

## Awareness of Pain Awareness

ll too often, we see that pain is marginalized by many of our clinical colleagues in the various healthcare professions by being considered simply a symptom that will soon dissipate, or one that can be readily treated, or one that is probably being exaggerated by the patient in pain. This presents a fundamental challenge, indeed perhaps responsibility, to those of us in the pain field. We need to broaden the awareness of clinicians and others of the prevalence of pain and its complexity, socioeconomic costs, and impact on a patient's quality of life, as well as the impact that inadequate or inappropriate pain management can have. Furthermore, there is increasing evidence<sup>1-5</sup> that pain is undertreated and that unless it is managed effectively in its acute phase, neuroplastic changes can be induced in the central nervous system by the acute pain and become transformed into a central hyperexcitability associated with the development of a chronic pain condition (this will be the topic of a subsequent editorial). This evidence has led to the viewpoint that chronic pain might be considered, in a sense, a neurological disorder in its own right, just as other conditions reflecting central neural changes are considered neurological disorders (eg, epilepsy, Parkinson's disease). Certainly it is just as common, if not more common, than any recognized neurological disorder, since chronic pain affects approximately 20% of the adult population.<sup>6-10</sup>

It is encouraging that a number of initiatives are taking place at the local, regional, national, and international levels in order to enhance awareness of these issues and increase understanding of pain. I was very fortunate to be involved in the launch of The Global Day Against Pain that was initiated by the International Association for the Study of Pain (IASP) in association with its European chapters (EFIC) and the World Health Organization (WHO). The launch, which was webcast around the world, took place in Geneva last October. It had 2 main aims: first, to inform and sensitize policy makers to the issues of pain, to the needs of both those suffering from pain and those providing care for people in pain, and to the economic costs of pain; and second, to improve knowledge regarding pain and pain management among physicians and allied healthcare professionals in order to promote higher standards of care throughout the world. Another feature of this launch was the proposal that treatment of pain is a basic human right. WHO representatives at the launch in fact noted that such a right is an inherent feature embedded within WHO charter and international human rights law.

The launch was also accompanied by several national and regional launches in Europe by EFIC and individual European chapters of IASP as well as in other parts of the world, such as Latin America, Canada, and the United States. Also, in Canada, the Senate of Canada approved a motion to create a National Pain Awareness Week; this will be a nationally recognized event every year in Canada. In the United States, a number of pain advocacy groups and initiatives have been developed, and the United States Congress has assisted the pain awareness movement in the United States by establishing in 2000 the Decade of Pain Control and Research.

All these efforts are important steps to enhance pain awareness. They are necessary to increase the knowledge base of healthcare providers about pain and its management, to improve standards of care, and to help increase government support. Each of us in the pain field, whether clinician, scientist, teacher or patient, can play a part in the process by enhancing the awareness of our fellow colleagues, students, patients or politicians.

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