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Four decades later: what's new, what's not in our understanding of pain

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The International Association for the Study of Pain (IASP) definition of pain published in 1979[1] has been accepted broadly and remains widely used currently. Thus, the decision to examine whether a revision was in order was not made lightly. This undertaking was prompted initially, in 2017, at the urging of Dr. Amanda C. de C. Williams and Dr. Kenneth Craig. We would be remiss not to acknowledge their seminal role in this effort, as well as the role of the IASP Council in supporting the creation of a task force for this purpose. Although this decision was

made during a time of considerable focus on and concerns about the use of prescription opioid medications for chronic pain, the task force was initiated independently of those issues.

The article[3] by Raja and the other members of the IASP Task Force on the Definition of Pain provides essential reading for anyone interested in updating his or her understanding of pain, as well as for anyone considering revising a medical or scientific definition that has been widely used and accepted for decades. We extend deep appreciation to the task force members for their many hours of thoughtful consideration, respectful discussion, and united effort on this task. We especially extend our appreciation and admiration for Dr. Srinivasa Raja's exceptional leadership and dedication in promoting this respectful dialogue, guiding the work, and achieving task force consensus. We anticipate that the revised definition and notes will remain as a long-lasting legacy for those involved.

As this article indicates, it is surprisingly difficult to achieve consensus across experts on a definition of pain, particularly one that applies to all types of pain in human and nonhuman animals and that can be agreed upon by experts from a variety of professional backgrounds. As with the famous "I know it when I see it" definition of pornography by U.S. Supreme Court Justice Potter Stewart, we all know pain when we feel it. But how do we come to a shared common understanding of what pain is, in its own right, aside from its association with various diseases or injuries? To accomplish this, it was critical that the task force, reflecting the membership of IASP, be international and multidisciplinary, with clinical and basic science expertise in the multiple interacting influences on pain, including biological, psychological, social, environmental, and cultural. Also important was input from experts in philosophy,

bioethics, and linguistics. Finally, we note the request for and consideration of feedback from the broader global community, including individuals living with pain and those caring for someone living with pain, and revision of the definition notes based on this feedback. This reflects the increasing recognition that the voices of individuals living with pain must be heard in order to fully understand pain and its impact, and how best to serve this population. These voices are also essential in furthering pain research, policy, and advocacy efforts.

Upon quick glance, the changes in the definition of pain and accompanying notes might seem minor, but they are important. In particular, we would like to call attention to the new wording "*or resembling that associated with* actual or potential tissue damage." This wording reflects current scientific understanding that, in many cases, especially when pain has persisted beyond a few months, pain might feel as though there is ongoing bodily harm when in fact there is no associated tissue damage. Furthermore, and importantly, the statement in the 1979 note that, "*Many people report pain in the absence of tissue damage or any likely pathophysiological cause; usually this happens for psychological reasons*," is removed in the revised notes. We know now that some types of pain, while not associated with tissue injury, are associated with nervous system dysfunction.

In such cases, all too often, healthcare providers still communicate a message to patients with pain that "there is nothing wrong" when imaging and other test results are normal. All too often, such patients feel dismissed by their healthcare providers and perceive them as viewing their pain as all due to stress or psychological problems, leading to frustration, anger, anxiety, and an endless search for new providers, tests, and treatments. Patients, providers, policymakers, and the

public must all be educated that an individual's experience of pain is valid, cannot be measured directly or proven/disproven by objective tests, and, especially when pain has persisted beyond several months, needs to be understood from a broad conceptualization that considers multiple possible biological (including the nervous system and brain) and psychosocial influences. As one of the revised notes states, "*A person's report of an experience as pain should be respected.*" This understanding has important implications for optimal treatment.

It is also important to note what has not changed in the definition in 40 years: Pain is a sensory **and emotional** experience. The recognition four decades ago that pain is not a purely sensory experience and the fact that this definition is still current, with some experts arguing for the lack of a need to change, is testament to the deep understanding and thoughtful work of the original IASP committee.

Finally, we would like to observe that the important work of this task force complements other IASP work with critical clinical and public health importance. As described in this article,[3] IASP has initiated and supported international, multidisciplinary efforts to create a new classification system for chronic pain,[4] which was incorporated in the latest edition of the International Classification of Diseases (ICD-11), as well as to increase recognition and understanding of nociplastic pain, which "arises from altered nociception despite no clear evidence of actual or threatened tissue damage causing the activation of peripheral nociceptors or evidence for disease or lesion of the somatosensory system causing the pain".[2] These efforts, along with other ongoing IASP activities, undoubtedly will lead to enhanced scientific, clinical, and public understanding of pain, as well as to improved clinical care, continuing to fulfill the vision of

IASP founder John J. Bonica. It is our hope that the revised definition and accompanying notes, along with the Raja et al. article,[3] stimulate further dialogue and discussion about pain, its definition, and its relief worldwide.

References

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No conflicts.