

Pain Advocacy: The Evolution Continues, with Further Calls for Action

In previous editorials in the *Journal of Orofacial Pain*, I have drawn readers' attention to the pain "epidemic" that has reached a crisis level in most countries and to the need for increased emphasis on enhancing pain awareness, education, timely access to appropriate care, and research. I recently have also noted important steps that are being made to address these matters, such as international and national pain summits and the Declaration of Montreal.^{1,2} Two important and potentially influential additions to these calls for action and strategies to address the crisis have emerged in the past few months, one in the United States and the other in the European Union (EU).

In the US, the Department of Health and Human Services enlisted the Institute of Medicine (IOM) to review and examine pain, especially from a public health perspective and the state of the science related to pain care, education, and research, and to make recommendations to advance the pain field. The IOM report, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*, was released about 6 months ago, and it first drew attention to the huge socioeconomic impact that chronic pain in particular has in the US; an analogous impact occurs in most other nations.² To improve prevention, assessment, treatment, and understanding of all types of pain, the IOM report calls for a cultural transformation, a transformation that needs to be led by government agencies, health care providers and professional associations, educators, and funding agencies and that also should involve patient advocacy groups. The report provides a blueprint for achieving such a transformation, including a timeline for actions that should be developed and put into place by 2015.

The following brief outline is provided to give a sense of the thrusts of the IOM Blueprint. One is related to *Pain as a Public Health Challenge*, and, in this regard, the Blueprint calls for enhanced awareness of pain and its consequences, an emphasis on prevention and improved assessment and management (including approaches for informing patients about self-management), and on addressing disparities in the experience of pain in population subgroups. A related challenge is *Care of People with Pain*, since the report notes that pain prevention, assessment, and management are inadequate for many people. The Blueprint draws attention to the need for tailoring pain care to each person's experience and for focusing on strategies to improve care, especially on primary care clinicians, since they are called upon to handle most frontline pain cases. The Blueprint also addresses *Education Challenges* and advocates redesigned educational programs targeted not only at health care professionals but also at students in health care-related professional programs and at the public and patients. Despite the recent rapid advances in understanding of pain and improved diagnoses and management of several types of pain, the Blueprint recognizes that many *Research Challenges* still exist, and recommends several approaches to strengthen and broaden pain research.

Many of the points and recommendations stemming from the IOM Blueprint indeed echo those outlined by national and international organizations and others over the past several years (eg, references 2–6), and now the EU has added its voice to these multiple calls for action. Again just 6 months ago, a symposium unique for the European Parliament took place in Brussels to address the topic of the "Societal Impact of Pain." The scientific framework of the symposium was arranged by the European Federation of the International Association for the Study of Pain and involved over 300 European health care stakeholders (health care professionals, health authorities, patient advocacy groups, politicians, regulators, etc). The major outcome of the symposium was a *Roadmap for Action* calling upon European governments and EU institutions to address seven areas related to the societal impact of pain: (1) recognition of pain being an important factor limiting quality of life; (2) availability of information and access to diagnoses and management of pain; (3) awareness of the impact (eg, medical, societal, financial) of pain and its management; (4) awareness of the importance of preventing, diagnosing, and managing pain; (5) encouragement of pain research; (6) establishment of an EU platform to exchange, compare, and benchmark best practice; and (7) monitoring of trends in pain management.

I encourage all readers to review both the Roadmap (www.sip-meetings.org) and the IOM Blueprint (http://www.nap.edu/catalog.php?record_id=13172) to be aware of these latest efforts to address the pain crisis, and to become personally involved with local, regional, or national efforts to enhance pain awareness, education, research, and access to care.

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References

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