



SIP

Societal Impact of Pain

Reflection process on chronic pain: prevalence and cost

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Chronic pain plays role in EU Reflection Process on Chronic Diseases

- In December 2010, the Council of the European Union adopted “Innovative approaches for chronic diseases in public health and healthcare systems”, which invited the European Commission and member states to initiate a reflection process on chronic diseases/non-communicable diseases (NCDs).
- The European Commissioner for Health and Consumer Policy, John Dalli, stated on 5 May 2011:



“The Commission is well aware of the societal impact of chronic pain, which is often associated with underlying, chronic diseases. This puts a burden on healthcare systems and on the economy.”

Chronic pain plays role in EU Reflection Process on Chronic Diseases

European Federation of IASP Chapters (EFIC) has highlighted that:
“although acute pain may reasonably be considered a symptom of disease or injury, chronic and recurrent pain is a specific healthcare problem”



Impact of chronic pain measured in terms of prevalence and costs

We did a systematic review of evidence to answer the questions:

- What is the impact of chronic pain:
 - as part of various other chronic diseases?
 - as a chronic disease by itself, relative to other chronic diseases?
- Do current policies and budgets in the EU, as a whole and in member states, currently reflect this impact adequately?

The impact of chronic pain within this analysis was addressed in terms of:

- *Prevalence*
and in terms of
- *Cost.*

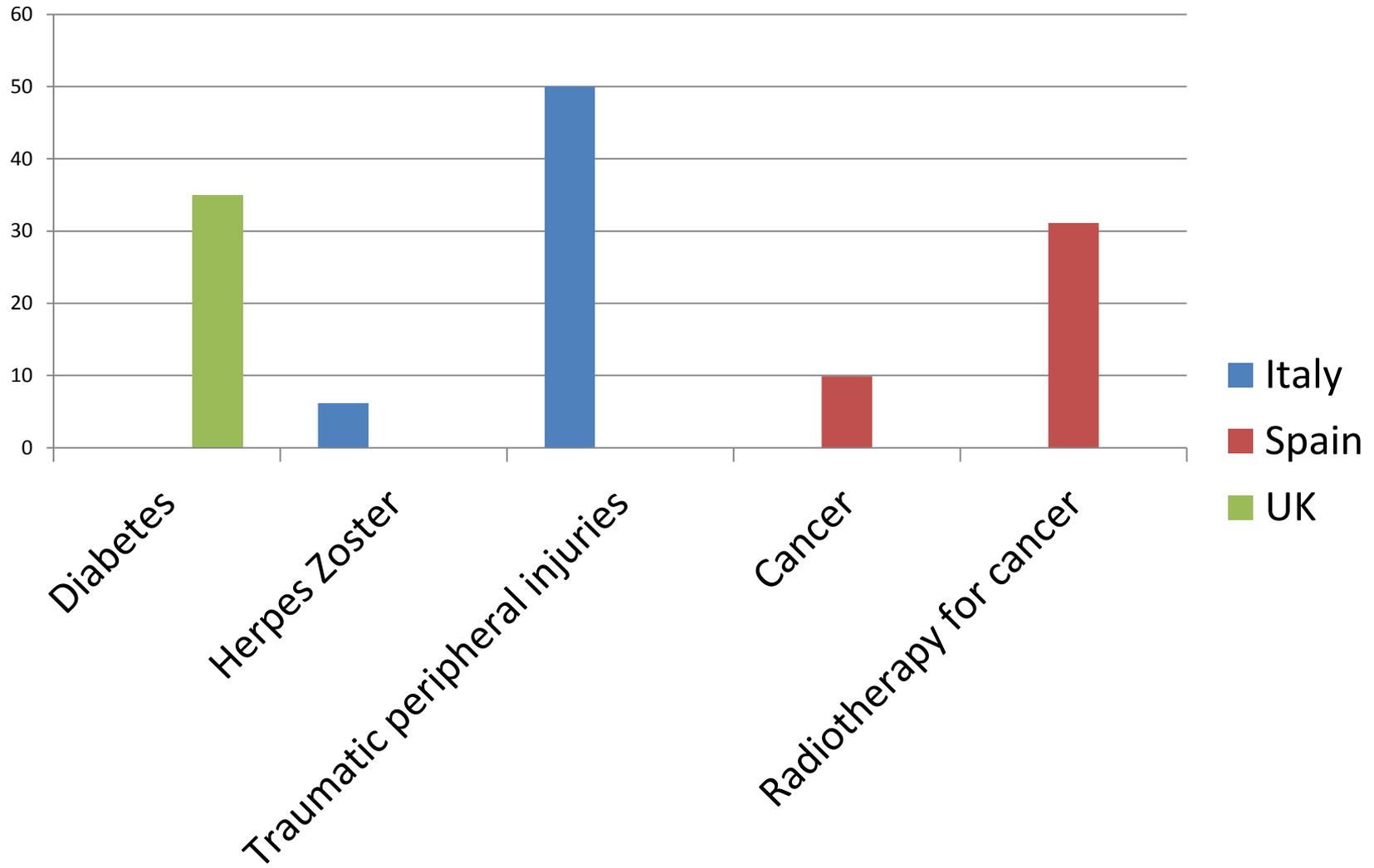


Chronic pain is common and costly and deserves higher prioritization

- The overall impact of pain measured in terms of prevalence and cost is high.
- Chronic pain is most prevalent in those patients with other chronic diseases.
- Chronic pain can be considered as a very common and costly chronic disease in its own right.
- Chronic pain deserves higher prioritisation within the health care policies and budgets of EU member states as well as at the level of the EU itself.



The prevalence within other chronic diseases e.g. diabetes can be high...

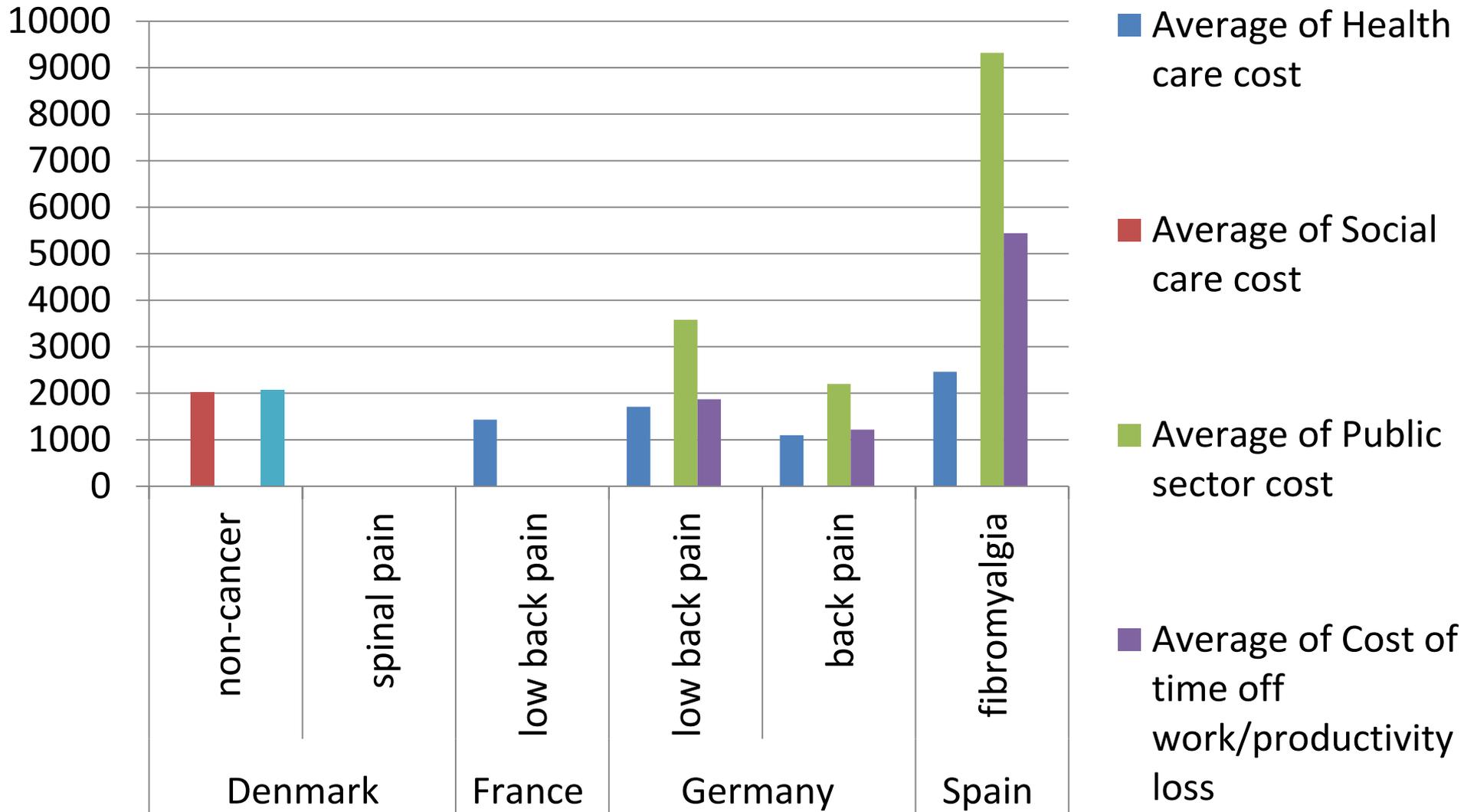


Prevalence of chronic pain is high...

- The prevalence of chronic pain in the general adult population ranged from 16-46%.
- This is high in comparison to other chronic diseases, as shown in the latest EU Major Chronic Diseases Report (2007).
- For example, the prevalence of dementia is no more than about 1.25% and, for depression and diabetes, these figures were estimated to be about 4.5% and 7.8% respectively.



The cost (Euros) of chronic pain can be high...



Cost of Chronic pain is high...

- Cost of healthcare per patient per year ranged from €1,095 in Germany for back pain to €3,246 for fibromyalgia in Spain.
- Social care generally cost a little less and incapacity benefit payments were as high as €2,267 for fibromyalgia in Spain.
- Altogether, public sector costs per patient per year ranged from €2,089 for low back pain in Germany to €9,982 for fibromyalgia in Spain.



Cost of chronic pain is high...



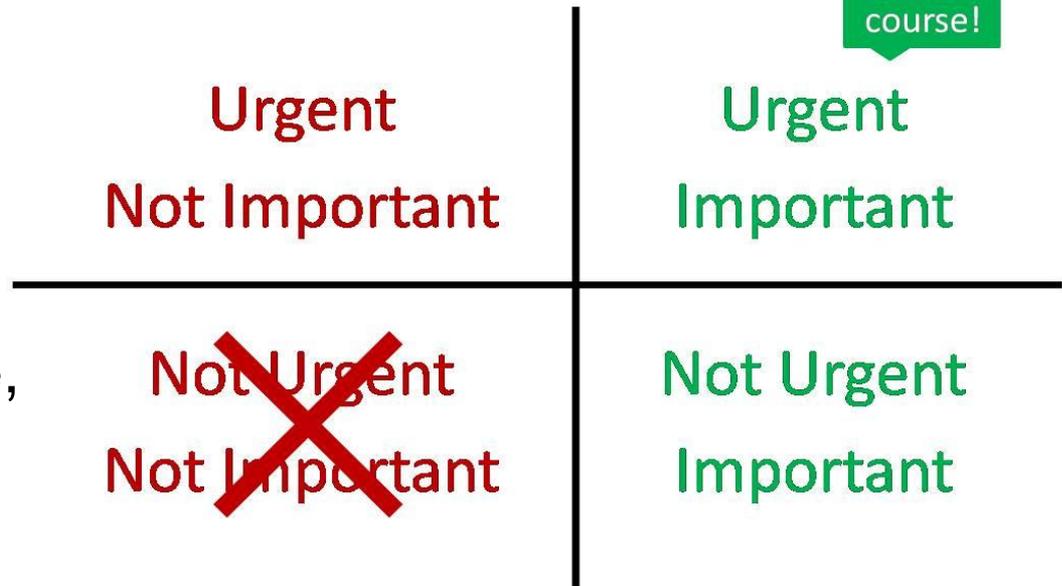
- These results can be compared to those for other chronic diseases. For example, in a 2009 the annual total population societal cost (health care, social care and productivity) of stroke was estimated at just under £9 billion per year in the UK (Saka et al, 2009).
- This calculation was based on a prevalence estimate of 1.95% or 1,173,176 cases, which equates to a per individual amount of about £7,653 or €8,929 at the 2009 exchange rate.
- However, even if we take a conservative estimate for low back pain of about €1,400 per year for total public sector cost only (i.e. excluding productivity) then, applying a conservative estimate for prevalence of 15%, this implies:
- A total annual population cost of about €10 billion (based on a UK population of 62,000,000, 80% of which are over 18).

Chronic pain has low priority in policy...

Duh, of course!

➤ Major and Chronic Diseases report (European Commission's Directorate-General for Health and Consumers (DG Sanco), 2007):

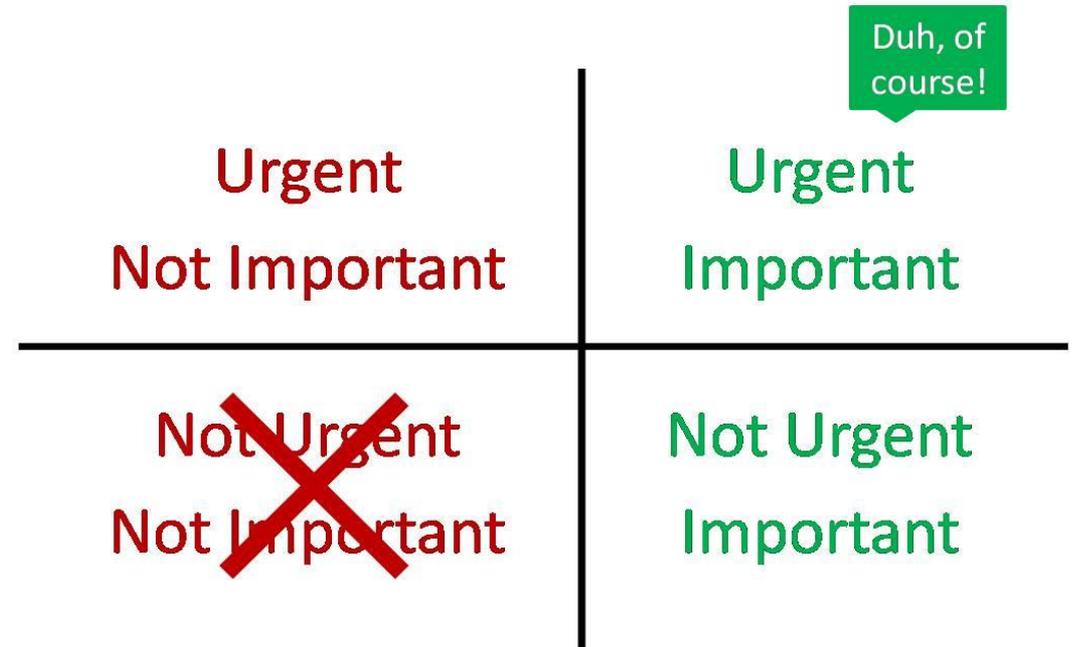
- Cardiovascular disease, diabetes, and mental illness are perceived to be '...dominant in mortality and morbidity...'



Chronic pain has low priority in policy...

➤ Tackling chronic disease in Europe: Strategies, interventions and challenges (European Observatory on Health Systems and Policies (WHO and European gov't collaboration), 2010)

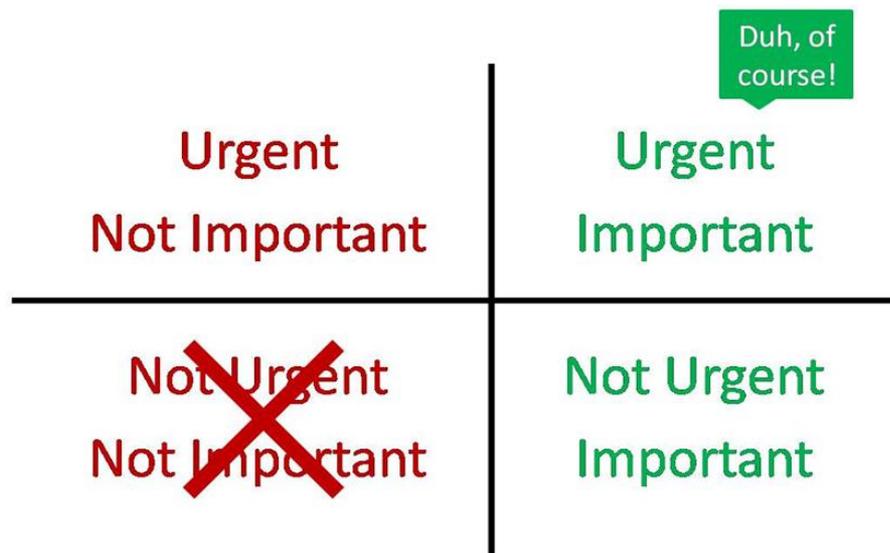
- 'Chronic diseases are the leading cause of mortality and morbidity in Europe, and research suggests that complex conditions such as diabetes and depression will impose an even larger burden in the future.'



No mention of pain at all and one single mention of musculo-skeletal disease.
Most of the report focuses on Cardiovascular disease.

Chronic pain priority is improving...

> In some member states, chronic pain has been raised as a priority on the agenda treating it as a disease. Examples are the Netherlands (see report “Chronische pijn” published by the “Regieraad Kwaliteit van Zorg”) and Italy (see legge 038/2010)



On 15 September 2011 the European Parliament adopted a Resolution: “whereas the majority of NCDs have common symptoms, such as chronic pain and mental health problems, which directly affect sufferers and their quality of life and should be addressed by means of a common, horizontal approach, so that healthcare systems can tackle these diseases more cost-effectively.”

Chronic pain is relevant to policy makers...

- Our report shows that there is rich evidence for future policy making on chronic diseases to include pain as an essential part of the policy making on chronic diseases and to consider pain as a health state to be treated as a chronic disease in its own right.
- EU policy documents show that, whilst there is a move led by EFIC® to prioritise and better fund interventions to deal with chronic pain, chronic pain is not necessarily prioritised adequately by European institutions and the majority of EU member states.
- We suggest that policy makers include chronic pain and the role of chronic pain within their current and future reflection processes on chronic diseases.