The Time is Now: A Commitment to Pain Relief in Saskatchewan

Introduction

♦ Pain continues to be the ‘silent epidemic’ with up to 75% of individuals receiving inadequate treatment for acute, chronic, post-operative, cancer, and end-of-life pain (Canadian Pain Society, 2010; Tunks, 2003).

♦ Pain is the most common reason for emergency room visits, the most common reason for visits to physician offices, and one of the top reasons for hospital admissions (Todd et al., 2007).

♦ Unrelieved acute pain complicates recovery and results in longer hospital stays, greater disability, and the potential for long-term pain (Canadian Pain Society, 2007; Pain Australia, 2013).

♦ Identified barriers to good pain management include: a lack of professional and public knowledge, inadequate undergraduate preparation, a lack of interprofessional collaboration, the ‘research-practice’ gap, and the failure of health care institutions to make pain relief a priority (Canadian Pain Society, 2007; Carr, Brockbank & Barrett, 2003).

♦ The magnitude of the pain problem is increasing with one in five Canadians suffering from chronic pain and an increase in prevalence at both ends of the spectrum (Moulin et al, 2002; Schopflocher et al., 2011). In residential care facilities up to 80% of residents report chronic pain (Takei et al., 2010). In children, the prevalence of recurring or persisting pain is 15 -30% (Stanford et al., 2008).

♦ Chronic pain sufferers report the lowest quality of life when compared to other chronic health conditions, including a higher incidence of anxiety, depression and suicide (Ratcliff et al, 2008; Schopflocher et al. 2011; Tang & Crane, 2006).

♦ The costs of undermanaged pain in Canada are enormous and more than the cost of heart disease, cancer, and diabetes combined (Phillips, & Schopflocher, 2008; Schopflocher et al., 2011).

♦ In Saskatchewan, 18.2% of women and 11.8% of men over 25 years of age struggle with chronic pain (Reitsma et al., 2012).

♦ Results from the Saskatchewan Health Quality Council Acute Care Patient Experience Survey indicate that pain management is rated number four of the top ten factors in the overall hospital experience and pain was reported to be well controlled only 55% of the time.
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- The Saskatchewan Registered Nurses Association (SRNA) Pain Management Professional Practice Group (PPG) facilitates networking among health care professionals across the province. Over the past few years, PPG members have participated in the National Pain Summit and the annual Canadian Pain Society conferences. The lack of Saskatchewan presence in the national pain scene has been striking.

- Saskatchewan has an absence of dedicated pain services across the continuum of care, a lack of support for individuals experiencing pain, and a lack of dedicated pain content in undergraduate health science curricula.

Opportunity for Change

- In April 2012, the Canadian Pain Summit was held in Ottawa in April, 2012. Over 200 delegates from across the country widely endorsed the need for a Canadian Pain Strategy. The National Pain Strategy Update was held in Winnipeg in May, 2013. The message from the federal government was an expectation of increased provincial responsibility in dealing with the ‘pain problem’.

- In March 2013 a National Strategy to address prescription drug misuse and abuse was launched. “This is an ambitious challenge. It requires a sustained and serious commitment to coordinated actions that support the common, long-term vision of addressing this complex public health and safety issue.” (National Advisory Committee on Prescription Drug Misuse, 2013). This National Strategy wisely acknowledges that opioid abuse cannot be addressed without providing up-to-date pain management education for all prescribers at all points of care, and without giving people with pain access to pain management programs. The implementation of evidence informed practice for improved pain care requires knowledgeable decisions and balanced approaches.

Action

As a good first step, we urge health region chief executive officers and provincial leaders to recommend that pain pathways be developed. Pain pathways would facilitate access to appropriate pain services at the appropriate point of care. Utilization of primary health teams would serve to situate chronic pain with other chronic diseases. Pain pathway deployment processes, and support of those committed to pain management, would build a strong network of professionals with the knowledge, skills, and ability to safely help people with pain. Appropriate resources, at the appropriate time, for appropriate cost.

It is time to MAKE A DIFFERENCE for the men, women, and children living with pain in our province. The Time is NOW for commitment to pain in Saskatchewan.

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References


