



SIP

Societal Impact of Pain

**Time for Action
2016**

**Report SIP WG2
Chronic Pain: a disease or
symptom?**

- **Massimo Allegri (University Parma)**
- **Boaz Gedaliahu Samolsky Dekel/ Mauro Mario (No pain Foundation)**
- **Thomas Tölle (EPF EFIC®)**

Chronic Pain: a disease or symptom?

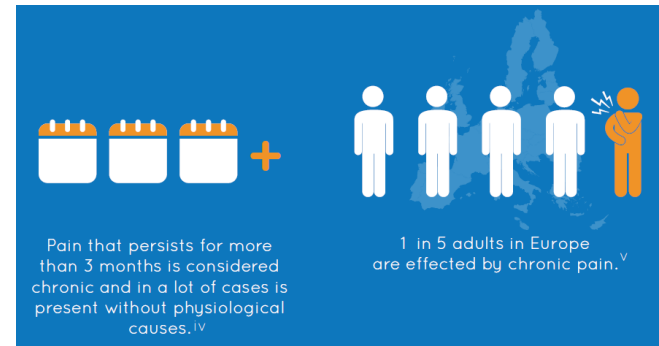
WG Chair	Marian Harkin MEP (ALDE) Sirpa Pietikainen (EPP)
WG Co-chair	Martin Johnson (CPPC) David B. Vodušek (EAN)
WG Secretary	Neil Betteridge (CPPC)
WG Moderator	Nicola Bedlington (EPF)
WG Reporter 1 WG Reporter 2 WG Reporter 3 WG Reporter 4	Massimo Allegri (University Parma) Thomas Tölle (EPF EFIC®) Mauro Mario Boaz Gedaliahu Samolsky Dekel (No pain Foundation)
Welcome and introduction	WG faculty
Monitoring the efficiency of health systems: What does the European Commission need for pain policy?	Christoph Schwierz (DG ECFIN)
EPF EFIC® position on the debate on “pain as a disease in its own right”	Thomas Tölle (EPF EFIC®)
P in GP stands for Pain	Giuliano Piccoliori (SIMG)
Recommendations for multimorbidity by the Joint Action CHRODIS: what is the role of pain?”	Graziano Onder (UniCatt)
European Charter of the Rights of Citizens over 65 with Chronic Pain	Jose De Andres (ESRA)
Implementation of the Chronicity Care National Strategy in Spain	Paloma Casado
National Plans for Pain Control – Portuguese examples	José Romão (Commission of the National Strategic Plan for Prevention and Pain Control)
“The way to pain policy: From bottom up to top down (The Austrian way?)”	Wolfgang Jaksch (ÖSG)
The painful truth	Pamela Bell (Pain Concern)

Pain - and in particular chronic pain – for policy purposes - should be acknowledged as a disease in its own right

- Pain is a common element of numerous chronic health conditions, such as cancer and musculoskeletal diseases, and often persists past normal healing time.
- Chronic and recurrent pain is a specific healthcare problem impacting quality of life and causing sleep disorders, anxiety, depression and low self esteem, among many other symptoms. Chronic pain comes to dominate the life of those affected by it, including that of their family, friends and caregivers.
- The most widespread chronic pain conditions, lower back pain, arthritis and recurrent headaches (including migraines), are so common that they are often seen as a normal and unavoidable part of life.
- Chronic pain often sets the stage for the emergence of a complex set of physical and psychosocial changes that are an integral part of the problem and greatly add to the individual burden.

We call on European governments and the EU Institutions to:

- Acknowledge that pain is an important factor limiting the quality of life and should be a top priority of the national health care system.
- Raise awareness of the medical, financial and social impact that pain and its management has on the patients, their family, care-givers, employers, and the healthcare system.
- Raise awareness of the importance of prevention, diagnosis and management of pain amongst all healthcare professionals, notably through further education.



We discussed

The institutional perspective

- Does enhancing the management of pain contribute to fiscal sustainability by adding significantly to healthy life years?
- Commission is willing to address pain if we:
 - Provide good comparable data on pain levels across member states
 - Provide economic estimates
- Problem with the little data on pain – as an example: WHO Prevention and public health policy has only one reference to chronic back pain
- More funding available in the Next Research Programme (post H2020)

The scientific perspective

- Pain changes the brain and is associated with other diseases - early intervention to prevent the measurable changes in the brain would be key
- Chronic pain causes reactive behaviours and psychological suffering
- General practitioners are working with little education on management and treatment
- Adjuvant analgesics are few and not correctly prescribed
- Pain should be a disease itself

We discussed

Best Practices

- Italy – Law that foresees pain measurement to access treatment
 - Networks of pain therapy: specialist care centres as central hubs and outpatients' pain surgeries as peripheral spokes, as well as of GPs.
- Spain – Decentralised health systems - Regional Strategies in six pillars
 - Health School Network for citizens: key for patients empowerment
 - Link between pain and social care
- Portugal – Working group dedicated to pain; National Pain Day; increasing demolition of barriers Creation of chronic and acute pain units
 - Pain 5th vital sign - considered good clinical practice and mandatory to evaluate and record the intensity of pain regularly, in all health care services
 - National strategy for prevention and pain control
- Ireland – from 2005 when chronic pain was an 'entity in its own right' to 2012 'a long term condition'

Key issues

- EU - European Charter of the Rights of Citizens over 65 with Chronic Pain
 - BUT No care pathways for patients with chronic pain
 - BUT European network of hospitals for the treatment of chronic pain
- Importance of political will – changes of governments often represent a change in the political agenda (and even in those countries that is a priorities for years, loses the attention and momentum)
- Debate over the definition of pain as a disease, condition and entity. Neurological disease like dementia or Alzheimer?

Members of Parliament (MEP Harkin - MEP Pietikainen)

- Chronic pain prevalence is staggering
- Committed to put pain on the agenda
- Full support for a European Programme on Pain

We recommend

- The Commission should include pain prevention (primary and secondary) as an integral part of its ongoing work on its chronic diseases initiative.
- The Commission should encourage member states to integrate pain care within the work of Joint Action on Chronic Diseases (JA CHRODIS).
- The Commission should fully consider and implement, where appropriate, the expected trio council conclusions on fighting non-communicable diseases, including chronic pain.
- The Commission should issue calls for proposals to develop knowledge on the diagnosis, prevention and management of chronic pain (often a disease on its own), in the framework of the Next Research Programme. The Commission should promote studies on the prevalence and impact of chronic pain.
- The Commission should create a platform of the concerned parties (healthcare authorities, patient organisations, doctors) at EU level to ensure the integration of basic and clinical sciences.
- The European Commission should facilitate the development of European quality criteria for pain institutions, including undergraduate and postgraduate certification.

We recommend

- National governments should develop multidisciplinary, patient centred strategies to appropriately manage chronic pain.
- National governments should develop guidelines and recommendations to address chronic pain management.
- National governments should design policies focused on self-management to empower people with chronic pain to support themselves effectively.
- National governments should prioritise pain care within all healthcare professional education and training.
- National governments should initiate patient education programs, trainings and information campaigns in order to create public awareness of the consequences of chronic pain.



SIP

Societal Impact of Pain