AMERICAN ACADEMY OF PAIN MANAGEMENT

Pain Issues

Pain Is An Epidemic

A Special Message from the Director – Kathryn Weiner, PhD

"We certainly cannot succeed as a culture by continuing to deny and ignore pain, as if we could silence it beneath a mountain of pills." David Morris

Pain is a silent epidemic in the United States. An estimated 50 million Americans live with chronic pain caused by disease, disorder or accident. An additional 25 million people suffer acute pain resulting from surgery or accident.[1] Approximately two thirds of these individuals in pain have been living with this pain for more than five years.[2] The most common types of pain include arthritis, lower back, bone/joint pain, muscle pain and fibromyalgia.[1] The loss of productivity and daily activity due to pain is substantial. In a study done in 2000 it was reported that 36 million Americans missed work in the previous year due to pain and that 83 million indicated that pain affected their participation in various activities.[3]

In 1986 Koch[4] estimated that 70 million office visits to physicians were motivated by pain complaints. In 1994 Joranson & Lietman[5] estimated that approximately one-fifth of the adult American population experienced chronic pain, and in 1999 Marketdata Enterprises[6] estimated that approximately 4.9 million individuals saw a physician for chronic pain treatment. One can conclude from these statistics that pain and its under treatment represents a major problem confronting our modern culture. In 1998 the National Institutes of Health[7] estimated that approximately 80% of nursing home residents suffering pain were under- treated. A survey done by the American Pain Society[2] in 1999 revealed that more than four out of ten people suffering moderate to severe pain were unable to find adequate pain relief.

Untreated pain has significant impact on the pain sufferer and their family. The *Chronic Pain in America: Roadblocks to Relief* study[2], demonstrated clearly that pain has a negative impact on an individual's quality of life. Pain diminishes their ability to concentrate, do their job, exercise, socialize, perform daily tasks and sleep. All resulting in an unrelenting downward spiral of depression, isolation and loss of self esteem. Sternbach[8,9] conducted extensive clinical studies that concluded that depression is the most frequent psychological reaction to chronic pain and that anxiety is the most frequent psychological reaction to acute pain.

People with chronic pain have difficulty finding doctors who can effectively treat their pain. The *Chronic Pain in America: Roadblocks to Relief*[2] study found that one out of four pain patients had changed doctors at least three times, reporting that the primary reason for change was that they still experienced pain. Other reasons given were that

their pain was not taken seriously; that doctors were unwilling to treat pain aggressively; and that doctors lacked knowledge about how to treat pain.

Pain is complex and defies our ability to establish a clear definition. Pain is far more than neural transmission and sensory transduction. Pain is a complex melange of emotions, culture, experience, spirit and sensation. In 1986, the International Association for the Study of Pain[10] grappled with this pain conundrum by defining pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.” This definition speaks to the inherent subjectivity of the pain experience. As Turk and Melzack[11] observed in 2001, “There does not appear to be a simple isomorphic relationship between the amount of pain and the extent of the tissue damage.” This is particularly true when referring to chronic pain, both moderate and intractable. Thus, it is reasonable to believe that the unique characteristics of each individual impact their experience of pain.

Because pain is a complex puzzle, no single health care profession holds the puzzle piece that solves this puzzle; rather, each health care profession holds a critical piece that contributes to the completion of the puzzle. Pain practitioners are trained to see their patients as multifaceted, whole systems requiring a multidisiciplinary viewpoint. A vast panoply of therapeutic options are available to pain patients, ranging from allopathic medicine to various complementary disciplines. Today’s pain patients may select Western medicine, Chinese medicine, acupuncture, pharmaceuticals, chiropractic, nutrition, supplementation, body work, yoga and psychology, to name a few. What does this mean to the pain patient? The path to pain reduction lies in the power of applying many different healing therapies in a way that complements the patient’s needs, beliefs and personality. While each of these therapies offer healing, the patient remains the key component to pain reduction. Pain patients must believe and affirm that they can reduce their pain and then select those therapies that will assist in doing so.

Each therapeutic option for pain management is based on collective wisdom that has been handed down from generation to generation, as well as, modern innovation. Multidisciplinary pain practitioners celebrate this unique knowledge and respect what each therapeutic option offers the pain patient. Practitioners are learning appropriate referral patterns, joining together in multidisiciplinary treatment teams and learning what therapies are efficacious for pain management. Pain patients are encouraged to become self-advocates, to be an integral part of their treatment plan and to have a voice in treatment decisions.

The *Pain in America: A Research Report*[3] done in 2000 found that four out of five Americans believe that pain is a part of getting older, and approximately sixty four percent would see a doctor only if their pain became unbearable. Sixty percent of the respondents said that pain was just something that you have to live with. A surprising twenty eight percent indicated that they felt that there was no solution for their pain. In light of this information it is essential for us to help those in pain to understand that they need not suffer. There are many treatment options available for the management of pain. Please refer to the American Academy of Pain Management’s website, www.aapainmanage.org to learn more about multidisciplinary pain management.

References:

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Excellent General Books About Pain:

The Culture of Pain, Morris, D. B., 1991, Berkeley, CA: University of California Press.

The Chronic Pain Management Sourcebook, Drum, D., 1999, Los Angeles: Lowell House.