

LETTERS

Poor evidence to guide chronic pain treatment

While it is good to see the subject of chronic pain given attention in *CMAJ*, the article by Collier reinforces unfortunate attitudes, that patients with chronic pain are “difficult” with problematic psychosocial elements.¹ The latter is an oft-repeated fallacy with no real foundation in fact. There is no evidence that psychosocial issues are any more important in understanding and managing chronic pain than in a host of other chronic conditions from HIV and AIDS to hypertension.

Basic scientists in the field of pain know as much detail regarding the patho-

physiology of chronic pain as other scientists know about diabetes mellitus. The big difference: little or nothing is taught in medical curricula or residency training programs of factual scientific data regarding pain in general, and chronic (pathological) pain in particular. This lack of fundamental education may explain why medical graduates may not go on to perform stellar clinical research in this area. Hence our evidence base remains, for the most part, of very low quality.

Dr. Joel Katz, editor of *The Canadian Journal of Pain/Revue canadienne de la douleur* recently gave a lecture in Ottawa entitled, *Chronic Pain: Absence of Evidence is not Evidence of Psychopathology*. Just by

heeding this statement, physicians can remove much of the stigma of living with chronic pain.

Ellen N. Thompson MBBS

Medical director, Inovo Medical, Ottawa, Ont.

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Reference

1. Collier R. “Complainers, malingerers and drug-seekers” — the stigma of living with chronic pain. *CMAJ* 2018;190:E204-5.

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