



Special Interest Group on Pain in Childhood

INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

Children's Pain Matters! Priority on Pain in Infants, Children, and Adolescents

A Position Statement from the Special Interest Group www.childpain.org

Pain relief is a human right, yet pain in children is an under-recognized problem around the world. The Special Interest Group on Pain in Childhood of the International Association for the Study of Pain® is dedicated to improving pain prevention and treatment for children everywhere.

Children suffer pain from many causes.

Children not only have pain from life-threatening diseases such as cancer, but also from injuries, surgery, burns, infections, and the effects of war, terrorism, and violence. Children also undergo pain from the many procedures and investigations used by doctors and nurses to investigate and treat disease. A large number of children suffer chronic or recurrent pain.

Children's pain matters.

Even newborn and premature babies feel pain. Children remember pain, and may avoid future medical care because of painful experiences in a hospital or clinic. Untreated pain suffered early in life can have profound and long-lasting effects on social and physical development, and can cause permanent changes in the nervous system that will affect future pain experience and development. When children suffer, so do their parents, family, and caregivers, and caring for a child with chronic pain can cause the family emotional and financial stress. Chronic pain may have a better prognosis if treated early in life than if it is allowed to persist into adulthood. Children's pain isn't treated adequately, even though we do have the ability to treat or prevent most pain. Most pain can be either prevented, treated, or at least reduced using inexpensive medications, psychological, and/or physical techniques. In spite of this, most children in the world do not receive adequate treatment.

Why isn't children's pain prevented in the 21st Century?

Children's pain can be difficult to recognize. Children may appear to sleep or play even when they have significant pain, so their pain is not identified. Asking the child about pain gives the most important information. Many other assessment tools have been developed for newborn and young children and children with developmental disabilities who are unable to report their own pain in words. Health care providers and parents often worry that pain medicine will be dangerous for children. In fact, children can receive most of the same medications as adults, as long as the dose is adjusted for the size and age of the child, and for the amount of pain. Children will not become addicted to strong opioid pain drugs, as long as they are prescribed appropriately for pain treatment. In some countries, inexpensive pain drugs are not available, because of importation or distribution restrictions.

What do we need to do?

Children's pain must become a priority for all health care professionals. Health professionals must be trained in pain measurement and management techniques that are specific for infants and children, and there should be an expectation by children and their parents that pain will be assessed and managed. Health services officials must initiate programs to ensure that appropriate medications and the resources for non-pharmacological management are available and that pain is assessed, prevented, and treated. Countries around the world must proclaim that children have the right to the best pain management possible and put into place mechanisms to see that this right is realized.

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