

Pain Diagnoses in ICD 11: Implications for Pain Practitioners

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The diagnosis of chronic pain conditions has had a long and often contentious history. Opinions about chronic pain have ranged from it being a primarily mental health problem (e.g. masked depression) to it being a disease in its own right. The net effect has been to render chronic pain almost invisible in public health and hospital records and metrics. In most countries pain is often only mentioned in these records as a symptom of something else (e.g. arthritis, cancer, etc). Yet, the Global Burden of Disease project has identified chronic pain conditions amongst the most disabling conditions in terms of years lived with a disability – in all countries included in the survey, including South East Asian countries.

Over the last 5 years a taskforce of the International Association for the Study of Pain (IASP), in conjunction with the World Health Organization (WHO), has developed and now published the new International Classification of Diseases (ICD-11) with a new section devoted to chronic pain conditions. Unlike the previous version (ICD-10), ICD-11 makes it much clearer and simpler to diagnose chronic pain conditions, especially those where there is no obvious cause. Such patients were often told they had 'medically unexplained symptoms' and, quite understandably, often felt stigmatized as they didn't have a 'real' medical condition. Accordingly, it is hoped that when countries start using ICD-11 we will start to see, for the first time, the presence of chronic pain conditions, whether primary or secondary, being represented in medical/hospital records and public health statistics. It is also hoped that these patients will no longer be left feeling stigmatized.

This paper will discuss some of the main implications the new way of representing chronic pain conditions will have for pain practitioners and their patients.