



## INTERVIEW WITH JOOP VAN GRIENSVEN

PRESIDENT OF PAIN ALLIANCE EUROPE (PAE)

### What makes the symposium important and what do you hope will be its outcome?

The Societal Impact of Pain symposium is a terrific platform where stakeholders interested in the improvement of pain care from across Europe can come together. However, in order to bring about change and make real progress in pain care across Europe, stakeholders of course have to agree on what's important, what the first steps should be, and then on required follow up actions. If we don't get that agreement, we are never going to achieve anything – that's why this symposium is so important – it's where this will all happen.

My hope for a final outcome is that chronic pain patients see their situations improved. Of course, we won't be able to measure this following the symposium itself, so I would say that my hope for this two-day event specifically is that we come out of it with a clear understanding of the steps to take and targets to have over the next month and years, and recommendations to help the EU develop effective policies for chronic pain patients. I also hope the outcomes will help feed and support awareness campaigns across Europe.

### Why is it important to address pain in EU policies now?

It has always been important to address pain. But with every year, it becomes more important because the number of people with chronic pain is increasing, and this problem will only continue to grow. In order to alleviate the burden from society, our decision-makers need to take action now.

Some progress has been made, for example, in 2011 the European Parliament adopted a resolution on the EU's position and commitment in advance of the UN high-level meeting on the prevention and control of non-communicable diseases (NCDs). The Resolution included a reference to chronic pain as a common symptom to the majority of NCDs, stating that NCDs such as chronic pain and mental health problems should be addressed by

means of a common, horizontal approach, so that healthcare systems can tackle these diseases more cost-effectively.

Later on, in during the EU Health Ministers meeting in Milan, 2014, Ministers from 28 EU member states included in their summary of the conclusions regarding pain to have reached a common position on the need to create a European network ensuring training of professionals in the sector and exchange of information on the effectiveness of therapies for the weakest population groups.

Furthermore, in several member states health care experts recognise the need to act. During a recent presentation of health insurance data in Berlin, the CEO of the German health care insurance company Barmer GEK, Dr Christoph Straub urged: "With millions affected, combating chronic pain must become a national health goal". According to the report around 3.25 million people in Germany suffer from chronic pain. Thus, the number doubled between 2005 and 2014. In contrast, the number of doctors who have additional qualifications as pain-specialists, increased only by 15% (to 1,142 physicians) during the same time period.

For PAE, quality of life for a chronic pain patient means having the right to choose the best possible solutions and support so as to live his life according to his possibilities and wishes. Steps are being made in the right direction, but now is the time for the EU to take the plunge and make pain care a priority.

### **What have been barriers to more ambitious EU policies on pain and what can the EU institutes do to help improve pain treatment?**

In my opinion, the biggest barrier is the fact that society – and decision-makers – confuse pain and chronic pain. While pain is understandably the symptom of other diseases, chronic pain arises from inadequate treatment of this pain and persists without any physiological cause. Chronic pain therefore has no relationship with the original underlying disease. We now need policies to deal with chronic pain.

For the EU, the biggest issue is that they can't influence the health care policies of member states, however they can do something about the social and economic issues involved with chronic pain. They can facilitate attempts to reintegrate chronic pain patients back into the workforce for example, thus making sure that they can contribute to society, which is to the benefit of everyone, not the least to the patients themselves.

What the EU should therefore start with is to establish some form of benchmark and create a register of best practices from different member states so as to foster mutual learning.

### **To what extent does the wider public need to better understand the issues you are addressing?**

Pain is a common element of numerous chronic health conditions. Chronic pain is leading to typical co-morbidity, such as sleep disturbances, anxiety, depression and low self-esteem. In addition to the erosion of quality of life and the causation of financial burdens at many societal levels, chronic pain often sets the stage for the emergence

of a complex set of physical and psychosocial changes that are an integral part of the chronic pain problem, greatly adding to the individual burden.

Chronic pain affects 1 in 5 Europeans – sooner or later everyone will be confronted with chronic pain themselves or with a loved one facing the problem. The chance of getting chronic pain increases as you get older, so everyone needs to be made aware of it in order to learn how to best deal with it.

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