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An update on pain and palliative medicine in the Middle East (Iran). Why should we care?

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Pain and palliative medicine are underdeveloped in most of the world, and outside North America, Europe, and Australia; access to quality pain and palliative care is very rare. Pain and palliative medicine are expanding in the developed world, but it is only the beginning to be available in the developing world where it is presently needed the most in terms of population access. Collaborative effort is essential to position pain medicine and palliative care higher in global and national health agendas. Significant barriers exist, in the lack of clear policies establishing pain and palliative medicine, the lack of educational programs to teach, the lack of essential medications needed to deliver pain and palliative medicine, and the lack of organized service delivery programs in both fields. Existing resources are available that can be adapted to individual countries and to fill existing needs. Lack of recognition, however, hinders progress in addressing services to alleviate suffering for those in needs and who are amongst the most vulnerable in a society. We conducted a population base study on prevalence of chronic pain in Shiraz, Iran (not published yet). In our study, 6.95% of the 1050 respondents who were willing to participate in the study had suffered from chronic pain (CP) for ≥ 6 months. According to the results, 54% of the participants with CP used analgesics, mostly NSAIDs and narcotic analgesics. Besides these, 37% of the patients used other pain relief methods, such as traditional medicine and acupuncture. The results also showed an acceptable rate of satisfaction with treatments. Larger population base studies at a national and regional level are needed to gain more accurate data on chronic pain (cancer and non-cancer) and also to explore other aspects of chronic pain including cancer treatment-related chronic pain, neuropathic pain, health related costs, disease burden, barriers to development of pain and palliative services in Middle Eastern communities.

Biography

Vahid Mohabbati got his primary medical degree (MD) from Shiraz University of Medical sciences in 1997. Then he was trained as an Emergency Physician and worked as chief emergency physician in different parts of Iran for 8 years. He then moved to Australia and continued practicing in Emergency Medicine as locum in rural and remote hospitals and general practices for 2-3 years. He commenced postgraduate training in pain medicine in Brisbane and then moved to Sydney to complete his fellowship. Immediately after that he started training in palliative medicine and completed his fellowship in Sydney. Currently he is a staff specialist in Palliative Medicine at Royal Prince Alfred Hospital and a Visiting Pain Specialist at Liverpool hospital. He is a clinical lecturer at the University of Sydney.

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