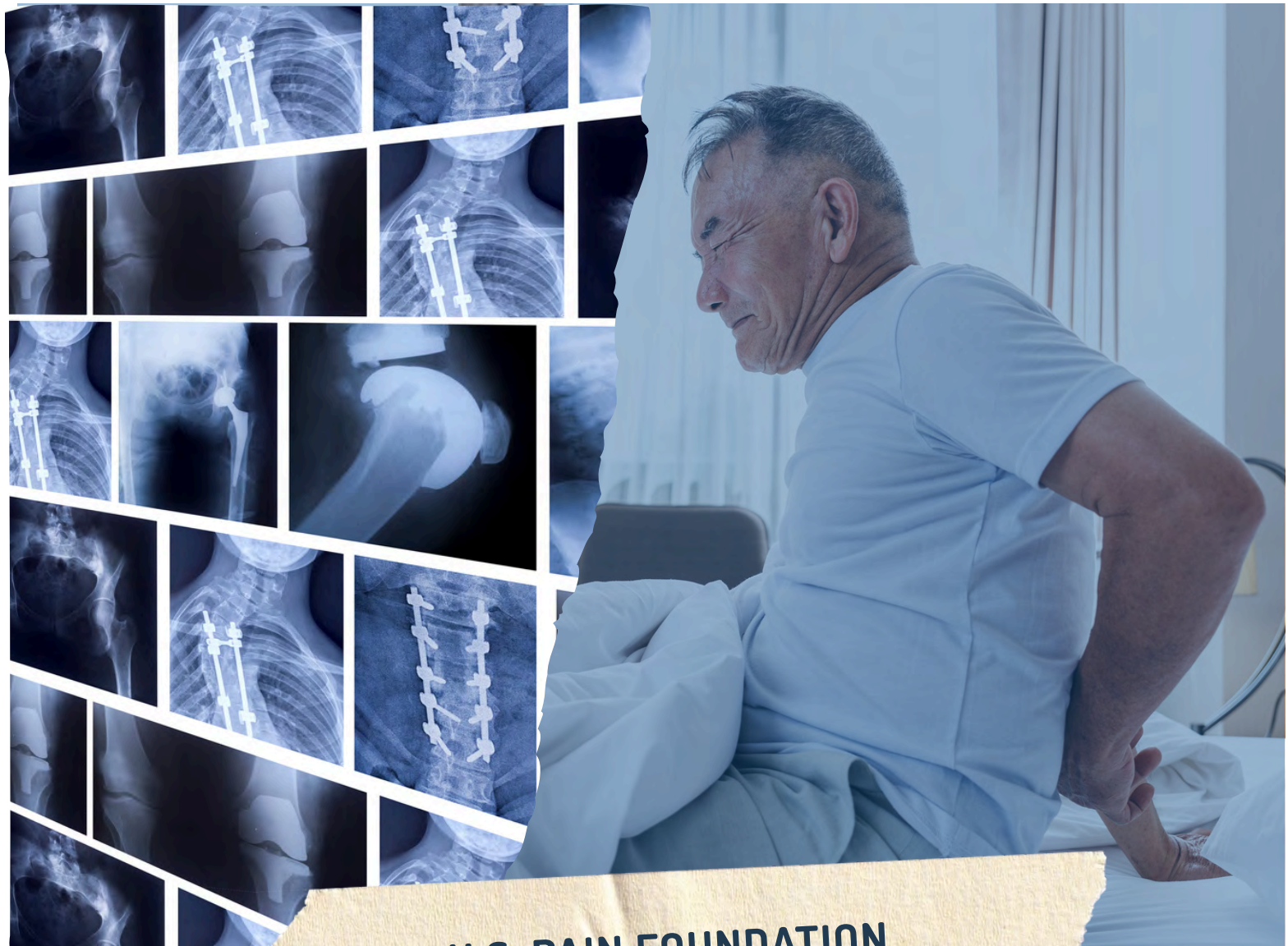




THE REALITIES OF ACUTE PAIN



**U.S. PAIN FOUNDATION
2025 NATIONAL SURVEY**

EXECUTIVE SUMMARY

Due to its temporary nature, acute pain (generally defined as pain lasting less than three months) is often viewed as inconsequential—but for many, it involves significant disruption, emotional distress, and inadequate care. Each year, an estimated **155 million Americans** visit emergency departments, and nearly **80 million adults** receive medication for acute pain, typically related to surgery, injury, or medical procedures. **Additionally, acute pain sometimes transitions into long-term, chronic pain.**

In May 2025, the U.S. Pain Foundation conducted a national survey with 2,420 respondents. While the primary focus was chronic pain, a smaller section gathered insights from individuals whose pain was acute or short-term in nature. This report shares findings from 22 such respondents—not as a definitive analysis, but as a reflection of the real-world experiences they shared. While the sample size is limited, the themes that emerged underscore critical gaps in acute pain care that warrants further exploration with a larger sample size and likely the need for more-inclusive, responsive systems.



Separate survey reports explore chronic pain, pediatric pain, caregiver and parent experiences, and clinical perspectives.

**DESPITE ITS
TEMPORARY NATURE,
ACUTE PAIN INVOLVES
DISRUPTION, DISTRESS,
AND INADEQUATE
CARE.**

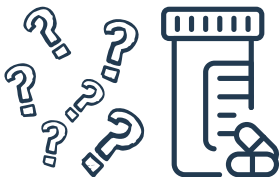


KEY FINDINGS

Pain Duration and Nature



- **77%** reported acute pain lasting over 3 months, blurring lines between acute and chronic pain
- Top causes: **musculoskeletal pain** (27%), **trauma or injury** (23%), and **flare-ups of chronic conditions** (23%)
- **86%** experienced frequent fluctuations in pain intensity throughout the day



Treatment Effectiveness

- **63%** were dissatisfied with treatment availability or results
- **Only 5%** rated treatments as truly effective



Daily Disruption from Pain

- **100%:** Difficulty performing daily activities
- **96%:** Disrupted sleep
- **91%:** Social or relationship impacts
- **82%:** Reduced focus or concentration



Emotional and Psychological Toll

- **86%** experienced frequent or constant emotional distress
- **Only 32%** felt their mental health needs were adequately addressed
- **68%** desired added support (e.g., peer support groups, therapy)



Common Treatments

- OTC medications were most used at **64%**
- Others included heat therapy (**55%**), rest (**50%**), non-opioid prescription medications (**50%**), cold therapy (**46%**), and opioids (**41%**)

**MOST RESPONDENTS
EXPERIENCED FREQUENT OR
CONSTANT EMOTIONAL DISTRESS.**



KEY FINDINGS

Side Effects



- **40%** experienced adverse effects from treatments, while another **25%** were unsure. They included:
 - Sleep disturbances; weight changes; cognitive dysfunction such as brain fog (**63% each**)
 - Drowsiness; dizziness or balance issues (**50% each**)
 - Constipation; allergic reactions (**38% each**)



82% Faced Barriers to Care

- Difficulty obtaining medications (**72%**)
- High costs or lack of insurance (**50%**)
- Limited availability of providers or specialists (**44%**)
- Lack of access to complementary or integrative care options (**39%**)



Provider Disconnect

- **Only 36%** felt their providers truly listened to them
- **59%** did not feel fully informed about treatment options



Policy Concerns

- **82%** said current policies are inadequate for managing acute pain
- **Only 9%** expressed confidence in existing coverage frameworks

FROM SIDE EFFECTS TO POLICY FAILURES, ACUTE PAIN CARE LEAVES TOO MANY PATIENTS UNSUPPORTED.

RECOMMENDATIONS



Center Communication on the Patient

Promote empathetic listening and shared decision-making to build trust and improve outcomes.

Integrate Mental Health Support

Make counseling, peer support, and behavioral strategies standard aspects of acute pain care.



Make Multimodal Care More Accessible

Broaden access to more-affordable, evidence-based, non-interventional, and integrative treatments.

Reform Restrictive Policies

Revise prescribing limits, improve reimbursement for non-drug treatments, and allow flexibility in care delivery.

FINAL THOUGHTS



These findings reveal that acute pain is not simply a short-term inconvenience—it is a **complex, multidimensional experience** that affects **physical health, emotional well-being, and socioeconomic stability**. Systemic reforms are needed to improve care, reduce suffering, and incorporate what research is finding out about **potentially preventing or reducing the progression to chronic pain**.

