



Editorial comment

Chronic pain and psychological distress among long-term social assistance recipients – An intolerable burden on those on the lowest steps of the socioeconomic ladder

Harald Breivik^{a,b,c,*}^a University of Oslo, Faculty of Medicine, Institute of Clinical Medicine, Oslo, Norway^b Department of Pain Management and Research, Oslo University Hospital, Oslo, Norway^c Department of Anaesthesiology, Oslo University Hospital, Oslo, Norway

In this issue of the *Scandinavian Journal of Pain* Borghild Løyland publishes a study focusing on chronic pain among long-term social assistance recipients in Norway. She documents how chronic pain and psychological distress often co-occur. When chronic pain and psychological distress do co-occur, they tend to magnify the loss of quality of life that long-term social assistance recipients experience [1].

1. Chronic pain is one major reason for early disability retirement in Norway

Chronic pain, pain that is there week after week, month after month, year after year, pain that interferes with activities of daily living, pain that reduces ability to have a work to go to, pain that causes regular income to disappear, this type of pain causes patients to have catastrophizing thoughts about never getting back to normal life. They plunge into mental fatigue, depression and suicidal ideas. In Norway, the most common cause of early disability pension is health problems where chronic pain is one major part of the health problem [2].

2. Long-term social assistance recipients – i.e. those receiving social assistance more than 6 of the last 12 months – who also have chronic pain and psychological distress – have miserable quality of life

Borghild Løyland's data indicate that problems during childhood and the early years of life are associated with psychological distress later in life. Being a victim of long-term bullying during the years in school is associated with increased risk of having psychological distress later in life. Being born into a family with economic

difficulties may increase risk of having socioeconomic problems later in life [1].

3. Patients with pronounced socioeconomic problems often do not benefit from treatment at pain clinics

Patients with chronic pain conditions referred to multidisciplinary pain clinics often have socioeconomic problems. Although their socioeconomic problems are results of their chronic pain condition, such socioeconomic problems also are severe obstacles to any meaningful treatment of their chronic pain condition [3].

4. An experienced social worker is a valuable member of the multidisciplinary team of a pain clinic

This is well described in three important papers from Finland [4–6]. A social worker with knowledge and extensive experience in how to help chronic pain patients with the many and varied socioeconomic problems they have, is a prerequisite for other interventions to succeed.

5. Pain cannot be eradicated by removing social inequalities, but inequalities in management should be eradicated

Social determinants of health inequalities are “facts of life” [7,8]. The huge inequalities in health caused by poverty and other results of social differences cannot be cured by medical means, they can, however, be reduced by sound politics that reduce differences between “haves” and “have-nots” within and between countries [8]. Persons living in the 5 Nordic countries benefit hugely from social and economic policies that created societies with the least social differences of all countries in the world [7,8]. This has not removed chronic pain as a health problem [9]. However, focusing on social inequalities associated with chronic pain, as Borghild Løyland does [1], is a first, necessary step in improving this health problem.

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* Corresponding author at: Oslo University Hospital, Department of Pain Management and Research, Pbox 4950 Nydalen, 0424 Oslo, Norway. Tel.: +47 23073691.

E-mail address: harald.breivik@medsin.uio.no

Conflict of interest

None declared.

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