BRIAN BARR SOLICITORS

RESEARCH REPORT 2026

The Hidden Costs of Chronic Pain

A study of 2,000 UK adults exploring the financial, working and social cost of living with persistent pain, and the people too often left to bear that cost themselves.

44%
OF UK ADULTS LIVE WITH CHRONIC PAIN

£1.25bn
SELF-FUNDED EVERY MONTH

40%
HAVE NO FORMAL DIAGNOSIS

EXECUTIVE SUMMARY

A national condition, paid for privately

Chronic pain is far from a minority experience. For almost half of UK adults, persistent pain is part of everyday life. For millions, the financial cost of managing it is also being met from their own pocket.

In June 2026, Brian Barr Solicitors commissioned a survey of 2,000 UK adults to explore what living with persistent pain really costs in practice. The research looked beyond the clinical impact and the cost to public services. It focused instead on the costs carried personally, from medication and private treatment to taxis, grocery deliveries, additional heating, lost working time and plans quietly cancelled.

The findings reveal a large population managing a long-term health condition largely through its own efforts and resources. **44% of those surveyed reported persistent aches and pains lasting for three months or more**, the recognised threshold for chronic pain. A further 14% had experienced pain for between one and two months.

Among those living with chronic pain, **40% did not have a formal diagnosis**. One third had never received one, while a further 6% were still waiting. For many, the financial burden begins before there is a clear explanation of what is causing their pain.

The 685 respondents with chronic pain reported spending on average **£51.43 each month** to help manage their conditions. When scaled across the UK adult population, that is **an estimated £1.25 billion every month**, or £15 billion a year in out-of-pocket spending.

This report explores how those costs are felt in practice, from treatment and day-to-day expenses to lost earnings, changes at work and reduced social participation. The findings describe a large population managing a long-term health condition through its own time, money and effort.

44%
of UK adults live with chronic pain (pain lasting three months or longer)

£15bn
estimated annual out-of-pocket spend by UK chronic pain sufferers

40%
of sufferers have no formal diagnosis for their pain

37%
have lived with chronic pain for five years or more

88%
say pain restricts what they can do day to day

36.6m
estimated working days lost across the UK each year

CONTENTS

What's in this report

How to read the figures in this report

Two base sizes are used throughout this report. Figures describing the **UK adult population** are based on all 2,000 respondents. Figures describing **people living with chronic pain** refer to the 880 respondents who reported pain lasting for three months or more. Every chart clearly states the base used.

Some questions allowed respondents to select more than one answer, so percentages in those charts may not add up to 100%.

Where a subgroup is small enough that its average should be treated as indicative rather than precise, the base is shown alongside the figure and highlighted in the caption. We have chosen to publish these findings with their bases rather than leave them out, so that the experiences of smaller groups remain visible within the report.

Why a law firm is asking these questions

Since 2002, Brian Barr Solicitors has specialised in claims involving injuries and conditions that can be difficult to evidence, including fibromyalgia, Complex Regional Pain Syndrome, Functional Neurological Disorder and chronic pain following a road traffic collision or workplace accident. These are conditions that do not always come with a clear scan, test result or straightforward diagnosis.

The survey reflects something the firm sees regularly in its work: living without clear answers does not mean living without cost. People may still be paying for medication, treatment, travel and day-to-day support while trying to understand what is causing their pain. Those costs are rarely captured in national estimates, even though they are felt directly in household budgets, working lives and social plans.

SECTION 01

Methodology and definitions

The sample

The survey was completed by 2,000 UK adults in June 2026, with responses spread across all twelve UK regions and nations. The gender split was 1,037 women, 958 men, four respondents identifying as non-binary or an alternative identity, and one preferring not to say.

Defining chronic pain

Respondents were asked for the longest period over which they had experienced persistent aches and pains. In line with the clinical convention used by the NHS and the International Association for the Study of Pain, **chronic pain is defined as pain persisting for three months or longer**.

Anyone who selected “3 to 4 months” or a longer period was included in the chronic pain group. This represented 880 people, or 44% of the full sample.

Pain lasting one to two months is treated separately as acute or sub-acute: 274 people, 14% of the sample. These respondents were asked the same follow-up questions, but they are excluded from every chronic pain figure in this report unless explicitly stated.

How the cost figure was calculated

Respondents were asked to estimate their total monthly spend on managing pain, and prompted explicitly to include not only medication and therapies but the hidden daily expenses that pain creates: grocery delivery instead of a shop, pre-prepared food instead of cooking, taxis instead of walking, extra heating.

Answers were given in spending bands ranging from £0 to £1,001 or more. Each band was converted to its midpoint to produce a numerical average.

Of the 880 chronic pain sufferers, **685 gave a spending figure**, including 151 who reported spending nothing. A further **187 said they were not sure what they spent** and 8 preferred not to say; both groups are excluded from the calculation. The resulting average was £51.43 a month.

Applied to an estimated UK adult population of 55.2 million, with 44% reporting chronic pain, this equates to approximately 24.3 million adults. At £51.43 per person, the estimated collective cost is around £1.25 billion a month, or almost £15 billion a year.

What this study does not claim

This is a self-reported survey, not a clinical audit. Diagnoses were provided by respondents and were not checked against medical records. Spending figures are also based on personal estimates, and 21% of people living with chronic pain could not put a figure on what they spend. Where the data shows a relationship between two findings, this report does not assume that one caused the other.

SECTION 02

The scale of chronic pain

Chronic pain is not an edge case in British health. It is closer to a majority experience among the over-55s, and it is rarely brief.

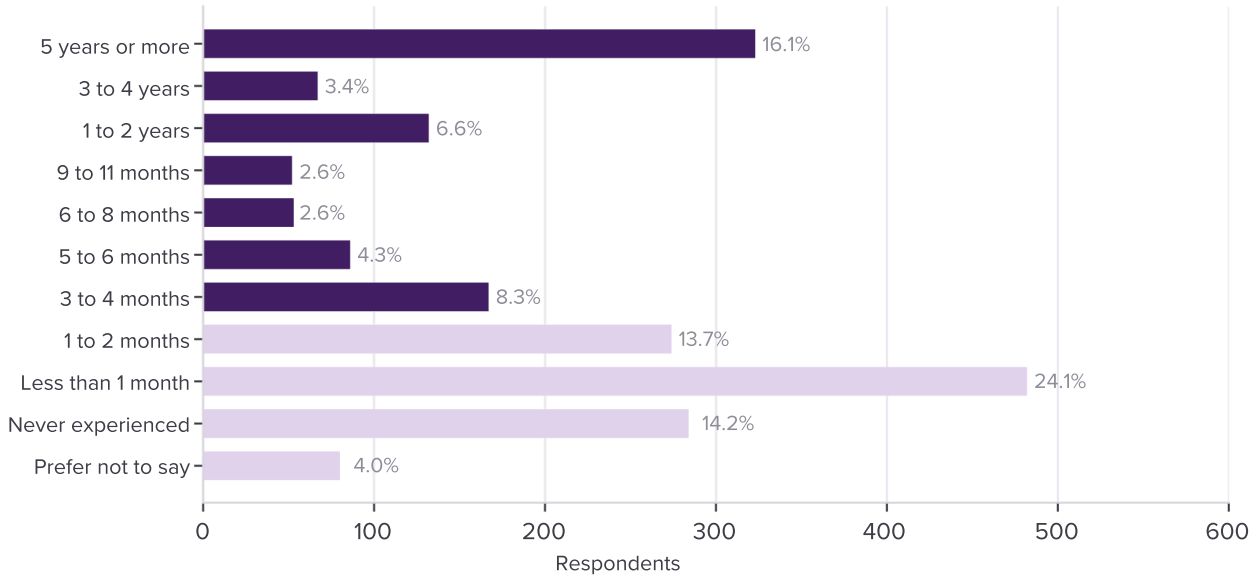
Of the 2,000 UK adults surveyed, 880, or 44%, reported persistent aches and pains lasting for three months or more, meeting the definition of chronic pain used in this report. A further 14% had experienced pain for between one and two months, while only 14% said they had never experienced persistent aches and pains.

The scale of the issue is matched by its duration. Among those living with chronic pain, **37% had experienced it for five years or more**. A further 132 had lived with pain for one to two years and 67 for three to four years. More than half of those sampled have been living with chronic pain for at least a year.

That length of time changes how the financial impact should be understood. If someone spent the survey average of £51.43 each month for five years, the total would reach around £3,086. For many, this is not a short-term expense but an ongoing cost woven into everyday life.

Figure 1. How long UK adults have lived with persistent pain

Only 14% of UK adults have never experienced persistent aches and pains. 44% have had them for three months or more.



Base: all 2,000 UK adults surveyed. Chronic pain is defined as persistent pain lasting three months or longer.

Age: chronic pain becomes more common over time

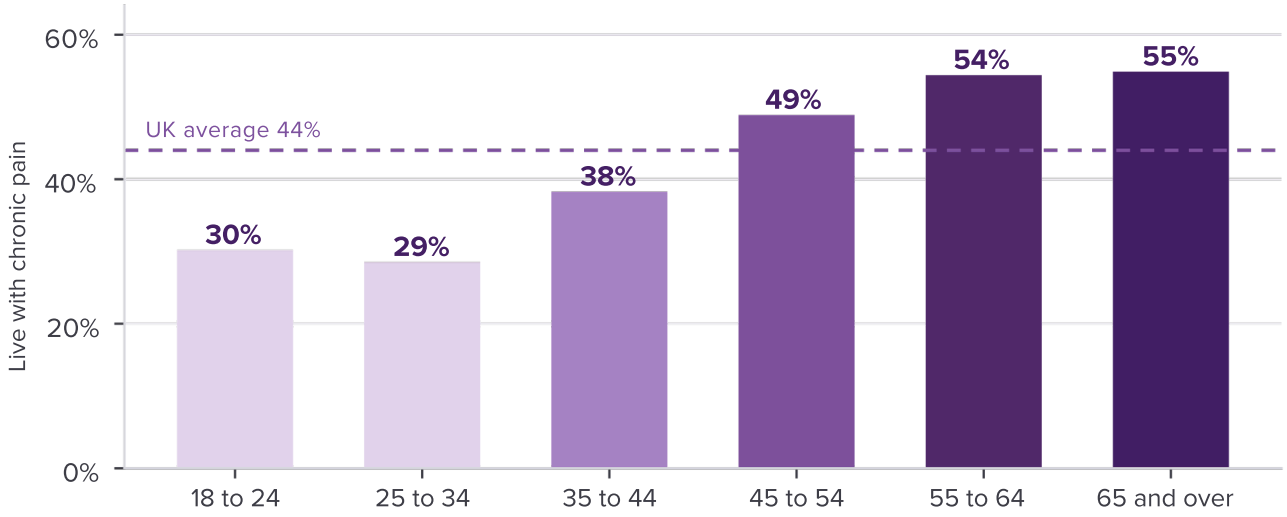
Chronic pain becomes increasingly common with age, rising from 30% among 18 to 24-year-olds to 55% among those aged 65 and over. The sharpest increase appears between the ages of 35 to 44 and 45 to 54, where prevalence rises from 38% to 49%.

The figures for younger adults are also significant. Almost a third of 18 to 24-year-olds report pain lasting for three months or more. Although chronic pain is often associated with later life, this research shows that it affects people across every age group, including those in early adulthood.

The financial pattern runs in the opposite direction. Respondents aged 18 to 24 report spending an average of £90.16 a month managing their pain, compared with £25.90 among those aged 65 and over. This difference is explored further in the cost section.

Figure 2. Chronic pain prevalence by age

Prevalence climbs from 30% of 18–24s to 55% of over-65s, crossing the national average between 35–44 and 45–54.



Base: all 2,000 UK adults, shown as the proportion of each age band reporting pain lasting three months or more.

Figure 3. Average monthly spend by age

Spending falls steadily as prevalence rises, from £90 a month among 18 to 24-year-olds to £26 among the over-65s.

Base: Chronic pain sufferers who gave a spending figure, including those who spend nothing (n = 58 to 178 per age band).

Gender: women are more affected, and pay more

Just under half of women in the sample reported living with chronic pain, at 48%, compared with 40% of men. That eight percentage point gap appears to be specific to longer-lasting pain, as women were slightly less likely than men to report pain lasting for one to two months.

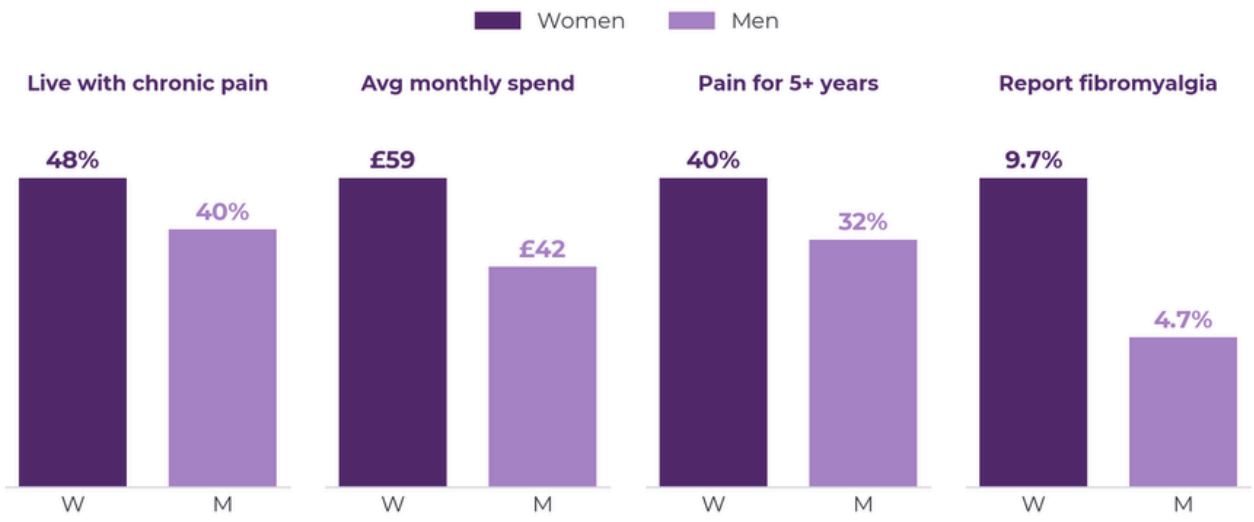
The difference also extends to cost. Women living with chronic pain spend an average of £59 a month managing it, compared with £42 among men. They are also more likely to have experienced pain over a longer period, with 40% reporting that it had lasted for five years or more, compared with 32% of men.

Some of this pattern may reflect the conditions reported. Fibromyalgia, for example, disproportionately affects women, and two in three respondents in this survey who reported a fibromyalgia diagnosis were women.

Fibromyalgia is one of the specialist areas in which Brian Barr Solicitors supports clients, alongside Complex Regional Pain Syndrome (CRPS) and other complex conditions that can be difficult to diagnose.

Figure 4. Chronic pain by gender

Across prevalence, monthly spend, long-term pain and fibromyalgia, women in the survey are consistently more affected than men.



Base: Prevalence from all 2,000 respondents (1,037 women, 958 men); spend and condition figures from the 879 chronic pain sufferers who are women or men. Spend averages include £0 responses. Each panel has its own scale; compare bars within a pair, not across panels.

Region: prevalence does not follow the money

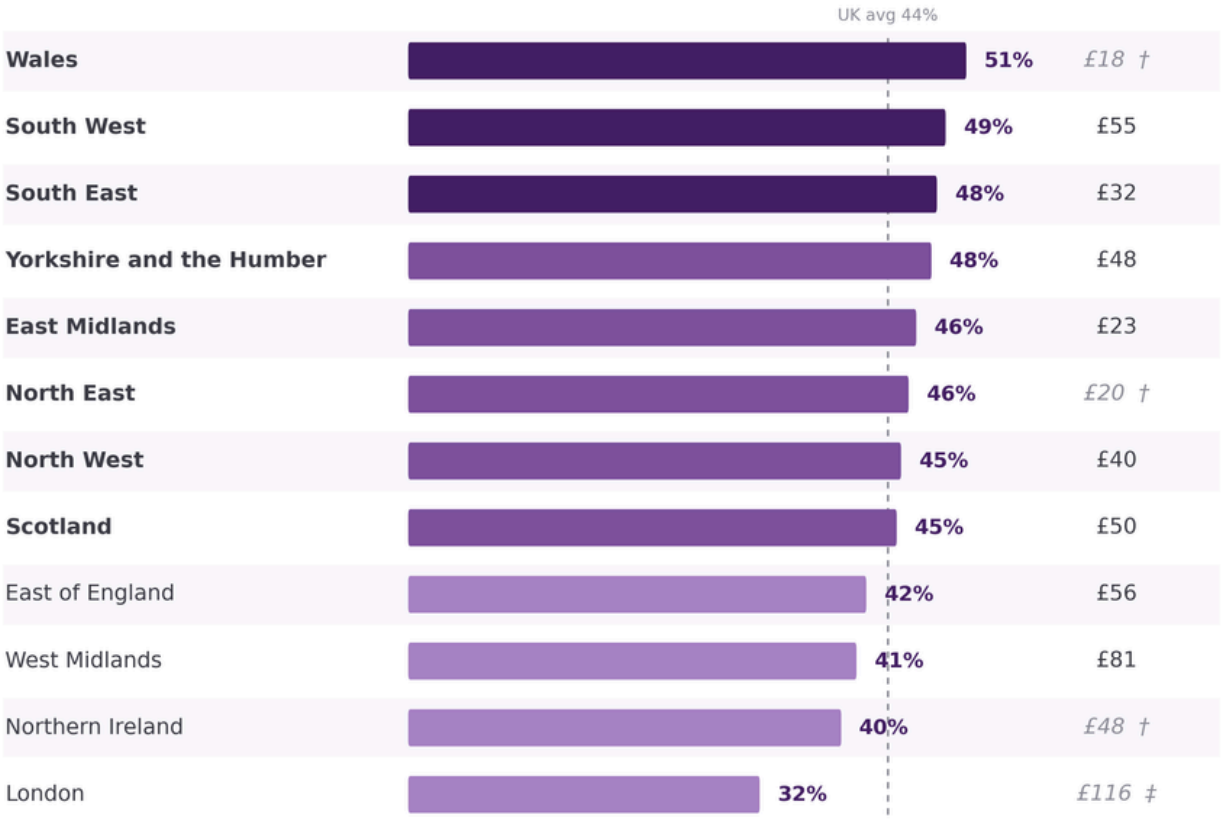
Chronic pain prevalence varies across the UK, from 51% in Wales to 32% in London, a spread of nineteen percentage points. Wales, the South West (49%), the South East (48%) and Yorkshire and the Humber (48%) report the highest rates. London sits lowest, several points below any other region.

Some of this is likely demographic. London has the youngest adult population in the UK, and chronic pain becomes more common with age, so a younger region would be expected to report lower prevalence.

Reported spending does not follow the same pattern, but the regional spend figures should be read with care. Several regions rest on small numbers of people who gave a spending figure, so their averages can move sharply on a handful of responses. London's figure, while based on more responses, is pulled upward by a small number of very high individual answers. These figures are included for completeness and flagged accordingly, rather than presented as firm regional rankings.

Figure 5. Chronic pain prevalence and spend across the UK

Regions ranked by prevalence, from Wales (51%) to London (32%), with average monthly spend shown alongside.



† *Small sample (under 40 gave a spending figure): spend indicative only.*

‡ *London spend is skewed by a few very high responses; treat with caution.*

Base: prevalence from all 2,000 respondents (regional bases 48 to 279). Spend from chronic pain sufferers in each region who gave a figure, including £0 responses. † spend based on fewer than 40 responses, indicative only. ‡ London spend is skewed by a few very high responses. Prevalence is reliable for every region; the cautions apply to spend.

SECTION 03

Where the pain sits, and where it came from

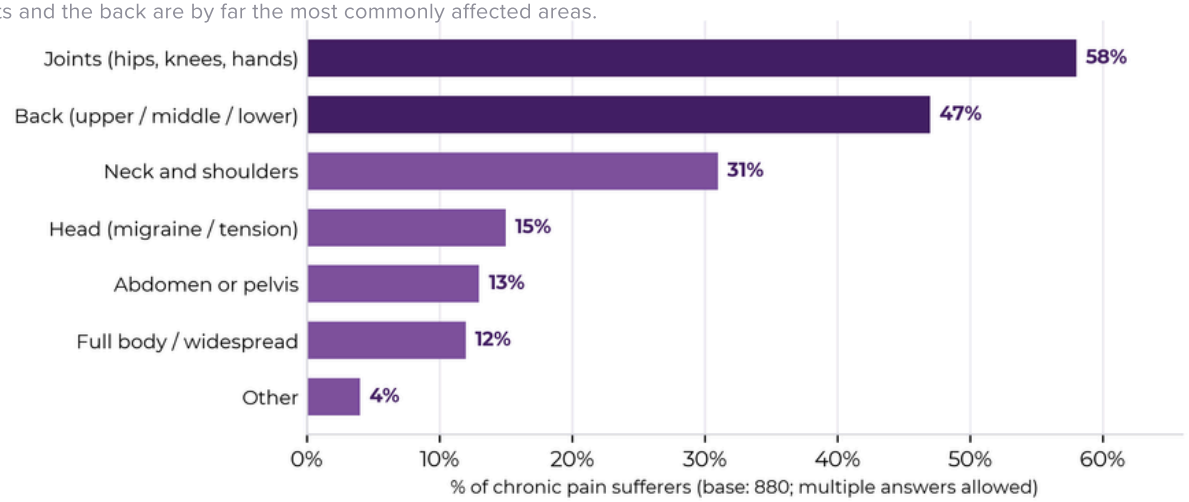
Asked to identify where their pain is located, chronic pain sufferers pointed most often to the joints (58%) and the back (47%). Neck and shoulders followed at 31%, then head at 15%, abdomen or pelvis at 13%, and full-body or widespread pain at 12%.

Pain is rarely confined to one place. While 454 sufferers reported a single affected area, 394, around 45%, reported two or more, and 74 reported four or more. On average, sufferers reported pain in almost two areas of the body.

Full-body or widespread pain, reported by around one in nine sufferers, is the presentation most associated with fibromyalgia, one of the specialist areas in which Brian Barr Solicitors supports clients.

Figure 6. Where pain is located

Joints and the back are by far the most commonly affected areas.

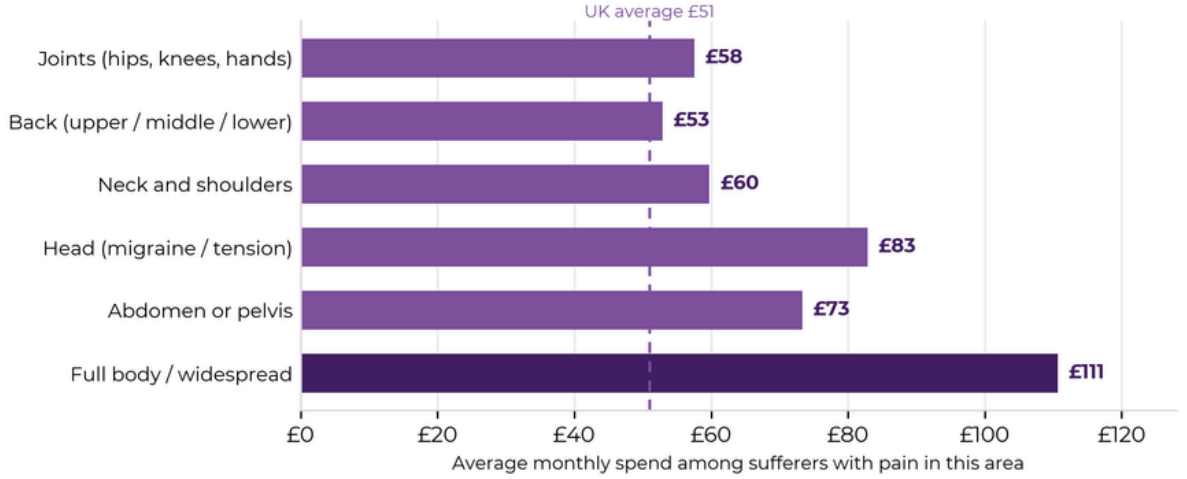


Base: 880 chronic pain sufferers. Multiple answers permitted, so percentages total more than 100. "Prefer not to say" (4) omitted.

The area of the body affected makes a clear difference to what people spend. Sufferers with full-body or widespread pain report spending an average of £111 a month, more than double the £51 UK average and more than any other location. Head pain (£83) and abdominal or pelvic pain (£73) also sit well above average, while the most common complaints, joints (£58) and back (£53), are closer to the middle.

Figure 7. Average monthly spend by area of pain

Full-body pain costs most to manage; joints and back, the most common areas, sit near the average.



Base: chronic pain sufferers with pain in each area who gave a spending figure (82 to 391 per area), including £0 responses.

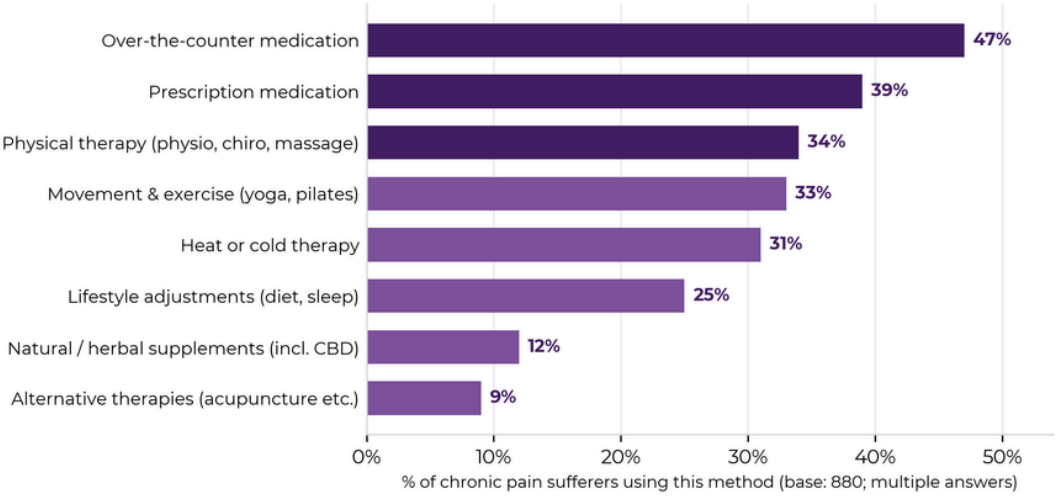
How people manage their pain, and what it costs

Over-the-counter medication is the most common way people manage chronic pain, used by 47% of respondents, followed by prescription medication (39%), physical therapy (34%), movement or exercise (33%) and heat or cold therapy (31%).

More specialist options are less common, with 12% using natural or herbal supplements and 9% using alternative therapies such as acupuncture or reflexology.

Figure 8. How People Manage Their Pain

Over-the-counter and prescription medication are the most widely used; specialist therapies are used by far fewer.



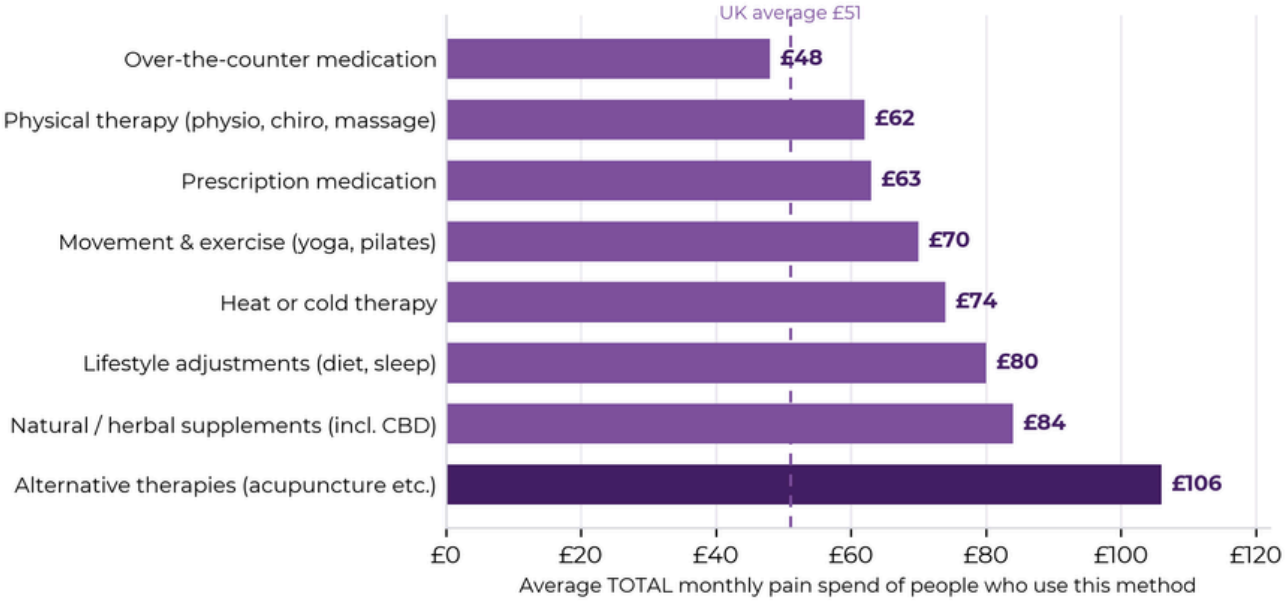
Base: chronic pain sufferers using each method who gave a spending figure (70 to 307 per method). Figures are each group's TOTAL monthly pain spend, not the cost of the individual method. Includes £0 responses.

What each group spends

People using alternative therapies report the highest overall monthly pain spend, at £106, followed by herbal supplements (£84) and lifestyle adjustments (£80). Those using over-the-counter medication spend the least overall, at £48.

Figure 9. Total monthly spend by method used

People using more specialist methods tend to report higher overall pain-related spending.



Base: chronic pain sufferers using each method who gave a spending figure (70 to 307 per method). Figures are each group's TOTAL monthly pain spend, not the cost of the individual method. Includes £0 responses.

The most common causes of chronic pain

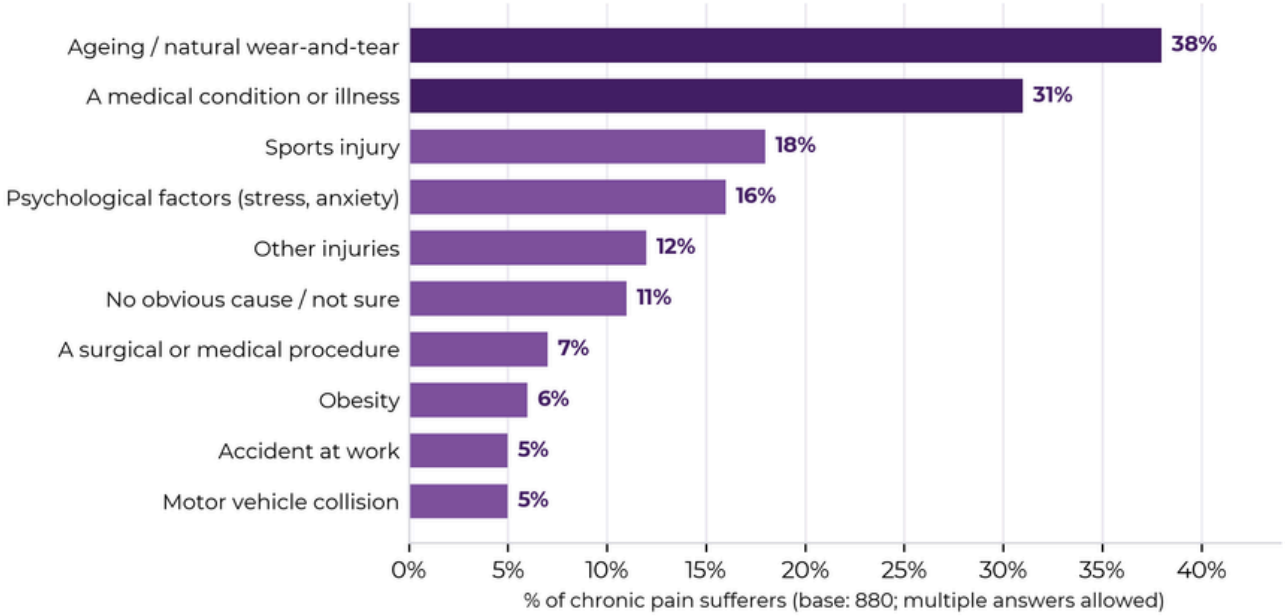
Most sufferers can point to a cause. The single most common is ageing or natural wear-and-tear, named by 38%, followed by a medical condition or illness at 31%. Together these account for the bulk of self-explained chronic pain.

Identifiable injuries and events make up much of the rest. Sports injuries were named by 18% of sufferers, other injuries by 12%, accidents at work by 5% and motor vehicle collisions by 5%. A further 16% pointed to psychological factors such as stress, anxiety or emotional trauma, and 7% to a surgical or medical procedure.

Around one in ten sufferers (11%) said their pain had no obvious cause at all, living with a long-term condition they cannot account for.

Figure 10. What people believe caused their pain

Ageing and illness dominate the explanations; injury and trauma dominate the costs.



Base: 880 chronic pain sufferers. Multiple answers permitted. 'Prefer not to say' (7) and 'Other' (43) omitted.

Among younger adults, the causes of chronic pain look very different to the usual assumption. A third of 18 to 24-year-olds (34%) link their pain to psychological factors such as stress, anxiety or emotional trauma, falling to just 3% of the over-65s.

Sports injuries tell a similar story, named by 36% of the youngest sufferers against 10% of the oldest. For under-35s, lifestyle, activity and mental health dominate, while ageing, cited by more than half of over-55s, barely registers.

SECTION 04

The diagnosis gap

Two in five people living with chronic pain have no formal diagnosis for it. For those still chasing one, the wait comes at a cost.

Among the 880 chronic pain sufferers surveyed, around a third reported no specific diagnosis for their pain. A further 6% said they were on a waiting list, still seeking one. Together, roughly 40% of people living with chronic pain do not have a formal diagnosis to explain it.

The two groups look very different once cost is taken into account. People with no diagnosis and no active pursuit of one spend the least of anyone in the survey, an average of £35 a month. But those on a waiting list, actively seeking a diagnosis, are among the highest spenders. Their reported spending is inflated by a small number of very high individual figures, but even setting those aside they consistently spend well above the £51 average, and above most people who already have a diagnosis. Being stuck in the system, waiting for an answer, appears to carry a real financial cost.

Cost also rises with the complexity of the condition. The most common diagnosis, arthritis, sits close to the average at £53 a month. But the conditions that are hardest to diagnose and manage sit well above it. People with fibromyalgia report spending £112 a month, and those with complex regional pain syndrome (CRPS) more still, though the smallest conditions rest on very few responses and are best read as a direction rather than a precise figure.

Fibromyalgia, CRPS and functional neurological disorder are among the specialist areas in which Brian Barr Solicitors supports clients, conditions that are often slow to diagnose, hard to evidence, and, as this data suggests, costly for the people living with them.

Figure 11. Average monthly spend by diagnosis

People still waiting for a diagnosis, and those with complex conditions such as fibromyalgia and CRPS, spend well above the £51 average. Those with no diagnosis at all spend the least.

Base: 880 chronic pain sufferers. Multiple answers permitted. 'Prefer not to say' (7) and 'Other' (43) omitted.
* Brian Barr Solicitors specialism. Percentages exceed 100 as respondents could report more than one diagnosis.

SECTION 05

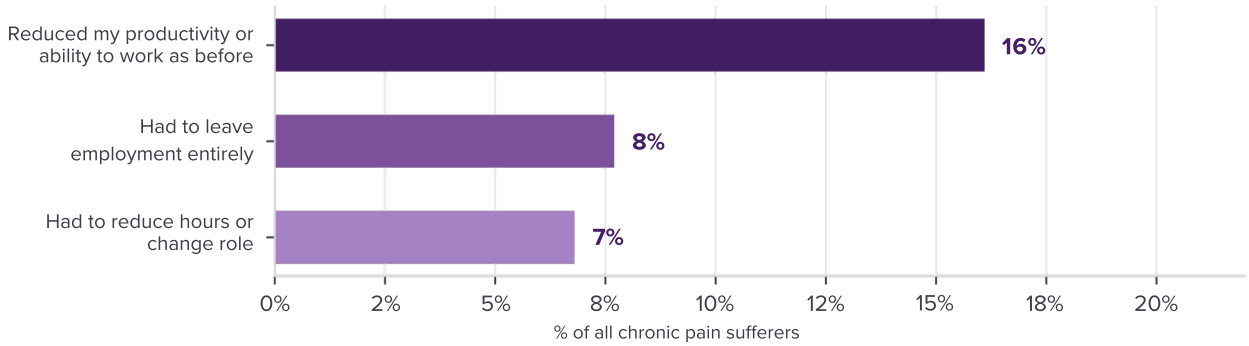
The cost at work

One in six say chronic pain has affected their work, while one in twelve have left employment altogether.

Of the 880 people living with chronic pain, 16% said it had reduced their productivity or ability to work as they did before. A further 7% had reduced their hours or changed roles, while **8% had stopped working altogether**.

Among the 559 respondents who had been in employment during the previous 12 months, 36% had taken at least one day off because of their pain. Those who did were absent for an average of 2.7 days each year.

Figure 12. Impact of chronic pain on employment



Base: all 880 chronic pain sufferers, including those retired or not seeking work. Among the 559 who were employed in the last 12 months, 36% took at least one day off because of their pain.

36%
of employed sufferers took at least one day off for pain in the last 12 months

2.8
average days lost per employed sufferer per year

36.6m
estimated working days lost across the UK annually

How the 36.6 million figure is estimated

TThere are around 29.8 million employees in the UK. Applying the survey's 44% chronic pain rate to them gives roughly 13.1 million employees living with chronic pain. On average, each of these workers lost 2.8 days to their pain over the past year (including everyone who took no days off). That works out at approximately 36 million working days lost across the UK each year.

SECTION 06

The cost to everyday life

Eighty-eight per cent say pain restricts what they can do. The most commonly reported losses are not dramatic ones — they are sleep, walking, and the washing up.

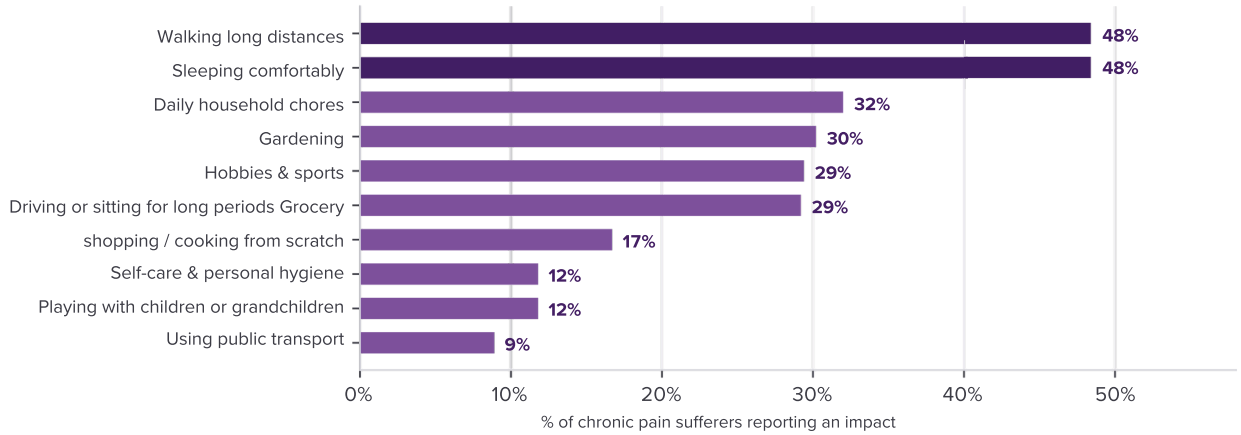
For most people in the survey, chronic pain reaches well beyond the pain itself. Only 12% said it had no effect on their everyday activities.

The things people lose are often ordinary parts of daily life. Walking longer distances and getting a comfortable night's sleep are the most commonly affected, followed by household chores, gardening, hobbies and driving or sitting for long periods.

For some, the impact goes further. Pain can make bathing or dressing more difficult, or limit the time and energy someone has to play with their children or grandchildren. These are small parts of life on paper, but together they show how persistent pain can gradually narrow what someone feels able to do.

Figure 13. Everyday activities affected by chronic pain

88% report a restriction. The most common are sleep, walking and housework.



Base: 880 chronic pain sufferers. Multiple answers permitted. Work-related impacts are shown separately in Figure 12.

The plans that stop being made

That impact does not end at home. Chronic pain can also make social life harder to predict. While almost half of respondents said they had not cancelled or avoided plans because of their pain in the previous year, others were doing so regularly.

On average, people living with chronic pain cancel or avoid around 11 plans a year. For 5%, the uncertainty has led them to stop making plans altogether.

For those who have already lived with pain for years, these are not isolated cancellations. They can become part of the long-term social cost of the condition.

SECTION 07

Conclusions

Three costs, one condition

- **The financial cost** is £65.97 a month on average, concentrated among the undiagnosed-but-searching, the complex, and the young.
- **The occupational cost** is 2.7 working days per employed sufferer per year, around 36.6 million days nationally, and 8% of sufferers out of work entirely.
- **The social cost** is 11 cancelled plans a year, 5% who have stopped making plans, and 88% whose ordinary daily life is restricted by their pain.

These are not three separate findings. They are three views of the same person: someone paying more, earning less, and going out less, generally without a diagnosis to explain any of it.

A note from Brian Barr Solicitors

Brian Barr Solicitors has specialised since 2002 in personal injury claims involving chronic pain and complex recovery since 2002. The firm supports clients across England and Wales and is recognised as a Leading Firm by the Legal 500 2026, with further recognition in Chambers UK 2026.

This research reflects many of the challenges the firm sees in its casework. Clients may have spent months or years paying for treatment, adjusting how they work and travel, and managing the wider impact of an injury on everyday life. By the time a claim begins, those costs can already be significant, yet many are easy to overlook because they are woven into ordinary spending, from an extra taxi journey to another private appointment or reduced working hours.

That is where specialist experience matters. Brian Barr Solicitors focuses on complex injury claims where the long-term financial, professional and personal consequences need to be understood in full, not treated as an afterthought. Our role is to make sure those wider losses are properly investigated, evidenced and reflected in the claim, giving clients the confidence that the true impact of their injury is being taken seriously.

> We are facing a national health and economic challenge that can not be ignored. Chronic pain is rarely a temporary setback; it is a life-changing condition that requires urgent validation.
>
> The fact that women are bearing the brunt of both the physical pain and the hidden financial costs highlights a system under immense strain.
>
> We need real structural support to alleviate this burden and ensure millions aren't left to self-fund basic relief in silence.
>
> ***Steven Akerman, Personal Injury Solicitor & Director, Brian Barr Solicitors***

"These findings will resonate with far too many people living with chronic pain. Every day we hear from people who are not only battling relentless pain, but also the hidden financial burden that comes with trying to manage it. Many people are forced to pay for therapies, equipment, travel to specialist appointments, or private treatment simply because the support and care they need simply isn't available or accessible through existing services.

For people living with Complex Regional Pain Syndrome (CRPS) and other chronic pain conditions, the impact extends far beyond finances. Pain can take away careers, relationships, independence and mental wellbeing, leaving many feeling isolated and forgotten. No one should have to choose between managing their pain and paying their bills.

This research highlights the urgent need for earlier diagnosis, greater awareness, equitable access to evidence-based treatments and psychological support, as well as better recognition of the profound impact chronic pain has on every aspect of a person's life. We need a healthcare system and wider society that recognises chronic pain as the serious, and for many, a life-changing condition it is, ensuring that no one is left to face it alone."

Victoria Abbot-Fleming MBE, Founder and Chair of Burning Nights CRPS Support

Burning Nights CRPS Support is a national UK charity working to improve life for those affected by Complex Regional Pain Syndrome.

Victoria Abbott-Fleming MBE is the Founder of Burning Nights CRPS Support and the Chair of trustees for the charity. She was awarded an MBE for services to charity in the Queen's Birthday Honours list in June 2021.

BURNING NIGHTS

https://www.burningnightscrps.org/

SECTION 08

Data appendix

Full survey responses. All figures are for respondents with chronic pain, defined as persistent aches and pains lasting three months or more (base n = 880), unless stated otherwise. Percentages for multi-select questions total more than 100%.

Data collected: 1st to 3rd June 2026
Sample: 2,000 UK adults, nationally representative by age, gender and region

Note on base: this appendix reports on the 880 respondents with pain lasting three months or more, the clinical threshold for chronic pain.

1. What is the longest period of time you have experienced persistent aches and pains, if at all?

Response	n	%
I have never experienced persistent aches and pains	284	14.20%
Less than 1 month	482	24.10%
1 to 2 months	274	13.70%
3 to 4 months	167	8.30%
5 to 6 months	86	4.30%
6 to 8 months	53	2.60%
9 to 11 months	52	2.60%
1 to 2 years	132	6.60%
3 to 4 years	67	3.40%
5 years or more	323	16.20%
Prefer not to say	80	4.00%
Chronic pain (3 months or more)	**880**	**44.00%**

2. Which area(s) of the body is/was affected by your persistent aches and pains? [Select all that apply]

Response	n	%
Joints (e.g. Hips, Knees, Hands, etc.)	506	57.50%
Back (Upper/Middle/Lower)	413	46.90%
Neck and Shoulders	275	31.20%
Head (e.g. Migraines/Tension)	132	15.00%
Abdomen or Pelvis	116	13.20%
Full body / Widespread	101	11.50%
Other	39	4.40%
Prefer not to say	4	0.50%

3. Which of the following best describes you? [Select one]

Response	n	%
I currently suffer from persistent aches pain	604	68.60%
I don't currently suffer from persistent aches and pain, but used to in the past	263	29.90%
Prefer not to say	13	1.50%

4. What do you believe caused or initially triggered your persistent aches and pain? [Select all that apply]

Response	n	%
Ageing / natural wear-and-tear	333	37.80%
A medical condition or illness	272	30.90%
Sports injury	155	17.60%
Psychological factors (e.g., stress, anxiety, emotional trauma)	138	15.70%
Accident at work	46	5.20%
A surgical or medical procedure	62	7.00%
Obesity	48	5.50%
Motor vehicle collision	44	5.00%
Other type of injuries	104	11.80%
Other	43	4.90%
N/A - No obvious cause / I'm not sure	93	10.60%
Prefer not to say	7	0.80%

5. Have you ever been diagnosed with any of the following conditions related to your persistent aches and pain? [Select all that apply]

Response	n	%
Arthritis	256	29.10%
Sciatica	124	14.10%
Migraines/Chronic Headaches	108	12.30%
Neuropathy/Nerve Damage	86	9.80%
Fibromyalgia	66	7.50%
Seeking diagnosis (on a waiting list)	54	6.10%
Ankylosing Spondylitis	24	2.70%
Complex regional pain syndrome (CRPS)	24	2.70%
Functional Neurological Disorder (FND)	10	1.10%
Other	76	8.60%
N/A - Undiagnosed / No specific diagnosis	300	34.10%
Prefer not to say	27	3.10%

6. Do/did you use any types of relief for your persistent aches and pain?

Response	n	%
Over-the-counter medication	417	47.40%
Prescription medication	345	39.20%
Movement and Exercise (e.g. Yoga or Pilates, Mindfulness & Meditation)	294	33.40%
Physical therapy (e.g. physiotherapy, chiropractic therapy, massage)	302	34.30%
Heat or Cold Therapy (e.g. Heat pads, ice baths, or infrared)	277	31.50%
Lifestyle adjustments (e.g. diet, sleep, weight management)	223	25.30%
Natural or Herbal Supplements (e.g. CBD Oil, herbal remedies)	104	11.80%
Alternative therapies (e.g. Acupuncture, Reflexology, Herbal Remedies)	82	9.30%
Other	19	2.20%
N/A – no relief used	61	6.90%
Prefer not to say	8	0.90%

7. Approximately, how much do/did you spend on managing your persistent aches and pain each month?

Response	n	%
£0	151	17.20%
£1-£10	165	18.80%
£11-£20	92	10.50%
£21-£30	58	6.60%
£31-£40	39	4.40%
£41-£50	47	5.30%
£51-£75	41	4.70%
£76-£100	29	3.30%
£101-£150	18	2.00%
£151-£200	11	1.20%
£201-£250	8	0.90%
£251-£500	8	0.90%
£501-£750	10	1.10%
£751-£1000	4	0.50%
£1001+	4	0.50%
I'm not sure	187	21.20%
Prefer not to say	8	0.90%
Average monthly spend		£51

8. In the past 12 months, approximately how many days off work have you taken due to your persistent aches and pain?

Response	n	%
0 – I haven't taken any time off for this reason in the past 12 months	274	31.14%
0.5 or less	9	1.02%
1	20	2.27%
2	23	2.61%
3	28	3.18%
4	27	3.07%
5	23	2.61%
'6-10	37	4.20%
11-15	8	0.91%
16-20	10	1.14%
21-25	1	0.11%
26-30	2	0.23%
More than 30 days	15	1.70%
N/A - I have never taken any time off work due to persistent aches and pain	82	9.32%
N/A – I am not employed / haven't been employed in the last 12 months	310	35.23%
Prefer not to say	11	1.25%

9. In the past 12 months, approximately how often (if ever) have you had to cancel plans, or avoid making plans due to pain flare-ups? [Select best match]

Response	n	%
I have completely stopped making plans due to my pain	44	5.00%
Weekly or more	57	6.50%
2-3 times a month	97	11.00%
Once a month	57	6.50%
Every few months	90	10.20%
1-2 times in the entire year	106	12.00%
Never	409	46.50%
Prefer not to say	20	2.30%

10. Which tasks and activities, if any, have you been or were you less able to do, or had to change, because of your persistent aches and pain? [Select all that apply]

Response	n	%
Sleeping comfortably	421	47.80%
Walking long distances	426	48.40%
Daily household chores (e.g. Laundry, vacuuming, doing the dishes)	282	32.00%
Gardening	266	30.20%
Taking part in hobbies & sports	259	29.40%
Driving or sitting for long periods	257	29.20%
Grocery shopping or cooking meals from scratch	147	16.70%
Impacted my productivity or ability to work as before	142	16.10%
Playing with children or grandchildren	104	11.80%
Self-care and personal hygiene (e.g. bathing, dressing)	104	11.80%
Using public transport	78	8.90%
I had to stop working completely	68	7.70%
I had to reduce my hours or change my role	60	6.80%
Other	8	0.90%
N/A – no impact on tasks and activities	108	12.30%
Prefer not to say	17	1.90%

About this research

Survey of 2,000 UK adults conducted in June 2026 and commissioned by Brian Barr Solicitors. All figures in this document are calculated directly from the raw response file. Where this report and earlier summaries of the research differ, this document is the reference version.

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Media enquiries and requests for the underlying data tables are welcome. This report may be cited with attribution to Brian Barr Solicitors.