Pain in rheumatic diseases

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Welcome to the 18th annual Clinical and Experimental Rheumatology supplement concerning contemporary topics in rheumatology. Previous volumes include:

1999 - Combination DMARD therapy in rheumatoid arthritis
2001 - Controversies in COX-2 inhibitor therapy
2002 - Innovative therapies for spondyloarthritides
2003 - Early arthritis
2004 - Benefit/risk of new drugs for rheumatoid arthritis
2005 - Quantitative clinical assessment of rheumatic diseases
2006 - Remission in rheumatic diseases
2007 - Quality of care in rheumatology: opportunities and challenges
2008 - Mortality in rheumatic diseases
2009 - Rheumatoid arthritis and ankylosing spondylitis: Similarities and differences
2010 - Methotrexate in rheumatic diseases
2011 - Low-dose glucocorticoids in rheumatic diseases
2012 - Treat-to-target in rheumatic diseases
2013 - Possible discontinuation of therapies in rheumatic diseases
2014 - Optimising assessment in clinical trials, clinical research and clinical care
2015 - Psoriatic arthritis.
2016 - Information technology in rheumatology

The 2017 supplement addresses "Pain in rheumatic diseases", and is divided into four sections.

Section 1

General concepts. Pain in musculoskeletal diseases, begins with an update of a 2010 position paper by the American College of Rheumatology concerning current views of pain research and management in the subspecialty of rheumatology, "Pain management in rheumatology research, training, and practice". Three articles address assessment of pain, "The assessment of musculoskeletal pain", "Assessment of pain in routine care as quantitative, standardised, 'scientific data', and "A simple RheuMetric physician checklist to provide physicians with visual analogue scales (VAS) to quantitate inflammation, damage, and distress". This section is concluded with two or more general articles and describing the "Socioeconomic burden of pain in rheumatic diseases" and "The role of catastrophising in rheumatic diseases".

Section 2

Basic and animal research on pain in rheumatic diseases, begins with an opinion piece, "Why we should study pain in animal models of rheumatic diseases". Three articles describe "An overview of pathways encoding nociception", "Understanding osteoarthritis pain through animal models", and "What we can learn from osteoarthritis pain in companion animals?". This section is concluded with an article "Is cannabis an effective treatment for joint pain?"

Section 3

Pain in osteoarthritis, focuses on pain in the most prevalent musculoskeletal disease, osteoarthritis, with presentations concerning "Pain sensitisation in osteoarthritis", "Structural correlates of pain in osteoarthritis", and "The role of centralised pain in osteoarthritis" and "Current status of nerve growth factor antibodies for the treatment of osteoarthritis pain". This section is concluded with "Pain and other self-report scores in patients with osteoarthritis indicate generally similar disease burden to patients with rheumatoid arthritis".

Section 4

Pain in other rheumatic diseases, presents reviews concerning "Pain mechanisms in rheumatoid arthritis", "Causes of pain in patients with axial spondyloarthropathies", "In the spine or in the brain? Recent advances in pain neuroscience applied in the intervention for low back pain", "Hypermobility, the Ehlers-Danlos syndromes and chronic pain", and "Open issues in the assessment and management of pain in juvenile idiopathic arthritis".

Two important themes emerge from articles in the supplement. First, the concept that the basis for pain in rheumatic diseases falls into one of three broad categories of inflammation, damage or distress appears oversimplified. Many patients may have pain resulting from 2 or 3 of these underlying pathophysiologic states in any rheumatic disease, despite domination by inflammation, damage or distress. Secondly, pain mechanisms, *i.e.*, nociceptive (structural), neuropathic, peripheral and central sensitisation, also often are not unidimensional, and 2 or more mechanisms may contribute to pain in many patients. These observations highlight complexity in assessment and management of chronic pain, as identification of only a single underlying cause or mechanism often may ignore multidimensional components.

Our goal is that this volume will stimulate further interest in pain research and management in the rheumatology community, as previous supplements in this series may have stimulated developments in rheumatology such as "early arthritis", "quality measures", "treat to target", and others. We thank the authors of the 16 articles not written by ourselves, who gave much time and thought to provide high-quality reviews, which maintain the high standards of previous volumes in this series. We hope that readers will find this volume of interest and value, and that it will encourage pain research in the rheumatology community, and lead to advances in clinical approaches to pain management. The authors and guest editors welcome critique and comments.