key points

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Chronic pain is defined as pain that lasts longer than three months. It has been estimated to affect between one third and one half of the UK population. A working group from the International Association for the Study of Pain has developed a new classification system for chronic pain. A fundamental distinction is made between chronic primary pain and chronic secondary pain.

Chronic primary pain is defined as pain in one or more anatomical regions that persists for longer than three months, is associated with disability or emotional distress, not better accounted for by another diagnosis of chronic pain. Chronic primary pain is subdivided into five categories: chronic widespread pain (e.g. fibromyalgia); complex regional pain syndromes; chronic primary headache (e.g. chronic migraine) or orofacial pain; chronic primary visceral pain (e.g. irritable bowel syndrome); and chronic primary musculoskeletal pain (e.g. chronic primary low back pain).

Chronic secondary pain is pain secondary to an underlying disease. There are six categories: chronic cancer-related pain; chronic postsurgical or post-traumatic pain; chronic neuropathic pain; chronic secondary headache or orofacial pain; chronic secondary visceral pain; and chronic secondary musculoskeletal pain.

Chronic primary pain is a diagnosis that requires thorough medical assessment before being confidently made. Patients may be labelled as having chronic primary pain while ongoing assessment is being carried out. They may ultimately be classified as having a chronic secondary pain syndrome. It is possible for a secondary chronic pain to coexist with a primary chronic pain. For example, a patient may be under investigation for fibromyalgia because their proven osteoarthritis or rheumatoid arthritis does not fully explain their widespread pain.

Assessment of chronic pain should include a comprehensive pain history, medical history and examination to identify any potential underlying cause or possible red flags. It is important to ask about effects on lifestyle and day to day activities, including work and sleep disturbance; physical and emotional wellbeing; social interactions and relationships. The presence of disability and emotional distress in the context of negative history, examination and investigations allows the diagnosis of chronic primary pain to be made.

Referral to the pain management service should be considered when pain or function have not improved following appropriate primary care management, there is significant distress and where specialist assessment may be useful.