Workshop 2

Active & Healthy Ageing: Pain management for an improved quality of life

Per Kjaersgaard-Andersen, MD, Ass proff
Secretary General
EFORT
European Federation of National Associations of Orthopaedics and Traumatology
I, Per Kjaersgaard-Andersen, DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.
Systematic review on healthy ageing in relation to chronic pain in the EU

Jos Kleijnen, UK

Kleijnen Systematic Reviews, Ltd.

- 2050 >30% of EU-27 population will be aged 65+
- ”Increase the average healthy by 2 years at 2020”
- Chronic pain has also a major impact in elderly patients – reduced QoL
- What is healthy ageing = keep good QoL = assess healthy life years

Systematic review: The role of chronic pain in improving QoL

6 scientific papers and 1 systematic review

Results: Clear correlation between QoL and severity of pain in elderly

Statement: Structured programme is needed for treatment of elderly
Pain / work / healthy aging

**Michiel Reneman, The Netherlands**

- *UMCG Centrum voor Revalidatie, The Netherlands*
- Focus on non-specific musculo-skeletal pain
- Impact of pain on work – Frequent event
- NL: 1% of GNP
- **Review:** Work is generally good for health and well-being
- How do we measure that our treatment is effective?
- **Absenteeism** is needed to be strictly defined in coming reports
- New data on Staying at work (SAW) with pain (7 studies)
  - *Systematic reviews; examined 120 workers with chronic pain; 120 controls*
  - SyRe: Duration of pain not significant with SAW
  - Study: Why SAW with ChPa? – keep life value, a therapy, keep income
  - Study: SAW vs rehab patients – SAW better work ability and performance
  - Study: SAW are more active (walking) than rehabs
  - Working with chronic non-specific pain – Thesis defended in NL next month
The influence of Work-related back pain on sickness absence

Stephen Bevan, UK

» Represent ”The Work Foundation”- founded in 1918

» Work is good for peoples health
» Musculoskeletal pain at work in 30 European countries
» Back pain at 50% during their life; 33% suffer some BP during work
» Nations: Industrial and occupational relation to BP
» Sweden: 7% of costs to health care is sick-leave for BP
» Early intervention prevent chronic back pain as a sickleave issue
» Best predictor of coming back in work – is quality at life during work
» Good management at work lower sickness absence due CP
» Stay at work – return to work – increase productivity = capacity
» Aging population – ageing workload – increase risk for CP
Pain and Impaired Cognition

Wilco Achterberg, The Netherlands

- Pain experience: dementia will change the way patients feel pain
- Pain change also elderly patients
- Assessment of pain in demensia a big problem (proxyes, behavior)
- Fascial muscle (fascial action coding) and their reaction when in pain
- Non-verbal measurement tools in assessment of pain in dementia
- Non-reliable response to pain treatment in dementia
- Lower dose analgesia are sufficient in dementia
- Pain treatment in dementia reduced the patients agitation
Musculoskeletal pain: Incidence, prevalence and impact on healthy ageing.

Tony Woolf, UK

- Chair, Bone and Joint Decade 2010-20 &
- Project Coordinator European Musculoskeletal Surveillance and Information Network

- Most frequent cause of severe long term pain and physical impairment
- Joint arthritis, rheumatiod arthritis, spinal disorders, results of traffic acc
- NL: 75% had pain for more than 3 months in the last 12 months
- Causes: younger = sprain – elderly = degeneration
- Will be a big issue in the ageing generation in the future
- Several patients have chronic pain from more than one region
- Burden of disease project: Low back pain, OA
- Osteoporosis and fragility fractures
Pain in geriatric care

*Sylvie Bonin-Guillaumé, France*

- **Geriatric Unit in Marseilles, France**
- Geriatric Association
- Elderly patients in pain is undertreated
- Report on DOLOPLUS project ([www.doloplus.com](http://www.doloplus.com))
- Doloplus Scale – 3 dimensions - > ALGOPLUS Scale – 5 items
- Fascial expression, look, complaints, bodyposition, atypical behavior
- Dosage of opioids to elderly must be related to weight and ”fitness”
- Need for educational training programme for nurses and physicians in Nursing Homes – to make evaluation and treatment in lines
Pain relief is a human right
It’s not all about pain – but setting the pain in the right scope
83% of cancer patients is scared of dying in pain
Must discuss about it to prevent unplanned ”crises”
”If we expect it to be bad – we are not so surprised if it fails”
Patients should be cared for where they are (home, nursing home, hospital)
Education of pain treatment in end of life care is lacking
NICE Guidelines on how to use opioids and other drugs in end of life treatment
Pilot European Innovation Partnership on Active and Healthy Ageing

Orgi Nagy, European Commission

- European Commission, DGSanco
- Europe 2020 flagship initiatives – boost growth (innovation, job)
- 2012: European year for Active Ageing – increase the number of healthy life years (HLYs)
- Partnership: Bring together persons from private and public sectors
- Three-step process stakeholder involvement
- **Projects:** Personal health care management (fall prevention projects)
- Collaborate to learn from each others
- Engagement – deadlines for application May 31, 2012
- [http://ec.europa.eu/active-healthy-ageing](http://ec.europa.eu/active-healthy-ageing)
- **Marketplace** – find partners and develop projects
National Health & Wellness Survey 2010 – 65+ Analysis

Chris Wells, UK

- President elect EFIC
- + 2 years of healthy life
- The big 5 countries cross Europe. 60,000 patients - 65+ of age
- 20% had pain (UK 30%, Italy 11%) = 52 mill in Chronic pain
- Elderly patients in pain use double numbers of visit to doctors / hospitals
- Moderate pain are most common – mild and severe pain less common
- Scottish Report support the UK observations
- Stress the SIP Road Map
The new pain care program in Palliative care in Spain

*Marie Teresa Garcia-Baquero Merino, Spain*

- Organiser, Palliative Care Program Madrid, Spain.

- End of life care, Madrid, 3.2 mill population – incl. Suburb 6.5 mill
- Service TC – 15,000 of 17,000 calls in a year *were on pain*
- Pain treatment in Palliation need an **Institutional change in culture**
- Programs growing since 1990 – pain treatment a continuing process
- **Holistic care needed** – a total of 21 items (pain is one item)
- **Mission:** to diminish unnessacary suffering
Healthy ageing: Citizens or patients

**Teresa Petrangolini, Italy**

- *Pain Alliance Europe (PAE)*

> **Mission:** To improve the QoL in patients with chronic pain
> The patients right to avoid unnecessary pain
> Active Citizenship Network 2001

> **Commitment:** Protection of the individual rights’

> **Motto:** We are not born to suffer
Pain in the geriatric field

Giovanni Gambassi, Italy

Universita Cattolica del Sacro Cuore, Rome

- Older adults feel as much pain as anyone else
- Pain generally speak only one language
- Chronic pain is persistent in most cases
- Pain is there even if not suspected
- Pain does not come alone – best examp is depression
- Pain is not a joke
- Pain as part of a geriatric evaluation
- Pain is a pain
- Pain research gap
- Future pain for older patients – nothing really happened in 10 years