



Title	Prevalence of Chronic Pain: An Overview
Agency	AHFMR, Alberta Heritage Foundation for Medical Research HTA Unit, Suite 1500, 10104-103 Avenue NW, Edmonton, Alberta T5J 4A7 Canada; Tel: +1 780 423 5727, Fax: +1 780 429 3509; info@ahfmr.ab.ca , http://www.ahfmr.ab.ca
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Aim

To analyze and critically appraise the published evidence on the prevalence of non-malignant chronic pain (CP) in the general population. A secondary objective was to summarize information on the characteristics of CP and the use of health services by CP sufferers.

Conclusions and results

Thirteen primary studies were analyzed, most of which reported prevalence estimates for adolescent and adult populations (aged 15 to 86 years). Two studies provided prevalence data for elderly populations (over 65 years), while one study addressed the prevalence of CP in children (0 to 18 years). In general, the studies were of acceptable methodological quality. The CP prevalence estimates varied from 10.1% to 55.2%. Calculation of severe CP prevalence was possible in 5 studies that utilized both the International Association for the Study of Pain (IASP) definition of CP and proxy definitions of severity. The prevalence of severe CP varied little among study populations (8% in children, 11% in adults, and 15% in the elderly). These estimates were similar to those reported in 3 studies that used the American College of Rheumatology (ACR) criteria (11.8%, range 10% to 13%). The definitions of CP in the studies were very heterogeneous. Even when similar criteria were used to define CP, the phrasing and ordering of questions in the assessment tool often differed. The study populations and their associated comorbidities also varied greatly among studies. The main methodological problems were a lack of validity and reliability of information on the data collection instruments; failure to report confidence intervals for the prevalence values; and low response rates.

Recommendations

The lack of consensus on basic definitions, inconsistencies in measurement, and wide variation in prevalence estimates made it impossible to generate precise CP prevalence numbers or generalize the findings to a regional context.

Methods

A quasi qualitative/quantitative systematic review was undertaken. Data on a set of predetermined variables were extracted from each study. Studies were divided based on criteria used to define CP (IASP, ACR). Weighted mean estimates based on the study sample size and adjusted according for potential confounding variables were reported for each subgroup of studies.

Further research/reviews required

Prospective epidemiological studies are needed to estimate the prevalence of CP in Alberta. The number and characteristics of people with CP and the proportion of people with disabling, limiting, or severe CP must also be quantified. Studies that used telephone or face-to-face interviews reported lower prevalence rates than those that used postal questionnaires to collect data. However, information was insufficient to assess the direction and magnitude of this trend. Also, the effect on the prevalence estimate of the order and content of the questions used in the data collection tool needs further investigation.