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[Awards](#)

[News and Announcements](#)

[International and  
Regional Societies](#)

[Calendar of Events](#)

[Classified and  
Recruitment Advertising](#)  
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## News and Announcements

### Chronic Pain In America: Roadblocks To Relief

#### Conclusions

##### Important Note

Throughout this report 'chronic pain sufferers' are individuals with moderate to severe chronic pain.

##### Size of the chronic pain population segment

It is estimated that 9% of the U.S. adult population are suffer from moderate to severe non-cancer related chronic pain.

##### What is the nature of this pain?

Chronic pain as defined by this study is a severe and ever present problem. It can be as much of a problem to middle age adults as seniors and is one women are more likely to face than men. The majority of chronic pain sufferers have been living with their pain for over 5 years. Although the more common type is pain that flares up frequently versus being constant, it is still present on average almost 6 days in a typical week.

About one third of all chronic sufferers describe their pain as being almost the worst pain one can possibly imagine. Their pain is more likely to be constant than flaring up frequently and two-thirds of them have been living with it for over 5 years.

##### Can they get their pain under control?

Just over one-half of chronic pain sufferers say their pain is pretty much under control. But, this can be attributed primarily to those with moderate pain. The majority of those with the most severe pain do not have it under control and among those who do, it took almost half of them over a year to reach that point. In contrast, 7 of every 10 with moderate pain say they have it under control and it took the majority less than a year to reach that point. Pain can become more severe even when it is under control. Among those with very severe pain, 4 of every 10 said their pain was moderate or severe before getting their pain under control.

##### What is the impact of their pain on their quality of life?

Untreated pain or pain not under control has a significant unfavorable impact on the sufferer's quality of life. It affects their ability to concentrate, do their job, exercise, socialize, get a good night's sleep, do leisure time activities, perform chores around home and have sex. The impact emotionally is also significant. Untreated pain or pain not under control makes people more depressed, irritable, listless and feeling useless and unable to cope.

Overall, when pain comes under control there is significant improvement in what they can do and how they feel. There is an exception to this. Those with severe or very severe pain still have a significantly less favorable quality of life and emotional well-being than is the case among moderate pain sufferers.

##### How effective is the medical profession in meeting the need for pain relief?

Almost all chronic pain sufferers have gone to a doctor for relief of their pain at one time or another. Almost 4 of every 10 are not currently doing so, since they think either there is nothing more a doctor can do or in one way or another their pain is under control or they can deal with it themselves.

This is not the case with those having very severe pain; over 7 of every 10 are currently going to a doctor for pain relief. In addition, significant numbers of those with very severe pain are significantly more likely to require emergency room visits, hospitalization and even psychological counseling or therapy to treat their pain.

A significant proportion (over one-fourth) of all chronic pain sufferers wait for at least 6 months before going to a doctor for relief of their pain because they underestimate the seriousness of it and think they can tough it out.

Chronic pain sufferers are having difficulty in finding doctors who can effectively treat their pain, since almost one half have changed doctors since their pain began; almost a fourth have made at least 3 changes. The primary reasons for a change are the doctor not taking their pain seriously enough, the doctor's unwillingness to treat it aggressively, the doctor's lack of knowledge about pain and the fact they still had too much pain. This level of frustration is significantly higher among those with very severe pain where the majority have changed doctors at least once and almost of every 3 have done it 3 or more times. Their primary reason for changing was still having too much pain after treatment.

Doctors are not a major barrier when a patient asks for a medicine they saw or heard about; in the majority of instances the doctor prescribes it. Similarly, in the majority of instances when a sufferer has been referred to a program or clinic for relief, in the great majority of referrals their managed care or workman's comp program permitted access.

#### **What medicines do they perceive to be effective in providing relief and what are they taking for their pain?**

The majority of chronic pain sufferers believe that OTCs, narcotic pain relievers and prescription NSAIDs can be effective in relieving moderate to severe pain. Those with moderate pain are the most likely to say this about OTCs, while those with very severe pain are most likely to say this about narcotic pain relievers.

The more common medicines used for chronic pain are OTCs and Rx NSAIDs regardless of pain severity. However, among those with very severe pain the current use of narcotic pain relievers almost equals that of Rx NSAIDs.

Among those ever using them, narcotic pain relievers are rated significantly higher in providing pain relief than other medicine types among their respective users. Concerns about addiction and side effects, not stigma, are barriers to wider usage.

#### **What role do non-medicinal therapies play?**

Medical therapies are not providing sufficient relief, since the majority of chronic pain sufferers, especially those with severe pain, have also turned to non-medicinal therapies. The primary one is a hot/cold pack. Surprisingly, almost all of the major non-medicinal therapies currently used are perceived as providing more relief by their users than OTCs, the most widely used medicines; the one exception are herbs/dietary supplements/ vitamins which are perceived as offering the least amount of relief than any medicines or other major non-medicinal therapies.

The overall favorable perceptions of non-medicinal therapies are driven by those with moderate pain. Although those with very severe pain are more likely to use them, they have a significantly lower opinion of their efficacy versus medicinal

therapies.

A small, but significant, percent of chronic pain sufferers have at one time or another turned to alcohol for relief; this occurred more often among middle age adults and men.

#### **Are dosage regimens a problem?**

The majority take their medicine at the times prescribed by their doctor and relatively few have a problem in doing so. This is more the case with moderate pain sufferers than among those with more severe pain. This occurs because those with moderate pain are taking their medicine fewer times a day and fewer pills a day than those with the most severe pain.

Among those who do not follow their doctor's dosage regimen, there is a strong feeling of wanting to control the amount of medicine they take and only take it when needed. This carries over to their concept of the ideal regimen.

#### **Is the delivery system a problem?**

Almost all chronic pain sufferers take their medicine in pill form and the great majority believe the pill form is the ideal way. This preference can be attributed in part to the fact that few have had experience with alternate methods of taking medicine. Also, there is an underlying desire to be able to control the amount of medicine they take, especially a predisposition to take medicine only when needed.

#### **Are chronic pain sufferers receiving universal support?**

As to be expected, chronic pain sufferers report that their closest family members and friends provide very strong positive support. Doctors are perceived as being equally supportive taking into account their different relationship with patients; however, among those employed, there is the perception that their employers are significantly less supportive.

On to: [Parameters of Chronic Pain - Summary of Findings](#)  
[Table of Contents](#)

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[About APS](#) | [Membership](#) | [The Journal of Pain](#) | [APS Bulletin](#)  
[Publications](#) | [Decade of Pain Control and Research](#) | [Advocacy and Policy](#) | [Awards](#)

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[Annual Meeting Updates](#) | [Calendar of Events](#)  
[News and Announcements](#) | [Classified and Recruitment Advertising](#)  
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