

Preface

Chronic pain is a major cause of distress, disability, loss of work, and quality of life. A World Health Organization (WHO) cross-continental survey, conducted in 26,000 primary care patients in fifteen centers in Asia, Africa, Europe, and the Americas, indicated that one in five adults suffers from chronic pain (range, 6–33%) (Verhaak et al. 1998; Smith et al. 2011; Power et al. 2007). More than 116 million Americans struggle with chronic pain each year, and associated medical charges and lost productivity cost the nation as much as \$635 billion annually (Relieving Pain in 43 America: A Blueprint for Transforming Prevention, Care, Education, and Research. IOM Report. The National Academies Press 2011). About 15–20% of children experience at least one episode of chronic pain. Moreover, despite major advances many chronic pain patients still needlessly suffer due to inadequate assessment, management, and treatment.

New paradigms for chronic pain management and symptom control have recently emerged. These studies have begun to take a life course approach to understand the risks, onset and progression of health and disease based on biological, behavioral, psychosocial, spiritual/existential, and environmental processes that can affect the course and development of illness and disease (Power et al. 2007; Kuh and Ben-Shlomo 1997). The study of life course influences on chronic pain states is still in its infancy (Pang et al. 2010). Nevertheless, this new paradigm emphasizes enhanced biobehavioral pain and symptom assessment and management, improved communication among clinicians, patients, and caregivers, an holistic approach to care including the “context” of care, the integration of psychosocial, narrative, anthropological, and spiritual approaches to pain management and symptom control, and increased insight into the underlying biobehavioral mechanisms of pain.

This book is designed as the beginning of a journey and a conversation about life course perspectives on chronic pain that will be refined over time, and expanded as this wonderful field evolves. It is our belief that this changing paradigm can lead to a broader *and* better understanding of chronic pain conditions, interventions, and treatments that will result in improved pain control and palliative care.

The broad aim of this edited volume is to take a multidisciplinary, biobehavioral, and life course (where applicable) approach to understanding chronic pain. By way of introduction, the contributing authors review biopsychosocial approaches to understanding chronic pain and disability. The second set of chapters describe issues related to communication and pain. The next set of chapters discuss pain and palliative care assessment. The fourth set of chapters highlight biobehavioral approaches to understanding common pain conditions, including pain in pediatric patients, pain in the older person, pain after traumatic brain injury (TBI), pain in the battlefield injured, pain in whiplash associated disorder (WAD), chronic low back pain, and adult cancer-related pain. The subsequent set describe biobehavioral mechanisms associated with chronic pain. These include stress and chronic pain, the biobehavior of hope, temporomandibular disorder and its relationship to fibromyalgia, and pain

imaging. The sixth set review interventions for chronic pain including evidence-based pharmacotherapy's for chronic pain, chronic pain and opioids, nerve block, trigger points and intrathecal therapies for chronic pain, neurosurgical interventions, and rehabilitation treatments for chronic musculoskeletal pain. The next set address broader issues in chronic pain management. These include psychosocial issues associated with chronic pain, spiritual dimensions of chronic pain and suffering, contributions from the humanities and social sciences in terms of understanding the chronic pain experience. The eighth set highlight ethical issues in pain and palliative care. These include disparities in pain management and palliative care, the delineation and explication of palliative options of a last resort, and recognition and resolution of ethical barriers to palliative care. The final chapter provides one endpoint and a framework for how healthcare reform can improve access to quality pain and palliative care services.

The collaborators for this project are from diverse cultural and biomedical settings, including the UK, USA, Italy, England, Singapore, Canada, Australia, and Norway. The expertise in this volume spans the fields of clinical medicine, neuroscience, neurosurgery, literature, anthropology, art, neuroanatomy, pediatrics, gerontology, pain imaging, health disparities, transportation, rehabilitation, palliative medicine, philanthropy, the medical humanities, oncology, physiology, anesthesiology, pharmacology, genetics, stress management, psychology, dentistry, complementary and alternative medicine, spiritual care, nursing, pain policy, and clinical ethics. While highly multidisciplinary, our collaborators have explored the evidence base for chronic pain and palliative care in their individual professional areas and each has provided valuable insights which we, and they, hope will result in improved pain control and palliative care (Blank et al. 2007).

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