

PAIN IN CANADA FACT SHEET

June 2014

Pain is poorly managed in Canada

- Although we have the knowledge and technology, Canadians are left in pain after surgery, even in our top hospitals.
- Only 30% of ordered medication is given, 50% of patients are left in moderate to severe pain after surgery and the situation is not improving (Watt-Watson, Stevens et al. 2004, Watt-Watson, Choiniere et al. 2010).
- 1 in 10 patients continue to report pain after cardiac surgery 2 years later, 4% of whom describe the pain as moderate to severe (Choiniere, Watt-Watson et al. 2014)
- Acute postoperative pain is followed by persistent pain in 10-50% of individuals after common surgical procedures (groin hernia repair, breast and thoracic surgery, knee and hip replacements etc.). This pain is severe in 2-10% of cases. Persistent postsurgical pain represents a major and largely unrecognized problem. The severity of initial postoperative pain correlates with the development of persistent postoperative pain (Kehlet, Jensen et al. 2006).
- 9.2% of patients on waitlists for treatment at Canadian pain clinics identify surgery as the cause of their chronic pain (Choiniere, Dion et al. 2010)
- 50% of people waiting for care at Canadian pain clinics have moderate to severe levels of depression and 34.6% report thinking about suicide, 72.9% report the pain interferes with their normal work (Choiniere, Dion et al. 2010)
- Pain is the most common reason for seeking health care and as a presenting complaint accounts for up to 78% of visits to the emergency department, recent research continues to document high pain intensity and suboptimal pain management in a large multicenter emergency department network in Canada and the United States (Todd, Ducharme et al. 2007).
- Uncontrolled pain compromises immune function, promotes tumor growth and compromises healing with increased morbidity and mortality following surgery (Liebeskind 1991).
- One in five Canadian adults suffer from chronic pain (Moulin, Clark et al. 2002, Schopflocher, Jovey et al. 2011)
- Children are not spared. One in five Canadian children have weekly or more frequent chronic pains (most commonly headaches, stomachaches, and muscle/joint/backpain), with an estimated 5-8% of children or teenagers suffering from chronic pain severe enough that it interferes with schoolwork, social development and physical activity (Huguet and Miro 2008, Stanford, Chambers et al. 2008, Ramage-Morin and Gilmore 2010, King, Chambers et al. 2011, von Baeyer 2011)
- The prevalence of chronic pain increases with age with the prevalence of chronic pain as high as 65% in community dwelling seniors and 80% of older adults living in long term care facilities and this pain is underrecognized and undertreated (Hadjistavropoulos, Marchildon et al. 2009, Hadjistavropoulos, Gibson et al. 2010)
- Many cancer and HIV survivors have been left with a poor quality of life due to chronic pain conditions caused by the disease itself or by treatments that can cause irreversible damage to nerves (Levy, Chwistek et al. 2008, Phillips, Cherry et al. 2010).
- Chronic pain is associated with the worst quality of life as compared with other chronic diseases such as chronic lung or heart disease (Choiniere, Dion et al. 2010).
- US figures have documented that the cost of chronic pain in adults including health care expenses and lost productivity is \$560-\$630 Billion annually. Based on these figures it is estimated that the annual cost of chronic pain in Canada is at least \$56-60 Billion dollars (Relieving Pain in America (2011)
- People living with pain have double the risk of suicide as compared with people without chronic pain (Tang and Crane 2006).

- A recent review of opioid (narcotic) related deaths in Ontario, identified the tragic fact that pain medication related deaths in Ontario are increasing and that most of the people who died had been seen by a physician within 9-11 days prior to death (emergency room visits and office visits respectively) and the final encounter with the physician involved a mental health or pain related diagnosis. In almost a quarter of the cases the coroner had determined that the manner of death was suicide (Dhalla, Mamdani et al. 2009)..
- Veterinarians receive 5 times more training in pain management than people doctors (Watt-Watson, McGillion et al. 2009).
- Pain research is grossly under-funded in Canada with less than 1% of total funding from Canadian Institutes of Health Research and only 0.25% of total funding for health research going to pain related studies, this is concerning especially when one considers the burden of pain on Canadians and our economy (Lynch, Schopflocher et al. 2009).

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