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## **WS 5 'What does best practice in pain management look like'**

### **Pain Policy in France**

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## Prevalence of chronic pain with neuropathic characteristics in the general population

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### Abstract

We conducted a large nationwide postal survey to estimate the prevalence of chronic pain with or without neuropathic characteristics in the French general population. A questionnaire aimed at identifying chronic pain (defined as daily pain for at least 3 months), evaluating its intensity, duration and body locations, was sent to a representative sample of 30,155 subjects. The DN4 questionnaire was used to identify neuropathic characteristics. Of the questionnaires, 24,497 (81.2%) were returned and 23,712 (96.8%) could be assessed. Seven thousand five hundred and twenty-two respondents reported chronic pain (prevalence = 31.7%; [95%CI: 31.1–32.3]) and 4709 said the pain intensity was moderate to severe (prevalence = 19.9%; [95%CI: 19.5–20.4]). Neuropathic characteristics were reported by 1631 respondents with chronic pain (prevalence = 6.9%; [95%CI: 6.6–7.2]), which was moderate to severe in 1209 (prevalence = 5.1% [95%CI: 4.8–5.4]). A higher prevalence of chronic pain with neuropathic characteristics was associated with middle age (50–64 years), manual professions and those living in rural areas. It was more frequently located in the lower limbs and its intensity and duration were higher in comparison with chronic pain without neuropathic characteristics. This large national population-based study indicates that a significant proportion of chronic pain patients report neuropathic characteristics. We identified distinctive socio-demographic profile and clinical features indicating that chronic pain with neuropathic characteristics is a specific health problem. © 2007 International Association for the Study of Pain. Published by Elsevier B.V. All rights reserved.

*Keywords:* Chronic pain; Neuropathic pain; Epidemiology



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# Pain policy in France: beyond prevalence...

- *'the pain relief is a basic right'* in the French Law (Loi droits-qualité 2002 / Loi SP 2004)

# Pain policy in France: a long story...

- Three governmental Pain Programs
  - 1<sup>st</sup>: 1998-2002
  - 2<sup>d</sup>: 2002-2005
  - 3<sup>rd</sup>: 2006-2010
- With objectives and budget / ex. 3rd PP
  - budget: ~27.000.000€
  - objectives:
    - pain in vulnerable subjects
    - pain education
    - non pharmacological pain management
    - refractory chronic pain

# Pain policy in France: with involvement of French Pain Society

- French chapter of IASP
- unique multidisciplinary pain organization in France (since 2000)
- ~1200 members
- national network involving the main French regions and representative of pain teams
- strong interaction with French policy makers



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# Pain policy in France: not only for pain professionals...

- Integration of pain in other health programs:
  - cancer
  - chronic diseases
  - palliative care
- Traceability of pain evaluation: quality standard (IPAQSS - 2009)
- Pain management: certification standard (Haute Autorité de Santé - 2010)

# Pain policy in France: in favor of early education...

- Medical students' education
  - module 6 (pain and palliative care)
  - ~20 hours
- Residents' pain specialization
  - DESC (pain and palliative care)
  - 2 years (1<sup>st</sup> y. commune and 2<sup>d</sup> y. distinct)
  - theoretical and practical

# Pain policy in France: in favor of continuous education...

- Health authority (Haute Autorité de Santé) guidelines on 'chronic pain: screening, evaluation and orientation' for primary care
- French pain society (SFETD) pain guidelines program for primary care:
  - neuropathic pain
  - CDH and MO (with French Headache Society) *in revision*
  - regional anesthesia and pain *in process*



# Pain policy in France: results...

- 379 pain teams with a 3-levels organization:
  - pain consultations (multidisciplinarity [md])
  - pain units (md + hospitalization access [ha])
  - pain centers (md + ha + education & research)
- Global annual budget ~63.000.000€ (MIGAC)
- Managed population  $\neq$  pain population
  - 2009 activities study (263 [69%] responders)
  - ~200.000 refractory chronic pain patients
  - 80% outpatients / 20% inpatients

# Pain policy in France: results...

- Weaknesses of French pain teams:
  - traceability of financing (French Health Authority – Regional Health Agency – Hospital Direction – Pain team)
  - frequent dependence of another speciality
  - regional heterogeneity
  - long delay for the 1<sup>st</sup> consultation
  - absence of clear identification of specificities (regarding pain pathologies and technical competences)

# Pain policy in France: results...

- Other Weaknesses:
  - absence of university recognition (*pain diploma wo pain professor*)
  - weak diffusion of pain guidelines in primary care
  - clinical research not enough developed
- Recurrent weaknesses: mind representation of policy makers (pain=cancer=palliative care)

# Pain policy in France: future...

- **New pain teams' identification** *in process*
  - two levels: consultation (multiprofessionnality) and centers (multidisciplinarity)
  - regional coordination (with SFETD support)
- **4<sup>th</sup> governmental Pain Program** *in discussion*
  - prevention of chronic pain involving primary care ?
- **University Recognition** *in discussion*
  - pain as a section of CNU ?
- **Development of pain clinical research** *in process*
  - translational research program with SFETD and Pain Research Network INSERM