

## Study Shows That Pain Can Become A Disease Onto Itself

*Ed. Note: The following story is a press release from the Institute of Musculoskeletal Health and Arthritis.*

April 27, 2005

Dr. James Henry, a neurophysiologist and Inaugural Scientific Director of the Michael G. DeGroote Institute for Pain Research and Care at McMaster University, and Dr. Alex Jadad, Director of the Centre for Global e-Health Innovation, Canada Research Chair in eHealth Innovation and the Rose Family Chair in Supportive Care in Toronto, presented results of their work in pain and fatigue at a meeting of the Knowledge Exchange Task Force (KETF) on April 18 and 19, 2005.

Dr. Henry has discovered that pain is actually a disease itself. "Our research demonstrates, that chronic pain - pain that lasts more than six months - can lead to physiological changes such that pain becomes a disease in and of itself," said Dr. Henry. "What this means is that we not only need early detection and treatment, we need to remove the numerous barriers that currently impede our ability to effectively manage chronic pain."

"The lack of physician knowledge and training in chronic pain, the commonly held belief that pain is accepted and normal, the fact that patients have a fear of analgesics and their side effects, and the absence of health policy in pain management are only a few of the barriers we face in effectively addressing this important issue," added Henry.

Dr. Jadad, pointed out another barrier to effective pain management - the increasing knowledge explosion and the competing interests of pharmaceutical companies, governments, health professionals and researchers.

"By the year 2000, more than 24,000 studies had been conducted in the area of pain relief," said Jadad. "And yet we still don't have answers to the majority of questions we have in the area of musculoskeletal pain."

### Researcher recommendations:

- Implementation of an arms length approach to education and research.
- A reassessment of the emphasis on efficacy trials as the centrepiece of the drug approval process.
- Independent gatekeepers (e.g. ethics boards, trial registries and regulatory bodies).
- Have pharmaceutical companies provide the majority of financial support with no strings attached.
- Institute a strong post- marketing surveillance process.

The KETF was spearheaded by the Institute of Musculoskeletal Health and Arthritis, of the Canadian Institutes of Health Research, in the fall of 2004. One of the KETF's priority areas is chronic pain in that it is a common experience for those suffering from musculoskeletal (MSK) diseases and conditions.

"In forming the KETF, our goal was to empower a group of patient consumers to become 'research ambassadors' whose efforts would serve to increase research and education around the wide array of MSK diseases and conditions that currently cost taxpayers some \$16 billion per year," said IMHA's scientific director, Dr. Cy Frank. "Ultimately, we hope this accelerated translation and exchange of new research knowledge between clinicians and consumers will lead to the improved health of all Canadians.

*CIHR's Institute of Musculoskeletal Health and Arthritis (IMHA) supports research to enhance active living, mobility and movement, and oral health. IMHA addresses causes, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions related to bones, joints, muscles, connective tissue, skin and teeth.*

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