



**SIP**

Societal Impact of Pain

## **Workshop 2**

### **Active & Healthy Ageing: Pain management for an improved quality of life**

Per Kjaersgaard-Andersen, MD, Ass proff  
Secretary General

**EFORT**

European Federation of National Associations of  
Orthopaedics and Traumatology

# Disclosure Statement of Financial Interest



**I, Per Kjaersgaard-Andersen, DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.**

# Systematic review on healthy ageing in relation to chronic pain in the EU

***Jos Kleijnen, UK***

➤ *Kleijnen Systematic Reviews, Ltd.*

- 2050 >30% of EU-27 population will be aged 65+
- "Increase the average healthy by 2 years at 2020"
- Chronic pain has also a major impact in elderly patients – reduced QoL
- What is healthy ageing = keep good QoL = assess healthy life years
- **Systematic review:** The role of chronic pain in improving QoL
- 6 scientific papers and 1 systematic review
- **Results:** Clear correlation between QoL and severity of pain in elderly
- **Statement:** Structured programme is needed for treatment of elderly



## ***Michiel Reneman, The Netherlands***

- UMCG Centrum voor Revalidatie, The Netherlands
- Focus on non-specific musculo-skeletal pain
- Impact of pain on work – Frequent event
- NL: 1% of GNP
- **Review:** Work is generally good for health and well-being
- How do we measure that our treatment is effective?
- **Absenteeism** is needed to be strictly defined in coming reports
- New data on Staying at work (SAW) with pain (7 studies)
  - Systematic reviews; examined 120 workers with chronic pain; 120 controls
  - SyRe: Duration of pain not significant with SAW
  - Study: Why SAW with ChPa? – keep life value, a therapy, keep income
  - Study: SAW vs rehab patients – SAW better work ability and performance
  - Study: SAW are more active (walking) than rehabs
  - Working with chronic non-specific pain – Thesis defended in NL next month



# The influence of Work-related back pain on sickness absence

***Stephen Bevan, UK***

- Represent "The Work Foundation"- founded in 1918
- Work is good for peoples health
- Musculoskeletal pain at work in 30 European countries
- **Back pain** at 50% during their life; 33% suffer some BP during work
- **Nations:** Industrial and occupational relation to BP
- **Sweden:** 7% of costs to health care is sick-leave for BP
- Early intervention prevent chronic back pain as a sickleave issue
- Best predictor of coming back in work – is quality at life during work
- **Good management** at work lower sickness absence due CP
- Stay at work – return to work – increase productivity = capacity
- Aging population – ageing workload – increase risk for CP



# Pain and Impaired Cognition

***Wilco Achterberg, The Netherlands***



- 4th International Meeting on Pain and Impaired Cognition, NL, 2012
- **Pain experience:** dementia will change the way patients feel pain
- Pain change also elderly patients
- Assessment of pain in dementia a big problem (proxies, behavior)
- Facial muscle (facial action coding) and their reaction when in pain
- Non-verbal measurement tools in assessment of pain in dementia
- Non-reliable response to pain treatment in dementia
- Lower dose analgesia are sufficient in dementia
- Pain treatment in dementia reduced the patients agitation

# Musculoskeletal pain: Incidence, prevalence and impact on healthy ageing.

***Tony Woolf, UK***



- Chair, Bone and Joint Decade 2010-20 &
- Project Coordinator European Musculoskeletal Surveillance and Information Network
- Most frequent cause of severe long term pain and physical impairment
- Joint arthritis, rheumatoid arthritis, spinal disorders, results of traffic acc
- NL: 75% had pain for more than 3 months in the last 12 months
- Causes: younger = sprain – elderly = degeneration
- Will be a big issue in the ageing generation in the future
- Several patients have chronic pain from more than one region
- Burden of disease project: Low back pain, OA
- Osteoporosis and fragility fractures

# Pain in geriatric care

***Sylvie Bonin-Guillaume, France***



- Geriatric Unit in Marseilles, France Geriatric Association
- Elderly patients in pain is undertreated
- Report on DOLOPLUS project ([www.doloplus.com](http://www.doloplus.com))
- Doloplus Scale – 3 dimensions - > ALGOPLUS Scale – 5 items
- Fascial expression, look, complaints, bodyposition, atypical behavior
- Dosage of opioids to elderly must be related to weight and "fitness"
- Need for educational training programme for nurses and physicians in Nursing Homes – to make evaluation and treatment in lines



# NICE NHS Quality Standard – End of Life Care



SIP

Societal Impact of Pain

Residence in

Deaths in

DIAP Percentage

42.0

41.0

40.0

39.0

38.0

37.0

36.0

2010 2011 2012 2013 2014 2015

www.npc.org.uk

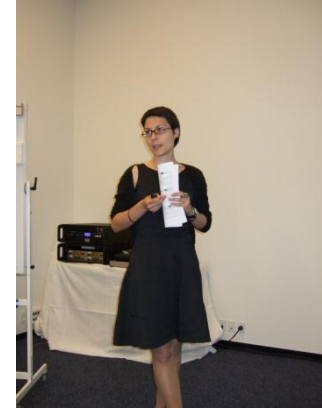
***Simon Chapman, UK***

- National Council for Palliative Care, Director of Policy
- Pain relief is a human right
- It's not all about pain – but setting the pain in the right scope
- 83% of cancer patients is scared of dying in pain
- Must discuss about it to prevent unplanned "crises"
- **"If we expect it to be bad – we are not so surprised if it fails"**
- Patients should be cared for where they are (home, nursing home, hospital)
- Education of pain treatment in end of life care is lacking
- NICE Guidelines on how to use opioids and other drugs in end of life treatment



# Pilot European Innovation Partnership on Active and Healthy Ageing

***Orgi Nagy, European Commission***



- European Commission, DGSanco
- Europe 2020 flagship initiatives – boost growth (innovation, job)
- 2012: European year for Active Ageing – increase the number of healthy life years (HLYs)
- Partnership: Bring together persons from private and public sectors
- Three-step process stakeholder involvement
- **Projects:** Personal health care management (fall prevention projects)
- Collaborate to learn from each others
- Engagement – deadlines for application May 31, 2012
- <http://ec.europa.eu/active-healthy-ageing>
- **Marketplace** – find partners and develop projects

# National Health & Wellness Survey 2010 – 65+ Analysis

***Chris Wells, UK***



- President elect EFIC
- + 2 years of healthy life
- The big 5 countries cross Europe. 60.000 patients - 65+ of age
- 20% had pain (UK 30%, Italy 11%) = 52 mill in Chronic pain
- Elderly patients in pain use double numbers of visit to doctors / hospitals
- Moderate pain are most common – mild and severe pain less common
- Scottish Report support the UK observations
- Stress the SIP Road Map

# The new pain care program in Palliative care in Spain

***Marie Teresa Garcia-Baquero Merino, Spain***

➤ Organiser, Palliative Care Programme Madrid, Spain.



- End of life care, Madrid, 3.2 mill population – incl. Suburb 6.5 mill
- Service TC – 15.000 of 17.000 calls in a year **were on pain**
- Pain treatment in Palliation need an **Institutional change in culture**
- Programs growing since 1990 – pain treatment a continuing process
- **Holistic care needed** – a total of 21 items (pain is one item)
- **Mission:** to diminish unnessacary suffering

# Healthy ageing: Citizens or patients

## ***Teresa Petrangolini, Italy***

➤ *Pain Alliance Europe (PAE)*



- **Mission:** To improve the QoL in patients with chronic pain
- The patients right to avoid unnecessary pain
- Active Citizenship Network 2001
- **Commitment:** Protection of the individual rights'
- **Motto:** We are not born to suffer

# Pain in the geriatric field

## ***Giovanni Gambassi, Italy***

➤ *Universita Cattolica del Sacro Cuore, Rome*

- Older adults feel as much pain as anyone else
- Pain generally speak only one language
- Chronic pain is persistent in most cases
- Pain is there even if not suspected
- Pain does not come alone – best examp is depression
- Pain is not a joke
- Pain as part of a geriatric evaluation
- Pain is a pain
- Pain research gap
- Future pain for older patients – nothing really happened in 10 years

