

SIP Position Paper on Preventive Healthcare for Chronic Pain 2025

This statement outlines the joint position of the European Pain Federation EFIC and Pain Alliance Europe (PAE) on the need to prioritise the prevention of chronic pain. It presents key recommendations for both EU and national policymakers to catalyse action and systemic change in this field.

Key Recommendations

The SIP Statement calls on EU and national policymakers to:

1. Implement public health campaigns to improve pain-related health literacy among healthcare professionals, patients, and the general public.
2. Promote structured exercise and education programmes in clinical and workplace settings to reduce the risk of high-impact chronic pain and its recurrence.
3. Develop and implement evidence-based standards for the effective management of acute and chronic pain to reduce the use of low-value care and improve access to early, effective interventions.
4. Ensure early access to biopsychosocial rehabilitation for individuals with acute pain who present with high-risk factors (e.g. depression, low recovery expectations, socio-economic disadvantage).
5. Support inclusive employment policies and workplace-based interventions that enable job retention and return to work for individuals with or at risk of chronic pain.
6. Promote cross-sector collaboration between health, mental health, education, employment, and social protection systems to maximise equity and co-benefits of preventive strategies.
7. Strengthen primary care systems across Europe to ensure timely diagnosis, coordinated intervention, and accessible follow-up.
8. Fund prevention research, including identification of mechanisms driving chronic pain, evaluation of preventive interventions, implementation studies, and data systems to guide evidence-based action.

1. The case for prevention: Pain as a health, social, and economic priority

Chronic pain—defined as pain lasting longer than three months—is the most prevalent health condition in Europe and a leading contributor to global disability. Common forms include musculoskeletal pain (e.g. low back and neck pain, osteoarthritis), neuropathic pain, cancer-related pain, postsurgical pain, and headache disorders such as migraine. It is among the most frequent reasons for seeking healthcare and affects people across all stages of life.

The impact of chronic pain extends well beyond physical symptoms. It severely impairs quality of life, restricts participation in work and society, and increases the risk of mental ill health, social isolation, and comorbid chronic conditions. People living with chronic pain also experience higher mortality rates due to long-term use of medication such as opioids, comorbid mental health conditions, and limited functional capacity.

The economic toll is substantial. Calculations show that annual costs of chronic pain may be as high as €12 billion or 4% of GDP, driven by healthcare expenditures, productivity losses, and long-term sickness absence.

As Europe's population ages, the burden of pain-related disability threatens the resilience of health and social systems.

Despite its scale, chronic pain remains under-recognised in policy, underfunded in research, underrepresented in educational curricula, and poorly addressed by existing care pathways. Current treatments often provide only limited and temporary relief, failing to prevent the condition from becoming chronic or disabling. This makes prevention not just desirable, but essential. Proactive measures can reduce the incidence and severity of chronic pain, mitigate avoidable disability, and protect the long-term sustainability of healthcare systems.

Importantly, prevention also advances health equity. Chronic pain disproportionately affects individuals in lower socioeconomic groups, particularly marginalised communities. It is more prevalent among women, who often face unconscious bias from healthcare professionals in the perception and management of their pain. It is frequently underestimated in people with disabilities and contributes to intergenerational cycles of social and economic disadvantage.

Investing in prevention offers significant returns—improving population health, supporting a more productive workforce, and fostering inclusive economic growth. Chronic pain prevention is not only a public health imperative; it is a social and economic necessity for Europe.

2. What is Prevention?

Prevention—also known as preventive health—refers to actions that keep people healthy by reducing the risk of illness, injury, or long-term disability.

The World Health Organisation (WHO) defines prevention as: “Approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder, or reducing disability.”

In the context of chronic pain, prevention focuses on early action to avoid progression to long-term, disabling conditions. Two main types are particularly relevant:

- Primary prevention aims to stop chronic pain before it develops. This includes reducing risk factors and promoting healthy behaviours among the general population and individuals with acute or subacute pain (lasting less than three months).
- Secondary prevention involves early detection and timely intervention to prevent recurrence or escalation of disabling pain.

Preventing chronic pain effectively requires early action on the range of modifiable risk factors that increase vulnerability. These risk factors are the focus of the next section.

3. Targeting Risk Factors to Prevent Chronic Pain

Chronic pain results from a complex interplay of biological, psychological, and social factors. It is not solely a biomedical condition but is shaped by individual and environmental influences. Effective prevention must address this biopsychosocial complexity, focusing on modifiable risk factors to reduce the transition from acute to chronic pain.

Biological risk factors include low physical activity, disrupted movement and sensory pathways, poor sleep, suboptimal tissue conditioning (e.g. strength and flexibility for daily tasks), and certain viral infections (e.g. shingles).

Psychological risk factors include pain-related distress, depression, anxiety, fear of pain, low recovery expectations, poor knowledge about pain, and low confidence in self-management. These factors are strongly linked to pain persistence and are among the most predictive of chronicity.

Social risk factors include prolonged absence from work, job dissatisfaction, unsafe working environments, limited social support, substance use disorders, and poor access to timely healthcare.

Addressing these biopsychosocial risk factors early—particularly through timely access to biopsychosocially-orientated rehabilitation—is essential to prevent pain from becoming chronic and disabling, as reflected in the key recommendations.

4. Preventive Actions for Chronic Pain

The following actions are supported by emerging or established evidence and illustrate promising approaches to preventing chronic pain by targeting modifiable biopsychosocial risk factors:

- Public health campaigns to increase public and professional health literacy around pain, its risk factors, common myths, the stigma of pain, and cultivate healthy responses among clinicians, patients, and the public. Campaigns targeting school-aged children may also be valuable in building early awareness of pain, fostering coping behaviours, and promoting resilience—particularly considering evidence linking adverse childhood experiences to long-term health outcomes.
- Structured exercise and education programmes in both clinical and workplace settings. Evidence shows that programmes such as walking interventions can reduce recurrence of pain (e.g. low back pain), while workplace-based exercise initiatives have been shown to reduce musculoskeletal injuries, pain-related absence, and presenteeism. Promoting physical activity is a key protective factor against chronic pain. Communication tools (e.g. leaflets, campaigns such as EFIC's "On the Move") can be used to promote engagement.
- Focused efforts to implement evidence-based standards and guidelines for the management of acute and chronic pain conditions. Many people receive unnecessary or ineffective treatments—such as inappropriate medications or procedures—while missing out on beneficial interventions such as reassurance, education, and exercise. Disseminating the fundamentals of self-management can empower individuals, promote self-reliance, and reduce dependency on specialist services, supporting sustainable health systems.
- Integrated health and occupational interventions. Supporting people to remain in or return to work through tailored rehabilitation, modified duties, and flexible arrangements protects against long-term disability and social exclusion.
- Vaccination can be an option where chronic pain conditions result from infectious diseases, such as post-herpetic neuralgia (PHN) resulting from herpes zoster infection. However, most chronic pain conditions are a result of various biological, psychological and social factors, wherein primary prevention through vaccination is not an option. PHN is currently an outlier.

Many of these actions depend on strong, accessible primary care systems. Coordinated services are essential to ensure early diagnosis, timely intervention, and appropriate follow-up. Without clear care pathways and accessible support, prevention efforts may fail to reach those most at risk or may inadvertently worsen inequities.

5. Research Priorities for Prevention

Despite the significant personal and societal burden of chronic pain, prevention research remains underfunded and underdeveloped. Most existing studies focus on treatment rather than on understanding

how to prevent the condition from developing or becoming disabling. A stronger evidence base is urgently needed to inform effective, scalable prevention strategies.

Priority areas for funding include:

- Identifying key mechanisms and predictive markers underlying the development of chronic pain, including biological, psychological, and social risk factors.
- Evaluating preventive interventions across different pain conditions, healthcare settings, and population groups, particularly those at greater risk of exclusion or chronicity.
- Studying real-world implementation strategies to ensure effective integration of prevention into routine care, with a focus on equity, access, and sustainability.
- Strengthening data systems and surveillance to track pain-related outcomes, identify at-risk populations, and monitor the long-term impact of prevention policies.
- Embedding stakeholder and patient perspectives in the research cycle to ensure that prevention strategies are grounded in lived experience and real-world needs.

Targeted investment in these research areas will equip policymakers, clinicians, and public health systems with the knowledge needed to act early, reduce avoidable disability, and improve outcomes for individuals and society.

Conclusion

Chronic pain is a major but preventable public health challenge. By taking early, coordinated action to reduce risk, policymakers can reduce suffering, strengthen health systems, and improve economic and social outcomes. Realising effective preventive frameworks will require sustained political commitment, cross-sectoral investment, and inclusive multi-stakeholder collaboration.

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SIP remains available for further discussions with the European Commission, the Members of the European Parliament, the Council, digital health technology developers, and civil society stakeholders for future cooperation to ensure our recommendations are implemented in the area of prevention and pain.

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About SIP

The 'Societal Impact of Pain' (SIP) platform is a multi-stakeholder partnership led by the [European Pain Federation EFIC](#) and [Pain Alliance Europe \(PAE\)](#), which aims to **raise awareness of pain and change pain policies**.

The platform provides opportunities for discussion for health care professionals, pain advocacy groups, politicians, healthcare insurance providers, representatives of health authorities, regulators, and budget holders.

The scientific framework of the SIP platform is under the responsibility of EFIC and the strategic direction of the project is defined by both partners. The pharmaceutical companies [Grünenthal GmbH](#) and [GSK](#) are the main sponsors of the Societal Impact of Pain (SIP) platform.

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