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Background

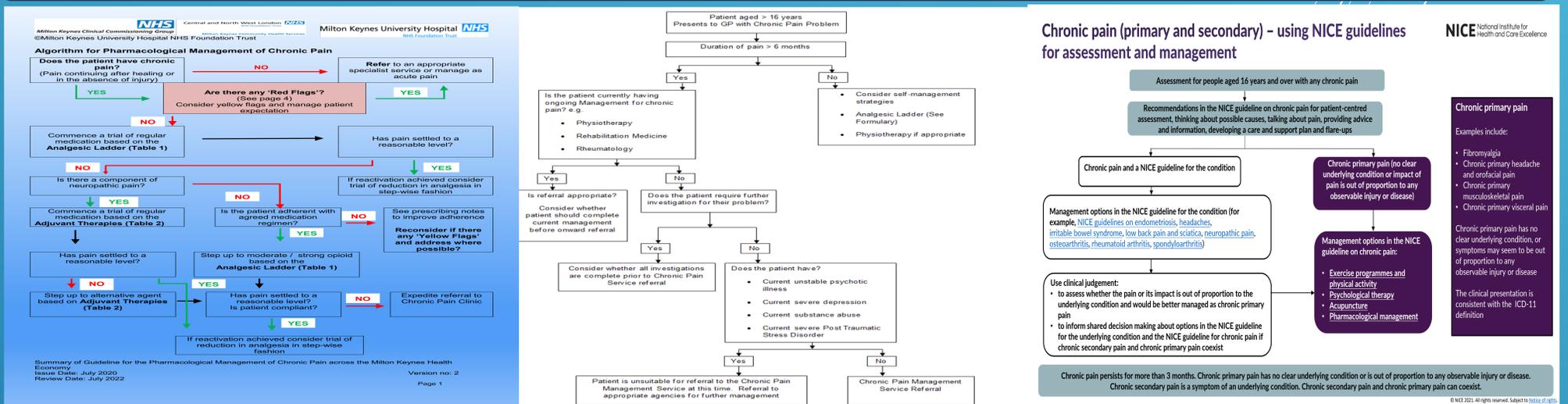
Most strategies to reduce the burden of pain in society are downstream, managing the situation once pain has become a problem, with a lack of health promotion discourse in mainstream pain journals (Johnson et al., 2014). As human society and living conditions evolve, solutions are needed for human challenges that arise. In recent times, modern urban Anthropocene lifestyles have created unique and ever-changing living conditions, personal circumstances, building environment, access to green spaces, occupational conditions, eating options, technology innovation and lifestyle choices. This has resulted in improvements in health, well-being and the quality and duration of life, with age-standardised disability-adjusted life-years rates for global health steadily improving over the past 30 years (Diseases & Injuries, 2020). Paradoxically though, the proportion of years lived with disability from non-communicable diseases and injuries has increased over the past 30 years, with non-communicable disease and injury constituting over half of all disease burden in 11 countries, and revealing a need for better intervention strategies (Diseases & Injuries, 2020).

Aim

The purpose of this presentation is to present some thought-provoking reflections resulted from the **multidisciplinary work conducted by academics based at the University of Suffolk and Leeds Beckett University (Johnson et al., 2022)**. In particular, It focuses on:

- outlining the current biomedical approaches. in relation to the burden of chronic pain in society,
- suggesting alternative perspectives to current pain management strategies,
- exploring how non-medical perspectives may offer opportunities for improvement.

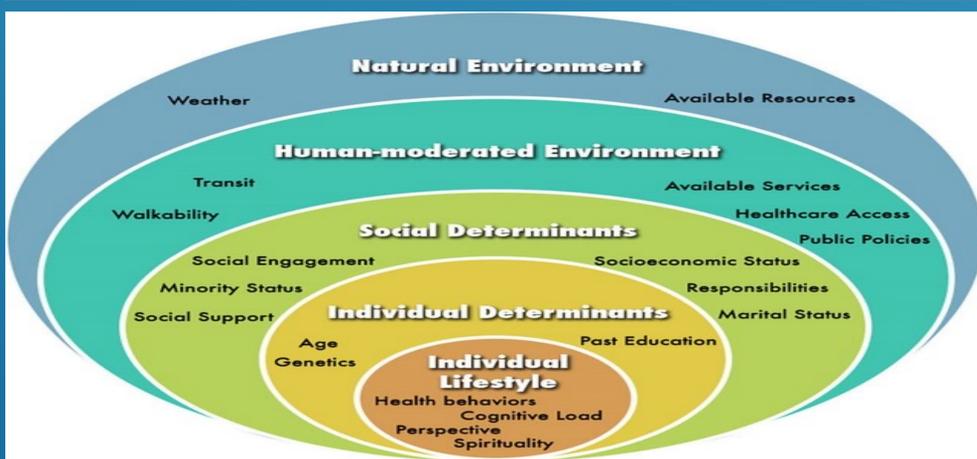
Examples of current biomedical approaches in the management of pain



The image contains three flowcharts related to chronic pain management:

- Algorithm for Pharmacological Management of Chronic Pain (NHS):** A flowchart starting with 'Does the patient have chronic pain?'. If 'No', it refers to an appropriate specialist. If 'Yes', it checks for 'Red Flags'. If 'No', it starts with an Analgesic Ladder. If 'Yes', it checks for neuroplastic pain components. If 'Yes', it starts with Adjuvant Therapies. If 'No', it steps up to moderate/strong opioids. It includes decision points for patient adherence and reactivation.
- Patient aged > 16 years flowchart:** Starts with 'Patient aged > 16 years Presents to GP with Chronic Pain Problem'. It checks 'Duration of pain > 6 months'. If 'Yes', it asks if the patient is currently having ongoing management. If 'No', it suggests self-management strategies like Physiotherapy, Rehabilitation Medicine, or Rheumatology. It includes decision points for further investigation and referral.
- NICE National Institute for Health and Care Excellence:** A flowchart for 'Chronic pain (primary and secondary) - using NICE guidelines for assessment and management'. It starts with 'Assessment for people aged 16 years and over with any chronic pain'. It provides recommendations for patient-centred assessment and lists management options for various conditions like endometriosis, headaches, and osteoarthritis. It includes a section on 'Chronic primary pain' with examples like Fibromyalgia and Chronic primary headache.

For the purposes above, we aim to use the social ecological model (below) which conceptualises health broadly and focuses on multiple factors that might affect health, including physical, mental, and social well-being (biopsychosocial model). This framework is a multilevel conceptualization of health that includes intrapersonal, interpersonal, organizational, environmental, and public policy factors.



We believe the social ecological model may help us to:

1. Better **understand** the concept of **health** and the role that the **environment** plays in **promoting health**.
2. Offer insights on the **phenomenon of pain** and inform **strategies to reduce** the burden of pain on society.

Conclusions

The question of how current society deals with pain and who sees pain as their responsibility have been largely neglected. Kress and colleagues argue that the views of all stakeholders need to be involved in creating a more successful holistic approach to chronic pain management (Kress et al., 2015). Scholars and practitioners from diverse areas of expertise may offer non-medicalised perspectives to inform pain management solutions and bring a fresh agenda of required changes with the potential to provide previously ignored innovations. Consideration of broader perspectives is likely to promote better health care and lifestyle decisions for people living with persistent pain.

References

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