



Working group 2 - Chronic Pain: a disease or symptom?

SIP 2016 policy suggestions

Context

Chronic pain represents a challenge for individuals and systems across Europe, in particular for patients, health care providers and policy makers. This is partly because chronic pain is so common and has such a negative impact at the societal level, and because the underlying complex disease mechanisms require individualised management and holistic treatment.

Chronic pain can be seen as a disease in its own right in carefully described circumstances, for example, when its causes cannot be fought (chronic neuropathic pain) when pain represents the sole, or by far the most important, origin of the patient's suffering and disability.

There are several conditions within the range of rheumatic and musculoskeletal diseases where this would also be true, such as fibromyalgia. For people living with these painful conditions, the issue is not which medical specialty treats them. It is the impact of the pain on their lives, as people and citizens, which matters most. Chronic pain leads to co-morbidity, such as sleep disturbances, anxiety, depression and low self-esteem among many others.ⁱ

In 2001 the European Pain Federation, EFIC, which represents doctors and professionals involved in pain management and research, published a declaration stating: "Pain is a major health problem, a disease in its own right". This was supported by the International Association for the Study of Pain, IASP.ⁱⁱ

In 2004 IASP recommended that chronic pain could be diagnosed as a disease in its own right but added that this should happen only when all signs of the original cause have disappeared or where curative treatment of the initial condition is not possible.

On 1 February 2012, answering a Parliamentary Question, the Health Minister for England stated: 'The Department (of Health) recognises chronic pain as a long-term condition, either in its own right or as a component of other long-term conditions. Elsewhere in the UK it has been similarly recognised in Scotland and Wales since 2008.'ⁱⁱⁱ

In the Journal of Rheumatology (Ann Taylor et al), July 2015, it is stated: 'the authors propose that chronic pain is definitely a long term condition and would like to see continued debate around central sensitisation and neuropathic pain.'

Demographic change in Europe is also a key factor. Citizens aged 65 and above (elderly) account for 20% of the European population.^{iv} To safeguard and improve the lives of older people and to successfully fight against the most common risks connected to this phase of their life, public health measures at EU level and interventions at national level are needed. These steps should aim to uphold the elderly quality of life by reducing the problems linked to inadequate pain relief treatment.

The scientific framework of the "[Societal Impact of Pain](#)" (SIP) platform is under the responsibility of the [European Pain Federation EFIC](#)[®]. Cooperation partners for SIP 2016 are [Pain Alliance Europe \(PAE\)](#) and [Active Citizenship Network \(ACN\)](#). The pharmaceutical company [Grünenthal GmbH](#) is responsible for funding and non-financial support (e.g. logistical support). The scientific aims of the SIP symposia have been endorsed by a large number of international and national pain advocacy groups, scientific organisations and authorities.



The EU recognises in Article 25 of the Charter of Fundamental Rights of the EU (Charter of Nice, Official Journal 2000 / C 364/01 of 18/12/2000 p. 0001-0022) the rights of older people: "The Union recognises and respects the rights of the elderly to lead a life of dignity and independence and to participate in social and cultural life".^v

Additionally, chronic pain has an impact on carers. More now needs to be done across Europe for everyone living with chronic pain and those who support them - loved ones, friends or carers.

In conclusion, the SIP meeting 2016 strongly believes that chronic pain demands to be taken seriously. It now needs to enter the adult world of diagnosis and optimal - and therefore resource efficient - disease management so that it can attract prioritisation and resources commensurate with its impact.

At the end of 2013, the European Commission launched the Joint Action on Chronic Diseases (JA CHRODIS).^{vi} CHRODIS sees EU member states' experts put together recommendations on health promotion and primary prevention as well as the management of diabetes and multi-morbid chronic conditions.

On 21 April 2016, the European Commission launched its initiative 'Towards better prevention and management of chronic diseases'^{vii} as well as the online collaborative 'EU Health Policy Platform'^{viii}.

Policy Recommendations

- The European Commission should include pain prevention (primary and secondary) as an integral part of its ongoing work on its chronic diseases initiative.
- The European Commission should encourage member states to integrate pain care within the work of the Joint Action on Chronic Diseases (JA CHRODIS).
- The European Commission should fully consider and implement, where appropriate, the expected trio council conclusions on fighting non-communicable diseases, including chronic pain.
- The European Commission should issue calls for proposals to develop knowledge on the diagnosis, prevention and management of chronic pain (often a disease on its own), in the framework of the next Research Programme. The European Commission should promote studies on the prevalence and impact of chronic pain.
- The European Commission should create a platform of the concerned parties (healthcare authorities, patient organisations, doctors) at EU level to ensure the integration of basic and clinical sciences.
- The European Commission should facilitate the development of European quality criteria for pain institutions, including undergraduate and postgraduate certification.
- National governments should develop multidisciplinary, patient centred strategies to appropriately manage chronic pain.

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- National governments should develop guidelines and recommendations to address chronic pain management.
- National governments should design policies focused on self-management to empower people with chronic pain to support themselves effectively.
- National governments should prioritise pain care within all healthcare professional education and training.
- National governments should initiate patient education programmes, training and information campaigns in order to create public awareness of the consequences of chronic pain.

ⁱ Bruehl S, Burns JW, Chung OY, Chont M. Pain-related effects of trait anger expression: neural substrates and the role of endogenous opioid mechanisms. *Neurosci Biobehav Rev.* 2009;33(3):475–91. doi:10.1016/j.neubiorev.2008.12.003. PMID 19146872

ⁱⁱ International Association for the Study of Pain (IASP), European Federation of IASP Chapters, Unrelieved pain is a major global healthcare problem

ⁱⁱⁱ Paul Burstow, Minister of State, Department of Health, House of the Commons Debate, 1 February 2012, c680W

^{iv} Directorate-General for Economic and Financial Affairs. The Ageing report 2015. 2015

^v Charter of Fundamental Rights of the European Union <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:12012P/TXT>

^{vi} Chronic Diseases Joint Action (CHRODIS-JA): www.chrodis.eu/

^{vii} Directorate-General for Health and Food Safety, Towards better prevention and management of chronic diseases, conference Programme: http://ec.europa.eu/health/major_chronic_diseases/docs/ev_201604212_ag_en.pdf

^{viii} Directorate- General for Health and Food Safety, EU Health Policy Platform: <https://webgate.ec.europa.eu/hpf/>