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Editorial comment

Analyzing transition from acute back pain to chronic pain with linear mixed models reveals a continuous chronification of acute back pain

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In this issue of the *Scandinavian Journal of Pain* Bendayan and co-workers from Spain, UK, and USA publish an interesting 24 months long follow-up study of 232 patients from Malaga with acute back pain at baseline [1]. They followed changes in pain intensity, associated disability and depression, and they could document that pain intensity decreased rapidly during the first three months and typically changed only slowly during the next 21 months. Accompanying depressed mood assessed with the *Hospital Anxiety and Depression Scale* (HADS) changed slowly during the entire 24 months period. Disability assessed with the *Roland-Morris Questionnaire* also decreased only slightly during the entire 24 months period of follow-up. Women and elderly patients reported higher pain intensities and pain-related disabilities during the first three months than men and younger patients.

1. Chronification of acute pain – a continuous ongoing process from the start of acute pain

The authors indicate that the transition of acute back pain to a chronic pain condition, that the authors call chronification of acute pain, is a continuous process from the very beginning of an acute attack of back pain. They argue well that the very arbitrary definition of acute pain lasting more than three months – being a chronic pain condition, indeed is an arbitrary definition. This is also the case with acute pain after surgery: We have become accustomed to naming postoperative pain a chronic postoperative pain condition when the patients have bothersome pain lasting more than 3 months after surgery.

2. Risk factors for chronification of acute postoperative pain

Focus has increased on this phenomenon: In about 10% of all patients having surgery there will be longer lasting pain, but acute postoperative pain in most patients will resolve after another few months. However, for reasons that we only partly understand, in about 1 in 100 surgical patients, the acute pain transforms to a chronic state. Our understanding of the risk factors that underlie the development of chronic pain is limited. However, we know that patients who had chronic pain in another part of the body is more likely to develop chronic pain after surgery. Also patients who are extremely stressed from severe social problem during the months before surgery (marriage-problems, death of a family member, etc.), they have a higher risk of having chronic pain after an operation. Women are at higher risk than male surgical patients. Most important is that acute pain poorly managed during the first days after surgery have high risk of ending as a chronic postoperative pain condition. It is double tragic when chronic pain develops when the indication for a surgical intervention is weak, e.g. breast augmentation surgery, and other cosmetic indications for surgery.

3. Optimal acute pain management should be obligatory

Many anaesthesiologists are making significant efforts to improve routine pain management after surgery [2,3]. In Helsinki Eija Kalso and her co-workers are doing this by extending the responsibilities of their acute postoperative pain service to intensify and prolong specialized management of abnormally severe pain after surgery, even referring the patient to the chronic pain clinic of the hospital [4,5]. This is highly recommended to all surgical hospitals: It is a great sin of negligence to send a postoperative patient with severe pain home without a detailed programme for how and by whom the management of severe postoperative pain is continued at home [4,5].

Conflict of interest

None declared.

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