

Dr Srinivasa Raja
Chair, Definition of Pain Task Force
International Association for the Study of Pain (IASP)
Emailed to IASPdesk@iasp-pain.org

10 September 2019

Dear Dr Raja,

IASP's Proposed New Definition of Pain Released for Comment

Painaustralia is pleased to provide a submission to the International Association for the Study of Pain (IASP)'s Proposed New Definition of Pain Consultation.

Painaustralia is the national peak body working to improve the quality of life of people living with pain, their families and carers, and to minimise the social and economic burden of pain.

Painaustralia represents the interests of a broad membership that includes health, medical, research and consumer organisations.

Established in 2011, our focus is to work with governments, health professional and consumer bodies, funders, educational and research institutions, to facilitate implementation of the National Pain Strategy and the National Strategic Action Plan for Pain Management Australia-wide.

With at least one in five Australians living experiencing chronic pain today, it is an escalating health issue and carries a significant economic burden in lost productivity and health costs¹. Addressing pain is in the interests of all Australians. Painaustralia and our members are very interested in the new proposed definitions.

Overall, we are supportive of the intention of the IASP to clarify the definition, in particular we are strongly support the clear linkages to biological, psychological, and social factors as included in the accompanying notes. Our submission also makes other recommendations based on input we have received from our networks.

Background

In 1979, the IASP approved a definition of pain that not only coupled the sensory and emotional dimensions of the experience, but also recognised the association between tissue injury and pain, which remains to this day the current and accepted definition.

Current Definition of Pain:

An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

Criticisms of the IASP definition include the explicit association of pain with tissue damage, perpetuation of dualistic body–mind thinking and unresolved tension between the primacy of self-report and the privileging of the perspective of the observer.ⁱⁱ

Historically, pain has been considered as a “symptom of something” — a symptom to be alleviated in the short term while a diagnosis is pursued, or a cure sought for the underlying disease. Researchers now understand that pain may persist beyond the time it takes for damaged tissues to heal, altering the central nervous system in such a way that chronic pain is justifiably classified as a disease in its own right. However, this new understanding of chronic pain has not yet been translated into standard practice across the health care system. Pain remains costly, under-recognised and under-treated.

Proposed New Definition of Pain:

An aversive sensory and emotional experience typically caused by, or resembling that caused by, actual or potential tissue injury.

Australia's National Strategic Action Plan on Pain Management (2019)ⁱⁱⁱ as well as the National Pain Strategy (2010)^{iv} document the evidence base for the 'bio-psycho-social' model of pain assessment and management. This model recognises three overlapping components: physical, psychological and environmental, and notes that to assess a person suffering from pain, it is important to assess the contribution of factors in these three areas to the pain experience of each patient.

The bio-psycho-social approach often means that more than one category of health professionals will be required to make a full assessment and to communicate with each other to weigh up the relative contributions, enabling selection of the most appropriate treatment or treatments in an interdisciplinary approach.

The proposed new definition helps to remove the presumption and primarily biomedical association of pain with injury. Accompanying notes also go a step further in explicitly outlining the bio-psycho-social impact of pain.

This often means that more than one category of health professionals will be required to make a full assessment and to communicate with each other to weigh up the relative contributions, enabling selection of the most appropriate treatment or treatments in an interdisciplinary approach.

All of these are welcome additions to the definition.

Considering the broader scope of pain:

Australia's National Action Plan outlines five categories of pain:

- Acute pain, defined as a normal and time limited response to trauma or other 'noxious' experience, including pain related to medical procedures and acute medical conditions. Acute pain can also arise from physiological causes such as childbirth. If poorly managed, it can lead to more serious health issues, including chronic pain.
- Pain that is progressing towards chronic pain, but this progression may be prevented ('subacute' pain). For example, acute wound pain may progress to chronic wound-associated pain.
- Recurrent pain, e.g. migraine
- Chronic (or persistent) non-cancer pain that persists for longer than 3 months
- Cancer-related pain

Feedback received from consumers on the new definitions highlights the need to emphasise recurrent pain conditions, like migraines, that have no explicit link to actual or potential tissue damage. Consumers also questioned whether the use of the term 'tissue' is broad enough to cover all bodily functions and systems that may be impacted by chronic pain.

Consumers note that that use of the phrase 'aversive' can downplay the actual lived experience of people living with chronic pain.

"Aversive hardly seems adequate for many who experience life altering pain. It feels almost insulting actually. That's my biggest problem with this proposal... It feels like a lack of empathy and respect for the lived experience."

"Different wording but still a long way off for anyone who lives with chronic pain! Aversive - strong dislike instead of the word unpleasant - it's insulting. You can have a strong dislike to Brussels sprouts but allergies aside eating them doesn't do damage, alter your life and leave you in constant pain."

Going beyond defining pain

Accumulating evidence from a range of sources, both in Australia and internationally, points to major shortcomings in the ways in which pain is addressed. There is currently a major focus on moving away from prescribing medication as the first line approach to management. It is important to recognise that this must not come at the cost of worse outcomes for people living with chronic pain.

There is a growing consensus and research base that supports the importance of coordinated interdisciplinary management strategies to address pain. This approach is

endorsed in the National Strategic Action Plan for Pain Management (2019), the 2010 National Pain Strategy and by the IASP. This requires coordinated interdisciplinary assessment and management involving, at a minimum, physical, psychological, and social/ environmental risk factors in each patient.

This is why ensuring that **'People living with pain have timely access to consumer-centred best practice pain management including self-management, early intervention strategies and interdisciplinary care and support'** is an important goal of Australia's National Action Plan. Government's across the world must not only recognise and understand the new definition of pain, but also act and invest in ensuring people have access to pain management.

Conclusion

Painaustralia is supportive of the intention of the IASP to clarify the definition of pain. In particular, we strongly support the clear link to biological, psychological, and social factors as included in the accompanying notes.

Along with updating the definition of pain, we must work together to ensure that access to best practice interdisciplinary care becomes a reality for the millions of people living with pain everyday around the globe.

We look forward to working with the IASP to achieve this objective.

Yours sincerely



Carol Bennett
Chief Executive Officer

About Painaustralia

Painaustralia is Australia's peak national pain advocacy body working to improve the quality of life of people living with pain, their families and carers, and to minimise the social and economic burden of pain on individuals and the community.

National Patron

Air Chief Marshal Sir Angus Houston AK, AFC (Ret'd)

i Deloitte Access Economics (2019), The cost of pain in Australia. Access online at <https://www.painaustralia.org.au/static/uploads/files/the-cost-of-pain-in-australia-launch-20190404-wfrsaslpzsnh.pdf>

ii Cohen, Milton,*; Quintner, Johnb; van Rysewyk, Simon. Reconsidering the International Association for the Study of Pain definition of pain. PAIN Reports: March/April 2018 - Volume 3 - Issue 2 - p e634. Access online here.

iii Department of Health (2019). The National Strategic Action Plan for Pain Management. Access online at <https://www.painaustralia.org.au/static/uploads/files/national-action-plan-final-19-06-2019-wfvkwmwhfzcv.pdf>

iv Painaustralia 2010. National Pain Strategy, Canberra. Available online at: <https://www.painaustralia.org.au/static/uploads/files/national-pain-strategy-2011-wfvjawttsanq.pdf>