

Why Pain Research Matters

Introduction: What is the problem?

Pain is the most common reason people seek medical help across Europe. While short-term pain (like that from an injury) plays a protective role, long-term or chronic pain (pain that lasts more than three months) can seriously affect a person's quality of life. It impacts not only physical and mental health but also work, education, and relationships. Pain is not a symptom but a serious health problem on its own.

Chronic pain is also not just a personal burden — it is a structural challenge that undermines economic productivity, strains healthcare systems, and exacerbates social inequalities across the European Union. With over **150 million Europeans** affected, chronic pain demands urgent political attention and coordinated policy action.

The economic cost is staggering: **estimates place the total burden of chronic pain between 1.5% and 4% of GDP** in many EU Member States. These costs are driven by lost productivity, long-term sick leave, early retirement, and increased demand for healthcare and social services. In concrete terms, this means billions of euros lost annually — a silent drain on national budgets and EU competitiveness.

But the cost is not only economic. Chronic pain disproportionately affects **women, older adults, and low-income communities**, reinforcing cycles of poverty, unemployment, and poor health. Without intervention, this dynamic will continue to fuel social exclusion, widen health disparities, and undermine progress toward the goals of the **European Pillar of Social Rights** and **Health Equity**.

Despite this, **pain remains under-prioritised in EU research and policy frameworks**. Current efforts are fragmented, underfunded, and disconnected from clinical realities. Innovation is slowed by a lack of coordination, inconsistent data, and the absence of a strategic, EU-level research agenda.

A shift is needed — not just in how we treat pain, but in how we **understand, research, and fund** it. The European Union must treat chronic pain as the **public health and economic priority** it is. This requires a **coordinated research policy** that aligns with Horizon Europe, bridges the gap between scientific discovery and clinical application, and ensures that innovation reaches all Europeans, regardless of income, age, or geography.

A Call to Action: A Coordinated European Strategy for Pain Research

To respond to these challenges, the European Pain Federation (EFIC) developed a detailed **Pain Research Strategy for Europe (PRiSE)**. This strategy provides a clear, evidence-based path to address this gap.

Developed with input from clinicians, researchers, and people living with pain, PRiSE presents a unified European vision for pain research. It tackles duplication, misaligned priorities, and wasteful spending. Through cross-border coordination, PRiSE can strengthen health systems, guide funding, and deliver real benefits to patients—supporting EU goals for innovation, digital health, and quality of life.

Strategic priorities

PRiSE has identified five main research goals:

- Understand pain better by studying the many factors that influence it, including biological, psychological, and social factors.
- Study conditions that impact or are impacted by pain like depression, sleep problems, and obesity and learn how they affect pain and treatment outcomes.
- Evaluate current and newly emerging treatments, including medications, physiotherapy, and behavioural approaches, to find out what works best.
- Develop new personalised treatments that match care to the needs of individual patients, using new technologies.
- Study how pain affects society and the economy, to support better health planning and funding decisions.

From Strategy to Impact

A priority for the PRiSE strategy is ensuring research leads to real change. That means studies should be useful to clinicians, policymakers, and people living with pain. Research should also be easier to compare by using standard outcome measures and involving patients in the design of studies.

Recent research shows that using a mix of information (like clinical data, mental health scores, and brain imaging) can help predict how pain will develop. For this to happen, researchers need good data systems and better connections between research and clinical practice.

To support this, PRiSE recommends:

- Using shared standards to measure pain
- Involving patients in research planning
- Aligning studies with international systems, like ICD-11

Conclusion: From strategy to action

Pain affects millions of people across Europe and causes major personal, social, and economic problems. By investing now in a **strategic, inclusive, and data-driven research framework** — as outlined in the PRiSE strategy — the EU can reduce the long-

term costs of chronic pain, strengthen health systems, and deliver on its commitments to social justice, economic resilience, and sustainable public health.

The PRiSE strategy provides a roadmap for achieving this. You can read the full research strategy in the European Journal of Pain [here](#).

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