Can pain be helpful as a quality indicator for health care systems?

Brussels May 4th 2010

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Why is pain important?

- Pain is independent of social status, sex or ethnic origin

- Pain is present in many disease states
  
  In most medical disciplines pain is more than merely a symptom of disease. In many instances pain should be considered a serious disease also able to influence the outcome of medical and surgical treatment¹

- Pain has a very high prevalence
  
  Pain is the most common reason why patients seek medical attention and presents a serious problem for a large proportion of the population²

The prevalence of chronic pain is high

Pain affecting muscles, joints, neck or back lasting >3 months is experienced by ~25% of the European population

"The global cost of € 83.8 million is probably largely underestimated.

Moreover, based on the published information, this should be considered to be maximum 30 % of the burden of low back pain for society, which brings the rough estimate to € 272 million for the global cost.

When using however the highest direct cost (€ 164,712,379) and using the assumption that medical costs only represent 10 % of the global burden of low back pain the cost could be as high as €1.6 billion."
Cost estimation of low back pain in Belgium

Included

★ History taking and follow-up
★ Medical imaging
★ Pharmacological treatment
★ Physiotherapy
★ Rehabilitation
★ Epidural steroids
★ Percutaneous radiofrequency
★ Surgery
★ Spinal cord stimulation

Not mentioned are the costs related to:

★ informal care by relatives (e.g. loss of earnings)
★ social care (e.g. costs of home care and respite care)
★ absenteeism
★ disability claims
★ adverse events and therapy discontinuations
★ ineffective interventions
★ intangibles associated with deterioration in the QOL of patients and families

Therefore the total costs to society will probably exceed the amount of €1.6 billion by far

5 Chronische lage rugpijn, KCE reports vol.48A, Federaal Kenniscentrum voor de gezondheidszorg, Centre fédéral d’expertise des soins de santé, 2006
Average pain patients seen by general practitioners per month

<table>
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<th>Country</th>
<th>N</th>
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<tbody>
<tr>
<td>BEL</td>
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<td>ES</td>
<td>70</td>
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<tr>
<td>AUS</td>
<td>68</td>
</tr>
<tr>
<td>DE</td>
<td>104</td>
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<td>FR</td>
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<td>UK</td>
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</table>

Tracking Studies Pain Markets 2008 - 2009 conducted by GfK on behalf of Grünenthal; base: n= 722 GPs (Germany, France, Spain, UK, Belgium, Austria)
When is chronic pain severe?
There is no common understanding!

On a 10-Point Numerical Rating Scale from where on do you perceive chronic non-cancer pain to be severe?

N=403
Amongst physicians in different countries there is a big range of interpretation where severe pain starts.

663 physicians where asked:
Where does severe pain start using a 100-point Visual-Analogue-Scale (VAS Scale) the range of different pain grades?

Pain Treatment Pattern Study 2008 conducted by GfK on behalf of Grünenthal; base: n= 663 physicians (Germany, France, Spain, Italy, UK, Sweden, Denmark)
Pharmacological treatment approach for severe chronic low back pain has a wide spectrum

What is your main pharmacological approach for treating your severe chronic low back pain patients? Please choose the combination you most commonly use.

N=403

93% combination therapy
104 different combinations mentioned

7% monotherapy

Antidepressants
NSAIDS
Paracetamol
Fixed Combinations Weak Opioids
Classical Weak Opioids
Classical Strong Oral Opioids
Classical Strong Transdermal Opioids
Topical Analgesics
Fixed Combinations Strong Opioids
Prescription behaviour differs between countries

M1A3 COXIBS
M1A1 "older NSAIDs"
PAA (Mono and Combi. of N2B)
CAA Combi. (Non Narcotics)
CAA Mono (Non Narcotics)
NARCOTICS (excl.drug substitution)

Austria Belgium Czech Republic Denmark France Germany Ireland Italy Netherlands Poland Portugal Slovak Republic Slovenia Spain Sweden United Kingdom
The impact of guidelines differs from country to country

<table>
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<th>Yes, in some cases</th>
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<tr>
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</table>

Do you use guidelines or standards to determine the pain treatment for patients suffering from?

Pain Treatment Pattern Study 2008 conducted by GfK on behalf of Grünenthal; base: n = 663 physicians (Germany, France, Spain, Italy, UK, Sweden, Denmark)
There is a very big difference in patient treatment days for opioids in the EU.

Strong opioids* - PTDs per capita in Europe - 2009

Weak opioids* - PTDs per capita in Europe - 2009
Can pain be helpful as a quality indicator for health care systems?

- The number of patients affected by pain is very significant.

- The economic and social burden of chronic severe pain is derived from inherent direct costs and indirect costs. The global cost of pain is probably largely underestimated.

- Looking at the available data we find a very heterogeneous situation across Europe in the management of pain.

- This indicates for the health care systems that best practice in prevention and management of pain are sparsely shared over Europe.

- Because of its high prevalence and impact on patients and society, pain should be recognized as a significant health care quality indicator.

- Improved knowledge on the societal impact of pain will help us to define measures to improve the clinical and economical burden of pain.

- The definition of clear health care indicators measuring pain in the population will support the implementation of a best practice approach to improve care.
THANKS A LOT FOR YOUR KIND ATTENTION