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**« Societal impact of pain »
EFIC (European Federation of the Association for the Study of Pain)
Hotel Dolce La Hulpe**

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Ladies and Gentlemen,

It is a great pleasure to open this symposium. I thank the European Federation of the Association for Study of Pain for its invitation. I congratulate for this initiative to discuss the 'Societal Impact of Pain' with authorities, insurances, budget holders and strategic decision makers within national health care systems.

I'm sorry to welcome you all with such a bad weather and in an unstable political situation in Belgium. The sun will come back this afternoon. Political stability also even if it can take a little bit longer.

Pain is a real problem for public health. The problem is increasing for many reasons: increased number of chronic pathologies, aging population, new "society illness" like fibromyalgia. Pain touches also people who do not suffer any pathology.

As example, 30 % of the population suffer chronicle pain. 30 to 75% of seniors are touched. 50% of people of 65 years old are complaining for pain like arthrosis in the neck, back pain, pain in the knees or in the hands.

Pain has also a big influence on work incapacity. The financial consequences can be really serious. Pain increases the expenses in health. Pain reduces productivity. Pain push down taxes revenues. Pain increases invalidity allowances.

More over, chronic pain generates psychological pathologies like depression, anxiety. This in turn provokes the increases of expenses due to work incapacity and health care.

Pain must be taken into account. It is necessary to take measures to prevent the chronic evolution of acute pain. This must be done by following up pain and through a specific formation of health professionals. All aspects of pain must be taken into account, like well-being of patients or their quality of life.

In this framework, Belgium already made significant progress. Our health care system has been adapted step by step to the bio psychological model agreed at the international level and promoted by the Belgian Pain Society.

We launched several campaigns in Belgium in order to reach the objective of the “painless hospital”. We know that pain will never be totally eradicated. We can manage the nociceptive part of pain but the neurogene and psychogene aspects are much more difficult to control.

Keeping this in mind, 9 reference centers have been established in 2005 in order to take care of patients suffering chronic pain. The budget was 3.4 millions euros. This multidisciplinary approach has been the pattern for taking care of patients.

Once the diagnostic is fixed, one therapeutic objective and one tailor-made treatment plan is determined for each patient. The treatment associates medicines, different types of intervention, physiotherapy and psychological support.

Those third line centers have many advantages: a synergy between expertise and experience; increased capacity to listen, to inform, to understand and to educate the patient; easier access to new techniques like radiofrequency or neuromodulation.

After 5 years, some centers of third line are snowed under with a growing number of patients. This is the evidence of their added value. This also lead us to evaluate those centers and to think how to increase accessibility and quality of services.

The growing importance of dealing with pain led to include 25 medical interventions into the nomenclatura of health insurance in 2007. This represents 9.4 millions euros in reimbursment annually.

Additionally some specific interventions for physiotherapy are also reimbursed for some pathologies like algodystrophy, atrophy of Südek, some forms of polyneuritis or fibromyalgia.

“Chronic pain” lump sum are given to day-care hospitals for dealing with some pains not included in the nomenclatura of the compulsory insurance system. Depending on the type of action, it goes from 85 to 109 or 196 euros. Globally the annual total amount reaches 18.6 millions euros to be paid through the compulsory health insurance system.

In the framework of the program “priority to chronic diseases” launched in September 2008, a special attention has been dedicated to an improved support for chronic pain. New pilot projects are financed since the end of 2009 for a total amount of 4 millions euros.

36 projects are financed as “multidisciplinary pain teams”. Those teams have to deal with patient suffering early stage pain who need a bio-psycho-social approach. Those teams are complementary with the 9 existing reference centers. They include an algologist who establishes the diagnostic and surpervise the therapy. A psychologist takes charge of psychological aspects. Besides, all hospital services can be mobilized in the framework of the therapy. The bio-psycho-social approach has been chosen in close consultation with the Belgian Pain Society.

73 « algological functions » have also been established in hospitals in 2009 in order to tackle pain at an early stage. Nurses specialized in algology are in charge. They have the responsibility to identify the risk patients. They refer to an algologist for the diagnostic. The pharmacist of the hospital is also included in the process in order to give the appropriate medicines on the basis of standardised protocols.

A research team including most of Belgian Universities is supervising all those projects. An evaluation will be made in 2011.

With all those actions and measures, we have one objective in mind: reduce pain in our society to improve patient's comfort but also to reduce work incapacity and health care expenses.

We need to carry on. This symposium is an excellent opportunity to share our experiences in order to discuss the factors affecting the costs of pain therapy, benchmark indicators and future perspectives.

Now I must go to the Senate, I wish you interesting debates.
I thank you.