

General Pain

Pain touches everyone at one time or another. Pain does not discriminate; however, its treatment does. For many, pain goes away on its own or after a short course of treatment. But for others, pain becomes all-consuming, affecting every aspect of their lives.

The Institute of Medicine (IOM) is an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public. In 2011, the IOM released a report called "Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research." According to the IOM, **approximately 100 million adults in the United States suffer from common chronic pain conditions** and the annual cost of chronic pain in the U.S. is estimated to be a staggering **\$560-635 billion**, including health care expenses and lost productivity.¹

In 2004, an estimated 186 million work days were lost that year due to back pain alone.² In addition, overexertion, falls and repetitive-use injuries are among the most common forms of worksite injury. According to the 2013 Liberty Mutual Workplace Safety Index, the cost of the most disabling workplace injuries and illnesses in 2011 amounted to \$55.4 billion in direct U.S. workers' compensation costs, averaging nearly **one billion dollars per week**.³

A challenge for families and friends

Pain causes isolation and strained relationships with families and friends. The National Sleep Foundation reports that two-thirds of chronic pain sufferers experience poor or unrefreshing sleep, robbing them of needed rest.⁴

Worry and fear also play a role in the pain experience. How one copes with pain has been shown to affect pain severity and disability.

One predictor of pain outcomes is called "catastrophizing," which is defined as a negative emotional and cognitive response to pain that involves elements of magnification, helplessness, and pessimism.⁵ This type of research supports the common-sense view that people who live with pain know all too well: pain is more than just a physical experience, but an emotional one, that has the power to touch every part of a person's life.

Worry & Fear

In fact, scientists are taking a closer look at ways to incorporate mind-body awareness techniques into more comprehensive pain and stress management programs. A recent study among burn patients found relaxation breathing to be a simple and inexpensive way for nurses to help their burn patients manage pain and anxiety during dressing changes.⁶

"...Approximately 100 million adults in the U.S. suffer from common chronic pain conditions."¹

PAIN: The Universal Disorder

You know it at once. It may be the fiery sensation of a burn moments after your finger touches the stove. Or it's a dull ache above your brow after a day of stress and tension. Or you may recognize it as a sharp pierce in your back after you lift something heavy.

It is pain. In its most benign form, it warns us that something isn't quite right...At its worst, however, pain robs us of our productivity, our well-being, and, for many of us suffering from extended illness, our very lives. Pain is a complex perception that differs enormously among individual patients, even those who appear to have identical injuries or illnesses.

In 1931, the French medical missionary Dr. Albert Schweitzer wrote, "Pain is a more terrible lord of mankind than even death itself." Today, pain has become the universal disorder, a serious and costly public health issue, and a challenge for family, friends, and health care providers who must give support to the individual suffering from the physical as well as the emotional consequences of pain.

National Institutes of Health. "Pain: Hope through Research."⁷

"...Pain is a more terrible lord of mankind than even death itself."

Dr. Albert Schweitzer

Additionally, the Department of Defense created the Breathe2Relax app, a hands-on diaphragmatic breathing, or "belly breathing" exercise tool. This kind of breathing has been taught for centuries as a way of turning on the body's relaxation response.

Breathing exercises have been documented to decrease the body's "fight-or-flight" stress response, and help with mood stabilization, anger control, and anxiety management. Breathe2Relax is designed to be used as a stand-alone stress reduction tool, or can be used in tandem with clinical care directed by a healthcare worker.⁸

Gender plays a role in how pain is experienced, coped with and treated. Certain conditions such as fibromyalgia and migraine pain are more prevalent among women, while men are at a disproportionately high risk of exposure to HIV and suffer from a larger proportion of injury from burns. Women have been portrayed as "hysterical" in literature, while society encourages men, particularly in certain cultures, to be stoic and bear their pain.⁹⁻¹¹

Gender plays a role

Racial and ethnic disparities in pain perception, assessment, and treatment are found in all settings (e.g., postoperative, emergency room) and across all types of pain (e.g., acute, cancer and chronic non-cancer). Published research suggests that the sources of pain disparities among racial and ethnic minorities are complex, involving patients (patient/health care provider communication, attitudes), health care providers (decision making), and the health care system (access to pain medication).¹²

Racial and ethnic disparities

PAIN: Hope Through Research

Thousands of years ago, ancient peoples attributed pain to spirits and treated it with mysticism and incantations. Over the centuries, science has provided us with a remarkable ability to understand and control pain with medications, surgery, and other alternative and complementary treatments. Today, scientists understand a great deal about the causes and mechanisms of pain, and research has produced dramatic improvements in the diagnosis and treatment of a number of painful disorders. For people who fight every day against the limitations imposed by pain, the work of National Institute of Neurological Disorders and Stroke (NINDS)-supported scientists holds the promise of an even greater understanding of pain in the coming years. Their research offers a powerful weapon in the battle to prolong and improve the lives of people with pain: hope.

National Institutes of Health. "Pain: Hope through Research."⁷

Hope

Age is a factor when considering disparities in pain care. Children and older adults alike are faced with challenges and misconceptions. Some people think that pain is natural with aging, or that when older adults are not clear in explaining the cause or nature of their pain that they are "just complaining." Pain in children can be a major challenge for parents and health care professionals. Assessment of pain in children, especially those in the preverbal age group, poses a particularly difficult problem. Older adults, children, and their families may experience significant emotional and social consequences because of pain and disability.^{13,14}

Age is a factor when considering disparities in pain care

Within rural populations, the debilitating nature of pain is often made worse by fewer economic resources, geographical isolation, and reduced access to quality medical care. Additionally, the demographic makeup of some rural populations (including poverty and low literacy) corresponds with elevated risk for poor pain-related outcomes.¹⁵

Facts

In a 2009 briefing note by the World Health Organization (WHO), it estimated that 5 billion people live in countries with low or no access to controlled medicines and have no or insufficient access to treatment for moderate to severe pain. In these countries, each year, tens of millions of patients are suffering without adequate treatment:¹⁶

- 1 million end-stage HIV/AIDS patients
- 5.5 million terminal cancer patients
- 0.8 million patients suffering injuries, caused by accidents and violence
- Patients with chronic illnesses
- Patients recovering from surgery

American Chronic Pain Association/American Academy of Pain Medicine Survey

In 2013, the American Chronic Pain Association and American Academy of Pain Medicine released the results of a national survey of 1,255 adults with chronic pain and 505 caregivers. Key findings include:¹⁷

Living with chronic pain is a daily struggle, and many rely on loved ones for daily support.

- Nearly all respondents (94%) feel that living with pain is a daily struggle.
- Nine out of 10 people with chronic pain (91%) say it is disruptive to their daily lives. Four in 10 (40%) describe it as very disruptive.
- Four out of five (82%) people with chronic pain turn to family members or friends for help with daily tasks; almost half rely primarily on their spouses or partners (47%).
- Nearly all (95%) caregiver respondents help with daily tasks on at least one day a week.
- Four in 10 caregivers (40%) wish there were others to help with daily tasks, and one-third (37%) struggle to balance their own needs with those of their loved one in pain.
- Pain tends to dominate conversations with one-third of family members (34%), and they sometimes feel burned out hearing about the person's pain (46%).

People with chronic pain worry that asking for help will burden others; some feel they have nobody to ask.

- People with chronic pain report they feel their condition burdens their closest relationships, including those with spouses (67%), children (56%), employers (54%), friends (48%) and other family members (48%).

- Almost nine out of 10 people with chronic pain (88%) say they sometimes feel like a burden asking other people for help.
- Despite receiving help from caregivers, more than one-third (35%) of people with chronic pain report they get less help than they need.
 - The top reason people with chronic pain don't get help is because they are reluctant to ask out of concern they are burdening others.
- Almost one-fifth (17%) of people with chronic pain say they have nobody to turn to for help.

Commonly-Reported Pain Conditions

- According to a 2013 National Center for Health Statistics Report:
 - An estimated 14.2% of the population reports severe headache or migraine in the last three months; however, the prevalence among women (19.1%) is double that of men (9.0%).¹⁸
 - An estimated 27.5% of the general population reports low-back pain and 13.9% reports neck pain in the past three months.¹⁸
- According to a 2011 National Center for Health Statistics Survey, approximately 32.1% of adults report joint pain of any type in the past 30 days; 19.6% report issues with knee pain and 9.0% report shoulder pain.¹⁹

**Highlights from the National Center for Health Statistics Report: Health, United States, 2006,
Special Feature on Pain**

Data from the 1999–2002 National Health and Nutrition Examination Survey show that more than one-quarter of Americans (26%) age 20 years and over reported that they had a problem with pain – of any sort – that persisted for more than 24 hours in duration in the month prior to the interview. Adults age 45-64 years were the most likely to report pain lasting more than 24 hours (30%). Twenty-five percent (25%) of young adults age 20-44 reported pain, and adults age 65 and over were the least likely to report pain (21%). More women (27.1%) than men (24.4%) reported that they were in pain. Non-Hispanic white adults reported pain more often than adults of other races and ethnicities (27.8% vs. 22.1% Black only or 15.3% Mexican). Adults living in families with income less than twice the poverty level reported pain more often than higher income adult.²⁰

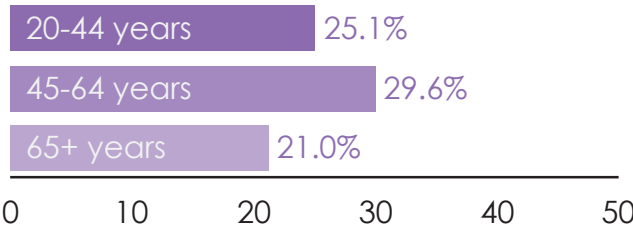
Duration

Adults 20 years of age and over who report pain said that it lasted:

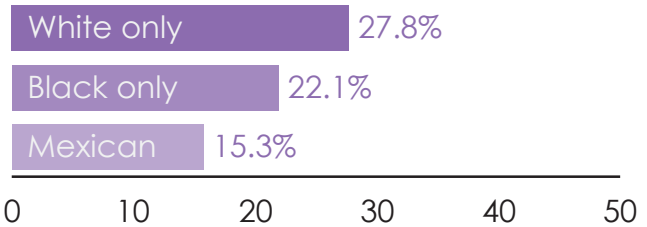
- Less than one month – 32%
- One to three months – 12%
- Three months to one year – 14%
- Longer than one year – 42%

Pain in the past Month Among Adults 20+, 1999-2002

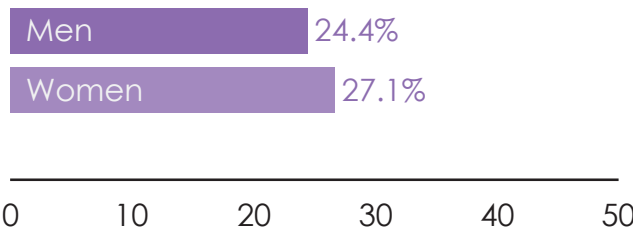
Age



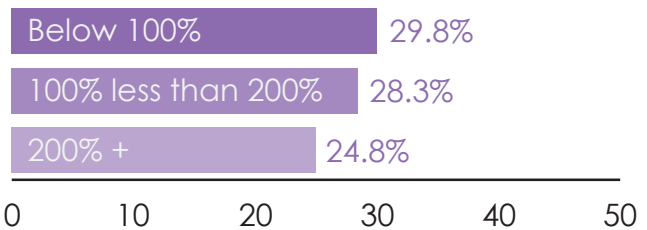
Race & Hispanic Origin



Sex



Percent of Poverty Level



Additional Resources

American Academy of Craniofacial Pain

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American Academy of Family Physicians

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Shawnee Mission, KS 66207-1210
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Twitter: @aafp
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American Academy of Hospice and Palliative Medicine

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American Academy of Neurology

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American Academy of Orthopedic Surgeons

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American Academy of Osteopathy

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American Academy of Pain Management

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American Academy of Pain Medicine

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American Academy of Physical Medicine and Rehabilitation

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American Academy of Physician Assistants

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American Association of Nurse Practitioners

P.O. Box 12846
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Additional Resources

American Chiropractic Association

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Fax: (703) 243-2593
E-mail:
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American Chronic Pain Association

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Rocklin, CA 95677
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American College of Osteopathic Family Physicians

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American College of Rheumatology

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American Medical Association

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American Occupational Therapy Association

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American Osteopathic Association

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American Pain Society

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American Pharmacists Association

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Fax: (202) 783-2351
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Additional Resources

American Physical Therapy Association

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American Society for Pain Management Nursing

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American Society of Anesthesiologists

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American Society of Clinical Oncology

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American Society of Regional Anesthesia & Pain Medicine

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Association of Oncology Social Work

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www.aosw.org

Association of Rehabilitation Nurses

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Case Management Society of America

6301 Ranch Drive
Little Rock, AR 72223
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Hospice and Palliative Nurses Association

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Twitter: @HPNAinfo
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International Association for the Study of Pain

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International Association of Hospice and Palliative Care

5535 Memorial Drive
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Fax: (713) 589-3657
E-mail: Via website
Twitter: @IAHPC
www.hospicecare.com

Additional Resources

National Association Directors of Nursing Administration in Long Term Care

Reed Hartman Tower
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Cincinnati, OH 45241
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E-mail: Via website
Twitter: @NADONA
www.nadona.org

National Association of Social Workers

750 First Street, NE
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Washington, DC 20002-4241
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Twitter: @nasw
www.naswdc.org

National Hospice & Palliative Care Organization

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Resources verified March 2014.

National Sleep Foundation

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Arlington, VA 22201
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Oncology Nursing Society

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Fax: (877) 369-5497
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Email: customer.service@ons.org
Twitter: @OncologyNursing
www.ons.org

The Pain Community

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U.S. Pain Foundation

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E-mail: Via website
Twitter: @WHO
www.who.int/en/

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