pain-focused researched agendas.

I want to acknowledge and thank all of the CPCoE staff for bringing this new initiative to fruition, including Douglas Rust and Chelsea White from the research team. Their commitment over the last several years is commendable. Tamara Rader provided outstanding, timely, and practical advice throughout and allowed this priority setting process to align with the internationally respected norms of the James Lind Alliance. Thank you to Drs. Norm Buckley and Jason Busse who prepared the groundwork and set the direction for setting relevant and feasible research priorities. And the highest praise must be reserved for the members of the CPCoE's Advisory Council for Veterans who graciously continue to volunteer their time and deep experience to support the CPCoE. I can only hope that this report does justice to your outstanding engagement, enthusiasm, knowledge, and expertise!



Sincerely,

A handwritten signature in blue ink, consisting of a large, stylized 'A' followed by a horizontal line that tapers off to the right.

Abhimanyu Sud, MD PhD CCFP  
Chief Scientific Officer



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# Developing Research Priorities of Canadian Veterans living with chronic pain

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Veterans, especially those with service-related injuries, can face a host of unique health challenges. The CPCoE maintains the principle of Veteran engagement at the core of all research activities. Consultation and engagement with Veterans, which includes an Advisory Council for Veterans to advise on research priorities, began prior to establishing the organization and continues as a lasting priority. This ongoing engagement helps the CPCoE to develop a deeper and more thorough understanding of the day-to-day challenges Veterans, and their families, face as a result of their experience with chronic pain. That understanding is used to shape research to ensure that it will have a genuine and practical positive impact on the well-being of Veterans living with chronic pain.

The initial CPCoE research priorities were established through a qualitative study by Dr. Jason Busse, the CPCoE's former Director of Research, which utilized semi-structured interviews with Canadian Veterans to establish eight initial research priorities.<sup>1</sup> Following this initial set of priorities, the CPCoE utilized a Solicitation of Research Topics form distributed to Veterans, clinical staff, and researchers through the CPCoE mailing list. This form allowed participants to identify topics, previous evidence, relevance of the topic, and which stakeholders would be impacted by research on this topic.

In an effort to engage Canadian Veterans even more deeply in the priority setting of the CPCoE, and thereby achieve even greater relevance, transparency, and confidence in our research process, this year's priority setting process was informed by the work of the James Lind Alliance (JLA).<sup>2</sup> The JLA process is designed to utilize stakeholder feedback, such as Veterans and clinicians who treat them, to generate awareness of researchable uncertainties, which have the potential to benefit those who treat and those



who are being treated. The process generates uncertainties based on stakeholder feedback and allows research funding to be informed by people with lived experience.

## Strategy

In December 2022 the CPCoE sought consultation from Tamara Reider, an expert trained by the James Lind Alliance, to provide feedback and guidance on restructuring the CPCoE's process for prioritization. The resultant strategy identified the following project milestones important to the CPCoE's priority setting:

- 1** Conducting anonymous survey capturing the required data and perspectives from stakeholders to inform uncertainties being brought to the Advisory Council for Veterans for priority setting.
- 2** Determining uncertainties based on collected data, reviewed and validated from the perspectives of a Veteran and researcher.
- 3** Hosting an in-person priority setting meeting with the Advisory Council for Veterans to rank priorities.
- 4** Developing requests for proposals based on the identified priorities and significant financial investment into research of these priorities.
- 5** Disseminating the list of priorities to relevant stakeholders such as Canadian Veterans, research funders, government institutions and others.

## Implementation

*Survey:* The CPCoE developed a 10 question ([Appendix A](#)) survey for distribution to Veterans, clinicians, and researchers who were able to provide perspective on important issues of relevance that they felt warranted research.

*Developing Uncertainties:* Data from the survey was examined to identify common themes amongst the issues of relevance, which were then sorted into categories. From these categories, a list of 20 uncertainties was developed to be brought to the ACV for priority setting.

*Priority Setting Process:* On February 15, 2023, 10 members of the ACV, facilitators, and observers (CPCoE staff) met in person for a workshop to identify and prioritize the 20 uncertainties into gold, silver and bronze categories.

*Requests for Proposals:* The resultant priorities outlined in this report led to the development of a request for proposals. The call launched on May 8, 2023 and closed August 28, 2023. Within the gold priorities, themes of comorbid mental health conditions, transition from military to civilian status, and health systems and policy gaps became the central focus of the call and were reflected in the outlined objectives of the call.

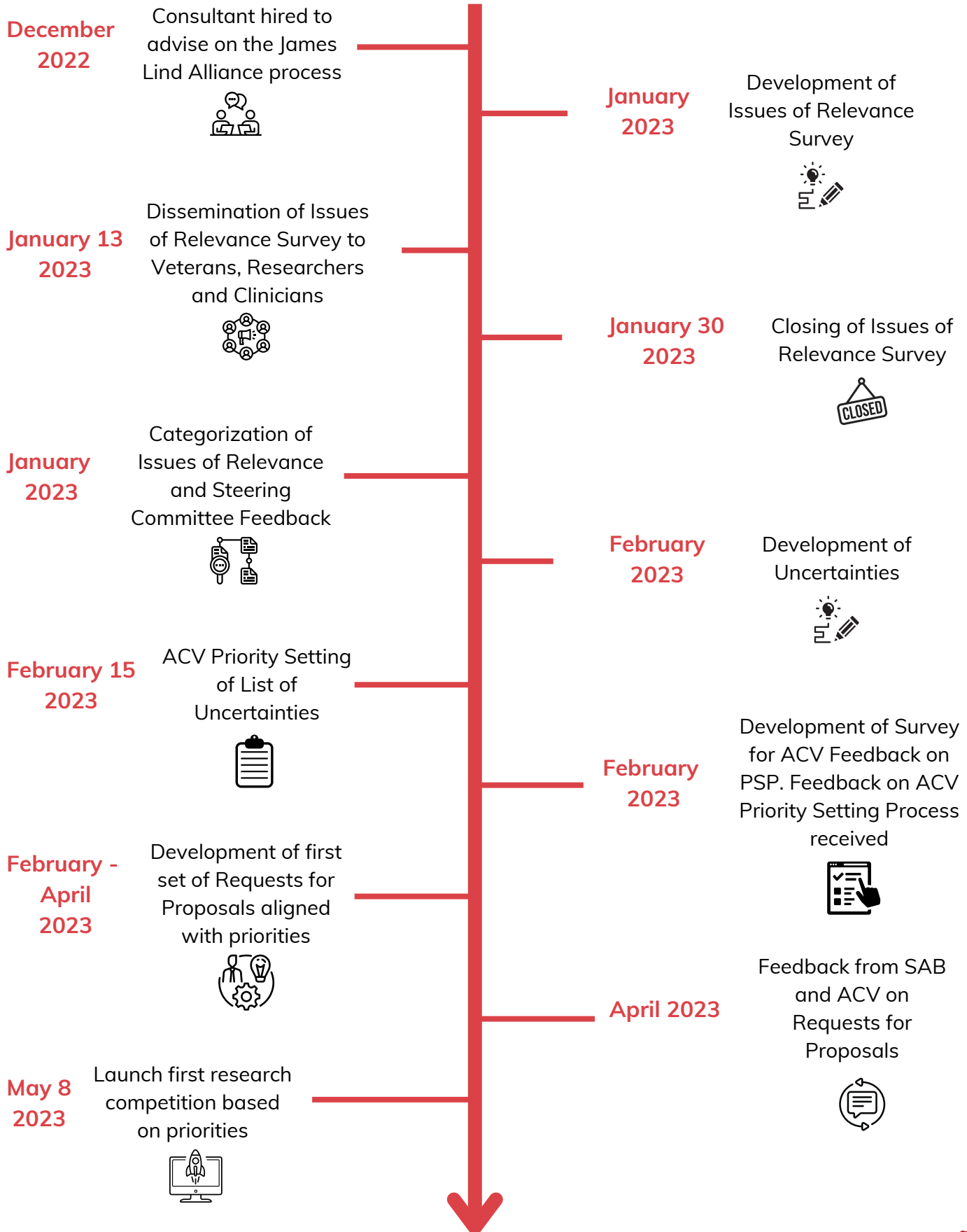
## Up Next

Following the first round of requests for proposals based on the identified priorities, the CPCoE intends to utilize the identified priorities to inform the next call for proposals in 2024. The next funding competition may further programs of research within the initial call focused on the priorities, as well as further delve into the list of priorities and create new programs of research.



The CPCoE will aim to generate awareness of the priorities within other organizations to help further research within the field of Veterans chronic pain. By making the list of priorities available and being transparent of the Veteran-informed process, the CPCoE provides confidence and a platform for other funding organizations to develop programs of research to understand further the list of priorities and have a positive impact on the overall well-being of Canadian Veterans living with chronic pain.

# Project Milestones



# Steps Leading to Priority Setting

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## Issues of Relevance Survey

Rather than soliciting specific research questions, the issues of relevance survey was developed with the goal of understanding the issues that Veterans living with chronic pain face. The survey was targeted at Canadian Veterans and clinicians. Following the JLA model, there was not a significant emphasis placed on soliciting input from researchers since they already have a disproportionate influence on current research trajectories. The survey outlined for participants how they can share their issues, what will happen with their suggested issues, and what will happen with the information they provided. The survey included a total of 10 questions and was available in French and English ([Appendix A](#)). In addition to demographics, the survey focused on the following:

- 1) What is the issue you have identified?
- 2) How was this issue identified?
- 3) Why is this issue a challenge for Veterans, and their families, suffering from chronic pain?
- 4) How might addressing this issue improve the well-being of Veterans suffering from chronic pain and their families?
- 5) Which stakeholder group(s) would benefit most from addressing this issue? (Select all that apply)

## Dissemination of Survey and Results

The survey was anonymous and conducted online, accessible via desktop and handheld devices. The survey was disseminated to 3758 total recipients, resulting in 3020 opens of the email and 482 total clicks of the survey. In total, 83 responses were received (75 English, 8 French). Overall, 44.5% of the issues were identified because of personal or lived experience of chronic pain and 22% came from discussion with a Veteran and/or family member of a Veteran living with chronic pain. Additionally, 62% of the responses came directly from Veterans living with chronic pain and 13% of the responses were from clinicians who treat Veterans living with chronic pain.

## Categorization and Steering Group

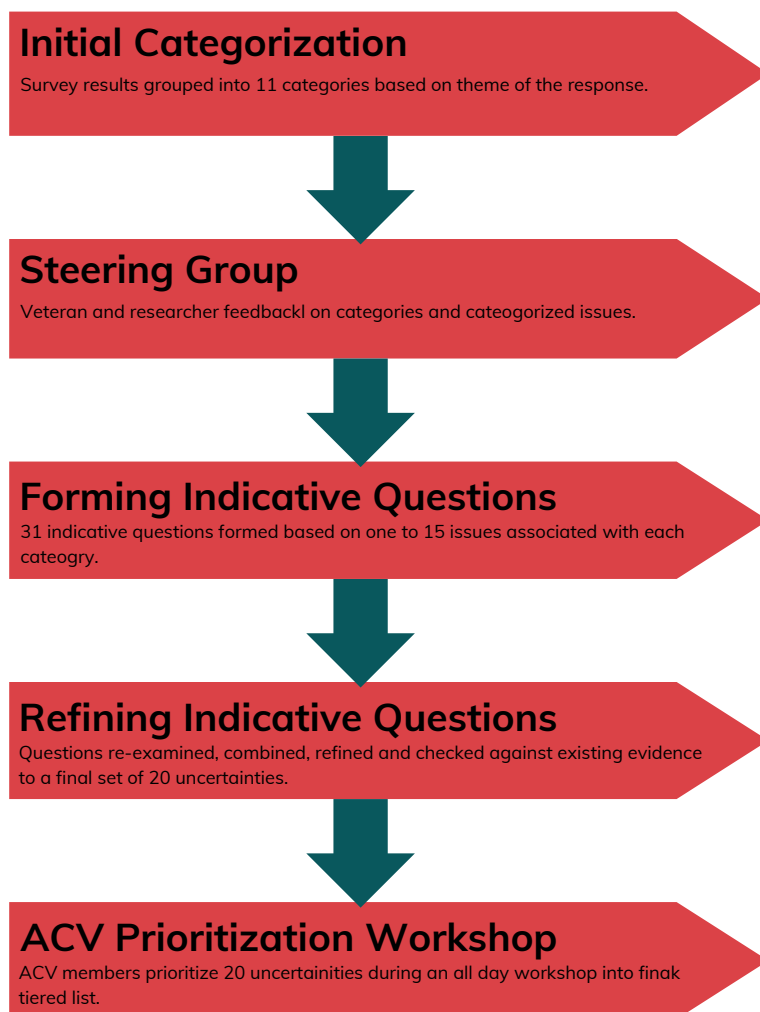
Data from the questions above were examined to develop common themes and categories. This process was carried out by Douglas Rust, the CPCoE's Research Coordinator, and Dr. Abhimanyu Sud, the CPCoE's Chief Scientific Officer. Each individually examined the data and created categories based on their observations. The individual categorizations were reconciled and then responses were sorted into relevant categories, with some responses being sorted into multiple categories. A list of the categories can be found in [Appendix B](#).



The steering group consisting of a Veteran with research experience (Hélène Le Scelleur) and a researcher with experience in Veterans chronic pain (Dr. Jason Busse) reviewed the issues of relevance within each category to provide feedback, suggest additional categories, or identify data that did not fit the initial assigned category.

## Development of Uncertainties

Once the categories were established, the first step of uncertainty development involved examining the issues within each category again to identify common themes within each category. For example, 21 issues of relevance were used to develop the category “Mental Health, Mood and Chronic Pain.” Within this category, 14 of the responses had a theme of understanding how chronic pain can impact the mental health of a Veteran or how comorbid chronic pain and post-traumatic stress disorder can impact daily living. Additionally, 4 issues within this category had a theme of understanding the relationship



between chronic pain and suicide in Canadian Veterans. The themes identified within each category informed a set of indicative questions. Indicative questions are rephrased or combined issues of relevance within a category in the form of a question to facilitate appropriate consultation against existence scientific questions. The result was a list of 31 indicative questions relating to between 1 and 15 issues of relevance per question.

These 31 indicative questions were examined against existing evidence to determine scientific uncertainties – namely, gaps in scientific evidence<sup>3</sup> versus gaps in implementation<sup>4</sup>. This involved consulting primary studies and systematic reviews relating to the

indicative questions, such as a systematic review of post-traumatic stress disorder (PTSD) and co-morbid chronic pain in United States Veterans, and a systematic review of clinical decision support systems for chronic pain referrals. ([Appendix C](#)).

This process helped to identify the depth and breadth of available evidence, for example identifying gaps in knowledge generation from a Canadian context. The indicative questions were also considered against the Canadian Pain Task Force (CPTF) reports, and showed strong alignment with the findings of the reports, including priorities relating to Veterans.<sup>5</sup>



In the next step, in order to develop a target of 20 uncertainties that could be reasonably prioritized by the Advisory Council of Veterans, indicative questions with strong overlap were combined into single questions and questions for which there was robust existing evidence were eliminated. By creating a list of 20 uncertainties, the ACV would then be able to realistically rank these uncertainties into tiers. The ranked uncertainties would form the research priorities of the CPCoE. The overall process is summarized by the flow diagram below. For a glossary of the terms used within the process, please see [Appendix D](#).

# Priority Setting Process Workshop

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## What

The priority setting process workshop took place February, 15, 2023 and was attended by 10 of 12 members of the ACV, facilitators, and CPCoE staff. The meeting was facilitated by Chelsea White, Manager – Research and Development from the CPCoE and Tamara Rader, MLIS. The facilitators ensured all participants were actively included in the discussion following the James Lind Alliance's principle of equal involvement. Four CPCoE staff supported the preparation and discussions, and an additional five CPCoE staff participated as observers. The meeting took place over the course of a full day.



## How

Prior to the meeting, ACV members were sent a workshop guide and the 20 item list of uncertainties. Before attending the workshop, ACV members were asked to review the uncertainties and to rank the questions utilizing a provided worksheet.

The meeting consisted of three rounds of discussion. The first focused on individual reflection of the work prior to the workshop and took place within the entire group. Each individual was asked to share their top 5 uncertainties, as well as their bottom 5 uncertainties. The second round of discussion focused on small group discussion where groups were tasked with ranking each of the priorities based on their individual lists as well as feedback from the first discussion. The final discussion was a whole group reflection where final rankings of the priorities were established and group consensus was achieved.

For two members of the ACV who were unable to be present in person, a subsequent online session was held with the facilitators and 2 CPCoE staff where these individuals were able to reflect on the uncertainties and provide their top five and bottom five. This ensured all active members of the ACV were heard and had input into the resultant priorities list.

Final priorities were separated into gold, silver and bronze tiers. The CPCoE will target gold priorities first, but acknowledges some uncertainties have overlapping themes that may be targeted in the same calls for proposals. The CPCoE recognizes that all of these uncertainties have been identified as priorities for Veterans through the steps leading to the priority setting process and will attempt to further programs of research addressing each of these priorities.

### Gold



- How does chronic pain impact the mental health of Canadian Veterans?
- What impact does having both chronic pain and PTSD have on the daily living of Canadian Veterans?
- What is the impact of transition to civilian life on the identity and mental health of Canadian Veterans with chronic pain?
- How common is it for Canadian Veterans to be without a family physician? How can the transition from military care to civilian care be improved for Canadian Veterans?
- How does transition impact the family of a Canadian Veteran with chronic pain?
- What is the decision making process by physicians and health administrators (e.g. VAC) regarding referring Canadian Veterans to interdisciplinary care?
- What are the differences in Veteran pain care treatment across Canadian provinces / territories (in terms of forms of care, accessibility, system level strategies)? Do differences across provinces and territories impact Veterans with chronic pain?
- What is the relationship between chronic pain and suicide in Canadian Veterans?
- What are the different diagnoses and treatments for managing pain related to common service related injuries in Canadian Veterans? How does this compare to best practices overall?
- What is the best way for improving important factors for quality of life (e.g. sleep quality and social engagement) in Canadian Veterans?



## Silver



- What are the experiences of chronic pain amongst female and visible minority Canadian Veterans? How are these different from the experiences of dominant groups?
- What is the cost effectiveness of interdisciplinary care for chronic pain management for Canadian Veterans?
- What alternative treatments would benefit Canadian Veterans living with chronic pain (e.g. aquatic therapy, mindfulness, social dance, non-medication)? How can Canadian Veterans gain access to these alternative treatments?
- How can family members of Canadian Veterans with chronic pain best support the Veteran? What resources exist to support family understanding of chronic pain and its impact on daily life?
- How can Canadian Veterans with chronic pain best maintain a level of activity and work similar to their experience while in service?

## Bronze



- What are the impacts of mindfulness therapies for Canadian Veterans with both chronic pain and mental illness?
- What are the relationships between chronic pain and traumatic brain injury amongst Canadian Veterans?
- What are the harms and benefits to Canadian Veterans with chronic pain from having to continuously share their story at new appointments? Are there tools that can support Veterans with telling their medical story, including during their transition?
- What natural and herbal health products are relevant and available to support Canadian Veterans with chronic pain?
- How can non-family support networks (e.g. peers, general public) help reduce stigma for Canadian Veterans with chronic pain?



## 2023 Request for Proposals

Based on the results of the priority setting process, certain themes appeared in the gold tier priorities that linked some of the priorities together. The CPCoE utilized these themes to inform the first requests for proposals based on this priority setting process. Each of the themes was informed by at least 4 priorities. Following a background literature review of associated priorities, specific objectives were formed for each of the priorities within the three identified themes. The themes, associated priorities, and specific objectives of the request for proposals are outlined below. For a list of references utilized to inform the request for proposal development, see [Appendix E](#).





Theme 1: Addressing the chronic pain and mental illness comorbidity	
RFP Objectives	Associated Priorities
<ul style="list-style-type: none"><li>• Advance the understanding of the complex relationship between chronic pain and associated mental health conditions amongst Canadian Veterans, including encouraging innovations in research approaches that adequately capture and account for chronic pain and mental illness comorbidities.</li><li>• Explore how the experience and impact of chronic pain and comorbid mental health conditions compares between Canadian Veterans and the civilian population.</li><li>• Develop and evaluate clinical, system, and/or policy interventions to improve comorbid chronic pain and mental illness for Canadian Veterans.</li><li>• Support Canadian Veterans in alleviating the impact of comorbid chronic pain and post-traumatic stress disorder on their activities of daily living.</li><li>• Explore the relationship of chronic pain as a risk for suicidal ideation and suicide in Canadian Veterans living with pain.</li></ul>	<ul style="list-style-type: none"><li>1 How does chronic pain impact the mental health of Canadian Veterans?</li><li>1 What impact does having both chronic pain and PTSD have on the daily living of Canadian Veterans?</li><li>1 What is the impact of transition to civilian life on the identity and mental health of Canadian Veterans with chronic pain?</li><li>1 What is the relationship between chronic pain and suicidal ideation and suicide in Canadian Veterans?</li></ul>

## Theme 2: Deepening our understanding of the military to civilian transition for Veterans living with chronic pain

### RFP Objectives








- To better understand the impact of transition from military to civilian life on the identity and mental health of Canadian Veterans, with a focus on Veteran living with chronic pain and their family members.
- To test the applicability of theories, models, or frameworks for analyzing other kinds of health transitions to the Veteran transition experience, or to develop new frameworks for doing so.
- To analyze how transition impacts access to healthcare of Canadian Veterans living with chronic pain, including specific consideration of access to and engagement with family physicians and primary care.
- To identify opportunities to improve the transition experience of Canadian Veterans living with chronic pain.
- To build the capacity and knowledge of Canadian Veterans with chronic pain to maintain a level of activity, work, and/or function post transition, comparable to their experience in the military.

### Associated Priorities

-  What is the impact of transition to civilian life on the identity and mental health of Canadian Veterans with chronic pain?
-  How common is it for Canadian Veterans to be without a family physician? How can the transition from military care to civilian care be improved for Canadian Veterans?
-  How does transition impact the family of a Canadian Veteran with chronic pain?
-  How can Canadian Veterans with chronic pain best maintain a level of activity and work similar to their experience while in service?



### Theme 3: Addressing health system and policy gaps for Veterans living with chronic pain

RFP Objectives	Associated Priorities
<ul style="list-style-type: none"> <li>Determine barriers and facilitators of Canadian Veterans seeking access to primary care and chronic pain care in Canada.</li> <li>Comparatively analyze chronic pain health services for Canadian Veterans, and civilians, across health systems. This may include, but need not be limited to, comparisons of models and forms of care, issues of accessibility, system-level variations, and considerations of variable policy trajectories.</li> <li>Support Canadian Veterans in understanding and navigating common diagnostic and treatment pathways for managing chronic pain related to common service-related injuries and how these compare to best practices in chronic pain management.</li> <li>Improve the understanding of the relationships between primary care and interprofessional models of care for Veterans, and civilians, living with pain. This may include, but need not be limited to, understanding the decision-making and communication processes across different levels of care, and consideration of the efficiency and cost-effectiveness of different models of care including interprofessional chronic pain care.</li> </ul>	<ul style="list-style-type: none"> <li> How common is it for Canadian Veterans to be without a family physician? How can the transition from military care to civilian care be improved for Canadian Veterans?</li> <li> What is the decision making process used by physicians and health administrators (e.g. VAC) regarding referring Canadian Veterans to interdisciplinary care?</li> <li> What are the differences in Veteran pain care treatments across Canadian provinces/territories (in terms of forms of care, accessibility, system level strategies)? Do differences across provinces and territories impact Veterans with chronic pain?</li> <li> What are the different diagnostic and treatment pathways for managing pain related to common service related injuries in Canadian Veterans? How does this compare to best practices?</li> <li> What is the cost effectiveness of interdisciplinary care for chronic pain management for Canadian Veterans?</li> <li> What alternative treatments would benefit Canadian Veterans living with chronic pain (e.g. aquatic therapy, mindfulness, social dance, non-medication)? How can Canadian Veterans gain access to these alternative treatments?</li> <li> What are the harms and benefits to Canadian Veterans with chronic pain from having to continuously share their story at new appointments? Are there tools that can support Veterans with telling their medical story, including during their transition?</li> </ul>



## Next Steps

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The CPCoE will continue to fund research focused on the identified priorities by holding additional research competitions. The next expected funding competition will take place in the Spring of 2024. The CPCoE will continue to evaluate the priorities and the programs of research generated to determine future use of the priorities internally beyond the next funding competition.

The CPCoE intends to follow in the success of past priority setting processes that have been effective in utilizing priorities to inform research. According to a recent report published on the JLA website, 17% of top ten priorities from previous priority setting processes resulted in funded research, and 45% of top ten priorities resulted in translational work.<sup>2</sup> A model to follow from the JLA would be the Tinnitus PSP which took place 2012 and addressed or had plans to address nine of the top ten priorities within four years of the priority setting process taking place.<sup>8</sup> The CPCoE can utilize this priority setting process and the success of past processes as a measurement of success for its own priorities and their uptake and utilization.

**Dissemination Plan:** The CPCoE intends to make this report available to relevant stakeholders, as well as available on the CPCoE website. By sharing with stakeholders, the aim is that other organizations, funders, advocacy groups will find relevance in the priorities and help push the programs of research in support of Veteran well-being. The CPCoE will also develop a scientific manuscript focused on the process and development behind the priorities for others to use to help guide their own priority setting.

**Funders:** The CPCoE intends to share the priorities with other relevant research funders to advocate for the priorities to be incorporated into future funding opportunities as well as to identify opportunities for collaboration on funding opportunities.

**Researchers:** The CPCoE will share priorities with researchers focused on Veteran research and pain research to help advance existing programs of research or spark new avenues of research. Additionally, the CPCoE will also share the priorities with prospective researchers who may be working in similar fields to the priorities to help bring new researchers to the field of Veteran chronic pain.

**Collaborations:** The CPCoE will explore potential collaborations with relevant Canadian stakeholders who may have similar interests in developing programs of research based upon the priorities. By aligning similar interests, these collaborations could result in the co-funding of research based on the priorities.

**Organizations:** The CPCoE will share the priorities with pain advocacy the goal of further dissemination of the priorities as well as additional advocacy of relevant priorities to important stakeholders and groups at various levels.

# Acknowledgements and Disclaimer

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Views expressed in the publication are those of the author(s) and not necessarily those of Veteran Affairs Canada, or other government departments.

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# Appendix A

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## 2023 CPCoE Issues of Relevance Survey Questions

- 1) What is the issue you have identified?
- 2) How was this issue identified?
  - a. Personal/Lived Experience
  - b. Clinical Reflection
  - c. Discussion with a Veteran and/or Family Member
  - d. Previous Research
  - e. Other Research Priority
  - f. Other
- 3) Why is this issue a challenge for Veterans, and their families, suffering from chronic pain?
- 4) How might addressing the issue improve the well-being of Veterans suffering from chronic pain and their families?
- 5) Which stakeholder group(s) would benefit most from addressing this issue? (Select all that apply)
  - a. Veterans living with chronic pain
  - b. Other Veterans without chronic pain
  - c. Active military
  - d. Veteran family members
  - e. Clinicians providing care to Veterans
  - f. Veteran health administrators
  - g. Pain Researchers
  - h. Veteran health researchers
  - i. Other
- 6) Which of these statements best describes you?
  - a. Veteran living with chronic pain
  - b. Veteran without chronic pain
  - c. Active military
  - d. Veteran family member or friend
  - e. Clinician providing care to Veterans
  - f. Veteran health administrator
  - g. Pain researcher
  - h. Veteran health researcher
  - i. Other
- 7) Where do you live?
  - a. British Columbia
  - b. Alberta
  - c. Saskatchewan
  - d. Manitoba
  - e. Ontario
  - f. Québec
  - g. New Brunswick
  - h. Nova Scotia
  - i. Prince Edward Island

## Appendix A

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- j. Newfoundland
  - k. Yukon
  - l. Northwest Territories
  - m. Nunavut
  - n. Other
- 8) Do you identify as First Nations, Inuk/Inuit, and/or Métis? (Select all that apply)
- a. Yes, First Nations
  - b. Yes, Inuk/Inuit
  - c. Yes, Métis
  - d. No
  - e. Do not know
  - f. Prefer not to answer
- 9) In our society, people are often described by their race or racial background. These are not based in science, but our race may influence the way we are treated by individuals and institutions, and this may affect our health. Which category(ies) best describe(s) you?
- a. Black (African, African Canadian, Afro-Caribbean descent)
  - b. East Asian (Chinese, Japanese, Korean, Taiwanese descent)
  - c. Indigenous (First Nations, Inuk/Inuit, Métis descent)
  - d. Latin American (Hispanic or Latin American descent)
  - e. Middle Eastern (Arab, Persian, West Asian descent)
  - f. South Asian (Bangladesh, Indian, Indo-Caribbean, Pakistani, Sri Lankan descent)
  - g. Southeast Asian (Cambodian, Filipino, Indonesian, Thai, Vietnamese descent)
  - h. White European descent
  - i. Do not know
  - j. Prefer not to answer
  - k. Other
- 10) How would you describe your gender?
- a. Man
  - b. Woman
  - c. Gender fluid/non-conforming
  - d. Nonbinary
  - e. Trans man
  - f. Trans woman
  - g. Two-Spirit
  - h. Questioning
  - i. Prefer not to answer
  - j. Other

## Appendix B

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### List of Categories

- 1) Mental health, mood, and chronic pain
- 2) Identity, transition, and stigma
- 3) Understanding different pain conditions and pain multimorbidity
- 4) Improve knowledge and practices of civilian healthcare providers
- 5) Family education and support
- 6) Access to care, alternative treatments, and resources (gym, pool, etc)
- 7) Access to non-cannabis medications
- 8) Understanding medication side effects
- 9) Quality of life (social participation, employment, sex, sleep, etc) and self-worth
- 10) Chronic pain in minority populations
- 11) Understanding available supports and treatments from VAC

## Appendix C

### Uncertainty and Existing Research Summary

The following is the list of uncertainties that were compared against existing research. Title and abstract screening determined if the uncertainties were previously answered by research or if there were problems of implementation of known issues. Potentially relevant research was recorded to be utilized during the development of requests for proposals. Evidence available is listed for a Veteran specific population as well as a general chronic pain population.

#### Uncertainty: How does chronic pain impact the mental health of Canadian Veterans?

Veteran specific:	Beech EH, Rahman B, Ward R, Anderson J, Belsher BE, Parr NJ. Evidence Brief: Treatment of Comorbid Conditions. Washington, DC: Evidence Synthesis Program, Health Services Research and Development Service, Office of Research and Development, Department of Veterans Affairs. VA ESP Project #09-203; 2021.
General population:	Adawi M, Chen W, Bragazzi NL, Watad A, McGonagle D, Yavne Y, Kidron A, Hodadov H, Amital D, Amital H. Suicidal Behavior in Fibromyalgia Patients: Rates and Determinants of Suicide Ideation, Risk, Suicide, and Suicidal Attempts-A Systematic Review of the Literature and Meta-Analysis of Over 390,000 Fibromyalgia Patients. <i>Front Psychiatry</i> . 2021 Nov 19;12:629417. doi: 10.3389/fpsy.2021.629417. PMID: 34867495; PMCID: PMC8640182. Aloush V, Gurevich-Shapiro A, Hazan E, Furer V, Elkayam O, Ablin JN. Relationship between religiosity, spirituality and physical and mental outcomes in fibromyalgia patients. <i>Clin Exp Rheumatol</i> . 2021 May-Jun;39 Suppl 130(3):48-53. doi: 10.55563/clinexprheumatol/fcxigf. Epub 2021 Apr 9. PMID: 33886455. Zhang X, Gao R, Zhang C, Chen H, Wang R, Zhao Q, Zhu T, Chen C. Evidence for Cognitive Decline in Chronic Pain: A Systematic Review and Meta-Analysis. <i>Front Neurosci</i> . 2021 Sep 22;15:737874. doi: 10.3389/fnins.2021.737874. PMID: 34630023; PMCID: PMC8492915.

#### Uncertainty: What impact does having both chronic pain and PTSD have on the daily living of Canadian Veterans?

Veteran specific:	Benedict TM, Keenan PG, Nitz AJ, Moeller-Bertram T. Post-Traumatic Stress Disorder Symptoms Contribute to Worse Pain and Health Outcomes in Veterans With PTSD Compared to Those Without: A Systematic Review With Meta-Analysis. <i>Mil Med</i> . 2020 Sep 18;185(9-10):e1481-e1491. doi: 10.1093/milmed/usaa052. PMID: 32248229.
General population:	None

#### Uncertainty: What is the impact of transition to civilian life on the identity and mental health of Canadian Veterans with chronic pain?

Veteran specific:	None
General population:	None

## Appendix C

### Uncertainty: How common is it for Canadian Veterans to be without a family physician? How can the transition from military care to civilian care be improved for Canadian Veterans?

Veteran specific:	<p>Baria AM, Pangarkar S, Abrams G, Miaskowski C. Adaption of the Biopsychosocial Model of Chronic Noncancer Pain in Veterans. <i>Pain Med.</i> 2019 Jan 1;20(1):14-27. doi: 10.1093/pm/pty058. PMID: 29727005.</p> <p>Gaffey AE, Burg MM, Rosman L, Portnoy GA, Brandt CA, Cavanagh CE, Skanderson M, Dziura J, Mattocks KM, Bastian LA, Haskell SG. Baseline Characteristics from the Women Veterans Cohort Study: Gender Differences and Similarities in Health and Healthcare Utilization. <i>J Womens Health (Larchmt).</i> 2021 Jul;30(7):944-955. doi: 10.1089/jwh.2020.8732. Epub 2021 Jan 13. PMID: 33439756; PMCID: PMC8290312.</p> <p>Sweet J, Poirier A, Pound T, Van Til LD, Well-Being of Canadian Regular Force Veterans, Findings from LASS 2019 Survey. Charlottetown PE: Veterans Affairs Canada. Research Directorate Technical Report, 09 Oct 2020.</p>
General population:	<p>Choinière M, Peng P, Gilron I, Buckley N, Williamson O, Janelle-Montcalm A, Baerg K, Boulanger A, Di Renna T, Finley GA, Intrater H, Lau B, Pereira J. Accessing care in multidisciplinary pain treatment facilities continues to be a challenge in Canada. <i>Reg Anesth Pain Med.</i> 2020 Dec;45(12):943-948. doi: 10.1136/rapm-2020-101935. Epub 2020 Oct 6. PMID: 33024007.</p> <p>Oliver S, Douglas J, Winkler D, Pearce C, Minter ER, Jarman HK, Topping M. The healthcare needs and general practice utilization of people with acquired neurological disability and complex needs: A scoping review. <i>Health Expect.</i> 2022 Dec;25(6):2726-2745. doi: 10.1111/hex.13640. Epub 2022 Nov 2. PMID: 36322481; PMCID: PMC9700155.</p> <p>Atkins N, Mukhida K. The relationship between patients' income and education and their access to pharmacological chronic pain management: A scoping review. <i>Can J Pain.</i> 2022 Sep 1;6(1):142-170. doi: 10.1080/24740527.2022.2104699. PMID: 36092247; PMCID: PMC9450907.</p> <p>Blanchard N, Deslauriers S, Gervais-Hupé J, Hudon A, Roy JS, Bernatsky S, Feldman DE, Pinard AM, Fitzcharles MA, Desmeules F, Perreault K. "It feels like an endless fight": a qualitative study exploring healthcare utilization of persons with rheumatic conditions waiting for pain clinic admission. <i>BMC Musculoskelet Disord.</i> 2022 Sep 22;23(1):878. doi: 10.1186/s12891-022-05808-6. PMID: 36131335; PMCID: PMC9492464.</p>

### Uncertainty: How does transition impact the family of a Canadian Veteran with chronic pain?

Veteran specific:	None
General population:	None

### Uncertainty: What is the decision making process by physicians and health administrators (e.g. VAC) regarding referring Canadian Veterans to interdisciplinary care?

Veteran specific:	None
General population:	<p>Zomahoun HTV, Visca R, George N, Ahmed S. Effectiveness and harms of clinical decision support systems for referral within chronic pain practice: protocol for a systematic review and meta-analysis. <i>Syst Rev.</i> 2021 Feb 9;10(1):53. doi: 10.1186/s13643-021-01596-7. PMID: 33563328; PMCID: PMC7874648.</p>

### Uncertainty: What are the differences in Veteran pain care treatment across Canadian provinces/territories (in terms of forms of care, accessibility, system level strategies)? Do differences across provinces and territories impact Veterans with chronic pain?

Veteran specific:	None
General population:	None



## Uncertainty: What is the relationship between chronic pain and suicide in Canadian Veterans?

General Population:	<p>Adawi M, Chen W, Bragazzi NL, Watad A, McGonagle D, Yavne Y, Kidron A, Hodadov H, Amital D, Amital H. Suicidal Behavior in Fibromyalgia Patients: Rates and Determinants of Suicide Ideation, Risk, Suicide, and Suicidal Attempts-A Systematic Review of the Literature and Meta-Analysis of Over 390,000 Fibromyalgia Patients. <i>Front Psychiatry</i>. 2021 Nov 19;12:629417. doi: 10.3389/fpsy.2021.629417. PMID: 34867495; PMCID: PMC8640182.</p> <p>Gill H, Perez CD, Gill B, El-Halabi S, Lee Y, Lipsitz O, Park C, Mansur RB, Rodrigues NB, McIntyre RS, Rosenblat JD. The Prevalence of Suicidal Behaviour in Fibromyalgia Patients. <i>Prog Neuropsychopharmacol Biol Psychiatry</i>. 2021 Jun 8;108:110078. doi: 10.1016/j.pnpbp.2020.110078. Epub 2020 Aug 24. PMID: 32853715.</p> <p>Calandre EP, Rico-Villademoros F, Slim M. Suicidal behaviors in patients with rheumatic diseases: a narrative review. <i>RheumatolInt</i>. 2018 Apr;38(4):537-548. doi: 10.1007/s00296-017-3909-9. Epub 2017 Dec 20. PMID: 29264638.</p> <p>Racine M. Chronic pain and suicide risk: A comprehensive review. <i>Prog Neuropsychopharmacol Biol Psychiatry</i>. 2018 Dec 20;87(Pt B):269-280. doi: 10.1016/j.pnpbp.2017.08.020. Epub 2017 Aug 26. PMID: 28847525.</p> <p>Rizvi SJ, Iskrac A, Calati R, Courtet P. Psychological and physical pain as predictors of suicide risk: evidence from clinical and neuroimaging findings. <i>Curr Opin Psychiatry</i>. 2017 Mar;30(2):159-167. doi: 10.1097/YCO.0000000000000314. PMID: 28067727.</p>
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## Uncertainty: What are the different diagnoses and treatments for managing pain related to common service related injuries in Canadian Veterans? How does this compare to best practices overall?

Veteran specific:	Vallerand AH, Cosler P, Henningfield JE, Galassini P. Pain management strategies and lessons from the military: A narrative review. <i>Pain Res Manag</i> . 2015 Sep-Oct;20(5):261-8. doi: 10.1155/2015/196025. PMID: 26448972; PMCID: PMC4596634.
General population:	None

## Uncertainty: What is the best way for improving important factors for quality of life (e.g. sleep quality and social engagement) in Canadian Veterans?

Veteran specific:	<p>Saconi B, Polomano RC, Compton PC, McPhillips MV, Kuna ST, Sawyer AM. The influence of sleep disturbances and sleep disorders on pain outcomes among veterans: A systematic scoping review. <i>Sleep Med Rev</i>. 2021 Apr;56:101411. doi: 10.1016/j.smrv.2020.101411. Epub 2020 Nov 30. PMID: 33348172; PMCID: PMC8240030.</p> <p>Kelly MR, Robbins R, Martin JL. Delivering Cognitive Behavioral Therapy for Insomnia in Military Personnel and Veterans. <i>Sleep Med Clin</i>. 2019 Jun;14(2):199-208. doi: 10.1016/j.jsmc.2019.01.003. Epub 2019 Mar 29. PMID: 31029187; PMCID: PMC6494095.</p>
General population:	<p>McParland AL, Bhatia A, Matelski J, Tian C, Diep C, Clarke H, Kapustin D, Trivedi A, Brull R, Singh M. Evaluating the impact of cannabinoids on sleep health and pain in patients with chronic neuropathic pain: a systematic review and meta-analysis of randomized controlled trials. <i>Reg Anesth Pain Med</i>. 2023 Apr;48(4):180-190. doi: 10.1136/rapm-2021-103431. Epub 2022 Dec 5. PMID: 36598058.</p> <p>Craige EA, Tagliaferri SD, Ferguson SA, Scott H, Belavy DL, Easton DF, Buntine P, Memon AR, Owen PJ, Vincent GE. Effects of pharmacotherapy on sleep-related outcomes in adults with chronic low back pain: A systematic review and meta-analysis of randomised controlled trials. <i>EClinicalMedicine</i>. 2022 Nov 18;55:101749. doi: 10.1016/j.eclinm.2022.101749. PMID: 36425870; PMCID: PMC9678954.</p> <p>McCarthy K, Saripella A, Selvanathan J, Nagappa M, Englesakis M, Wang D, Peng P, Chung F. Positive airway pressure therapy for chronic pain in patients with obstructive sleep apnea-a systematic review. <i>Sleep Breath</i>. 2022 Mar;26(1):47-55. doi: 10.1007/s11325-021-02363-7. Epub 2021 May 21. PMID: 34021465.</p>

## Appendix C

**Uncertainty: What are the experiences of chronic pain amongst female and visible minority Canadian Veterans? How are these different from the experiences of dominant groups?**

Veteran Specific:	Duan-Porter W, Goldstein K, McDuffie J, Clowse M, Hughes JM, Klap R, Masilamani V, Allen LaPointe NM, Williams JW Jr. Mapping the Evidence: Sex Effects in High-Impact Conditions for Women Veterans – Depression, Diabetes, and Chronic Pain [Internet]. Washington (DC): Department of Veterans Affairs (US); 2015 Sep. PMID: 27227204. Gaffey AE, Burg MM, Rosman L, Portnoy GA, Brandt CA, Cavanagh CE, Skanderson M, Dziura J, Mattocks KM, Bastian LA, Haskell SG. Baseline Characteristics from the Women Veterans Cohort Study: Gender Differences and Similarities in Health and Healthcare Utilization. J Womens Health (Larchmt). 2021 Jul;30(7):944-955. doi: 10.1089/jwh.2020.8732. Epub 2021 Jan 13. PMID: 33439756; PMCID: PMC8290312.
General population:	Hamilton TM, Reese JC, Air EL. Health Care Disparity in Pain. Neurosurg Clin N Am. 2022 Jul;33(3):251-260. doi: 10.1016/j.nec.2022.02.003. Epub 2022 May 25. PMID: 35718394.

**Uncertainty: What is the cost effectiveness of interdisciplinary care for chronic pain management for Canadian Veterans?**

Veteran specific:	None
General population:	Banerjee S, Arg��ez C. Multidisciplinary Treatment Programs for Patients with Acute or Subacute Pain: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines [Internet]. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2019 May 7. PMID: 31498579.

**Uncertainty: What alternative treatments would benefit Canadian Veterans living with chronic pain (e.g. aquatic therapy, mindfulness, social dance, non-medication)? How can Canadian Veterans gain access to these alternative treatments?**

Veteran specific:	Crawford C, Boyd C, Paat CF, Meissner K, Lentino C, Teo L, Berry K, Deuster P. Dietary Ingredients as an Alternative Approach for Mitigating Chronic Musculoskeletal Pain: Evidence-Based Recommendations for Practice and Research in the Military. Pain Med. 2019 Jun 1;20(6):1236-1247. doi: 10.1093/pm/pnz040. PMID: 30986309; PMCID: PMC6544555.
General population:	Sutton D, McCormack S. Acupuncture for Chronic Non-Cancer Pain: A Review of Clinical Effectiveness, Cost Effectiveness and Guidelines [Internet]. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2019 Oct 29. PMID: 31877002. Gray C, McCormack S. Yoga for Chronic Non-Malignant Pain Management: A Review of Clinical Effectiveness, Cost-Effectiveness and Guidelines [Internet]. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2019 Jul 8. PMID: 31525007. Kligler B, Teets R, Quick M. Complementary/Integrative Therapies That Work: A Review of the Evidence. Am Fam Physician. 2016 Sep 1;94(5):369-74. PMID: 27583423.

**Uncertainty: How can family members of Canadian Veterans with chronic pain best support the Veteran? What resources exist to support family understanding of chronic pain and its impact on daily life?**

Veteran specific:	None
General population:	None

## Appendix C

### Uncertainty: How can Canadian Veterans with chronic pain best maintain a level of activity and work similar to their experience while in service?

Veteran Specific:	None
General population:	<p>Hayden JA, Ellis J, Ogilvie R, Stewart SA, Bagg MK, Stanojevic S, Yamato TP, Saragiotto BT. Some types of exercise are more effective than others in people with chronic low back pain: a network meta-analysis. <i>J Physiother.</i> 2021 Oct;67(4):252-262. doi: 10.1016/j.jphys.2021.09.004. Epub 2021 Sep 16. PMID: 34538747.</p> <p>Hayden JA, Ellis J, Ogilvie R, Malmivaara A, van Tulder MW. Exercise therapy for chronic low back pain. <i>Cochrane Database Syst Rev.</i> 2021 Sep 28;9(9):CD009790. doi: 10.1002/14651858.CD009790.pub2. PMID: 34580864; PMCID: PMC8477273.</p>

### Uncertainty: What are the impacts of mindfulness therapies for Canadian Veterans with both chronic pain and mental illness?

Veteran specific:	<p>Kelley ML, Strowger M, Chentsova VO, Bravo AJ, Gaylord SA, Burgin EE, Vinci C, Ayers KL, Agha E. Mindfulness to Manage Moral Injury: Rationale and development of a live online 7-week group intervention for veterans with moral injury. <i>Contemp Clin Trials Commun.</i> 2022 Oct 14;30:101011. doi: 10.1016/j.conctc.2022.101011. PMID: 36340697; PMCID: PMC9626875.</p>
General population:	<p>Gordon S, Brown R, Hogan M, Menzies V. Mindfulness as a Symptom Management Strategy for Fibromyalgia: An Integrative Review. <i>J Holist Nurs.</i> 2023 Jun;41(2):200-214. doi: 10.1177/08980101221123833. Epub 2022 Sep 18. PMID: 36120889.</p> <p>Park R, Mohiuddin M, Poulin PA, Salomons T, Edwards R, Nathan H, Haley C, Gilron I. Systematic scoping review of interactions between analgesic drug therapy and mindfulness-based interventions for chronic pain in adults: current evidence and future directions. <i>Pain Rep.</i> 2020 Nov 25;5(6):e868. doi: 10.1097/PR9.0000000000000868. PMID: 33251471; PMCID: PMC7690768.</p> <p>Lachance CC, McCormack S. Mindfulness Training for Chronic Non-malignant Pain Management: A Review of the Clinical Effectiveness, Cost-effectiveness and Guidelines [Internet]. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2019 Jun 25. PMID: 31498576.</p>

### Uncertainty: What are the relationships between chronic pain and traumatic brain injury amongst Canadian Veterans?

Veteran specific:	<p>Dieter JN, Engel SD. Traumatic Brain Injury and Posttraumatic Stress Disorder: Comorbid Consequences of War. <i>Neurosci Insights.</i> 2019 Dec 31;14:1179069519892933. doi: 10.1177/1179069519892933. PMID: 32363347; PMCID: PMC7176398.</p> <p>Reid MW, Velez CS. Discriminating military and civilian traumatic brain injuries. <i>Mol Cell Neurosci.</i> 2015 May;66(Pt B):123-8. doi: 10.1016/j.mcn.2015.03.014. Epub 2015 Mar 28. PMID: 25827093.</p>
General population:	<p>Higgins DM, Martin AM, Baker DG, Vasterling JJ, Risbrough V. The Relationship Between Chronic Pain and Neurocognitive Function: A Systematic Review. <i>Clin J Pain.</i> 2018 Mar;34(3):262-275. doi: 10.1097/AJP.0000000000000536. PMID: 28719507; PMCID: PMC5771985.</p> <p>Khoury S, Benavides R. Pain with traumatic brain injury and psychological disorders. <i>Prog Neuropsychopharmacol Biol Psychiatry.</i> 2018 Dec 20;87(Pt B):224-233. doi: 10.1016/j.pnpbp.2017.06.007. Epub 2017 Jun 13. PMID: 28627447.</p>

## Appendix C

Uncertainty: What are the harms and benefits to Canadian Veterans with chronic pain from having to continuously share their story at new appointments? Are there tools that can support Veterans with telling their medical story, including during their transition?

Veteran Specific:	None
General population:	None

Uncertainty: What natural and herbal health products are relevant and available to support Canadian Veterans with chronic pain?

Veteran specific:	None
General population:	Boyd A, Bleakley C, Hurley DA, Gill C, Hannon-Fletcher M, Bell P, McDonough S. Herbal medicinal products or preparations for neuropathic pain. Cochrane Database Syst Rev. 2019 Apr 2;4(4):CD010528. doi: 10.1002/14651858.CD010528.pub4. PMID: 30938843; PMCID: PMC6445324.

Uncertainty: How can non-family support networks (e.g. peers, general public) help reduce stigma for Canadian Veterans with chronic pain?

Veteran specific:	Schoneboom BA, Perry SM, Barnhill WK, Giordano NA, Wiltse Nicely KL, Polomano RC. Answering the call to address chronic pain in military service members and veterans: Progress in improving pain care and restoring health. Nurs Outlook. 2016 Sep-Oct;64(5):459-84. doi: 10.1016/j.outlook.2016.05.010. Epub 2016 Jun 9. PMID: 27427406. Thompson JM, Heber A, Zacharias R, Besemann M, Gupta G, Hapidou E, Buckley N, Lamoureux D, Begley K. Out of the shadows: Chronic pain in Canadian Armed Forces veterans - Proceedings of a workshop at the 2019 Forum of the Canadian Institute for Military and Veteran Health Research. Can J Pain. 2020 Sep 10;4(1):199-204. doi: 10.1080/24740527.2020.1796479. PMID: 33987498; PMCID: PMC7951166.
General population:	Parikh SK, Kempner J, Young WB. Stigma and Migraine: Developing Effective Interventions. Curr Pain Headache Rep. 2021 Dec 6;25(11):75. doi: 10.1007/s11916-021-00982-z. PMID: 34873646; PMCID: PMC8647964. De Ruddere L, Craig KD. Understanding stigma and chronic pain: a-state-of-the-art review. Pain. 2016 Aug;157(8):1607-1610. doi: 10.1097/j.pain.0000000000000512. PMID: 26859821.

## Appendix D

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### Glossary of Terms

All terms are defined within the context of the priority setting process and adapted from the JLA Priority Setting Partnerships.<sup>8</sup>

#### Issues of Relevance

Challenges or areas of interest provided by target audiences within a survey to learn areas impacting Veterans from relevant stakeholders such as Veterans, family members or friends of Veterans, researchers, or healthcare professionals.

#### Categories

Defined as a specific subset of submitted issues of relevance which have been grouped together based on common elements within the responses.

#### Indicative Questions

Rewritten or rephrased responses to clarify identified questions of relevance to Canadian Veterans. Refinement is required to ensure accessibility and precision of language and to facilitate appropriate consultation against existing scientific questions. Indicative questions are developed from groups of similar or duplicate submissions.

#### Uncertainties

An uncertainty is an indicative question that the existing scientific evidence cannot satisfactorily answer. They are indicative questions that merit consideration for scientific inquiry.

#### Priorities

Uncertainties that will be, or have been ranked by the Advisory Council for Veterans.



## References Utilized to Inform RFP Development

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