

Taking an action together against chronic pain

Chronic pain is a huge problem - in the Netherlands alone, no less than 2.2 million people suffer from this condition, incurring costs of up to 20 billion euros. Kris Vissers, Professor of Anaesthesiology, and Michiel Reneman, Professor of Rehabilitation, both co-chairmen of 'Pijn Alliantie in Nederland' (Pain Alliance in Netherlands, PAIN), an association of patient organisations and pain working groups, and Ilna Thomassen, chairwoman of 'Pijnpatiënten Naar Eén Stem' (One Voice for Pain Patients), explain why chronic pain deserves to get more attention.

Why should pain be viewed as a disease in its own right?

Vissers: "Pain is almost always regarded as a symptom of an underlying condition. But for as many as four out of five patients with chronic pain, the apparent underlying condition has been resolved and the nervous system has become so accustomed to the pain that it doesn't go away, even when the underlying cause has been corrected. It is therefore justified to view pain as a chronic condition, as the effects of chronic pain are far-reaching."

How is chronic pain currently treated?

Thomassen: "That can be very fragmented. It also depends on how long the patient is treated by primary healthcare - this can sometimes take a long time, because it isn't always clear when and how patients should be referred. Not every institution's organisation is such that a multidisciplinary team is available. Many patients still have to look for a long time before finding appropriate care. This should happen a lot faster - the sooner the treatment can start, the smaller the chance that the patient will get stuck."

How can this treatment be improved?

Thomassen: "What is most important is working on a multidisciplinary level. We shouldn't only focus on the cause of the pain, but also on its further consequences. This makes psychologists very important, because being in a lot of pain affects your mood. It can make you depressed and you might wonder - what's the point of my life? And this makes the pain experience even worse. Multidisciplinary treatment is therefore absolutely essential. Also necessary is correct referral according to the stepped care model from the standard of care - the right care in the right place and the right practitioner at the right time. But the ball isn't only in the practitioners' court. Patients can also use self-management to better deal with the pain. Tools such as the pain tool kit, e-learning, apps, modules and courses were developed for this purpose. Good information about chronic pain can also be found on the association's website. A well informed patient not only understands his or her pain better, but also has options to prevent the pain from taking over his/her life."

Vissers: "We hope to set a good example with our interdisciplinary chairmanship - I am co-chairman of the Pijnalliantie, together with Michiel Reneman. By tackling not only the medical cause, but also the psychological effects, the treatment results can be spectacularly improved - patients feel they are being taken seriously, which reduces their symptoms. But preventive care is also necessary. Evidence shows that patients who remain active or have a healthy weight before an operation are less likely to develop chronic pain afterwards. Diabetics with stable glucose levels are also less likely to develop chronic pain."

Reneman: "But the effects of the most common condition in the Netherlands - lower back pain - can be limited by getting enough exercise and continuing to work insofar as possible. To be able to do the latter, it is extremely important to consult with your employer and the company's medical officer. Again, interdisciplinary work pays off in this respect."

How does chronic pain impact society?

Vissers: "Chronic pain causes a lot of absenteeism, with huge consequences for our society as a whole. The cost amounts to approximately 20 billion euros, primarily due to sick leave and disability. PAIN therefore also wants to involve the Ministries of Education, Public Health, and Social and Economic Affairs. Medical students could be better trained to deal with this issue, employers could help find suitable ways of working and we should come up with a plan of action to alleviate the costs. PAIN speaks with one voice on behalf of all participating parties - because chronic pain is such a huge problem, it is extremely important to bring forth one clear message. By acting as one body, we want to put chronic pain on the political agenda."

What do we need to better deal with the issue?

Thomassen: "Cooperation is the most important aspect. That is how our association 'Pijnpatiënten naar één Stem' (One Voice for Pain Patients) has come about. All eighteen patient organisations associated with us have one common interest – raising awareness of chronic pain. The best way to do this is to make a stand together. This allows us to empower patients - they become equal partners in discussions with practitioners and are actually heard. Everyone is different and patients know best what does and doesn't work. Listening to their experience is very important. Together with PAIN, we also established a Chronic Pain Standard of Care (SOC). This includes how we should work together, how patients should be referred and how this should be dealt with on a multidisciplinary level. The SOC has been submitted to the responsible parties."

Vissers: "Investigating the efficacy of treatments is also a necessity - demonstrably effective treatments in primary care are generally reimbursed by the health insurance. It is important to review which treatments are most needed, so we can substantiate their efficacy by means of targeted trials. Research into cost effectiveness is equally important. A treatment that is ten times less expensive, but equally effective, obviously takes preference. These trials are difficult to conduct, as they often require a large number of participants."

We therefore call on all patients to participate in such studies. This is also in their interest, as it improves their treatment and, as a result, their quality of life. In addition, we should work to better identify the social impact of chronic pain, so we can work with this on an international scale. This has led to the birth of the Societal Impact of Pain (SIP) platform. The European Parliament has pinpointed chronic pain as a priority for future care. SIP aims to find out how we can do something similar in the Netherlands. We thus aim to strengthen already existing forces."