Editorial

Chronic Pain: Wake up call for all

Pain is the most common symptom for a patient to visit a health care professional. According to Declaration of Montreal, "access to pain management is a fundamental human right".[1] Chronic pain is usually defined as pain persisting for more than 12 weeks of period. Chronic pain affects at least 10% of the world's population (~ 60 million people) with closer to 20 to 25% in some countries and regions.[2] A World Health Organization (WHO) survey in 15 centers across Asia, Africa, Europe, and United States of America demonstrated the prevalence of chronic pain in 5 to 33% of the population.[3] Moreover, due to changing lifestyles, the number of people with chronic pain are increasing. Chronic pain is now acknowledged as a disease condition rather than a symptom. Chronic pain exacts huge toll on individual, family and health care system. In the United States, the total costs associated with persistent pain in adults are now estimated to be $560 to 635 billion. These costs are reported to exceed than those estimated for heart disease ($309 billion), cancer ($243 billion) and diabetes ($188 billion).[4.]

Chronic pain has a significant impact on individual's quality of life, leading to significant suffering, dysfunction and disability, loss in job productivity, sleep disturbances, depressive symptoms and enormous indirect socioeconomic costs and is strongly associated with disability and poor self-rated health.[5,6]

Though there is a dearth of published data about burden of chronic pain in India, few studies assessed the prevalence and burden of chronic pain in India. A telephonic survey to assess the prevalence of chronic pain in 5000 participants across India in year 2014, found that about 13% were suffering from chronic pain with its consequences, such as work loss, absenteeism, disturbance in sleep and inability to perform daily activities.[7] Dutta et al[8] found that about 31% of people with chronic pain suffered from major depressive syndrome requiring more attention from the clinicians because of its clinical nature, association of suicidal thoughts and their treatment difficulties.

Despite substantial advances in pain research and management, millions of people continue to suffer because of inadequate pain control. Past two decades have visualized tremendous enhancement in our knowledge of pain pathophysiology and molecular pathways leading to the development of newer pharmacotherapeutic and surgical techniques of pain management. Yet underassessment and undertreatment of pain appear to be common, even in the developed countries but more so in developing countries.[9-11] In developing countries, the emphasis of health care is mainly on public health, including control of diseases, such as malaria, human immunodeficiency virus (HIV), and tuberculosis; childhood immunization; and provision of clean water. Management of chronic pain is given low priority by health policymakers as a serious chronic health problem.[11]

Inadequate education and awareness about pain and its management in various stakeholders of health care is an important reason for suboptimal pain management. The International Association for the Study of Pain (IASP) survey revealed that lack of education, inadequate government policies, fear of opioid addiction, high cost of analgesics and poor patient compliance are major barriers for optimal pain management in developing countries.[12] Accurate estimates about the burden and impact of chronic pain on patient's physical, mental and financial condition is an important initial step towards resolving certain above mentioned issues. This signifies the requirement of construction and implementation of focused strategic plan to fill the lacunae in current knowledge and skills of pain management among various health care stakeholders.

The International Association for the Study of Pain has also realized a huge gap between the required measures to attain *vs* actually being implemented to attain optimal pain management. This gap is majorly due to lack of education and awareness among various health care stakeholders and also due to insufficient availability of facilities. To fill this gap, IASP has initiated a training program to educate various health care professionals on pain management.[12]

Pain medicine is now recognized as a specialty, subspecialty as well as competency-based training in several developed countries. Countries like France, Germany and other developed countries have mandated structured pain education curriculum in pre- and postgraduate education for health care professionals. The European Federation of IASP Chapters (EFIC) has published core curriculum on pain management for European medical schools in 2013.[12] However, there is no such mandate existing in India and it is high time that we wake up to a call. In India, chronic pain management is still in infancy picking up leaps and bounds in last two decades with availability of multidisciplinary pain clinics. But, this is still restricted to only at institutional level. It is high time that chronic pain awareness and its management needed to be taken to all levels of health care.

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