



Commentary

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Commentary: Prevalence and Characteristics of Chronic Pain among Patients in Portuguese Primary Care Units

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Epidemiological studies on chronic pain (CP) are scarce in Portugal. We previously knew from Azevedo et al. (2012), a study conducted by phone interviews, that chronic pain had a prevalence of about 37% in the Portuguese adult population.

After so much time, it was important to have a more current and real notion of the prevalence of chronic pain, as well as to understand its impact on primary health care (PHC), as they are the usual gateway of citizens to the National Health System. The study (multicenter, cross-sectional and observational) was carried out in mainland Portugal between June 2017 and March 2018 and involved a large team of 58 researchers and about 140 co-investigators.

It took place in 58 health centers throughout Portugal, each one with an investigation team headed by a specialist in General Practice Medicine (GP). 8445 consultations were performed, of which 2834 patients were identified with previous diagnosis of chronic pain. All the centers were primary care units attending general population. The first 10 adult patients that met the inclusion criteria of CP previously established and provided the written informed consent were selected to further characterization (n=578).

The final prevalence of chronic pain was estimated at 33.6%, the main goal of the study.

Other key questions were elaborated in the study:

- What are the characteristics (sociodemographic, description, body distribution, intensity, timeline presentation) of chronic pain in PHC?
- How is chronic pain diagnosed and managed in PHC?
- What are the temporary expectations of chronic pain control and resolution?
- What is the impact of chronic pain on the Quality of Life of Portuguese citizens?

The study corroborated the known prevalence of chronic pain in about 1/3 of the Portuguese population, mostly musculoskeletal and located in the lumbar spine and lower limbs.

Chronic pain was diagnosed most often by the general practitioner (61.4%) and in about half (51.7%) of the patients, after experiencing symptoms for less than 1 year. The average intensity was 5.3 on a scale of 0 to 10 points.

Diagnosis was based in clinical issues rather than complementary exams and most patients were treated with pharmacological measures or referred to Physical and Rehabilitation Medicine clinics.

The expectation of the resolution of chronic pain was variable among the participants in the study. We observed that a higher number of consultations or complementary diagnostic tests performed, were linked to a lower temporal expectation of resolution of the clinical picture. On the other hand, the understanding of the user's pain complaints by the physician, resulted in better expectation of resolution of CP.

The majority of citizens reported a high impact of chronic pain on all dimensions of quality of life assessed, namely mobility, usual daily activities and personal activities, resulting in discomfort, anxiety and depression, which were also objectified in the results of the study (EuroQoL 5D).

The study becomes important for the scope of primary health care it covered, ultimately highlighting the high prevalence of chronic pain in citizens who use PHC and the huge impact of pain in their lives.