

Fact Sheet

## Cost of Pain

### About

Pain is a major health problem in this country, and it is the one of the most common symptoms that prompts people to seek medical care. It is the second leading cause of medically-related work absenteeism, resulting in more than 50 million lost workdays each year. Employers are concerned about its effect on health care costs and premiums, and it is the leading cause of disability in the working-age population, with both private disability plans and the Social Security system being significantly affected.<sup>1</sup>

“The annual cost of chronic pain in the U.S. is estimated to be \$560-635 billion, including healthcare expenses and lost productivity.<sup>3</sup>”

Cost of pain not only includes direct costs associated with doctor's visits, diagnostics and medication, but indirect costs such as lost wages and productivity. American employers lose billions of dollars a year on employee absenteeism as a result of pain: lost productive time from common pain conditions among active workers costs an estimated \$61.2 billion per year. The majority (76.6%) of the lost

productive time was explained by reduced performance while at work and not work absence.<sup>2</sup>

In 2011, the Institute of Medicine released a report “Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research.” According to the report, the annual cost of chronic pain in the U.S. is estimated to be \$560-635 billion, including healthcare expenses and lost productivity.<sup>3</sup>

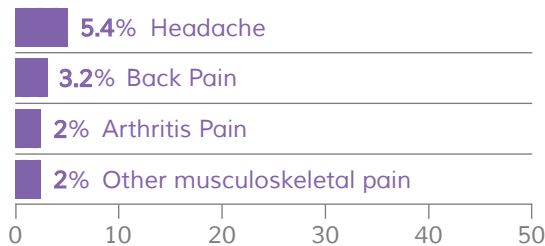
In 2009, the Mayday Fund Report also considered the lack of pain research in determining the cost of pain: underfunded pain research and lack of comparative effectiveness data, both of which can lead to the delayed development of new treatments, impede efforts to address the huge cost of persistent pain. Primary care systems that do not routinely support coordinated chronic pain care and have limited access to specialist care can make it difficult to deliver effective pain care.

The report went on to state: there are no current estimates of the total cost of poorly controlled pain in today's dollars. Viewed from the perspective of health care inflation (more than 40%

during the past decade), the NIH statistics (\$100 billion annually in health care utilization and lost productivity for those in the workforce, and \$86 billion annually for just one diagnosis) make it likely that the total U.S. spending on pain is at least comparable to the costs associated with other chronic illnesses. The annual costs associated with pain are probably at least as high as the estimated annual cost of \$174 billion that is attributed to diabetes.<sup>4</sup>

## Facts

Pain is the second leading cause of medically related work absenteeism, resulting in more than 50 million lost workdays each year.<sup>1</sup>



An estimated 13% of the total workforce experienced a loss in productive time during a 2-week period due to a common pain condition:<sup>6</sup>

- Headache (5.4%)
- Back pain (3.2%)
- Arthritis pain (2.0%)
- Other musculoskeletal pain (2.0%)

Workers who experienced lost productive time from a pain condition lost an average of 4.6 hours per week.<sup>2</sup>

Workers who had a headache had an average loss in productive time of 3.5 hours per week.<sup>2</sup>

Workers who reported arthritis or back pain had an average lost productive times of 5.2 hours per week.<sup>2</sup>

Other common pain conditions resulted in an average loss in productive time of 5.5 hours per week.<sup>2</sup>

Lost productive time from common pain conditions among active workers costs an estimated \$61.2 billion per year. The majority (76.6%) of the lost productive time was explained by reduced performance while at work and not work absence.<sup>2</sup>

Arthritis is reported to be the nation's leading cause of disability. In 2003, the total cost of arthritis was \$128 billion—nearly \$81 billion in direct costs and \$47 billion in indirect costs, equal to 1.2% of the 2003 U.S. gross domestic product.<sup>5</sup>

The cost of treatment for patients with low-back pain (LBP) has a major economic impact worldwide. In the United States, patients with musculoskeletal conditions incur total annual medical care costs of approximately \$240 billion, of which \$77 billion is related to musculoskeletal conditions. According to a 2006 review, total costs associated with LBP in the United States exceed \$100 billion per year, two-thirds of which are a result of lost wages and reduced productivity.<sup>6</sup>

In 2005, the average medical cost of treating back pain among those with spine problems was \$6,096, compared with \$3,516 among those without spine problems.<sup>7</sup>

Total estimated expenditures among respondents with back pain increased 65% (adjusted for inflation) from 1997 to 2005, more rapidly than overall health expenditures.<sup>7</sup>

The estimated proportion of persons with back or neck pain who self-reported physical functioning limitations increased from 20.7% to 24.7% from 1997 to 2005.<sup>7</sup>

One study found that total costs for employees with fibromyalgia are \$10,199, compared to employees with osteoarthritis, with estimated costs of \$10,861. These were significantly higher than controls (\$5,274).<sup>8</sup>

The cost components of fibromyalgia include direct medical (\$7,286), pharmacy (\$1,630) and indirect costs (\$2,913).<sup>8</sup>

Employees with fibromyalgia had more claims than osteoarthritis for psychiatric diagnoses, chronic fatigue, and most pain conditions.<sup>8</sup>

## Additional Resources

### **Centers for Disease Control and Prevention**

1600 Clifton Rd  
Atlanta, GA 30333  
Phone: (800) 232-4636  
E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)  
[www.cdc.gov](http://www.cdc.gov)

### **Centers for Medicare and Medicaid Services**

**National Healthcare Expenditures Data**  
7500 Security Boulevard  
Baltimore, MD 21244  
Phone: (877) 267-2323  
[www.cms.hhs.gov/NationalHealthExpendData](http://www.cms.hhs.gov/NationalHealthExpendData)

### **U.S. Bureau of Labor Statistics Postal Square Building**

2 Massachusetts Ave., NE Room 2850  
Washington, DC 20212-0001  
Phone: (202) 691-5200  
Fax: (202) 691-7890  
[www.bls.gov](http://www.bls.gov)

Resources verified July 2011.

# References

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