

Since the publication of the WHO analgesic ladder in 1986, more recent research has given us evidence that effective anxiety and pain management need more than a linear approach. Therefore, multimodal analgesia, with both pharmacological and non-pharmacological methods, has become central to national and international guidelines for perioperative care.

In April's interview, **Dr Elvira Lang** summarises years of research investigating an approach called Comfort Talk® and shares a few cost-neutral, and even cost-saving, 'techniques' which have proven beneficial for conscious patients in the operating theatres.

Tell us a bit more about yourself - what did you initially train to do, and what area do you now specialise in?

My background is in interventional radiology. I performed minimally invasive procedures under image guidance while patients are typically awake. These patients are often anxious and look at you with big fearful eyes. Then you apply potentially painfully stimuli and everyone in the room may become anxious when the patient's distress is not managed well. As we all know, sedation drugs only can go so far, and patients can override even high dosages until their procedure is completed and then are barely arousable in the recovery room. While at Stanford University and working at the Veterans Affairs Medical Center Palo Alto, CA, I first saw how an imagery or hypnotic process can make a big difference when I performed a relatively simple procedure on a veteran who was even too afraid to get on the procedure table. This prompted further investigation of how such methods could help patients and led me to develop a non-pharmacologic analgesia program. The need for such became even more urgent when the Loma Prieta earthquake struck and half the hospital, including the recovery room, became unusable. To run our surgery program, we could have continued to use traditional sedation drugs and not get home until late at night since we would have had to recover the patients in the operating room precluding the next case to be done. A non-pharmacologic was the solution to this dilemma. I pursued this clinical and research work further at the University of Iowa, and then at Harvard Medical School. Recognising the potential of non-pharmacologic methods, I created Comfort Talk® and now specialise in training frontline medical staff how to manage patient distress quickly and effectively without drugs.

What is Comfort Talk® and how does it work?

Comfort Talk® is a non-pharmacological approach to managing patients' pain and anxiety adjusted to fit the fast-paced medical environment. Performed by frontline medical staff, Comfort Talk® employs rapid rapport and 'word choice' techniques that are complemented with hypnotic language, and, if needed, reframing

of distressing thoughts. Under standard care conditions, pain and anxiety increase over the duration of the interaction, relatively unaffected by the invasiveness of the stimuli and the amount of IV drugs given. By applying Comfort Talk® at the beginning of a patient interaction, the processing of pain and anxiety are fundamentally changed so that they no longer increase over time.

How much research has gone into Comfort Talk®?

Over the last 30 years, we carefully researched all the steps that go into the Comfort Talk® techniques, adjusting them as needed to suit specific scenarios of frontline staff. We equally investigated how these skills can be best taught based on the impact on patient outcomes. As such, we have validated what we do in several federally funded randomised trials. Trials with more than 125,000 patient interactions showed a reduction of pain, anxiety, need for sedation drugs, complications, and no-shows, while improving operational throughput and patient satisfaction.

What do you enjoy most about your work?

Helping frontline staff profoundly improve their patients' experiences has been extremely rewarding. In these days of the Great Resignation, I also enjoy seeing staff start to enjoy their work again and turn otherwise challenging patient situations into triumphs of human interaction. I also greatly enjoy the research, particularly when it challenges the status quo of thinking. When we started to evaluate how hypnotic language could be applied by regular medical personnel during fast-paced medical interactions, rather than structured hour-long sessions on the couch, led by a psychiatrist or mental health professional to manage fears of medical procedures, it was considered heretic by some in the hypnosis community – and still is.

We are proud to have shown that such methods can be very effectively provided by medical staff who we believe are best suited to do so: they are already there and daily deal with patients' distress. It's gratifying to take part in the movement of providing 'comfort through talk' in medicine reflected in the fact that many others are now using derivations of our Comfort Talk®. I also greatly enjoy having made connections, gained friendships, and exchanged ideas with other researchers and clinicians who have the same goals of improving patient experiences by reducing anxiety and pain.

For readers who want to find out more, where do you advise them to start?

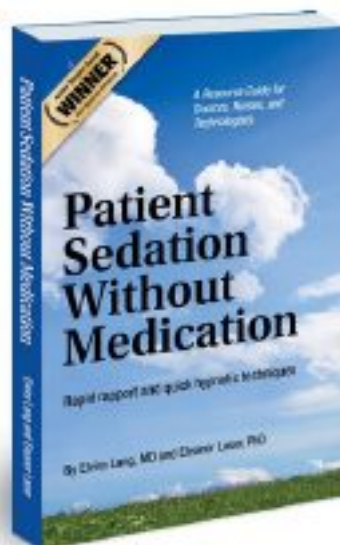
We have extensive information on non-pharmacologic techniques on our website, comforttalk.com, including results of clinical trials, video tutorials, and learning materials. Interested practitioners can read our book *Patient Sedation without Medication*, take the online Comfort Talk Level 1 course, as well as subscribing to our weekly reminder snippets and our quarterly newsletter. We also provide on-site training for entire teams.

Finally, if you could pick one memorable moment in medical history to be a part of, what would it be?

Over the last 30 years, it has been a great challenge bringing non-pharmacological methods applied by medical staff already in the perioperative environment. There has been antagonism, even ridicule, to the concept. A lot of hard work went into obtaining grant support for the clinical trials necessary to validate (or disprove) the concept. There have been many times I wanted to quit, but I am glad I persevered. For my team, one of the most rewarding moments took place in 2011 when we received \$1.6 million in funding from the National Institute of Health through their Small Business Innovation in Research Program to conduct clinical trials to test both the efficacy of Comfort Talk® techniques and validity of our educational methods, two topics in the

same proposal, both of which were traditionally very unlikely to be funded, particularly in a business-oriented context. The fact that both the Royal Colleges of Anaesthetists and Nursing now follow principles of multimodal analgesia, including both pharmacological and non-pharmacological treatment, is a memorable moment in history we will all cherish. ■

Interview by
Gina Graydon, AfPP



A close-up portrait of Dr Elvira Lang, a woman with short, wavy grey hair, smiling warmly. She is wearing a blue blazer over a blue top and a gold necklace with a circular pendant. The background is a blurred office setting.

Dr Elvira Lang

Elvira Lang, MD, PhD, is an award-winning Interventional Radiologist known for researching the effectiveness and cost savings of rapid hypnotic techniques in medicine and dentistry.

She held faculty positions at the University of Heidelberg, Stanford University, the University of Iowa, and Harvard Medical School. In her prospective randomised studies with >700 patients, guidance in self-hypnotic relaxation on the procedure table reduced pain, anxiety, drug use, and complications. She crystallised these techniques and founded Comfort Talk®.

In further NIH-supported multicenter trials with >125,000 patient visits, training of MRI teams in Comfort Talk® significantly improved patients' satisfaction and ability to complete examinations.

Dr Lang (co-) authored *Patient Sedation Without Medication*, *Managing Your Medical Experience* and over 150 research papers. She received the Erika Fromm Award by the SCEH and Ernest R. Hilgard Award for Scientific Excellence for a Lifetime of Published Experimental Work. She has been featured extensively in the press and on television. ■