

# **Pain Care in Germany**

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**Source: DIMDI (Ed.)**

**Over-, under- and misuse of pain treatment in Germany**

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[http://portal.dimdi.de/de/hta/hta\\_berichte/hta301\\_bericht\\_de.pdf](http://portal.dimdi.de/de/hta/hta_berichte/hta301_bericht_de.pdf) (831 KB)

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# Prevalence of chronic pain in Germany 17%

*Source: Pain-in-Europe, 2006*

Internationally accepted standard definitions of CP are not available.

The **I**nternational **A**ssociation for the **S**tudy of **P**ain:

CP is pain without apparent biological value that has been persistent beyond the normal tissue healing time (usually taken between three months).

ICD-10 F.45.41:

CP is continuous, persistent or intermittent pain for at least 6 months.

# Prevention of Chronic Pain

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**Early therapeutic measurements prevent or slow down the chronification of pain.**

# Treatment of Chronic Pain

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**CP patients need an inter-professional interdisciplinary network of doctors, nurses, psychologists, pharmacist, socio- and psychotherapists.**

# Institutions for the treatment of CP patients

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- **General practitioners**
- **Pain office / pain ambulance**
- **Pain clinic**
- **Ambulatory palliative care (§ 37 b, 132 d SGB V)**
- **Ambulatory hospice care**
- **Palliative care department**
- **Palliative care hospice**

# Palliative care and hospices in Germany

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| Year | Ambulatory palliative care | Ambulatory hospices | Palliative departments | Palliative hospices |
|------|----------------------------|---------------------|------------------------|---------------------|
| 1986 | 0                          | 10                  | 1                      | 1                   |
| 1992 | 0                          | 50                  | 14                     | 9                   |
| 1998 | 20                         | 50                  | 43                     | 58                  |
| 2008 | 60                         | 1.500               | 180                    | 170                 |

# Definition of over-, under- and maltreatment

| Treatment Need                   | Provided lege artis | Not provided lege artis | Not provided       |
|----------------------------------|---------------------|-------------------------|--------------------|
| Objective but no subjective need | Adequate treatment  | Undertreatment          | Undertreatment     |
| Subjective and objective need    | Adequate treatment  | Maltreatment            | Undertreatment     |
| Subjective but no objective need | Overtreatment       | Over- and maltreatment  | Adequate treatment |

Graph: GP Forschungsgruppe

Source: Sachverständigenrat für die Konzertierte Aktion im Gesundheitswesen



# Systematic Review

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## Inclusion criteria:

- ▶ 34 database,
- ▶ German/English,
- ▶ 2006-2010,
- ▶ HTA, SR, Meta-analyses, RCT, CP
- ▶ Under-, over-, misuse,
- ▶ Pain therapy, palliative care

## Exclusion criteria:

- ▶ Retrospective observation and intervention studies,
- ▶ Acute pain,
- ▶ Drug abuse, opioid dependency,
- ▶ Emergency pain treatment

**1.217 studies/articles/abstracts identified**

**47 studies included in the HTA**

# Key Results

| Undertreatment  | Overtreatment         | Maltreatment                                      |
|---|-----------------------|---|
| Acupuncture   | Opiate prescription   | No valid CP prevalence (5-9 mio. People/ Germany) |
| Information about supply palliative care  | Unspecific chest pain | Dissatisfaction with treatment (22% CP patients)  |
| Provision with psychologists/ psychotherapy<br><br>Supply with pain treatment/ palliative care institutions | Chronic low back pain | Medication adherence (overdose and noncompliance) |

# Further Research

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- **Massive lack in health care research**
- **Determination of the number of chronic pain patients needed**
- **Qualified determination of the existing different pain treatment and palliative care institutions and their (interprofessional and interdisciplinary?) treatment supply needed**
- **Further evaluation of the results of different treatment forms needed**

**Thank you for your attention!**



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