Recently, I was explaining to one of my residents that when I was a medical student in the 1990s, I really don’t remember learning about or seeing many patients who were treated for chronic pain management. During my family medicine residency, I remember when the Joint Commission on Accreditation of Healthcare Organizations mandated that clinicians must consider pain as the “fifth vital sign.” At that point, pain assessments became ubiquitous, and not only did we recognize pain to a greater degree, but also we began to write many more prescriptions for pain medications, specifically opiates. Along came OxyContin, the touted “revolution in chronic pain management,” and the number of prescriptions for all opiates (even methadone) skyrocketed. Hydrocodone-acetaminophen was the most widely prescribed generic medication for nearly a decade. In 2010, propoxyphene was withdrawn from the market due to risk of abuse and a Food and Drug Administration warning of potential cardiac toxicity. It has been stated that clinicians overprescribed controlled substance pain medications, which is likely an understatement.

And you all know what has transpired in the last decade. The Centers for Disease Control and Prevention ranks unintentional injuries as the leading cause of death in Americans up to 44 years of age, most of which are overdoses, yet we still have the challenges of managing chronic pain in our patients. While all of this has happened, many health care professionals have retreated in treating chronic pain with opiates, which has led to an overall decline in the number of providers who are willing to treat chronic pain at all. Unfortunately, this trend has led to an increase in patient suffering, a decline in their quality of life, and sometimes patients resorting to alternative means of pain management with devastating consequences. With the advent of targeted provider education coupled with easier access to pharmacy surveillance and monitoring systems, safe prescribing practices and therapeutic guidelines have paved the way for practices to better embrace these challenges.
This issue of *Primary Care: Clinics in Office Practice* takes a quantum leap forward in providing a cogent blueprint for clinicians to develop both comfort and skill in embracing chronic pain management in their practices. Articles highlight the history of chronic pain and its management, strategies for evaluation of patients with chronic pain, ethical challenges, and guidelines and policies. Experts provide the latest recommendations and evidence on pharmacologic and nonpharmacologic management of chronic pain, strategies for managing chronic pain in patients with substance abuse disorder, and even novel integrative strategies for care. Personally, I learned the greatest amount of new information from the article on trauma and behavioral health care for patients with chronic pain.

I offer my gratitude to Dr David O’Gurek, who did a phenomenal job as the guest editor of this issue in creating an impressive collection of articles centered on the management of chronic pain. I expect that this issue of *Primary Care: Clinics in Office Practice* will serve as a benchmark for both clinical practice and education, as it provides a wide scope of material for our readers that has not been presented in any current publication format. I also acknowledge the dedicated and knowledgeable authors who provided in-depth articles highlighting the current literature and guidelines. As with all of our issues of *Primary Care: Clinics in Office Practice*, we trust that this will serve as a go-to reference for daily practice. Most importantly, I hope that this issue bolsters our confidence to highlight to our patients that we understand their unique needs, and we can help them to not suffer.

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