

## **EFIC's declaration on chronic pain as a major healthcare problem, a disease in its own right**

**“Pain is a major healthcare problem in Europe. Although acute pain may reasonably be considered a symptom of disease or injury, chronic and recurrent pain is a specific healthcare problem, a disease in its own right.”**

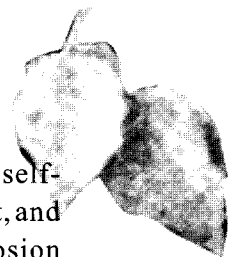
Commentary: Acute pain, such as that following trauma or surgery, constitutes a signal to a conscious brain about the presence of noxious stimuli and/or ongoing tissue damage. This acute pain signal is useful and adaptive, warning the individual of danger and the need to escape or seek help. Acute pain is a direct outcome of the noxious event, and is reasonably classified as a symptom of underlying tissue damage or disease. However, in many patients pain persists long after its usefulness as an alarm signal has passed, and indeed, often long after the tissue damage has healed. Chronic pain in these patients is probably not directly related to their initial injury or disease condition, but rather to secondary changes including ones that occur in the pain detection system itself.

In addition to being due to different physiological mechanisms than acute pain, chronic pain often sets the stage for the emergence of a complex set of physical and psychosocial changes that are an integral part of the chronic pain problem and that add greatly to the burden of the pain patient. These include:

1. Immobility and consequent wasting of muscle, joints etc.
2. Depression of the immune system and increased susceptibility to disease
3. Disturbed sleep
4. Poor appetite and nutrition
5. Dependence on medication
6. Over-dependence on family and other carers
7. Overuse and inappropriate use of professional healthcare systems
8. Poor performance on the job or inability to work, disability
9. Isolation from society and family, turning inwards
10. Anxiety, fear
11. Bitterness, frustration, depression, suicide

Prevalence of chronic pain: Although comprehensive epidemiological data for the European Union are not available, chronic pain is clearly a very widespread condition. Several recent community-based surveys for example, found that nearly 50% of adults sampled suffered from one or more types of pain or discomfort at any given point in time.

In a substantial proportion of those surveyed the pain was both chronic and severe, the numbers increasing considerably in older age groups. The most widespread chronic pain conditions, low back pain, arthritis and recurrent headache (including migraine) are so common that they are often seen as a normal and unavoidable part of life. Although few people die of pain, many die in pain, and even more live in pain.



Social costs of chronic pain: While acute pain is by definition a brief and self-limiting process, chronic pain comes to dominate the life and concerns of the patient, and often also of family, friends and other carers. In addition to the severe erosion in quality of life of the pain sufferer and those around him/her, chronic pain imposes severe financial burdens on many levels. These include:

1. Costs of healthcare services and medication
2. Job absenteeism and disruption in the workplace
3. Loss of income
4. Non-productivity in the economy and in the home
5. Financial burden on family, friends and employers
6. Worker compensation costs and welfare payments

Authoritative sources place the overall financial costs of chronic pain to society in the same range as cancer and as cardiovascular disease.

Utility of widespread governmental endorsement of the declaration on chronic pain as a major healthcare problem, a disease in its own right: The magnitude of the chronic pain epidemic in terms of human suffering and costs to society is well known in the field of Pain Medicine. However, it is not widely appreciated within the larger biomedical community, among makers of social policy and in the public at large. In calling attention to this problem, national governments will benefit the large population of chronic pain sufferers in Europe by:

1. Increasing the attention devoted to the problem by healthcare professions, including increased awareness and use of existing pain relief modalities, increased training in the management of chronic pain, and increased research efforts towards the discovery of novel treatments
2. Facilitating efforts by pain professionals at the national level to recruit more human and financial resources in the battle against chronic pain.

Bibliography: Detailed information on this subject, and on EFIC's Europe Against Pain initiative, is available from the following sources:

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Drafted by Professors D. Niv and M. Devor, May 2001