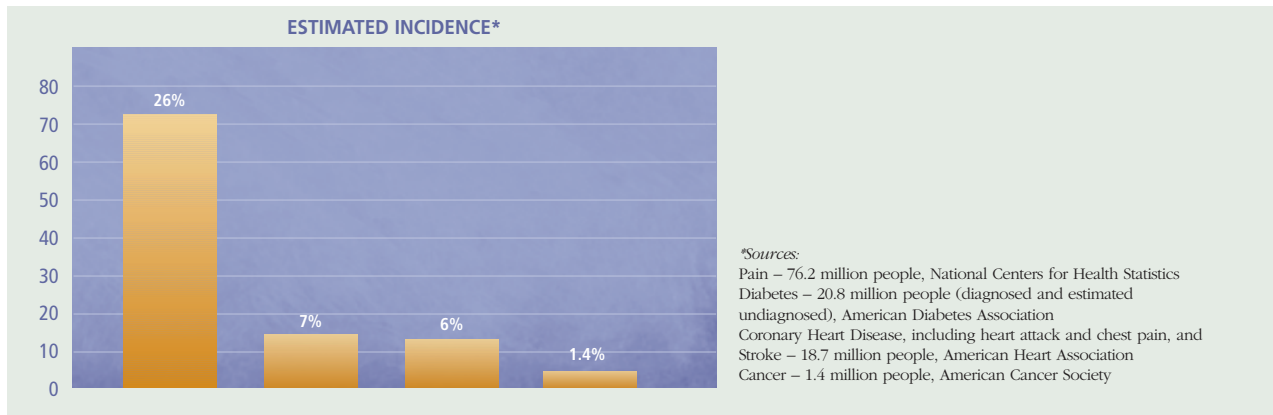


Pain Facts & Stats

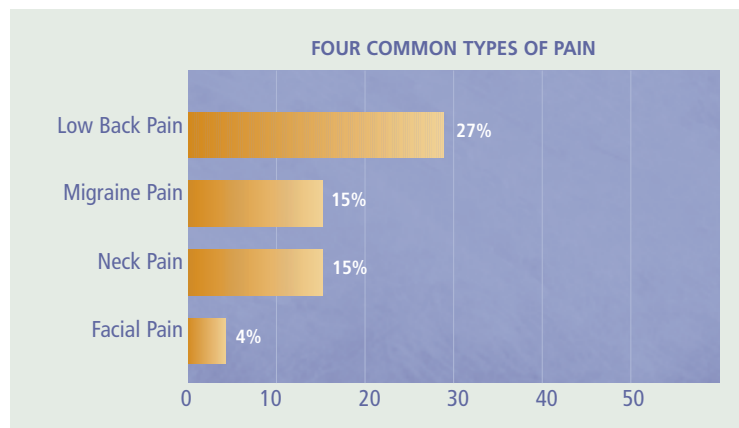
PREVALENCE OF PAIN

Pain is a serious and costly public health problem.

- A hallmark of many chronic conditions, pain affects more Americans than diabetes, heart disease and cancer combined.

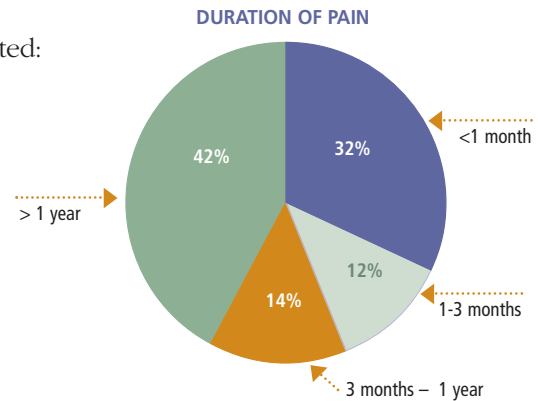


- More than one-quarter of Americans (26%) age 20 years and over—or, an estimated 76.5 million Americans—reported that they have had a problem with pain of any sort that persisted for more than 24 hours in duration. This number does not account for acute pain.¹
- About one-third of people who report pain indicate that their pain is “disabling,” defined as both severe and having a high impact on functions of daily life.²
- More women (27.1%) than men (24.4%) report that they are in pain.¹
- Non-Hispanic white adults reported pain more often than adults of other races and ethnicities (27.8% vs. 22.1% Black only or 15.3% Mexican).¹
- Adults living in families with income less than twice the poverty level reported pain more often than higher income adults.¹
- When asked about four common types of pain, respondents of a National Institute of Health Statistics survey indicated that low back pain was the most common (27%), followed by severe headache or migraine pain (15%), neck pain (15%) and facial ache or pain (4%).¹



DURATION OF PAIN

- Adults 20 years of age and over who report pain said that it lasted:
 - Less than one month – 32%
 - One to three months – 12%
 - Three months to one year – 14%
 - Longer than one year – 42%



ECONOMIC AND WORKPLACE BURDEN OF PAIN

- The annual cost of chronic pain in the United States, including healthcare expenses, lost income, and lost productivity, is estimated to be \$100 billion.³ However, more recent studies have indicated that costs associated with low back pain alone are an estimated \$85.9 billion.⁴ The total cost of arthritis—the nation’s leading cause of disability—is estimated at \$128 billion.⁵
- Undertreated pain drives up the cost of healthcare because it extends lengths of stay in hospitals, increases emergency room visits and results in unplanned clinic visits.
- Pain is the second leading cause of medically related work absenteeism, resulting in more than 50 million lost workdays each year.⁶
- Lost productive time due to headache, arthritis, back pain and other musculoskeletal conditions is estimated to cost \$61.2 billion per year.⁷
 - Headache was the most common (5.4%) pain condition resulting in lost productive time. It was followed by back pain (3.2%), arthritis pain (2.0%), and other musculoskeletal pain (2.0%).
 - Most (76%) of the pain-related lost productive time was in the form of reduced performance occurring while the employees were at work, rather than absenteeism.
 - Workers who experienced lost productive time from a pain condition lost an average of 4.6 hours per week.

MUCH WORK REMAINS

- Currently, less than 2% of the NIH research budget is dedicated to pain.
- More than half of all hospitalized patients experienced pain in the last days of their lives and although therapies are present to alleviate most pain for those dying of cancer, research shows that 50-75% of patients die in moderate to severe pain.⁸

THE UBIQUITOUS NATURE OF PAIN

Consider the following...

- Most Americans (80%) will suffer from back pain at some point in their lives.
- As we age, arthritis hinders the normally smooth sliding motion of our joints and connective tissues, resulting in stiffness and discomfort. Arthritis is the leading cause of disability in people over the age of 55.
- Pain associated with pediatric immunizations is a significant source of anxiety for children receiving the immunizations, and evidence suggests that the way children and parents cope can set the stage for future pain responses.
- Damage to or dysfunction of the central nervous system, due to stroke, multiple sclerosis, epilepsy, brain or spinal cord injuries or Parkinson's disease, also stimulates pain pathways.
- An estimated 30 to 50% of patients undergoing active treatment for cancer and 70% of those with advanced stages of the disease experience significant levels of pain and may be reluctant to discuss their pain with their doctors.

Sources: The American Academy of Physical Medicine and Rehabilitation, Arthritis Foundation, Mayday Fund, National Institute of Neurological Disorders and Stroke, National Cancer Institute.

REFERENCES

1. National Center for Health Statistics. Health, United States, 2006, Special Feature on Pain With Chartbook on Trends in the Health of Americans. Hyattsville, MD. Available at <http://www.cdc.gov/nchs/data/abus/abus06.pdf>.
2. Portenoy, R, Ugarte C, Fuller I, Haas G. "Population-based Survey of Pain in the United States: Differences Among White, African American, and Hispanic Subjects" *Journal of Pain*, Vol 5, Issue 6, 2004; pp 317-318.
3. National Institutes of Health. NIH Guide: New Directions in Pain Research I. September 4, 1998. Available from <http://grants.nih.gov/grants/guide/pa-files/PA-98-102.html>.
4. Brook I. Martin, MPH; Richard A. Deyo, MD, MPH; Sohail K. Mirza, MD, MPH; Judith A. Turner, PhD; Bryan A. Comstock, MS; William Hollingworth, PhD; Sean D. Sullivan, PhD. "Expenditures and Health Status Among Adults With Back and Neck Problems." *JAMA*. 2008;299(6):656-664.
5. Centers for Disease Control and Prevention. "Targeting Arthritis: Improving Quality of Life for More than 46 Million Americans." At a Glance 2008. Retrieved March 6, 2008 from <http://www.cdc.gov/nccdphp/publications/aag/arthritis.htm>.
6. American Pain Society. "Pain Assessment and Treatment in the Managed Care Environment." January 11, 2000. Available at http://www.ampainsoc.org/advocacy/assess_treat_mce.htm.
7. Stewart WF, Ricci JA, Chee E, Morganstein D, Lipton R. Lost Productive Time and Cost Due to Common Pain Conditions in the US Workforce. *JAMA*. 2003;290:2443-2454.
8. Weiss SC, Emanuel LL, Fairclough DL, Emanuel EJ. Understanding the experience of pain in terminally ill patients. *Lancet*. 2001; 357:1311-1315.

Publication date: November 2008

