

Chronic Pain and Multimorbidity: Comment on "Chronic Pain Education in Portugal: Perspectives from Medical Students and Interns"

Dor Crónica e Multimorbilidade: Comentário sobre "O Ensino da Dor Crónica em Portugal: As Perspectivas dos Estudantes de Medicina e dos Internos do Ano Comum"

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Palavras-chave: Comorbilidade; Dor Crónica

Dear editor,

I have read with interest the recent and important manuscript published in this journal by Cristóvão and Reis-Pina,¹ regarding the views of medical students and medical interns about chronic pain education in Portugal. In the manuscript, authors concluded that there is still room for improvement in medical schools regarding pain education.

Although the study by Cristóvão and Reis-Pina has some daunting results (treatment of pain) and a sound conclusion; as a family physician and teaching faculty I believe we must go above and beyond concerning pain education.

Chronic pain (pain lasting longer than three months) and multimorbidity (more than two chronic health problems within one person, where no problem is more important than the other) represent two sides of the same coin, particularly in the most vulnerable subgroups of the population

— elderly, pensioners, and the less educated.^{2,3} In Portugal, chronic pain has a prevalence of 37% in the general adult population,² and multimorbidity a prevalence of 73% in the adult practice-based population,³ primary care patients with a chronic health problem are more likely to have another chronic problem.³ In the literature, the most common pairing of chronic health problems was chronic pain and arthritis.⁴

Patients' multimorbidity, or in other words, the morbidity pattern, needs to be taken into consideration in both chronic pain treatment and in pain education in medical schools, since multimorbidity may reduce chronic pain treatment adherence and contribute to polypharmacy; most patients with pain take painkillers.⁵

Cristóvão and Reis-Pina mentioned two guidelines — a clinical guideline "National Program for Pain Control" and an educational guideline "The Pain Management Core Curriculum for European Medical Schools"¹ — that do not present chronic pain recommendations from a multimorbidity approach. It is also known that optimizing chronic pain management may improve not only health status, functioning, and quality of life but also the management of concurrent chronic health problems.⁵

Special attention is recommended regarding the high prevalence of chronic pain and multimorbidity in the Portuguese adult population. Future pain education programs should consider the high correlation between multimorbidity and chronic pain, since most current recommendations are single-disease oriented.

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