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FOR IMMEDIATE RELEASE

IOM REPORT CALLS FOR CULTURAL TRANSFORMATION OF ATTITUDES TOWARD PAIN AND ITS PREVENTION AND MANAGEMENT

WASHINGTON — Every year, at least 116 million adult Americans experience chronic pain, a condition that costs the nation between \$560 billion and \$635 billion annually, says a new [report](#) from the Institute of Medicine. Much of this pain is preventable or could be better managed, added the committee that wrote the report.

The committee called for coordinated, national efforts of public and private organizations to create a cultural transformation in how the nation understands and approaches pain management and prevention. Some of the recommended changes can be implemented by the end of 2012 while others should be in place by 2015 and maintained as ongoing efforts.

"Given the large number of people who experience pain and the enormous cost in terms of both dollars and the suffering experienced by individuals and their families, it is clear that pain is a major public health problem in America," said committee chair Philip Pizzo, dean, Carl and Elizabeth Naumann Professor of Pediatrics, and professor of microbiology and immunology, Stanford University School of Medicine, Stanford, Calif. "All too often, prevention and treatment of pain are delayed, inaccessible, or inadequate. Patients, health care providers, and our society need to overcome misperceptions and biases about pain. We have effective tools and services to tackle the many factors that influence pain and we need to apply them expeditiously through an integrated approach tailored to each patient."

A new analysis undertaken as part of the study finds that the medical costs of pain care and the economic costs related to disability days and lost wages and productivity amount to at least \$560 billion to \$635 billion annually. Because the range does not include costs associated with pain in children or military personnel, it is a conservative estimate.

Health care providers, insurers, and the public need to understand that although pain is universal, it is experienced uniquely by each person and care — which often requires a combination of therapies and coping techniques — must be tailored, the report says. Pain is more than a physical symptom and is not always resolved by curing the underlying condition.

Persistent pain can cause changes in the nervous system and become a distinct chronic disease. Moreover, people's experience of pain can be influenced by genes, cultural attitudes toward hardships, stress, depression, ability to understand health information, and other behavioral, cultural, and emotional factors.

Successful treatment, management, and prevention of pain requires an integrated, approach that responds to all the factors that influence pain, the committee concluded. The majority of care and management should take place through primary care providers and patient self-management with specialty care services reserved for more complex cases. Health care organizations should take the lead in developing innovative approaches and materials to coach and empower patients in self-management.

Training programs for dentists, nurses, physicians, psychologists, and other health professionals should include pain education in their curricula and promote interdisciplinary learning, the report says. Many health care professionals are not adequately prepared to provide the full range of pain care or to guide patients in self-managing chronic pain. For example, a recent study found that only five of the nation's 133 medical schools have required courses on pain and just 17 offer elective courses. Licensing and certification exams should include assessment of pain-related knowledge and capabilities. Programs that train specialists or offer training in advanced pain care need to be expanded.

The report calls on Medicare, Medicaid, workers' compensation programs, and private health plans to find ways to cover interdisciplinary pain care. Individualized care requires adequate time to counsel patients and families, consultation with multiple providers, and often more than one form of therapy, but current reimbursement systems are not designed to efficiently pay for this kind of approach and health care organizations are not set up for integrated patient management.

Due to its significant toll on individuals and society, pain warrants a higher level of attention and resources within the National Institutes of Health. The report recommends that NIH designate a lead institute to move pain research forward and increase the scope and resources of its existing Pain Consortium. NIH, academic researchers, and other public organizations should collaborate with private firms to advance research and development of new and improved therapies.

The study was mandated by Congress and sponsored by the National Institutes of Health. Established in 1970 under the

charter of the National Academy of Sciences, the Institute of Medicine provides independent, objective, evidence-based advice to policymakers, health professionals, the private sector, and the public. The National Academy of Sciences, National Academy of Engineering, Institute of Medicine, and National Research Council make up the National Academies. For more information, visit <http://national-academies.org> or <http://iom.edu>. A committee roster follows.

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Additional resources:

[Report in Brief](#)
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Pre-publication copies of [Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research](#) are available from the National Academies Press; tel. 202-334-3313 or 1-800-624-6242 or on the Internet at <http://www.nap.edu>. Reporters may obtain a copy from the Office of News and Public Information (contacts listed above).

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