



- **FACT SHEET No. 1**

## **The Gap Between Knowledge and Practice**

Persistent pain affects millions of people worldwide across the lifespan and is a global cause of disability in the developed and developing world alike (1). Unfortunately, neither policymakers, nor caregivers, nor system administrators, nor the public understand pain and its impact. Poorly managed pain is costly not only for the affected individuals and their families but also for governments and taxpayers.

The U.S. National Institutes of Health estimates the annual costs of persistent pain from \$560 billion to \$635 billion. This exceeds the economic costs of the six most costly major health problems: cardiovascular diseases (\$309 billion); neoplasms (\$243 billion); injury and poisoning (\$205 billion); endocrine, nutritional, and metabolic diseases (\$127 billion); digestive system diseases (\$112 billion); and respiratory system diseases (\$112 billion) (2).

In 2010, the IASP [Declaration of Montreal](#) stated, “All people have the right to have access to appropriate assessment and treatment of pain by adequately trained health-care professionals.” However, there continues to be a gap between what is known about effective pain management and the actual delivery of appropriate patient care. Professional education about acute, persistent (chronic), and/or cancer pain management has been repeatedly documented as inadequate worldwide. As a result, people continue to deal on their own with the consequences and social stigma associated with their pain and to be limited by their lack of awareness of available treatment options.

Ineffective pain management in the very young to the very old is linked to inadequate pain education. These failures are exacerbated by their potential to be self-perpetuating. Pain education targeting professionals, governments, people with pain and their families, and the public is an important strategy to remedy ineffective pain management practices. The international community can do so much more to improve pain education so that people may have access to appropriate pain treatments.



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**IASP brings together scientists, clinicians, health-care providers, and policymakers to stimulate and support the study of pain and translate that knowledge into improved pain relief worldwide.**

Now is the time to put pain education into the spotlight and help bridge the gap between knowledge and practice.

Overall areas of concern worldwide include the lack of understanding about the sheer magnitude of the public health issues surrounding pain. Professional health and medical education often does not recognize pain content as essential or a high priority. Moreover, the burgeoning opioid crisis, primarily in North America, has led to greater emphasis on recognizing and managing addiction while deprioritizing pain assessment and treatment generally (3). As a result, alarming deficits continue to be documented in the provision of undergraduate pain education, and progress and improvement of postgraduate education remain unacceptably slow. In addition, education for specialized pain management is only sporadically available. The resulting lack of transfer of current research and clinical evidence impedes the dissemination of optimal pain management practices.

Gaps and shortfalls in specific pain-related areas include the following:

- Pain content in prelicensure curricula for health-care professionals remains inadequate.
- Licensure qualifications rarely require competency in appropriate pain assessment and management, particularly the safe and effective use of opioids.
- Pain-related competencies to ensure graduates are sufficiently educated so they can provide appropriate pain management are underutilized.
- Post-licensure continuing professional development opportunities for specialized expertise in pain management are lacking.
- Contemporary evidence is not being transferred to pain management practices in optimal fashion.
- Voices of individuals and their families are not sufficiently considered in pain management planning and monitoring.
- Outcome evaluations of pain education are not routinely captured and tend to focus on knowledge rather than competence and improved patient outcomes.
- The public health impact and related population-health consequences of pain are not well understood.
- People with persistent pain often lack access to or are unaware of available resources and treatment options.

The Global Year for Excellence in Pain Education strives to address the above gaps by focusing on the following four key areas.

1. Public and Government Education
2. Patient Education
3. Professional Education
4. Pain Education Research



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To help members with a call to action by organizations, including universities and governments, we have developed prospectuses to promote Public and Government Education, Professional Education, and Self-Management Education (<http://s3.amazonaws.com/rdcms-iasp/files/production/public/globalyear/2018%20Global%20Year%20Brand%20Prospectus.pdf>).

## REFERENCES

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3. National Academies of Sciences, Engineering, and Medicine. *Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use*. Washington, D.C.: National Academies Press; 2017. <https://www.nationalacademies.org/opioidstudy>

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IASP is the leading professional forum for science, practice, and education in the field of pain. [Membership is open to all professionals](#) involved in research, diagnosis, or treatment of pain. IASP has more than 7,000 members in 133 countries, 90 national chapters, and 20 Special Interest Groups.

Plan to join your colleagues at the [17th World Congress on Pain](#), September 12-16, 2018, in Boston, Massachusetts, USA.

**As part of the Global Year for Excellence in Pain Education, IASP offers a series of nine Fact Sheets that cover specific topics related to pain education. These documents have been translated into multiple languages and are available for free download. Visit [www.iasp-pain.org/globalyear](http://www.iasp-pain.org/globalyear) for more information.**