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Briefing Series on the Role of Psychology in Health Care *Chronic Pain*

- Pain is the most prevalent of the ten principal reasons for emergency department visits.¹ At least 116 million U.S. adults are burdened by chronic pain, which is associated with an estimated annual economic cost of \$560–635 billion.²
- In the U.S., the number of unintentional deaths from prescription opioid pain medications each year exceeds the number of deaths from cocaine and heroin combined. Among the patients who are prescribed opioids, and among those who overdose as well, there is a higher incidence of mental health problems.³
- Pain has biological, psychological, and social components, and effective treatments must address all three of these aspects. The Institute of Medicine found that:²
 - » “Effective pain management is a moral imperative, a professional responsibility, and the duty of people in the healing professions.” (p. S-3)
 - » Despite the prevalence of pain, no American medical school required a class in pain, and only 3.4% offered an elective class in pain. Physicians generally are not trained in psychological or behavioral methods for pain treatment.
- When compared to minority groups, Whites are more likely to receive treatment for acute pain and postoperative pain and experience less pain severity across the lifespan.⁴

| How Psychologists Can Help

- Psychological interventions, such as cognitive behavioral and self-regulatory therapies, have been shown to be effective treatments for pain.⁵ Psychological interventions for pain are safe, effective, and cost effective, but they are generally underutilized, although they are just as effective when compared to surgery.⁶⁻⁷
- One study found surgery was 168 times more expensive than psychological treatments. Additionally, while common surgeries for pain, such as spinal surgery, are associated with significant health risks (e.g., postsurgical complications such as infection and 3 out of a 1000 risk of death), psychological treatments pose no such risks.⁷
- Colorado’s worker compensation system for treating injury and chronic pain saved an estimated \$859 million in one year by integrating medical and psychological treatments.⁷

- A review of the evidence determined that psychological tests are the scientific equivalent of medical tests and can sometimes exceed the ability of medical tests to predict the outcome of medical treatments for pain.⁷⁻¹⁰

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