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A Brief Reflection on the State of the Art of Chronic Pain Management

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ABSTRACT

Keywords: Chronic Pain; Pain Management; Multidisciplinary Pain Treatment Facilities; Comprehensive Approach

Abbreviations: IASP: International Association for the Study of Pain; CP: Chronic Pain; MPTFs: Multidisciplinary Pain Treatment Facilities

Introduction

The International Association for the Study of Pain (IASP) has defined chronic pain (CP) as that which lasts for longer than 3 months. It describes a syndrome characterized by persistent physical pain, disability, emotional disturbance and social withdrawal symptoms, existing together and influencing one another [1]. While in many cases it is accepted that a cure is unlikely, it is recognized that it can be significantly reduced by appropriate procedures. Despite the fact that, a proportion of patients will require access to specialist secondary and tertiary care pain services, the majority of them will be managed in the community or primary care. That is why it is essential that these professionals have the best possible resource and support to manage their cases correctly and have facilities for accessing appropriate specialist services when required [2]. Chronic pain notably influences quality of life and mental health, with reported associations with depression, anxiety spectrum disorders and suicidal inclinations.

Even with the existence of a wide multiplicity of treatments, the condition remains one of the most understudied and complex areas of health care systems worldwide, with a limited number of trials assessing the impact of health professional involvement, education and singular or combination treatments for all types of CP [3]. The IASP recommends Multidisciplinary Pain Treatment Facilities (MPTFs) to provide integrated multimodal care and tiered pain management for people living with CP, particularly when it is associated with mood and substance use disorders. MPTFs also provide interventional procedures, education, training, research and support to those who provide care in community or primary care settings [4]. Regardless of the variety of treatment modalities offered by these facilities, they exceed the resources available to family physicians [5]. In this sense, it has been reported that programs focused on patient education and training may reduce risk factors, enhance protective factors and prevent pain chronitization [6].

In order to understand the numerical terms, CP is among the most common reasons for seeking medical care because it is reported by up to 50% of patients seen in primary care. In addition,

because pharmacological strategies may not be able to successfully treat all patients, nonpharmacological strategies should be included in the analgesic program, supporting and strengthening drug therapy [6]. There is evidence that comprehensive pain treatment can reduce pain severity and improve functioning. In the context of the protracted and deadly opioid crisis, revitalizing and expanding this approach, should be considered as a frontline premise to treat CP [7]. However, inadequate pain management is evident across all ages [8]. In an actual study based on semistructured telephone interviews with healthcare professionals involved in CP management, it was identified the need to consider CP as a condition that warrants coordinated approaches to care such as standardized assessments, consistent patient-centered outcome measures and multimodal treatments that target both physical relief and underlying psychosocial factors [9].

On the other hand, a research conducted in Canada in 2020, showed how only small changes were found in the distribution of MPTFs across the country compared with 12 years ago. They revealed that accessibility to public MPTFs was limited resulting in long wait times for a first appointment and also most of them (91.3%) were concentrated in large urban cities [4]. A Cuban investigation developed in 2021, reported significant insufficiencies of the ability to comprehensively treat pain in medical students and demanded that universities and their faculties should look for alternatives in the professional training model to solve these recurrent problems [10]. These findings coincided with those obtained in 2013 by another group of Cuban researchers, who reported the existence of PC diagnostic errors, due to the lack of mastery of the essential concepts on the subject in question by health personnel [11]. Similar results were found in a recent study conducted by Leyew B et al, where they exposed that nurses working at University of Gondar hospital had good knowledge but a lower level of attitude towards pain management. Thus, they considered this situation demanded various educational and quality improvement initiatives to enhance better outcomes [8].

Final Considerations

The theoretical considerations taken into account, shows the complex and multifactorial nature of PC, as well as the cognitive-attitudinal deficiencies that are manifested in health praxis regarding its successful management. It is considered that these insufficiencies have a negative impact on the health of patients and constitutes an element that directly contributes to the deterioration of quality of life. In this way, a call is made for awareness by health personnel to commit daily to self-preparation and self-improvement regarding the subject. It must be remembered that patients are treated and not diseases. This harmful phenomenon that unfortunately is part of the current reality, in light of the prevailing global scientific-technological development, requires intersectoral management and a conscious, dynamic and contextualized mobilization of resources. Of course, ethical factors are an important motive for achieving better results. The comprehensive approach in the management of PC that took place in the period from the 1960s through the 1980s must be rescued with the aim to offering a quality of care in accordance with the demands of the contemporaneity.

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Competing Interest

The authors have declared that no competing interest exists.

Author's Contribution

All authors have actively participated in the writing and critical review of the final version of the scientific text that supports the present research.

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