Canadian Physiotherapy Association
Association canadienne de physiothérapie

Canadian Pain Task Force Report, June 2019 – Chronic Pain in Canada: Laying a Foundation for Action: Executive Summary

One in five Canadians lives with chronic pain. Pain is a complex condition, impacting all parts of a person's life, including biological, social, and psychological aspects.

Pain not only impacts the individual, but can also have effects on the person's family, community, and society. The direct and indirect costs of pain are significant. Taking action to assist the seven million Canadians currently living with pain will help improve these lives but will also save money for the overburdened health care system.

As physiotherapists are aware, pain is an unpleasant sensory and emotional experience that is highly personal and can only be fully appreciated by the individual that is experiencing it. Pain has long been attributed to another disease or injury process, but in the 11th edition of the International Classification of Diseases (ICD-11) chronic pain is recognized as a disease in its own right.

While most people have been subjected to pain at some point in their lives, certain groups bear more of the pain burden than others. Groups that have a higher incidence of chronic pain include older adults, children and adolescents, females, Indigenous populations, veterans, and those who use drugs.

Pain is often underdiagnosed and undertreated. Assessment of chronic pain has mainly focused on intensity, and does not widely emphasize functional and emotional impacts, an understanding of the pain experience, and acknowledging cases not associated with an initiating injury or illness.

As pain is a complex illness, it should be obvious that there are no simple solutions. Evidence is generally supportive of a multidisciplinary or interprofessional approach to pain management. In fact, pharmaceutical solutions to pain are often more effective as part of a plan that included psychological, physical, and self-management dimensions. The International Association for the Study of Pain (IASP) endorses integrated, multi-modal care as the treatment of choice for chronic pain.

Unfortunately, while interprofessional pain clinics are the gold standard, Canadians often have inadequate access to pain services and experience long wait times. People with chronic pain often experience other barriers, including:

- Lack of public funding and reimbursement
- Distance from urban centres

- Lack of public transit/transportation
- Long wait times
- Lack of coordinated services
- Lack of specialists
- Language and other cultural barriers

There are significant gaps in pain education for health professionals in Canada, both pre- and post-licensure. Consistent pre-licensure pain education requires dedicated pain curricula. Veterinary students receive, on average, 2-5 times more pain education than their human health science counterparts. And often, the psychosocial aspects of pain are not integrated with the biological aspects pre-licensure.

Post-licensure professional development opportunities can help build pain competencies. CPA's Clinical Specialty Program and the Pain Science Division's Pain Mentorship Program are specifically mentioned as promising practices in pain professional development.

The use of technology is also a promising practice for pain management, especially in rural and remote communities. It provides the opportunity to link people in pain with pain expertise, without leaving their communities and support systems. Public awareness, knowledge translation and putting research into practice will be integral in creating the cultural transformation required to better support those living in pain.

Significant work has been done to provide direction on the future pain research agenda in Canada, but there is limited work being done to monitor the quality and effectiveness of the health care system for treating pain. More work is needed on the effectiveness of treatment options and how to tailor treatments to individual patients. A paradigm shift will be required to focus attention toward individual benefits for a specific treatment or group of treatments.

Pain stakeholders across the country have laid the groundwork for the development of a national pain strategy. The defining features of a national strategy could include awareness building and education, treatment standards and guidelines, self-management strategies, multidisciplinary and specialized pain services, communication and collaboration, and research. Several provinces have invested time and attention into this problem and a national strategy could help to coordinate these efforts and facilitate national spread of best practices. National leadership could help to develop a made in Canada approach to achieve maximum results for Canadians and those living with pain.

The next steps for the Canadian Pain Task Force are to identify best and leading practices in Canada, leading to an improved approach to care for those with pain, and to increase awareness and build relationships for changes in pain management. This will require national leadership and investment to decrease duplication, maximize efficiencies, and allow the implementation of best practices. By igniting a commitment to change, we can build on the foundation in place to improve the health and well-being of Canadians.

Impact for CPA

The creation of the Canadian Pain Task Force is, *for the first time*, drawing national attention to the impact chronic pain is having on the individual, their families and communities, and Canadian society. Focusing on chronic pain and the inconsistencies in prevention and treatment are highlighting the need for a national pain strategy.

Lack of access to specialized multidisciplinary pain management has been identified as a problem. In addition, there is a lack of access to most conservative pain management treatment, like physiotherapy, in Canada, due to limited private and public funding. This problem is felt more acutely in rural and remote communities.

The information in the Task Force reports will help CPA prepare its advocacy plan for 2020 and beyond. The reports will inform our advocacy work and support the work we have been doing in pain management. The work of the task force and its national consultation will provide CPA with connections that could lead to additional partnerships on advocacy issues.

Please forward your questions or comments to Melissa Anderson, Chief Advocacy Officer, Canadian Physiotherapy Association.