

HISTORY

Vol. 31. No. 1 January-March 2008
pp 66-70

Pain clinics in Mexico

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Received for publication: 18-06-07

Accepted for publication: 30-08-07

SUMMARY

In Mexico the main causes of morbidity and mortality are associated with the presence of pain. Among the principal causes of death in Mexican population are (a) cardiovascular diseases, (b) diabetes mellitus, (c) cancer, and (d) accidents. Regrettably we do not have epidemiological surveys addressing the frequency and prevalence of chronic pain; however, it has been estimated that chronic pain affects 15% of the general population. Pain is a frequent complaint and is considered a public health problem. This fact encouraged during the 70's, a group of Mexican physicians to create pain clinics in the country. These facilities are nationwide and also are educational centers to train specialists in pain management. To achieve their goals, the pain clinics have an interdisciplinary staff integrated by nurses, social workers, psychologists and diverse specialists.

Key words: Pain clinics, Mexico, history, pain.

RESUMEN

En nuestro país, las principales causas de morbimortalidad se encuentran asociadas a la presencia de dolor. Entre las principales causas de mortalidad de la población mexicana destacan: (a) las enfermedades del corazón, (b) la diabetes mellitus, (c) el cáncer y (d) los accidentes. En México carecemos de estudios de corte epidemiológico, tendientes a estimar la frecuencia y prevalencia del dolor crónico; sin embargo, se estima que esta manifestación del dolor, afecta al 15% de la población general. Debido a que el dolor es un síntoma frecuentemente observado en la población mexicana y en la actualidad es considerado un problema de salud pública, en la década de los 70's diversos médicos mexicanos se dieron a la tarea de consolidar clínicas del dolor. Estos centros actualmente se encuentran distribuidos en el territorio nacional y son formadores de especialistas en el manejo del dolor. Para lograr sus objetivos, las clínicas del dolor cuentan con el apoyo de enfermeras, trabajadores sociales, psicólogos y de diversos especialistas.

Palabras clave: Clínicas del Dolor, México, historia, dolor.

CURRENT SITUATION

In Mexico, the main causes of morbidity and mortality are associated with chronic pain. The Instituto Nacional de Estadística, Geografía e Informática (INEGI, National Institute of Statistics, Geography and Information) has reported that cardiac diseases, type 2 diabetes, cancer and accidents are

the main causes of mortality among the Mexican population (Figure 1)⁽¹⁾.

Current prevalence of type 2 diabetes⁽²⁾ is 8%, and between 20% and 24% of diabetes patients will progress to diabetic polyneuropathy⁽³⁾. Therefore, approximately 2 million Mexicans will suffer from chronic pain due to this condition⁽⁴⁾.

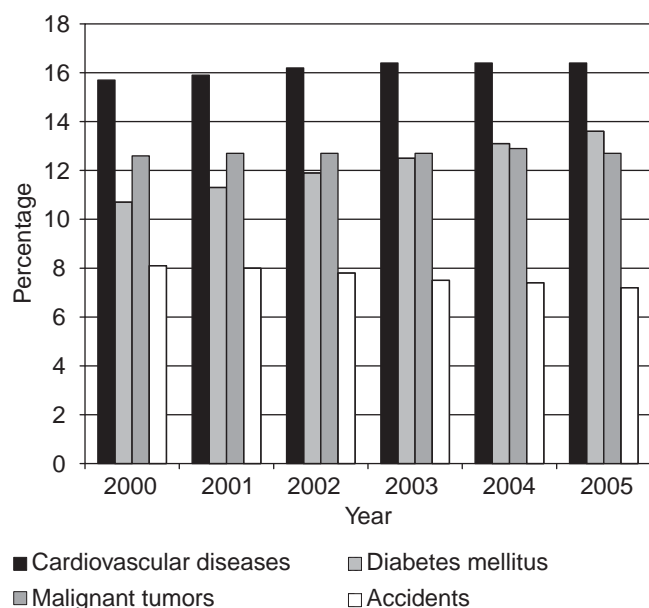


Figure 1. Main causes of mortality in general population of Mexico (2000-2005); Font: INEGI (www.inegi.gob.mx).

During the year 2000, ten million new cancer cases were documented in the world^(5,6), and 12.7% of mortality in Mexico's general population is attributable to cancer; 75% of cancer patients suffer chronic pain⁽⁷⁾.

Accidents account for 7.2% of general mortality⁽¹⁾ and they are among the top causes of hospitalization in Mexico⁽⁸⁾. A nation-wide study documented that 96.3% of patients hospitalized because of an accident experience pain⁽⁹⁾.

In Mexico, there are few epidemiological studies aimed at estimating the frequency and prevalence of chronic pain. Among those that exist, an estimated 15% of the general population (range between 2% to 40%) have chronic pain⁽¹⁰⁾. This translates into approximately 16 million people who suffer chronic pain.

These figures should make us reflect about the importance of pain for the society overall and to compel us to consider that a significant proportion of the population suffer from this condition. Therefore, it is necessary for medical doctors to have access to an adequate set of tools to make timely diagnoses and to provide appropriate treatment.

In Mexico, medical doctors from different regions, health care institutions, and specialties began with the task of developing a series of practice recommendations or treatment guidelines aimed at promoting proper pain care^(4,11-13).

ORIGIN OF THE PAIN CLINICS

Pain is a frequent symptom reported by patients, so often, in fact, that currently it is considered to be a public health

problem⁽¹⁴⁾. Furthermore, often times the symptoms of and treatment for pain are challenging for a medical doctor to detect and address.

Several medical groups in the world identified the need to train medical specialists to be able to control pain effectively⁽¹⁴⁾. Such initiatives spurred the founding of pain clinics, which began to provide services in 1946. Dr. John J. Bonica founded the first pain clinic in the United States of America. This visionary medical doctor also founded the International Association for the Study of Pain (IASP) in 1973, which was the first association aimed at the study and treatment of pain. Moreover, Dr. Bonica promoted world-wide the specialization of medical doctors in the field⁽¹⁵⁾. In 1947, Dr. Duncan Alexander founded another pain clinic in the Veteran's Administration Hospital of McKinney, Texas^(14,16). It was in this clinic where in 1953, the Mexican medical doctor Vicente García Olivera was trained to diagnose and manage pain⁽¹⁶⁾. This prominent doctor would then share his knowledge and vision with a number of fellow specialists.

The first pain clinic in Mexico was founded in June of 1972, thanks to the work and priceless advice of Dr. García Olivera. This very first pain clinic was located in the Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán (INCMNSZ)⁽¹⁷⁾. Dr. Ramon de Lille Fuentes and Dr. García Olivera worked together to consolidate this project. Dr. Javier Ramirez Acosta, who was the chief of the INCMNSZ' anaesthesiology department, supported the project.

In 1976 Dr. García Olivera and a group of medical doctors, led by Dr. Miguel Herrera Barroso, founded the pain clinic in the Hospital General de Mexico (HGM). Dr. Francisco Herrera Ballesteros, who was the medical director of the HGM, supported this initiative⁽¹⁶⁾.

In the 1980s, the enthusiasm of pain specialists increased. They open several pain clinics in different Mexican states. In 1984, Dr. Ricardo Plancarte founded the pain clinic of the Instituto Nacional de Cancerología (INCAN); Dr. Óscar G. Sierra Álvarez opened the pain clinic of the Hospital Civil "Fray Antonio Alcalde" in Guadalajara, Jalisco; In 1988, Dr. Jorge Jiménez Tornero opened pain clinics in the Centro Médico de Occidente and in the Nuevo Hospital Civil de Guadalajara; in the same year, Dr. Enrique Olivares Duran launched the pain clinic of the Hospital Civil de León, Guanajuato, and Dr. Juan Romero Romo established a pain clinic in the city of Queretaro.

In 1988, thanks to the support from the World Health Organization and with the aid from the Pan American Health Organization, Mexico received its first shipment of morphine. The first dose of morphine was applied in INCAN and in 1990, the National Policy of Cancer Pain Relief was started. This compelled the creation of the Technical Norm for Pain Cancer Clinics in Mexico. INCAN was named as a coordinating centre.

In October 1992, the HGM pain clinic was considered as the “Centro Nacional de Capacitación en Clínica y Terapia del Dolor” and, with the support of the Ministry of Health, this centre consolidated the creation of twelve pain clinics⁽¹⁶⁾.

Since then, new pain clinics have opened, among which we can mention the following:

1993: Hospital General “Dr. Rafael Pascassio Gamboa” in Tuxtla Gutiérrez, Chiapas by Dr. Delfino Méndez Hernández.

1993: Hospital Universitario de Nuevo León by Dr. Gloria Alcorta.

1996: Hospital Infantil de México Federico Gómez in Mexico City by Dr. Sonia Hernández Hernández.

1997: Hospital Regional “Dr. Manuel Vega” from the Instituto de Salud y Seguridad Social al Servicio de los Trabajadores del Estado (ISSSTE) in the state of Sinaloa by Dr. Salvador Cervín Serrano.

2000: Instituto Paliat in Guadalajara, Jalisco by Dr. Guillermo Aréchiga Ornelas.

2000: Hospital General “Dr. Manuel Gea González” in Mexico City by Dr. Magdalena Salado Ávila.

2004: Hospital General de Culiacán “Dr. Bernardo J. Gastellum” in the state of Sinaloa by Dr. José A. Betancourt Sandoval.

2007: Hospital General del Instituto de Seguridad Social y Servicios para los Trabajadores in the state of Chiapas by Dr. José A. Córdova Domínguez.

2007: Instituto Nacional de Rehabilitación in Mexico City by Dra. Guadalupe Zaragoza Lemus.

There are many others that have joined this nation-wide effort to provide care to patients experiencing pain.

MEXICAN ASSOCIATIONS FOR PAIN MANAGEMENT

In the year 1979, in Guadalajara, Jalisco, Drs. Vicente García Olivera, Miguel Herrera Barroso, Carlos Valle Gil and Ramón De Lille Fuentes, began the legal process to consolidate the first Mexican association to study and manage pain (AMETD). This association was legally constituted and began its activities in February, 1981⁽¹⁷⁾. At the onset of the 21st century, a group of pain specialists that graduated from the HGM Postgraduate Course for Specialists (CPME) founded the Asociación Mexicana de Algología “Dr. Vicente García Olivera” (AMAL), with the aim of promoting teaching about pain management and dissemination of the ideas of Dr. García Olivera⁽¹⁶⁾.

ACTIVITIES OF PAIN CLINICS

According to the definition that IASP proposes, a pain clinic is a hospital service that focuses on the diagnosis

and treatment of patients with chronic pain (information available at www.iasp.org). The mission of a pain clinic is to provide relief not only for pain, but for all associated symptoms. To reach this goal, patients receive integrated care aimed at improving their quality of life and at satisfying their main bio-psycho-social needs⁽¹⁴⁾.

TRAINING SPECIALISTS IN PAIN MEDICINE

The discipline that studies pain is called algology (algos: pain, logos: study). Therefore, medical doctors specializing in pain management could be called algologists. However, the most commonly used term is pain specialist.

The training of pain specialists began in the 1950's and was prompted by the need to provide specialized training to medical doctors interested in the diagnosis and treatment of pain. Dr. John J. Bonica published his work in 1953 entitled, “The management of pain”⁽¹⁸⁾. This document provided updated information that was ahead of its time that addressed the mechanisms for pain generation, diagnosis of several pain syndromes, and innovative therapeutic schemes.

With the publication of this work, the Tacoma General Hospital Anesthesiology Department (Dr. Bonica was the director of the hospital by that time) was recognized as a national centre of excellence for education, research and care in the field of anaesthetics⁽¹⁸⁾.

In a parallel way, the Pain Clinic Program (Founded by Dr. Bonica) in the same hospital was considered as a national referral centre for patients with “intractable” pain. At the beginning of the 1960's, Dr. Bonica and his associates had trained 140 anaesthesiologists inside and outside United States⁽¹⁸⁾.

In 1952, Dr. Duncan Alexander was teaching a three-month course about the theory and practice for the diagnosis and treatment of pain at the Veterans' Administration Hospital in McKinney, Texas⁽¹⁶⁾.

In Mexico, the training of pain specialists began in 1979. Dr. Vicente García-Olivera was tutoring anaesthesiologists interested in learning about this topic at the HGM⁽¹⁹⁾.

The INCMNSZ Pain Clinic initiated the course entitled, “Tutorial course in pain clinic”, in March, 1984, which lasted six months. However, given the complexity of the topics and required clinical experience, this program was extended to twelve months.

In 1986, the INCAN Pain Clinic asked the INCMNSZ to include its students in the above mentioned course. This action served to integrate the “Inter-institutional monographic course in pain treatment” The duration of this course was one year and was offered until 1998.

In 1992, the Ministry of Health appointed the HGM as the "Pain Management National Training Centre".

In 1996, the Hospital General de Guadalajara began a course similar to the one provided by the INCMNSZ-IN-CAN. The Universidad Autónoma de Guadalajara provided the academic recognition for this course.

In 1998, another course that was recognized by the Universidad Nacional Autónoma de México (UNAM) began. This course was created with the consensus of the authorities of UNAM and of the pain clinics of INCMNSZ, INCAM and HGM. This university course has the following characteristics: it lasts one year, is within the "postgraduate training courses for specialists" (PTCS), and the UNAM provides the academic recognition.

Currently, the PTCS in pain management (pain clinic) from UNAM is being taught in INCMNSZ, INCAM, HGM, CMN 20 de Noviembre of ISSSTE and in the Hospital "Manuel Gea González" of the Ministry of Health.

The graduates from this course are anaesthesiologists that have received specialized training in pain management, under the supervision of pain specialists. The quality of the training of medical doctors specializing in pain is as good as any of the world-renowned programs teaching pain management.

There are other university-based training courses for pain management. The Universidad Autónoma de Guadalajara and the Universidad Autónoma de Nuevo León, provide the courses.

PAIN SPECIALISTS IN MEXICO AND IN THE WORLD

The information regarding the number of existing pain specialists in Mexico is inaccurate, given that there are several professional associations and some pain specialists are not affiliated with any of them. The AMETD projected that by 2004 they would have 600 pain specialists affiliated; however, this association reported only 60 members in 2006.

According to IASP, in 2006 this association had 6,900 members from 106 countries (information available at www.iasp-pain-org). These figures translate to approximately 65 pain specialists per country, on average. Nevertheless, the distribution of these specialists is not uniform and not all members of this association are pain specialists.

CONCLUSIONS

Pain is a public health problem affecting a significant proportion of the Mexican population. Currently there are several care centres that carry the name "pain clinics". The mission of these centres is not only to alleviate pain, but all the symptoms that are associated with pain as well as the provision of proper care.

These centres have pain specialists trained to diagnose and manage pain. The training course for these specialists has the academic recognition of several universities. The aim of pain management is to improve the quality of life of the patients while covering their bio-psycho-social needs. To achieve this aim, pain clinics have nurses, social workers, psychologists, and several other specialties. This allows a trans-disciplinary approach to manage pain.

Relief of pain is particularly relevant given its high frequency and impact in the life of patients. I would like to quote Lescure⁽²⁰⁾: "Sedare dolorem opus divinum est" a Latin inscription that means alleviating pain is the work of the divine. It is a priority that patients learn about the work of pain specialists, know what can be done at pain clinics and seek care for pain relief and management in these clinics. Furthermore, medical doctors should educate their patients about the work that pain clinics do, learn about the pain centres that are in their communities, and refer the patients that need specialized pain management.

It is also important to emphasize that a number of pain specialists have identified the centrality of the problem and they have begun to build clinical practice guidelines for pain management that are applicable in a variety of contexts. The aim is to provide medical doctors with a set of tools to facilitate pain care. Only by working together will we make a difference.

ACKNOWLEDGEMENTS

I appreciate the valuable contributions of: Dr. Eduardo Nuche Cabrera, Dr. Óscar G. Sierra Álvarez, Dr. Gerardo Rodríguez, Dr. Jorge A. Guajardo Rosas, Dr. David Reyes Chiquete, Dr. José A. Córdova Domínguez, Dr. José A. Betancourt Sandoval, Dr. Elena Sanabia Ravelo and Dr. Gabriel E. Mejía Terrazas.

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