



Working Group 4 - Pain, rehabilitation and reintegration of workers in the workforce

SIP 2016 policy recommendations

Context

Health status is a major predictor of labour supply.ⁱ Deteriorating health, associated with chronic disease and co-morbidities associated with pain, negatively affects labour supply. The reason for this is that pain and chronic pain can limit movement and cause sleep disturbance, depression, anxiety disorder, concentration disturbance and loss of self-efficacy and autonomy.ⁱⁱ

Chronic pain results in more than 500 million sick days per year in Europe, costing the European economy more than €34 billion.ⁱⁱⁱ Compared to other illnesses, musculoskeletal pain is among the highest contributors for sick days and permanent disability.^{iv} Chronic pain also leads to substantial expenditure in workers compensation and disability benefits.^v

The European Union and its member states are facing a huge challenge in terms of Europe's ageing population and the need to increase productivity and prevent involuntary early retirement.

The proportion of the EU population who are 65 years-old and over will soar from 20% to 28% between 2020 and 2060. Meanwhile the population aged 15 to 64 will decrease from 64% to 57% over the same period.

Total labour supply in the EU (age group 20-64) is projected to stabilize by 2023 and to decline by 8.2% between 2023 and 2060, representing roughly minus 19 million people.^{vi}

In a report published on 27 January 2016 on 'Health-related constraints to raising Retirement Ages in the EU' the European Commission found that decreasing the incidence of diseases and disabilities results in increases in the total number of years active in the labour force and decreases in public payer expenditures.

The development of chronic pain can best be prevented by the earliest possible diagnosis and intervention^{vii}. However, much is still unexplained, and this is one of the reasons why chronic pain is still present.

Early and appropriate clinical interventions including rehabilitation aimed at and organized to support staying at work or return to work, can be both cost-effective and have a significant impact on workforce productivity and quality of life.^{viii}

Policy recommendations

For the EU:

- The European Union, in the context of the Europe 2020 Strategy and European Semester framework of economic governance, should promote policies that reflect the link between health and sustainable and inclusive economic growth, and that promote the interconnection of healthcare, work and social protection policies and systems.

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 European Union should establish an EU platform for the exchange and benchmarking of best practices between member states on pain management, vocational rehabilitation and its impact on work and society. This will support the implementation of early interventions in the interface between health and work.
- The European Union should encourage member states to develop sustainable work participation taking advantage of existing pain research (basic science, clinical, epidemiological) and support additional research to fill the gap when needed, including making use Eurobarometer surveys.

For Member States:

- National governments should build bridges between healthcare, work and social protection policies and systems, to improve the work participation of people with health-related challenges.
- National governments should appoint and empower relevant national institutions (e.g. cross-ministerial working groups) for Health and Work who report to and coordinate policy among Health, Social, Labour and Finance Ministries.
- National governments should increase investment in pain research (basic science, clinical, epidemiological) in national research on pain management, vocational rehabilitation and its impact on society.
- National governments should invest in the prevention of chronic pain and accelerate return to work via education and the earliest possible detection of patients at risk through systematic screening and appropriate multidisciplinary pain therapy.
- National governments should invest in interventions which have sustainable work participation as an outcome.
- National governments should prioritise vocational rehabilitation as part of the patients' general rehabilitation.
- National plans should encourage enforcement of existing national legislation requiring reasonable, flexible workplace adjustments by employers that can help people with chronic pain stay in work or reintegrate into the workforce.
- National governments should invest in early intervention and technologies to prevent involuntary early retirement and allow older workers to continue to benefit from participation in the workplace.
- National governments should prioritise chronic pain as a national public health priority:
 - Develop and implement national policies and plans for chronic pain to maximise opportunities for people of working age to stay in and/or return to work as soon as possible.
 - Make early intervention (prevention, diagnosis, treatment and care) and return to work a priority of chronic pain management.
 - Deliver novel, strategic and integrated approaches to health and work policy and practice, to include sustainable work participation as a clinical outcome.
 - Develop methodologies for chronic pain cost-of-illness studies and cost-effectiveness evaluations of interventions to support rational decision-making and cost-effective resource allocation in healthcare.
 - Develop a multidisciplinary approach in the total chain of care.

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ⁱ Erasmus University (Maria Gheorghe & Pieter van Baal) and Ecorys Nederland B.V (Ilaria Mosca). Health-related constraints to raising Retirement Ages in the EU: A probabilistic Markov-Model of age-related disability rates for selected disease causes and related impacts on public payer cash benefit expenditure. Tender CHAFEA/2014/Health/07 . 2016 / commissioned by the European Commission.

ⁱⁱ 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.

ⁱⁱⁱ Hill L. et al., Recent advances in the pharmaceutical management of pain, *Expert Rev. Clin. Pharmacol.* 2(5), 2009, 543-557

^{iv} Fit for Work, The Work Foundation, Reducing Temporary Work Absence Through Early Intervention: The case of MSDs in the EU, 2013.

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Ví Directorate-General for Economic and Financial Affairs. The Ageing report 2015. 2015

^{vii} Hans-Georg Kress, Dominic Aldington, Eli Alon, Stefano Coaccioli, Beverly Collett, Flaminia Coluzzi, Frank Huygen, Wolfgang Jaksch, Eija Kalso, Magdalena Kocot-Kępska, Ana Cristina Mangas, Cesar Margarit Ferri, Philippe Mavrocordatos, Bart Morlion, Gerhard Müller-Schwefe, Andrew Nicolaou, Concepción Pérez Hernández & Patrick Sichère (2015) A holistic approach to chronic pain management that involves all stakeholders: change is needed, *Current Medical Research and Opinion*, 31:9, 1743-1754, DOI: 10.1185/03007995.2015.1072088

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