

Pain Costs

My most recent Editorials^{1,2} have emphasized the research advances and prospects for important new insights into pain mechanisms that stem from investigations using animal models of pain and the particular need for animal models of chronic orofacial pain. In this Editorial, I want to emphasize clinical and epidemiological findings revealing the socioeconomic costs of pain, especially for the individual with chronic pain and the society in which he or she lives. It was John Bonica, the driving force behind the establishment in the 1970s of the International Association for the Study of Pain (IASP), who raised awareness of chronic pain and who drew attention to its economic costs. About 25 years ago he estimated that the economic cost of chronic pain to the US economy was around US \$60 billion per year.³ More recent estimates put the annual cost at close to \$90 billion in the United States, and when one takes into account all the health-care costs (eg, clinician visits, drugs, other management approaches) for acute pain as well as for the various types of chronic pain, plus compensation/insurance costs, lost productivity, and lost tax revenue, the drain that pain has on the American economy amounts to around \$125 billion⁴⁻⁶ each year!

Unfortunately, the costs of pain, and chronic pain in particular, go well beyond the financial costs. There are the social costs. These encompass the personal suffering of the patient in chronic pain, the disabling effect of chronic pain, and the negative influence that chronic pain may have on the patient's physical and mental functioning, quality of life, family life, and other social interactions.

As the current president of the Canadian Pain Society, I want to draw readers' attention to a recent survey commissioned by the Canadian Pain Society that demonstrates very forcefully many of the socioeconomic costs of chronic pain. Details of this survey of 2,000 Canadians were released during National Pain Awareness Week in Canada in November 2007 (see www.painexplained.ca). It revealed that chronic pain and its associated costs are not getting any better and indeed may be getting worse. The survey noted that 1 in 3 Canadians

reported suffering from moderate to severe chronic pain; this figure is higher than similar surveys carried out in Europe and earlier Canadian studies, which indicated a prevalence of 25% to 29%.^{7,8} The survey also indicated that the chronic pain affected almost every part of the lives of those who suffered from it, from work and productivity to emotional health and self-esteem to family interactions. For example, almost 1 in 3 reported losing their job because of their moderate to severe chronic pain, 1 in 2 had reduced income (average \$12,500 loss in income), and 1 in 3 and 1 in 4 felt helpless or depressed, respectively, because of the pain. Other recent surveys by the Canadian Pain Society indicate that the pain crisis in Canada is compounded by unacceptably long waiting times for access to appropriate pain management by many pain patients⁹ and by the limited education that most health professional students receive about pain and its management (see www.painexplained.ca).

What can be done about this crisis, which exists in many countries and which has such devastating socioeconomic costs? One approach that I have previously raised is the need for coordinated efforts to increase the awareness among the public and policy makers about pain and its many consequences.^{10,11} The IASP and national pain societies such as the Canadian Pain Society and the American Pain Society, as well as pain patient advocacy groups associated with them, are indeed increasing their efforts to raise such awareness and advocate more emphasis on pain education and research and for more timely access to appropriate pain management. I urge you all in the pain field, whether clinician, researcher, educator, or patient, to join in the efforts of your pain associations to enhance pain awareness and understanding for the benefit of patients with chronic pain.



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