

100 million Americans live with chronic pain, but treatment research is insufficient

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An estimated 100 million Americans live with chronic pain. A new report by an independent panel convened by the National Institutes of Health has found a need for evidence-based, multidisciplinary approaches to pain treatment that incorporate patients' perspectives and desired outcomes while also avoiding potential harms.

"We learned that sufficient clinical research doesn't exist to show physicians how best to treat [chronic pain](#) in adults, many of whom suffer from multiple [health problems](#)," said the founding director of the Indiana University Center for Aging Research and Regenstrief Institute investigator Christopher Callahan, M.D., who served on the seven-member panel.

While opioids are frequently prescribed for chronic [pain](#), the panel noted the absence of [pain assessment](#) and treatment guidelines. The panel also reviewed reports that suggest insufficient data exists on drug characteristics, dosing strategies and tapering options.

"Are opioids the appropriate treatment? And, if so, at what dose and for how long? Could other, less dangerous treatments work for some people? The panel found that, in spite of what many clinicians believe, there is no evidence that pain narcotics—with their risks of dependency, addiction and death—are an effective long-term [pain treatment](#). More research is needed to guide effective care for chronic, often debilitating, pain," Dr. Callahan said.

The panel identified barriers to implementing evidence-based, patient-centered care, including what Dr. Callahan described as the important emotional aspects of pain, including the perceptions of suffering endured by people with chronic pain.

"Ten years ago, the medical community spoke of pain as the fifth vital sign," Dr. Callahan said. "Even though we know that treatment should be tailored to individual [patients](#), there is no existing algorithm that helps researchers or clinicians determine which patients with which type of pain should be treated with which available approach.

"We heard information presented that there has been a dramatic increase in opioid overdoses by individuals who illegally obtain and abuse these prescription drugs—often family members or family friends who take the medications from the patient," Dr. Callahan said.

"The panel did hear suggestions of what providers might do in the face of the limited available evidence. For example, physicians might prescribe smaller quantities of opioids. This could potentially require individuals in pain to travel more frequently for prescription refills, but it would also decrease the amount of drugs potentially available to abusers.

"In educating their patients, providers might also tip the balance of their cautions about these drugs to highlight that they are important drugs with important dangers to both the patient and those who might obtain them accidentally or illegally. At the same time, the panel heard testimony that patients who responsibly use these medications should not be treated like criminals."

Dr. Callahan, who is the Cornelius and Yvonne Pettinga Professor of Medicine at the IU School of Medicine, calls for funding for clinical trials designed with input from both patients and those who treat pain.

An internist and geriatrician who is an expert in health services research, health care systems and policy, Dr. Callahan has conducted several studies that have found the multidisciplinary team approach recommended by the panel has been effective in the care of older adults, who, like many [chronic pain patients](#), often have multiple health problems and needs.

More information: The panel's report, "National Institutes of Health Pathways to Prevention Workshop: The Role of Opioids in the Treatment of Chronic Pain," published online first at www.annals.org by the *Annals of Internal Medicine*,

Provided by Indiana University

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