



**SIP**

Societal Impact of Pain

**2017**

**Structured Cooperation  
between Health Care  
Systems tackling the  
societal impact of pain!**

# Pain, Mental Health and Work

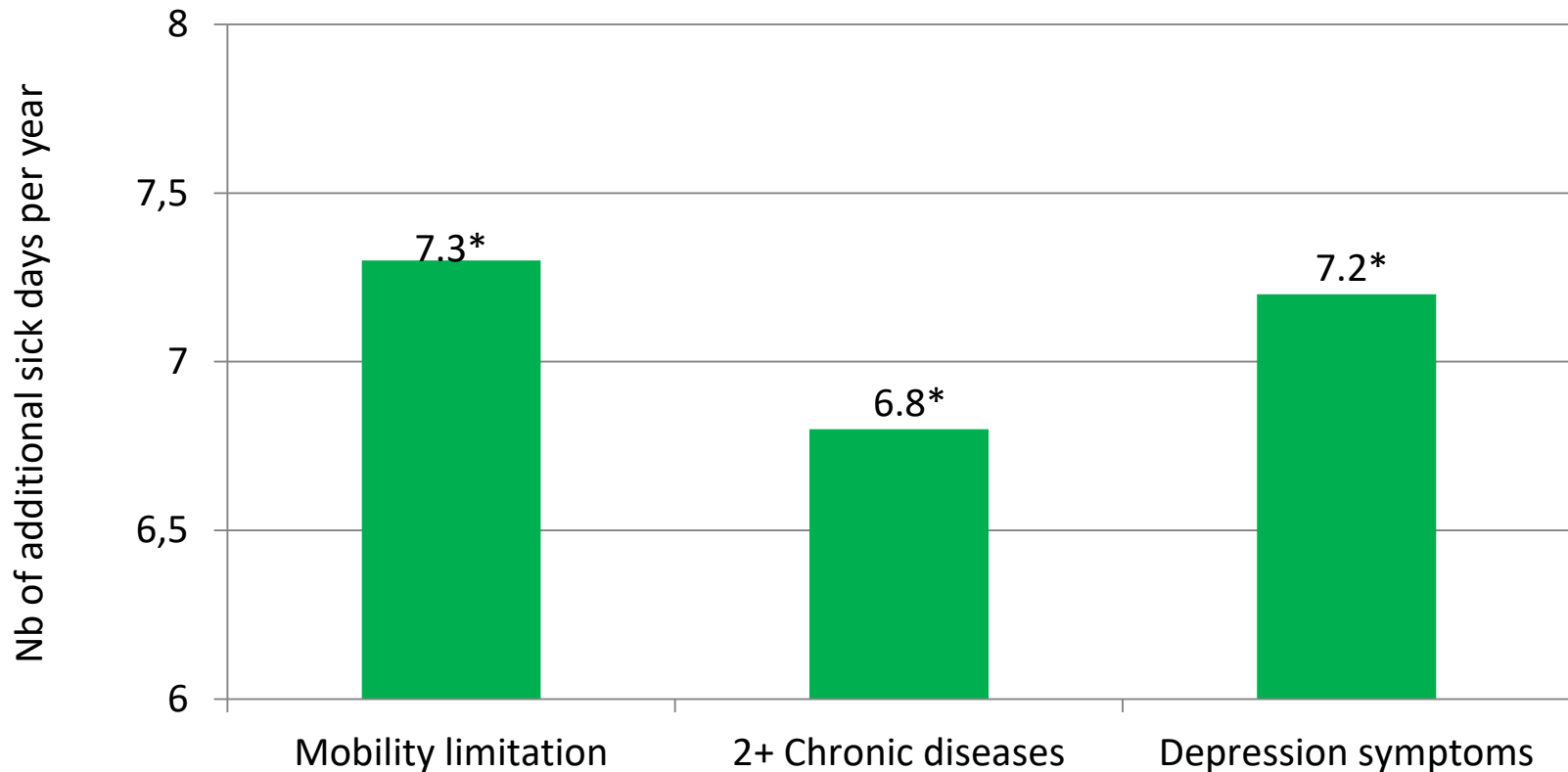
WG3 - Impact of pain on labour and employment  
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Commissioner for Mental Health - Malta



- Promotes and safeguards the rights of persons suffering from a mental disorder and their carers
- Established by the Mental Health Act, Chapter 525, Laws of Malta
- **MENTAL HEALTH AND WELL-BEING**
  - an all inclusive society
  - empowerment
  - active contribution to the community
  - a life-course approach
  - intrinsic to all experiences of a person's life

# Sickness Absence (OECD 2013)

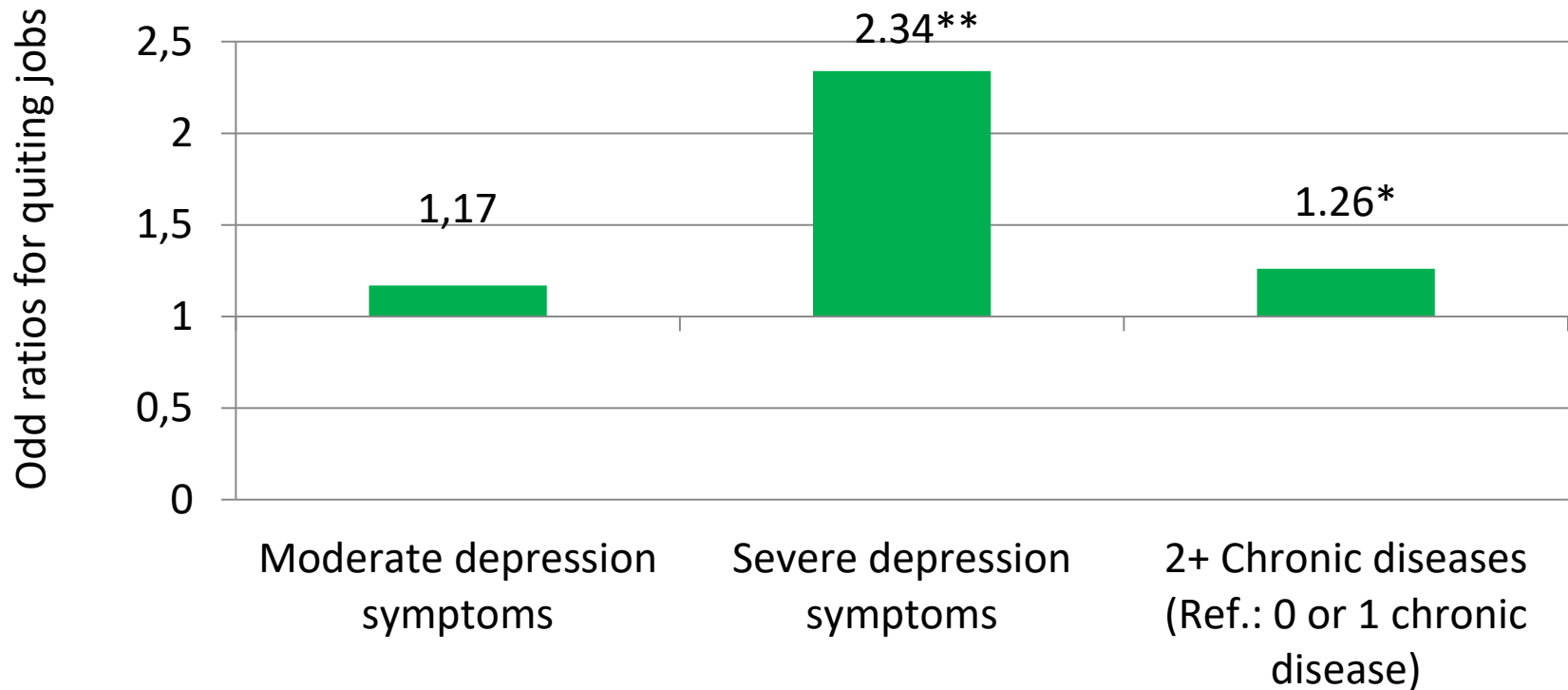
## Additional days in annual sickness absence among workers aged 50–59 due to depression symptoms, European countries



Note: N=13 096. \* 0.1% significance level.

# Early retirement (OECD 2013)

## Exit from employment among people aged 50–59 as a function of depression symptoms, European countries



Note: N=3 485. \* 5% significance level \*\*1% significance level.

# Pain and Depression



- often go hand in hand
- symptoms of depression and pain overlap
- depression often means poor pain outcomes and worse prognoses
- a common experience during depression and pain is suicidal ideation
- effective treatment of depression facilitates self-management practices in chronic pain management.

# Pain and Anxiety



- aggregated association of anxiety disorders with chronic pain may be stronger than the association with depression
- anxiety disorders were present in 35% of adults in the community with chronic arthritic pain versus 17% of the general population
- panic disorder and pain share several psychological vulnerabilities
- pain is the most common physical complaint among patients who suffer from PTSD

# Pain and other Mental Disorders



- patients suffering from bipolar disorders are also less likely to recognize or monitor their comorbid medical conditions compared to the general population
- chronic pain patients have traits of somatoform disorder reaching up to 12 percent of the attendees in chronic pain clinics
- significant rates of alcoholism and medication abuse are found among chronic pain patients



# Integrated biopsychosocial care

- takes into account physical, mental health, and social issues
- great deal of evidence showing the effectiveness of this treatment model for musculoskeletal pain, temporo-mandibular disorder (TMD), headaches, and widespread pain and fibromyalgia
- use models of care that work
- pillars of care
  - Functional Restoration
  - Pharmacotherapy



# Functional Restoration

## ➤ Main Components

- ***directed exercise program*** based on the sports medicine principle of working through pain rather than avoiding it
- ***disability management program*** addresses the psychosocial issues of the patient with chronic pain
- ***case management*** assists the patient in navigating the workers' compensation and disability insurance systems and also assists with vocational reintegration so patients can successfully return to employment after treatment.

# Pharmacotherapy

- psychotropic medication essential in chronic pain management
- psychotropic medication as an effective adjuvant analgesic
- psychotropic medication reduces dependency

**PHARMACOTHERAPY WITHOUT  
FUNCTIONAL RESTORATION  
PROGRAMMES DEPRIVES PATIENTS OF  
THEIR RIGHTS TO HOLISTIC CARE OF  
CHRONIC PAIN AND ANY CO-MORBID  
CONDITIONS**

# Outcomes

- treatment completion - differences between those who “drop out” and those who complete treatment
- response to treatment - major depressive disorder or an anxiety disorder have the poorest pain outcomes
- long-term outcomes
  - work status - lower rates of return to work and work retention
  - healthcare use - strongly affected by the presence of a psychiatric disorder

# Pain, mental health and work – A holistic approach to care

## ➤ THE SCIENCE

### ➤ Mental disorders and chronic pain:

- Exacerbate one another
- Often share neurotransmitters and biological pathways
- Respond to similar treatments

## ➤ RECOMMENDATION

➤ Pain treatment models that incorporate the assessment and treatment of mental disorders are necessary for optimal outcomes.

# Pain, mental health and work – Research in early intervention

## ➤ THE SCIENCE

➤ The next area of important clinical research appears to be incorporating not only a biopsychosocial approach into the treatment of chronic pain, but also earlier intervention at the acute stage

## ➤ RECOMMENDATION

➤ On the basis of past research conducted in patients with co-morbid chronic pain and psychiatric disorders, co-morbidity may be treated with equal success during early intervention programs

# Pain, mental health and work – Conclusion



- Careful patient assessment is essential before developing a comprehensive pain management intervention strategy.
- Assessment should proceed from a global biopsychosocial diagnosis of pain to a more detailed evaluation of the most important interactive factors of this diagnosis.
- Once the comprehensive assessment is completed, it can be used to develop a treatment program individually tailored for each patient.

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THEIR RIGHTS TO HOLISTIC CARE**



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THANK YOU

Any questions?



*to protect and promote*  
Office of the Commissioner for  
**Mental Health**