



The Necessity for Early Evaluation and Treatment of the Chronic Pain Patient

A consensus statement from the American Academy of Pain Medicine

Millions of people suffer from chronic or intractable pain. Persistent pain varies in etiology and presentation. In some cases, symptoms and signs may be evident within a few weeks to a few months after the occurrence of an injury or the onset of disease. The cause of pain is not always known or apparent. For many patients, initial medical evaluation and treatments effectively relieve pain that might otherwise become chronic.

Like many illnesses that at one time were not well understood, pain and its many manifestations may be poorly treated and seriously underestimated. Inappropriately treated pain seriously compromises patients' quality of life, causing emotional suffering and increasing the risk of lost livelihood and social integration. Severe chronic pain affects both the pediatric and adult populations, and often leads to mood disorders, including depression and in rare cases, suicide.

This consensus statement applies to patients who have chronic or intractable pain. In some cases, the underlying cause of the pain may remain unclear, or misdiagnosis may occur. Both situations can cause patients even greater despair and lead to possible overuse of healthcare resources.

Each physician bears the responsibility to evaluate and treat persistent pain as a serious medical condition. Principal treatment physicians must approach each patient with respect and urgency and provide appropriate and timely referrals to a Pain Medicine specialist when primary medical care has not been effective. Such referrals are appropriate because Pain Medicine specialists can provide a more advanced level of treatment to patients suffering from chronic or intractable pain.

The diagnosis and management of chronic pain is a complex process requiring intensive, comprehensive, and interdisciplinary services for optimum treatment outcomes. Thorough and effective pain evaluation and control must be the primary goals. These goals must be met within a few weeks to a few months of onset or initial occurrence in order to prevent progressive pain, associated morbidity, and increased costs. As physicians, we are trained to preserve patients' quality of life and relieve their pain and suffering. We must use all available resources to achieve these goals for our patients.

This statement was prepared by the following AAPM Clinical Practice Committee members: Dana Simon, MD (Chair); Miroslav Backonja, MD; Harold Mersky, MD (Consultant); Seymour Solomon, MD; Joel Saper, MD (Consultant); Philipp Lippe, MD; J. David Haddox, DDS MD; Gerald Aronoff, MD; William Brose, MD; Rollin M. Gallagher, MD MPH; Elliot Krames, MD; Norman Marcus, MD; Alexander Mauskop, MD; Richard North, MD; Richard Payne, MD; Russell Portenoy, MD; Edward Rachlin, MD; L. Brian Ready, MD; John C. Rowlingson, MD; Karen Rucker, MD; Michael Stanton-Hicks, MBBS DrMed; Carol Warfield, MD; and Peter Wilson, MBBS PhD.

Approved by the AAPM Board of Directors on February 13, 1997.



4700 W. Lake Avenue
Glenview, IL 60025-1485
847/375-4731
Fax 877/734-8750
E-mail aapm@amctec.com
Web site www.painmed.org