

IN ASSOCIATION WITH



**SIP**  
Societal Impact of Pain

4th European Annual Event

„Societal Impact of Pain“  
Focus Groups

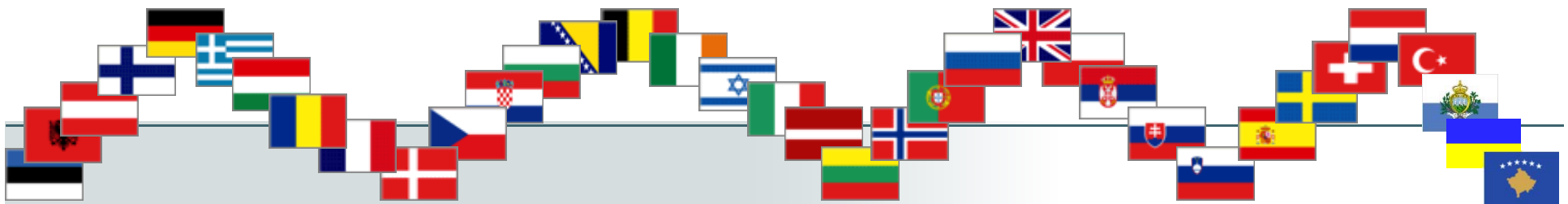
14<sup>th</sup> -15<sup>th</sup> May 2013, Brussels

**Hans G. Kress**  
MD, PhD, FFPMCAI  
**President**



## European Federation of IASP<sup>®</sup> Chapters (EFIC<sup>®</sup>): 20 years of building bridges

- Multidisciplinary professional organization in the field of pain medicine
- 36 National Pain Societies in Europe (IASP Chapters)
- Some 20.000 scientists, physicians, nurses, physiotherapists, psychologists and other healthcare professionals across Europe.
- Aims:
  - ✓ Develop pain medicine in Europe
  - ✓ Availability of best practice pain management
  - ✓ Public awareness of chronic pain as a disease in its own right and a tremendous societal challenge



# Societal Impact of Pain Symposia: To make SIP a priority on political agenda



- **1<sup>st</sup> SIP Symposium 2010, Brussels:**

Multi-stakeholder network as a platform for sharing best practices across Europe.

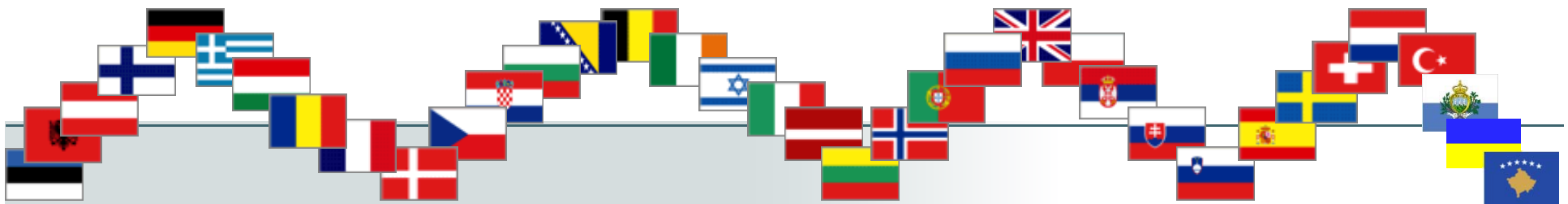
- **2<sup>nd</sup> SIP Symposium 2011, EU Parliament, Brussels:**

“SIP Road Map for Action” outlining 7 strategic goals how EU and member states should address the societal impact of pain.

- **3<sup>rd</sup> SIP Symposium 2012, Copenhagen:**

Patronage of the Italian Prime Minister and the Ministry of Health and Welfare, and endorsed by over 160 organisations.

Examples of concrete national policies, reflecting how EU Member States succeeded in implementing the SIP Road Map for Action.



# New: SIP 2013 Focus Groups



**14<sup>th</sup> MAY 2013    SIP Focus Group 1**

**How to measure improved chronic non-malignant pain management in the EU?**

**– Quality Indicators for Good Practice in Pain Management:**

**According to SIP Road Map for Action, No 7 on “Monitoring Outcomes”**

**Objective:**

To build a comprehensive set of **evidence-based indicators of good quality pain management:**

**SIP Recommendations of European Quality Indicators of Outcome.**

**15<sup>th</sup> MAY 2013    SIP Focus Group 2**

**– Chronic Pain in the EU Working Population:**

**According to SIP Road Map for Action, No 6 on “Best Practice Share”**

**Objective:**

**Development of a “SIP Proposal for Action” with national examples of rehabilitation and integrated care programs.**

Proposals of **concrete measures on EU policy level to keep our workforce healthy,**

**Using European Best Practice examples for the Reintegration of Chronic Pain Patients into the Workforce.**

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# 4th European Annual Event „Societal Impact of Pain“

Focus Group 2

## **SIP Proposal for Action: Using European Best Practices for the Reintegration of Chronic Pain Patients into the Workforce**

15<sup>th</sup> May 2013, Brussels

**Hans G. Kress**  
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**President**



# Increasing impact from acute to chronic pain

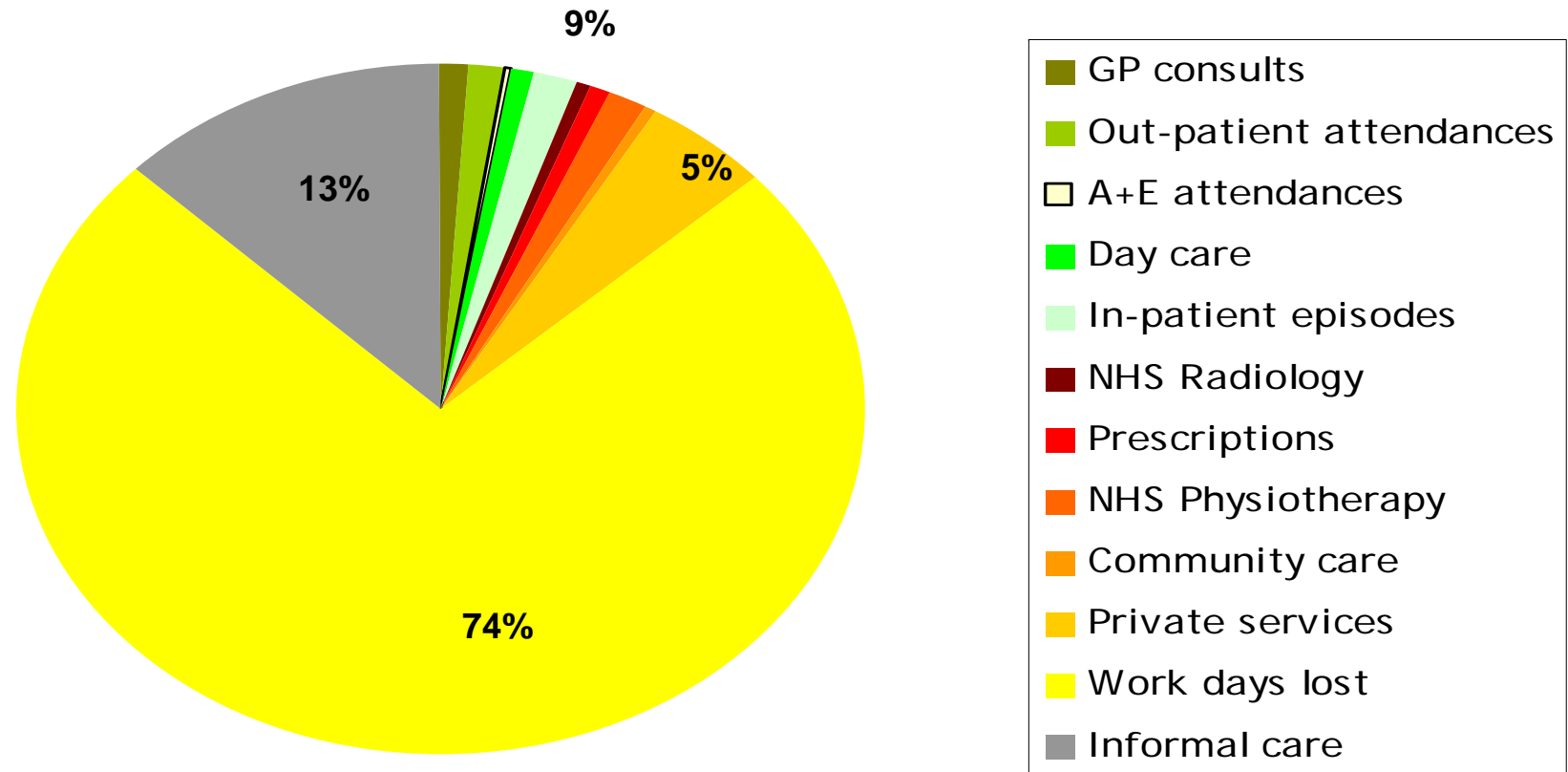


# Economic cost



- 70% people living with chronic pain are of working age
- Pain is second most common reason given by claimants of IB
- £3.8 billion spent per year on IB for those with chronic pain
- £584 million on prescriptions for analgesics
- Cost of back pain was £12.3 billion (22% of UK health expenditure) - mainly due to work days lost

# Economic cost of back pain in UK



**TOTAL COST = £12.3 billion ~ equivalent to 22% of UK healthcare expenditure and 1.5% of GDP**



# SIP 2013 Focus Group 2



According to “SIP Road Map for Action”

No 6 on “Best Practice Share”:

## **SIP Proposal for Action: Using European Best Practices for the Reintegration of Chronic Pain Patients into the Workforce**

**Chairs:** **Marian Harkin**, MEP (IRE), Introduction to the Key Note Presentations  
**Liam Conroy**, Irish EFIC Councilor

**John Christopher Wells**, President Elect EFIC, UK , Best Practice examples

**Moderator: Roman Haas**, Medical Quality GmbH, Austria

**SIP Reporter: Andrea Warpakowski**, Medical Journalist, Germany

### **Objective:**

The report will be endorsed and signed by all stakeholders involved in Focus Group 2, and published on the SIP Website:

**“SIP Proposal for Action: European Best Practices for Reintegration of Chronic Pain Patients into the Workforce”**