



European Parliament, Brussels

May 3-4, 2011

SOCIETAL IMPACT OF PAIN

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EFIC Honorary Treasurer

Professor of Anesthesiology University of Zurich, Switzerland

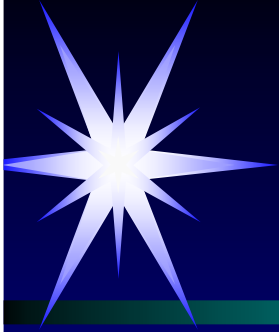
Director, Interdisciplinary Pain Control Unit Zürich

Past President, Swiss Society for the Study of Pain



08:30 – 12:00 Workshop 5

**What does best practice in
pain management look
like?**



The requirements from society, consumers and patients reflecting how the evidence base on effective ways to tackle pain related issues can be used for benchmarking pain care in the EU.



Chairman: Alastair Benbow, European Brain Council

Secretary: Per Kjærsgaard-Andersen, European Federation of National Associations of Orthopaedics and Traumatology (EFORT)

Rapporteur: Barbara Schleicher, Gesundheit Oesterreich GmbH (GÖG)
Pam Stewart, Eur Network of Fibromyalgia Ass (ENFA)

Proceedings Reporter: Pete Moore, Pain Toolkit

Moderator: Eli Alon, Eur Fed of IASP Chapters (EFIC)



The role of a National Observatory for Pain

José M. Castro-Lopes, National Observatory for Pain, Portugal

The management of pain and pain care in the Czech Republic

Richard Rokyta, Charles University, Plzen, Czech Republic

Innovative pain approaches for future health care systems

Jan Van Emelen, Union Nationale des Mutualités Libres
Landsbond van de Onafhankelijke Ziekenfondsen, Belgium

Are strong opioids a good choice for patients with musculoskeletal pain who did not respond to other analgesics?

Bernard Bannwarth, Hôpital Pellegrin, France



Pain policy in France

Michel Lanteri Minet, Société Française d'Etude et de Traitement de la Douleur

Pain management in Belgium: a three-level stepwise approach

Guy Hans, Institute of National Health Insurance (RIZIV-INAMI), Belgium

"Stand by me" – New initiative in palliative care in Croatia

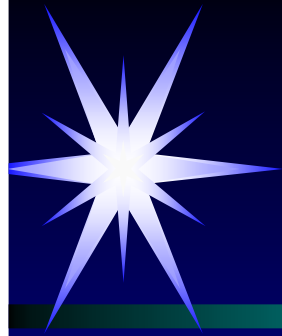
Marijana Braš & Veljko Đorđević, University of Zagreb, Croatia

Goals and achievements in acute pain

María Dolores Martín Rodríguez, Servicio Galego da Saúde, Santiago, Spain

Are social problems a consequence of chronic pain

André Ljutow, Pain Medicine Centre, Swiss Paraplegic Centre, Nottwil, Switzerland



Survey of patients with back pain in Switzerland 2010

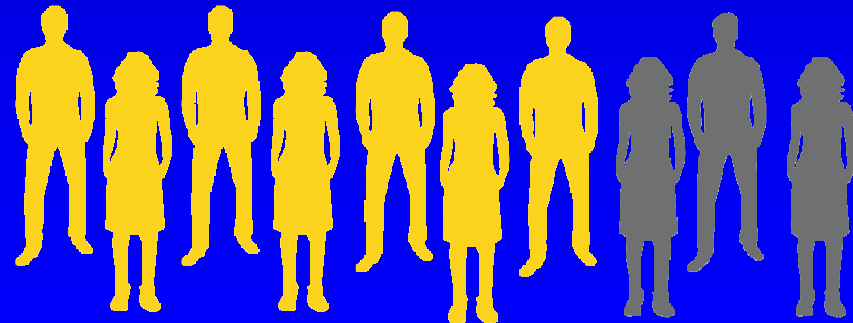
1792 Participants

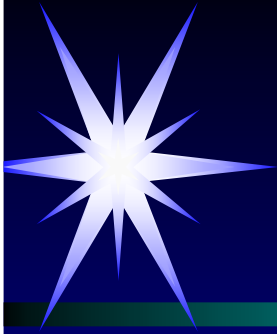
D-CH: 1205 (67.2%)

F-CH: 587 (32.8%)

Average age: 63 years

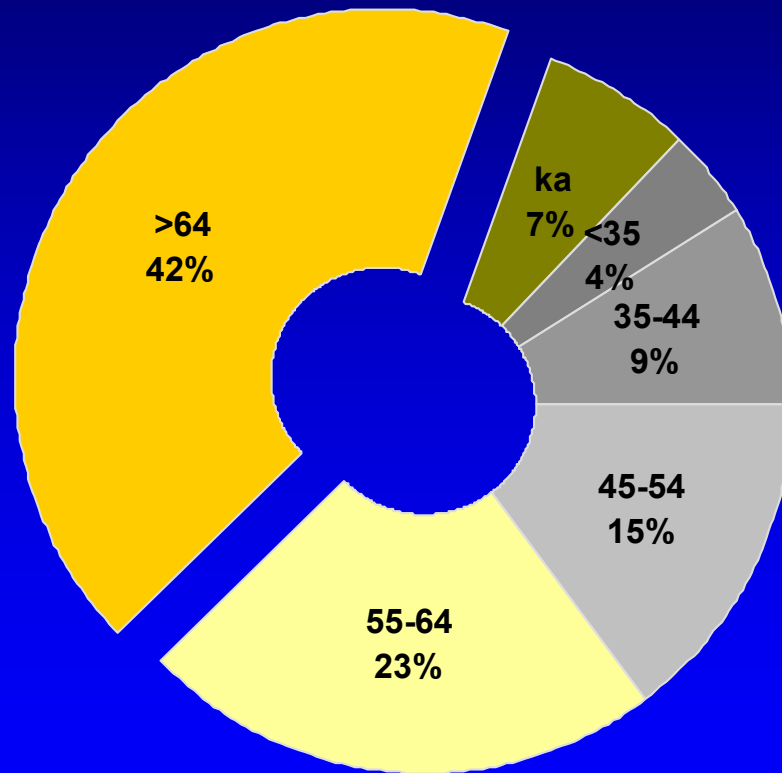
Gender: M 22% F 76%



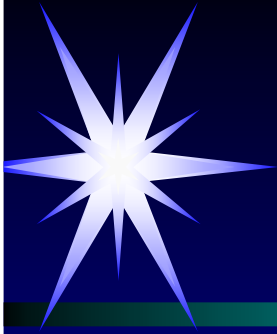


About half of the patients were of working age

Age

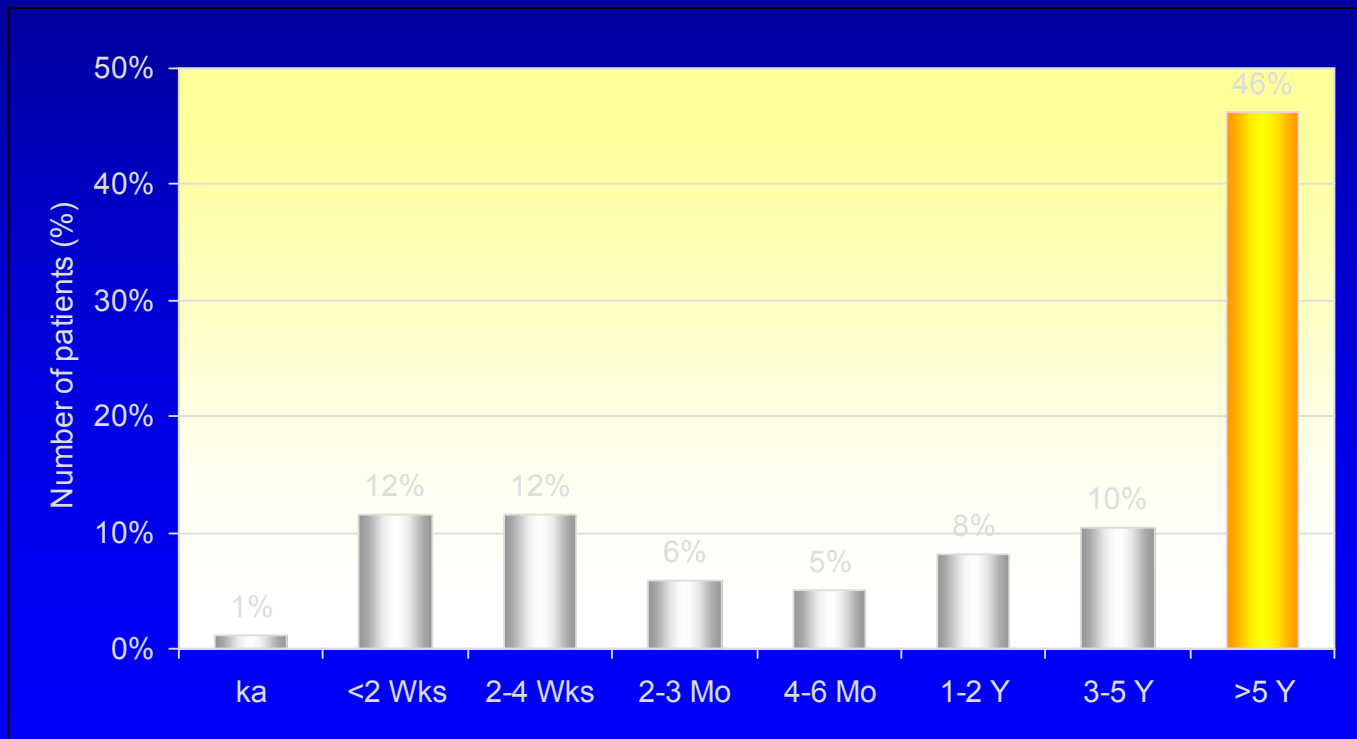


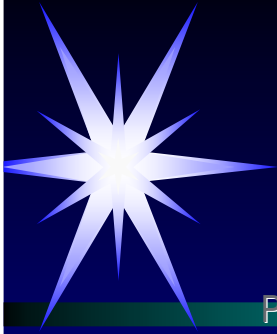
(n: 1'613)



About half of the patients suffered from back pain for more than 5 years

Duration of back pain

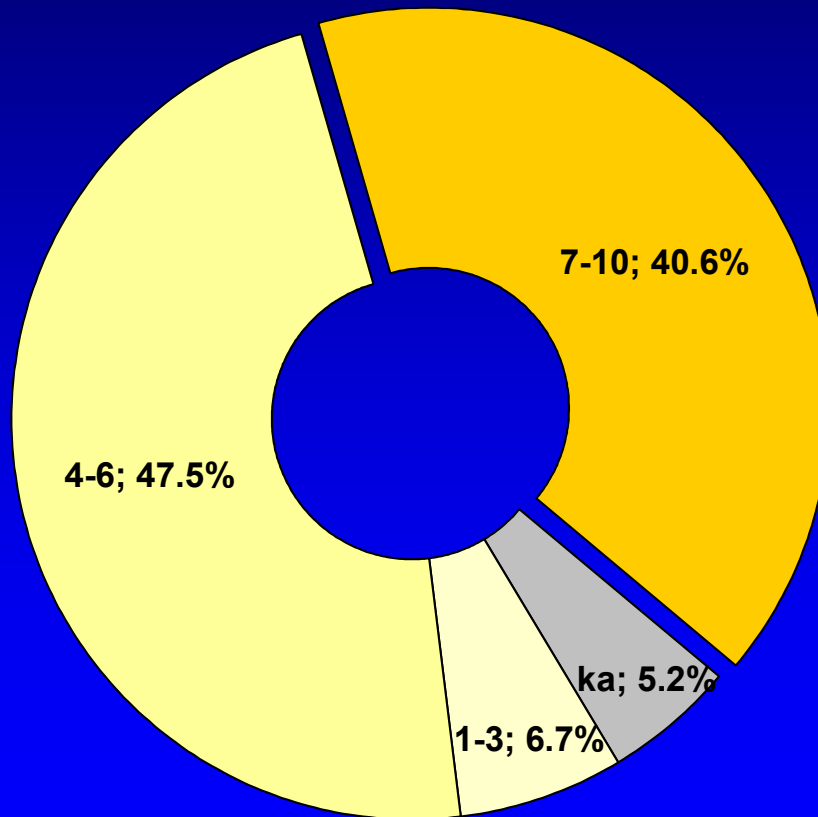




40% of the back pain patients suffered from severe pain (VAS 7-10)

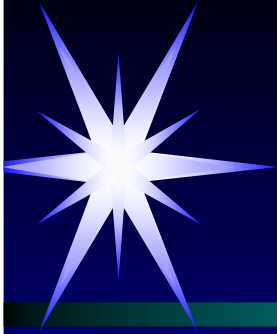
Patienten, who suffered from back pain in last 5 years

(n: 1613)



*Assessment of pain
intensity on a scale
from 1 to 10*

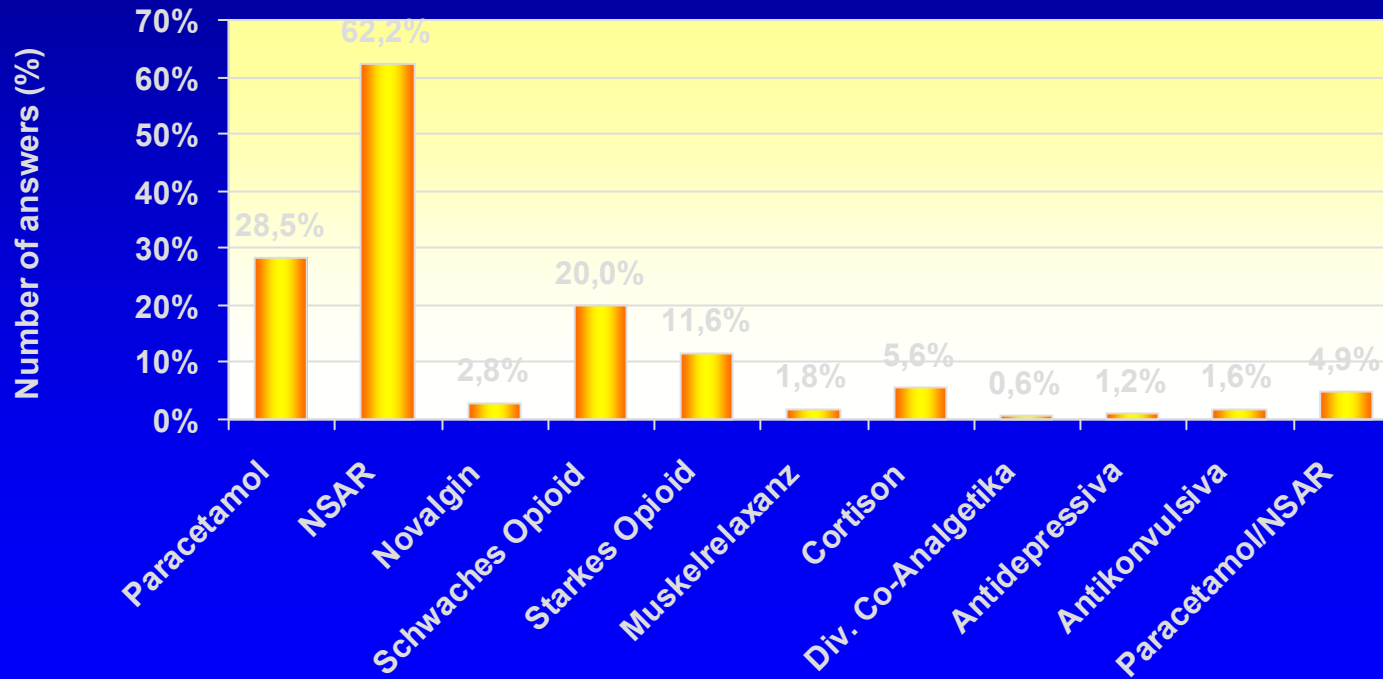
1 = no pain
10 = worst imaginable pain

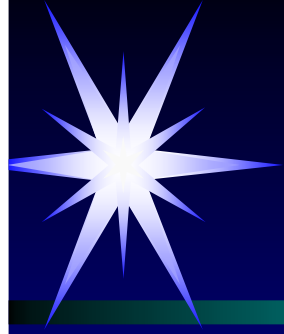


Non-opioids (NSAIDs) are the most commonly used pain medication

Applied pain medication

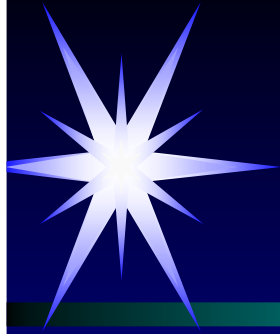
(Several answers possible)





Under-provision of analgesia

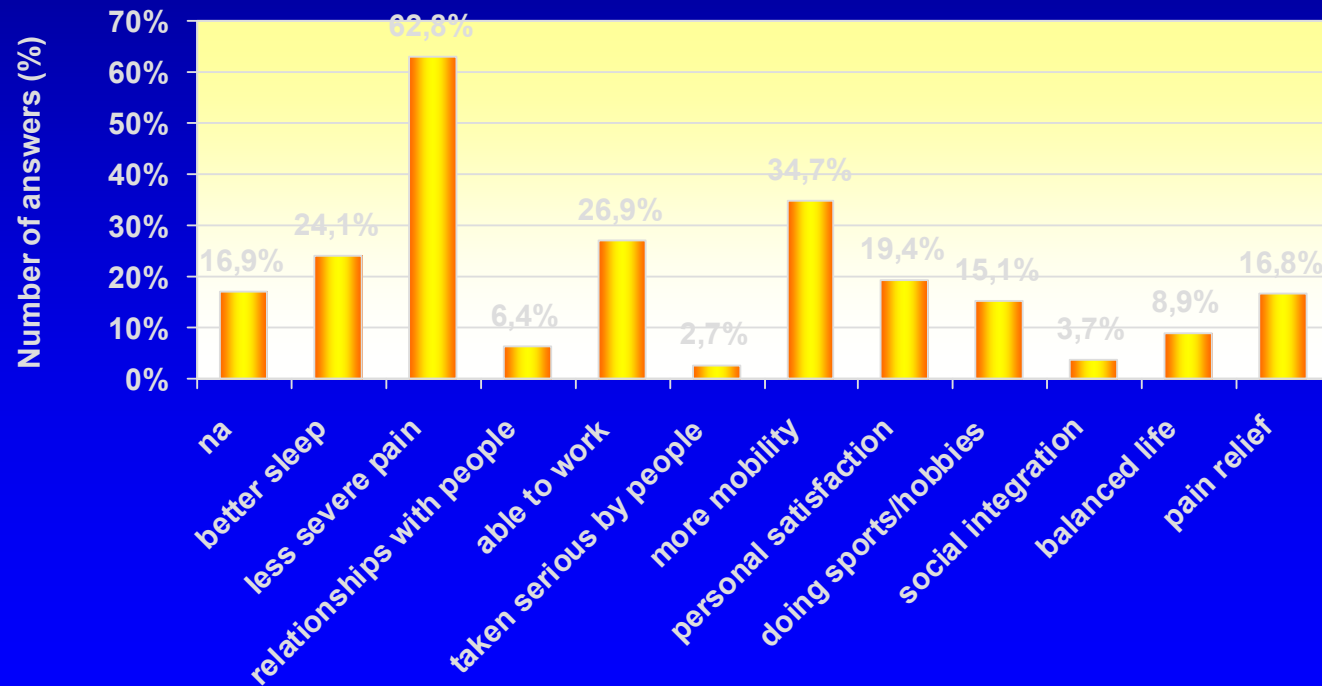
Despite suffering pain rated at 7-10 (severe) about 70% of patients have never received strong analgesics (e.g. an opioid)

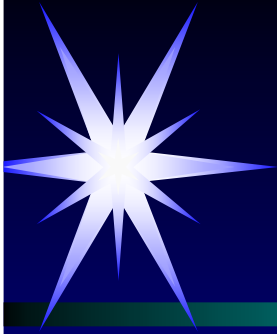


For most patients - pain therapy reduces pain and improves mobility

What was the result of your treatment?

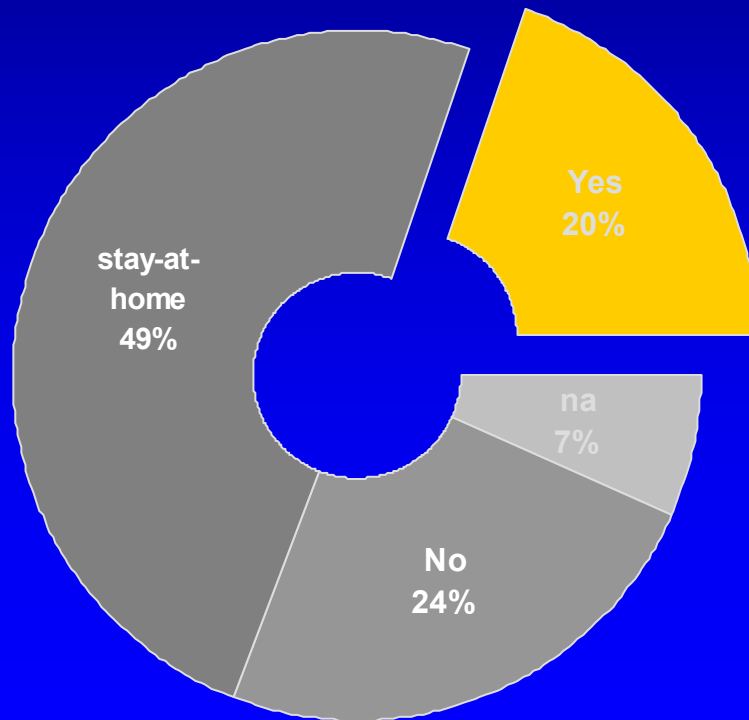
(Several answers possible)





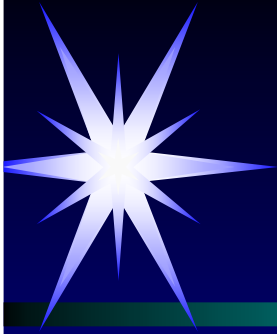
Patients with back pain are severely restricted in the activities of daily life

Have you missed work in the past year because of back pain?



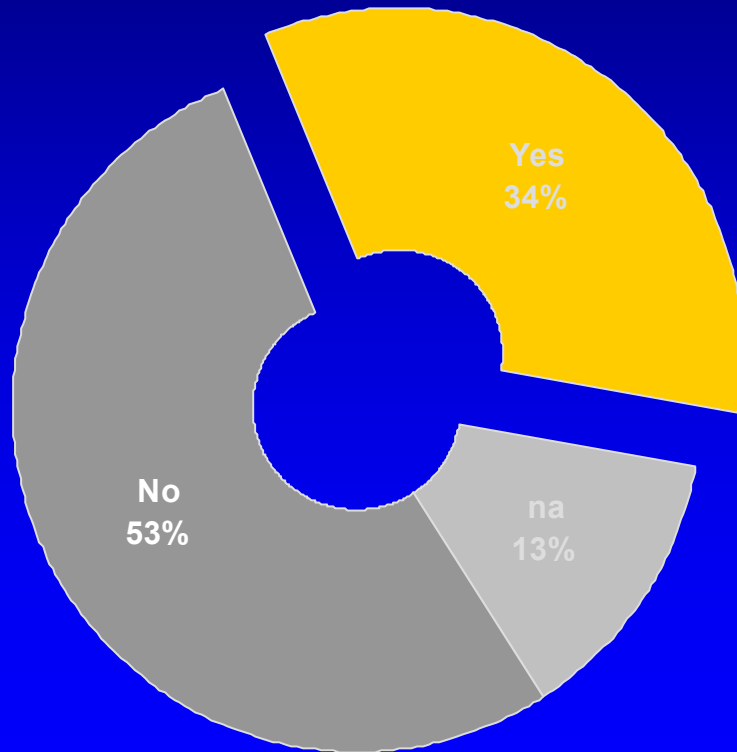
45% of the patients still able to work have had to miss work in the past year because of their pain.

On average, they lost around 41 working days because of incapacity.

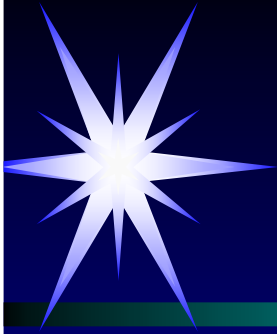


1/3 of patients with chronic back pain rely on help from relatives or friends

*Has your back pain been so bad that you have had to
be cared for or nursed by relatives or friends?*

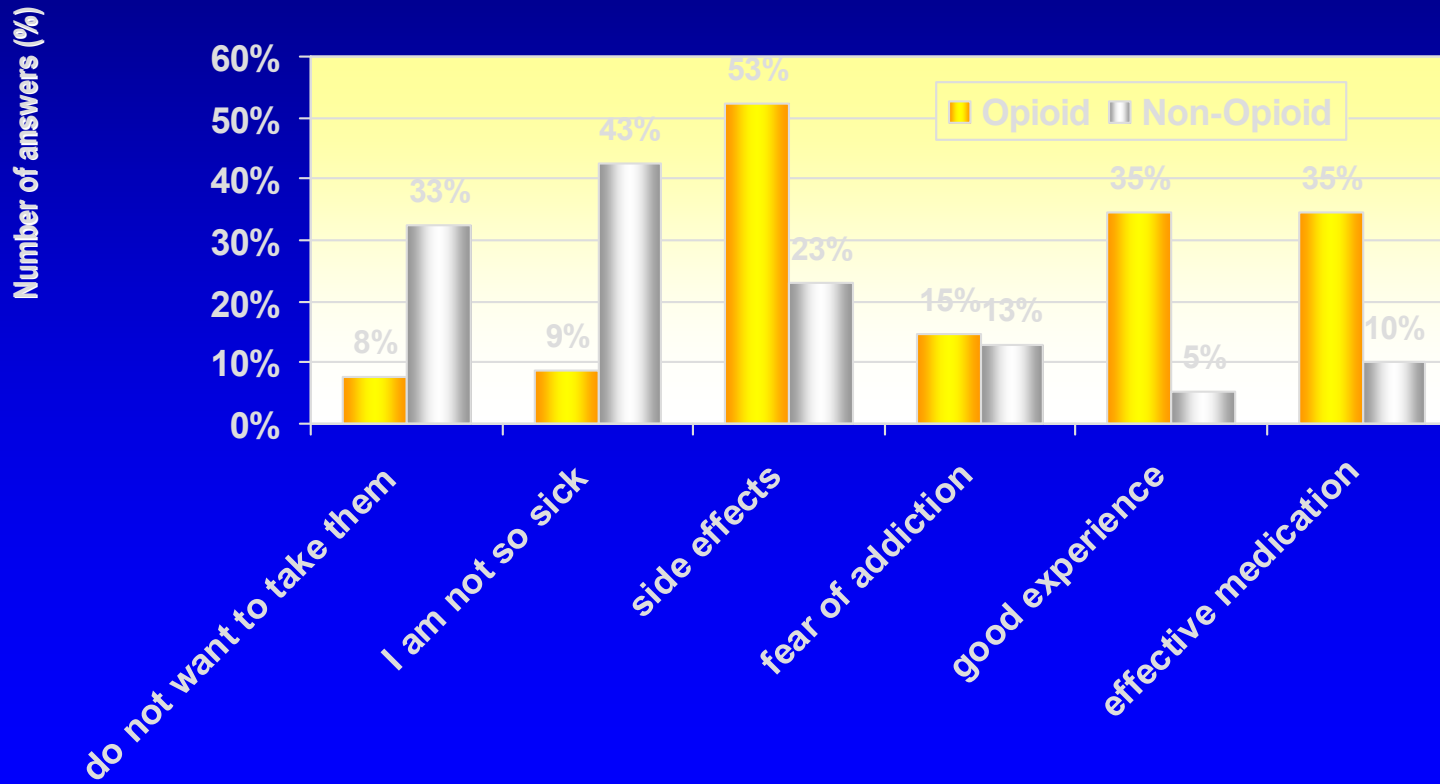


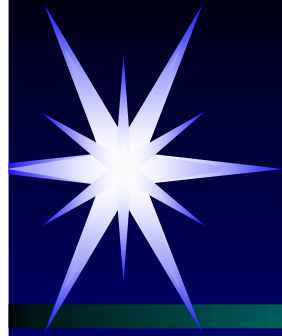
On average, patients
needed 65 days of care



Many patients are reluctant to take opioids

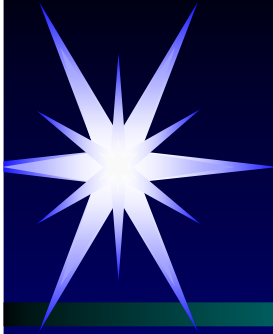
Opinion of patients towards opioids





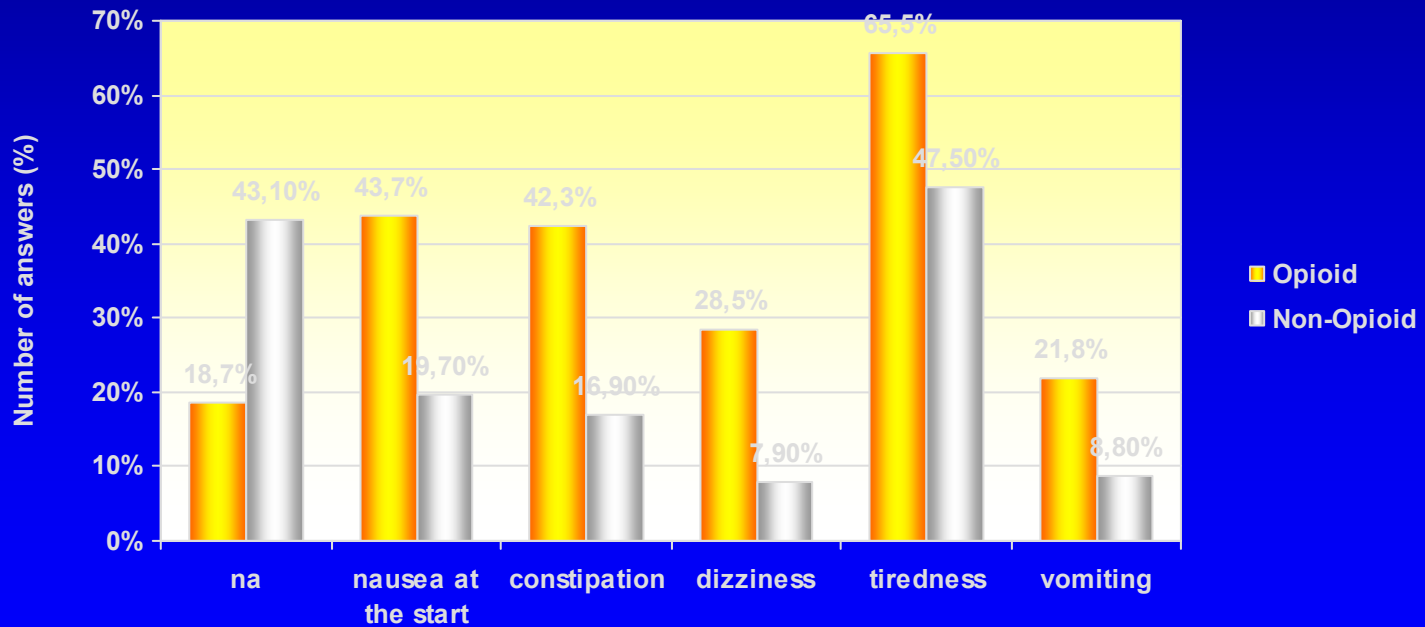
Wariness of opioids: poor information?

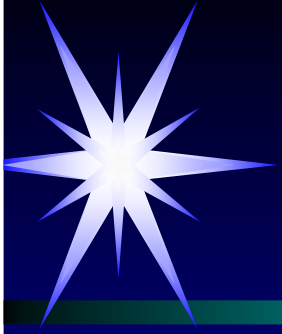
- Patients on opioids are definitely happy with their treatment
- Patients not taking opioids are often very critical about opioid therapy, even though they often suffer severe pain (intensity 7-10)



Some side effects are acceptable for most – if pain relief is achieved

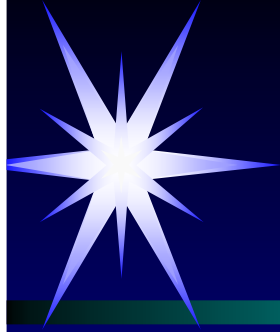
Side effects (Several answers possible)





Dread of side effects: ignorance?

- Patients on opioids often have a much higher acceptance of side effects (because of their experience)
- Patients not on opioids are much less accepting of side effects, even of transient side effects which are not injurious to health



Summing up

- Under-provision of pain management
- Compliance is inadequate and leads to unsatisfactory therapeutic outcome
- Still prejudices against opioids.
There is a dearth of information
- Good doctor-patient communication essential for therapeutic success
- Help in learning how to live with pain is available