

# CHANGE PAIN & My pain feels like

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# “My Pain Feels Like...”

The “My pain feels like...” initiative started in 2013 in collaboration with the Pain School, Italy to **raise awareness** for the **burden of localized neuropathic pain patients**. It is aimed to:

 help improving the communication between patients and physicians - ‘matching the language’ via the “my pain questionnaire”



 support patients in their need for information about their unbearable pain

 help improving LNP correct diagnosis and early treatment



my **pain** feels like...





# “My Pain Feels Like”

## 2 MAIN ACTIVITIES:

 Educational **patient oriented** WEBSITE:



- LNP disease awareness
- Patients experiences sharing
- Service: “My pain questionnaire”

 Educational **HCP oriented** initiative: “PAIN BOX”



- It is a **psychophysical experiment**, in which **people experience symptoms of localized neuropathic pain**.
- Through this experiment **physicians can better understand** and actually **feel what localized neuropathic pain patients describe as symptoms**.

my **pain** feels like...



# 8 YEARS CHANGE PAIN

## Change... HOW PAIN IS UNDERSTOOD

In 2009 we founded the **CHANGE PAIN** initiative with the aim to:

- enhance the understanding of **chronic** pain patients' needs
- help improve the management of chronic pain

In 2015 we added **acute pain**. Ever since, **CHANGE PAIN** is going beyond:

- raise awareness of the unmet needs in post-operative pain management
- develop solutions that improve post-operative pain management across Europe



# Published over 40 (inter-)national scientific publications & downloaded more than 20,000 times (mainly for free)

## PUBLICATIONS – SCIENTIFIC ARTICLES IN THE FIELD OF PAIN MANAGEMENT (MOSTLY FOR FREE DOWNLOAD)

A major principle of CHANGE PAIN is to RESEARCH, PUBLISH and EDUCATE. Our publications, which can be mostly downloaded for free, fall into three general categories:

### Consensus Paper

Recommendations by the CHANGE PAIN Advisory Panel on important pain related topics, such as improving today's practice in managing severe chronic pain

### Research Results

Communication of research findings such as the analysis of data from over 50,000 patients via the National Health and Wellness Survey (NHWS)

### Special Topics

Reviews on current topics of special interest within the field of pain management.

### Consensus paper

Author	Title	Reference	Download PDF
Meissner W, et al.	Improving the management of post-operative acute pain: priorities for CHANGE	CMRO; 31(11); 2015, 2131-2143	Download PDF <b>FREE</b>
Kress HG, et al.	A holistic approach to chronic pain management that involves all stakeholders: CHANGE is needed	CMRO; 31(9); 2015, 1743-1754	Download PDF <b>FREE</b>
Müller-Schwefe GH, et al.	Pain in the cancer patient: different pain characteristics CHANGE pharmacological treatment requirements	CMRO; 30(9); 2014, 1895-1908	Download PDF <b>FREE</b>
Kress HG, et al.	Managing chronic pain in elderly patients requires a CHANGE of approach	CMRO; 30(6); 2014, 1153-1164	Download PDF <b>FREE</b>
Pergolizzi J, et al.	The development of chronic pain: physiological CHANGE necessitates a multidiscipline approach to treatment	CMRO; 29(9); 2013; 1127-1135	Download PDF <b>FREE</b>
Pergolizzi J, et al.	The chronic pain conundrum: should we CHANGE from relying on past history to assessing prognostic factors?	CMRO; 28(2); 2012; 1-8	Download PDF
Varrassi G, et al.	Proceedings of the CHANGE PAIN Expert Summit in Rome, June 2010 (Introduction)	CMRO; 27(10); 2011; 2061-2062	Download PDF
Varrassi G et al.	Severe Chronic Pain - the reality of treatment in Europe	CMRO; 27(10); 2011; 2063-2064	Download PDF
Collett B	The burden of chronic pain	CMRO; 27(10); 2011; 2065-2066	Download PDF
Morlion B	The relevance of neuropathic components in chronic back pain	CMRO; 27(10); 2011; 2067-2068	Download PDF


Current Medical Research and Opinion




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### Improving the management of post-operative acute pain: priorities for change

Winfried Meissner, Flaminia Coluzzi, Dominique Fletcher, Frank Huygen, Bart Morlion, Edmund Neugebauer, Antonio Montes Pérez & Joseph Pergolizzi


Current Medical Research and Opinion




ISSN: 0300-7995 (Print) 1473-4877 (Online) Journal homepage: <http://www.tandfonline.com/doi/cmro20>

### A holistic approach to chronic pain management that involves all stakeholders: change is needed

Hans-Georg Kress, Dominic Aldington, Eli Alon, Stefano Coaccioli, Beverly Collett, Flaminia Coluzzi, Frank Huygen, Wolfgang Jaksch, Eija Kalso, Magdalena Kocot-Kepska, Ana Cristina Mangas, Cesar Margarit Ferri, Philippe Mavrocordatos, Bart Morlion, Gerhard Müller-Schwefe, Andrew Nicolaou, Concepción Pérez Hernández & Patrick Sichère

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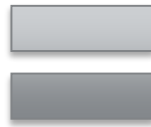
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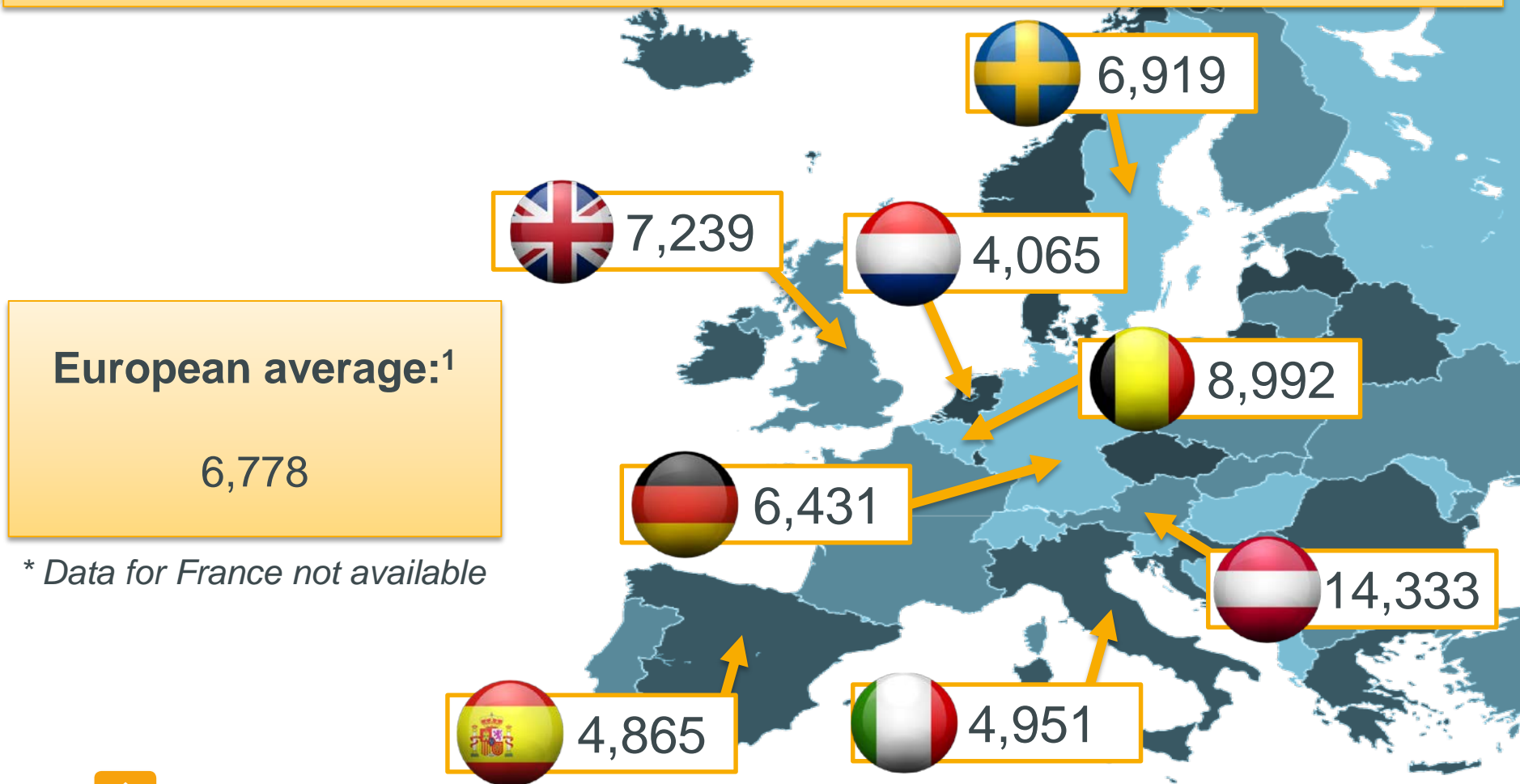




# PAIN

# Surgical procedures across Europe

## Surgical procedures in selected countries\* per 100,000 people:<sup>1</sup>





# Post-operative pain across Europe

## Across Europe:<sup>1</sup>

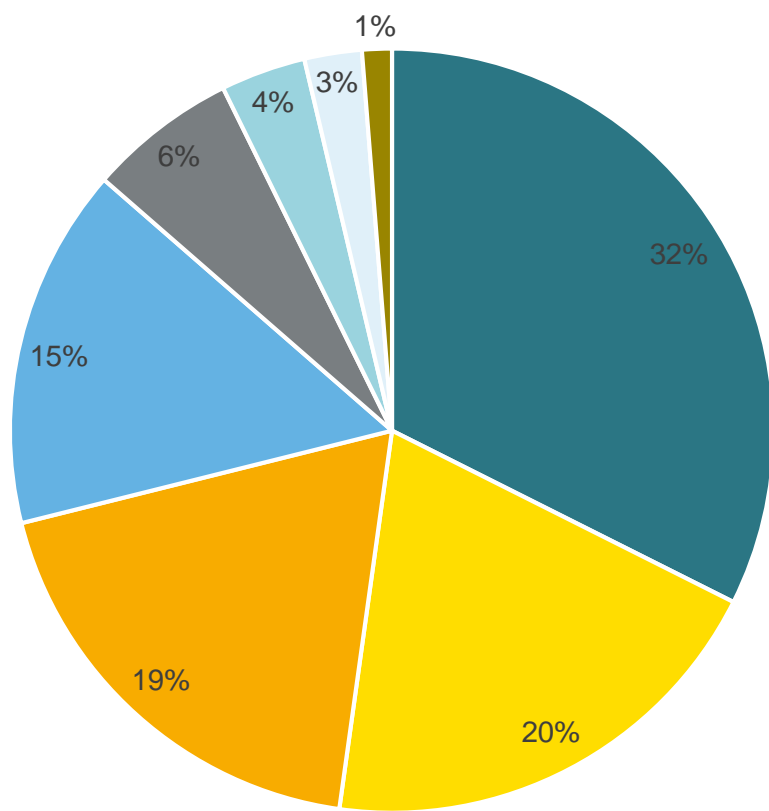
- 50% of patients report moderate to severe pain.
- 23% of patients are in severe pain between half and all the time.



<sup>1</sup> Zaslansky R, Rothaug J, Chapman CR, et al. Eur J Pain. 2015; 19: 490–50

## POP is under-reported at night<sup>1</sup>

68% of patients experience pain during the night. Only 31% of the patients tell nurses they are in pain and 37% said they were not in pain.



**Structure**  
**Process**  
**Outcome<sup>2</sup>**

Graph adapted from [Closs]<sup>1</sup>



<sup>1</sup> Closs J, Briggs M and Everitt V. J Orthopaed Nurs. 1997; 1: 59–66

<sup>2</sup> Mainz J. Defining and classifying clinical indicators for quality improvement. Int J Qual Health Care 2003;15:523-30



## EFORT, Grünenthal launch awareness campaign to address postoperative pain

Strong evidence has demonstrated that postoperative pain control after trauma and orthopaedic surgery improves outcomes. EFORT, in discussion with Grünenthal, mutually agreed on the importance of postoperative pain management (POPM). As a result EFORT and Grünenthal have entered into a partnership on POPM within the orthopaedic and trauma community, building on an existing campaign called CHANGE PAIN that Grünenthal already supports.

*(Cáceres Palou continued on page 6)*



**Enric Cáceres Palou**



## Call for Applicants

Join a project to improve perioperative pain management of your patients

EFIC and PAIN OUT<sup>1</sup> invite healthcare providers caring for patients undergoing surgery to apply for a project aimed at improving management of perioperative pain

This is a pilot project which will be carried out in:

**Austria, Belgium, France, Italy, Netherlands, Serbia, Spain and Switzerland**

Once the pilot is complete, EFIC and PAIN OUT aim to make the program accessible to providers across Europe

The project is funded by Grünenthal GmbH via its CHANGE PAIN initiative.





# Outcome



What defines a good quality in post-operative pain management?

“Early rehabilitation and discharge of a satisfied patient with low pain and few side effects”<sup>1</sup>

Advisory Board CHANGE PAIN acute



<sup>1</sup> Int. CHANGE PAIN Advisory Board Meeting, Wiesbaden, March 2016

# A true story about what needs to change

“It was not possible to stabilise his condition and after a few days it resulted in intestinal perforation. The subsequent emergency operation thankfully went very well, but my husband and I were confronted with completely inadequate post-operative pain care. For several nights my husband suffered unimaginable pain which he only endured by shouting loudly. He did not receive help. The night nurse on duty refused to call an anaesthetist – in my opinion this was a clear case of failure to give assistance. What’s more there were only three anaesthetists on night duty and two of them were working exclusively in the operating theatre. There was only one anaesthetist available on the wards for the patients and he was not able to take care of more than ten patients. Anyway, he had to stay with a patient for an average of 20 minutes to ensure the efficacy of his treatment. Therefore, I don’t think any assistance would have come even if the nurse had contacted the

## Rendering medical ne benefits

An internal aw

anaesthetist. I personally only learned about the conditions the next morning and had virtually no opportunity to help my husband or to make provisions for the coming night. On the contrary, I was just as helpless in this situation as my husband. As a relative I would have liked my husband to have had the opportunity to help himself. I would have liked him not to have been dependent on the overworked hospital staff.”

In order to sensitise us all to the need and benefits of our products, we would



**>CHANGE PAIN<sup>®</sup>**  
*Taking care of pain*