Position paper of the European Federation of IASP Chapters (EFIC) on the subject of pain management

David Niv, Marshall Devor

Abstract

Among the complaints that bring patients to see their physician, pain in its various manifestations is the most frequent. In spite of this, pain is often not adequately addressed or managed. The aim of this position paper is to present the viewpoint and recommendations of EFIC on the subject of pain management. Our overall objective is to encourage adoption by architects of healthcare systems in Europe and worldwide of a set of specific recommendations. Every patient is entitled to the implementation of these recommendations in a professional, accessible and timely manner.

1. Introduction

Acute pain accompanies minor and major injuries, and medical conditions such as surgery and acute disease. It usually resolves as the patient returns to good health, tends to respond to medical treatment, and is reasonably regarded as a “symptom”. Left untreated, however, acute pain causes unnecessary suffering, increases morbidity, prolongs the time to recovery, and ultimately increases costs. Millions of people are exposed to acute pain each year as a result of injuries in road and work-related accidents, interventional procedures and so forth. Despite the availability of adequate treatment modalities for acute pain, access to treatment is often limited or unavailable due to inadequate physician training, and legal, social or financial barriers.

Chronic pain, pain lasting for more than 3–6 months, is much more difficult to manage. It may persist even when the initiating medical condition has resolved, and it sometimes occurs alone, as an isolated manifestation without any obvious injury or disease. Painful conditions may also change with time, becoming progressively more resistant to treatment. These changes are frequently a result of injury or dysfunction of the nervous system itself, both of peripheral nerves and of the central nervous system. Chronic pain disrupts the ability of the patient to function, it cripples both body and spirit, and has extended effects on family, carers and society. For these reasons chronic pain has been widely acknowledged in the pain management community as a disease in its own right (Niv and Devor, 2004; Siddal and Cousins, 2004).

Recent epidemiological studies indicate that nearly 20% of adults in Europe suffer from one or more chronic pain conditions, with intensity of 5 or above on a scale of 1–10, and a median duration of more than 6 years (Breivik et al., 2006). One third of these individuals...
defined their pain as “unbearable” at its worst, and as many as 17% stated that it was sometimes so bad that they wanted to die. Chronic pain causes a loss of 15 work days a year, on average, for each sufferer, with enormous overall costs for treatment, compensation and loss of productivity. Only 5% of chronic pain patients ever see a pain specialist. A systematic review that considered data on a global basis concluded that one in three people 18–65 years of age report that they have experienced chronic pain, with the prevalence rising to every second person above the age of 65 (Harstall and Ospina, 2003). The reviewers estimated the prevalence of severe chronic pain in the general adult population to be as high as 11%.

2. There are many reasons that pain often goes untreated or under-treated

- **Misconception of the nature of chronic pain**: Healthcare providers, decision makers and the public at large tend to view chronic pain as a symptom of a disease or other medical problem. This concept leads to exclusive focus on the diagnosis and treatment of the presumed underlying disease, the pain itself being ignored.
- **Insufficient knowledge** among policy makers and the public on the importance of managing chronic pain, and on the variety of approaches available to pain specialists at specialized facilities such as multidisciplinary pain clinics.
- **Lack of availability** of multidisciplinary treatment facilities outside of major urban centers. Chronic pain management frequently requires application of a combination of methods derived from various disciplines: drug treatment, physical therapy, psychology, interventional medicine and others. Too few chronic pain patients enjoy treatment based on a multidisciplinary approach.
- **Inadequate training** of healthcare providers on the diagnosis and treatment of chronic pain. The teaching of pain medicine is deficient, and often does not exist at all, at schools of medicine, nursing and allied healthcare professions. This includes specialty training in disciplines in which pain is a frequent problem of the patients involved. The unavailability of recognized specialty training and accreditation in Pain Medicine in many countries constitutes a major impediment to improved education on pain, and hence of improved pain management.
- **Inadequate resources devoted to Pain Medicine**. The ratio of pain specialists to the number of patients requiring the help of a specialist is among the lowest of any discipline. For example, in most European countries there are several thousand cardiologists per million patients with heart disease, whereas there are fewer than 100 pain specialists per million chronic pain sufferers. In medical centers that operate a pain clinic, the clinic is often understaffed and housed in substandard facilities. Worse still, many hospitals have neither a chronic nor an acute pain service.
- **Legal and social barriers** to prescribing and obtaining certain analgesics drugs hamper their use in many countries. This includes reimbursement for drugs widely used in the treatment of chronic pain that were not developed with this indication in mind.

3. EFIC calls for the following steps to be taken to advance the treatment of pain in Europe and worldwide

(a) **Recognition of chronic pain as a disease in its own right**, following EFIC’s “Declaration” to this effect (www.EFIC.org), supported by various organizations including the IASP. The objective is to obtain for pain the professional status and recognition enjoyed by advocates in the fight against other major disease entities such as diabetes and cardiovascular disease.

(b) **Recognition that the treatment of pain should be considered a human right**. Professional societies active in the field of pain and other branches of medicine should adopt this position, spearheaded by Dr. E. Ibarra and later endorsed by the World Health Organization (WHO), the International Association for the Study of Pain (IASP), the Federacion Latinoamericana de Capitulos del Dolor (FEDELAT) and EFIC, during the Global Day Against Pain (October 11, 2004). Legislation in this spirit should be passed, and resources made available accordingly (Ibarra, 2004; Cousins et al., 2004).

(c) **Increased awareness among healthcare professionals** of the magnitude of the problem, modes of management, and the stage at which a pain patient should be referred to a specialist in Pain Medicine.

(d) **Increased awareness among patients and the public at large**, through media campaigns and other means, to encourage people to demand their right to obtain adequate pain treatment.

(e) **Promotion of education on pain** in medical schools and training institutions in related paramedical fields. A central aim is to have pain education included as an obligatory part of the curriculum in all healthcare disciplines that manage patients with chronic pain.

(f) **Pain Medicine should be recognized as a professional specialization in all countries.**
(g) **Provision of resources** by governments, medical insurers and other interested parties to establish more pain centers offering the full gamut of services, medicines and medical technologies currently available for the management of pain. Resources are also needed to advance research on pain.

EFIC is acting to advance the treatment of pain in Europe and worldwide... to narrow the gap between what is available and what is needed in the field of Pain Medicine. Major first steps are to change attitudes on pain, to advance education at all levels, and to greatly expand resources devoted to this problem. The goal is to improve the treatment of pain globally, and to make it accessible to everyone who is in need.

**References**


Harstall C, Ospina M. How prevalent is chronic pain? Pain: Clinical Updates 2003;11(June 2).
