



SIP

Societal Impact of Pain

2017

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

Norwegian pain registers

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Oslo University Hospital and University of Oslo**

Disclosure Statement of conflict of interest in the context of the subject of this presentation



Within the past 12 months, I or my spouse/partner have had following financial interest/arrangement(s) or affiliation(s)

- | | |
|--|---|
| • Support for travel | No |
| • Honoraria for lectures | No |
| • Honoraria for advisory board activities | No |
| • Participation in clinical trials | Novartis and
Grünenthal |
| • Research funding | Governmental and non-
commercial bodies
only |
| • Financial shares and options | No |

My aim is to convince you



The importance of high quality health registers

The importance of support and funding to establish and maintain registers

The need for legislation that secure both patient integrity and the society's access to data and possibility of data sharing across countries

Register sources for data on pain

General registers

Primary care
register

Specialist care
Diagnoses
Treatments

Prescription
register

Sick leave/
pension database

Death registry

ORIGINAL ARTICLE

Socio-economic burden of patients with a diagnosis related to chronic pain – Register data of 840,000 Swedish patients

A. Gustavsson¹, J. Bjorkman², C. Ljungcrantz¹, A. Rhodin^{2,3}, M. Rivano-Fischer⁴, K.-F. Sjolund⁵,
C. Mannheimer⁶



PAIN[®] 153 (2012) 2325–2331

PAIN[®]

www.elsevier.com/locate/pain

Research papers

Pharmaceutical treatment patterns for patients with a diagnosis related to chronic pain initiating a slow-release strong opioid treatment in Sweden

A. Gustavsson^a, J. Bjorkman^b, C. Ljungcrantz^a, A. Rhodin^{b,c}, M. Rivano-Fischer^d, K.-F. Sjolund^e,
C. Mannheimer^{f,*}

Pain Medicine



Pain Medicine 2013; 14: 1072–1080
Wiley Periodicals, Inc.

Pharmacological Treatment Patterns in Neuropathic Pain—Lessons from Swedish Administrative Registries

Anders Gustavsson, PhD,* Johan Bjorkman, MSc,[†]
Christina Ljungcrantz, MSc,* Annica Rhodin,
MD, PhD,^{‡§} Marcelo Rivano-Fischer, PhD,[¶]
Karl-Fredrik Sjolund, MD, PhD,[‡] and
Clas Mannheimer, MD Prof**

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Pain specific register

Population
study/register
Longitudinal data

The Tromsø Pain Study



Christopher Sivert Nielsen^{1,2}, Audun Stubhaug^{2,3}, Olöf Anna Steingrímisdóttir¹

¹Norwegian Institute of Public Health, ²Oslo University Hospital, ³University of Oslo

The Tromsø Study Waves

Wave	Year	Age	N	Response %
Tromsø 1	1974	20-49	6 595	74.4
Tromsø 2	1979-80	20-54	16 621	77.5
Trømsø 3	1986-87	12-67	21 826	75.2
Tromsø 4	1994-95	25-97	27 158	72.3
Tromsø 5	2001-02	30-89	8 130	78.5
Tromsø 6	2007-08	30-87	12 984	65.7
Fit futures 1	2010-11	15-17	1 038	92.7
Fit futures 2	2012-13	17-19	868	77.0
Tromsø 7	2015-16	40-99	21 083	65.0



Questionnaire data

General demographics and health, lab etc +

Pain specific

Chronic pain questions

Chronic pain body map (new)

IBS questionnaire (Rome 3)

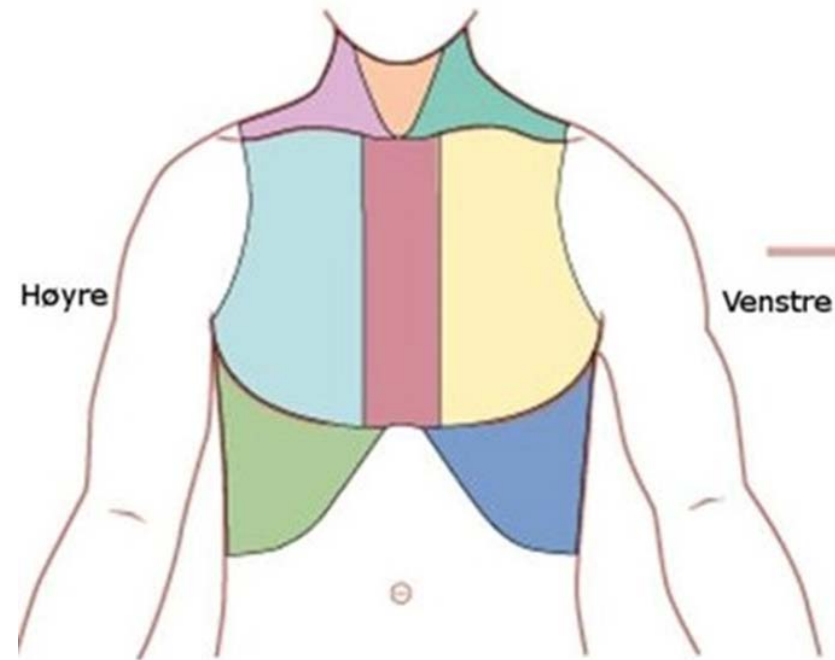
Headaches

Muscular Skeletal Pain

Chandlers fatigue scale

Bergen Insomnia scale

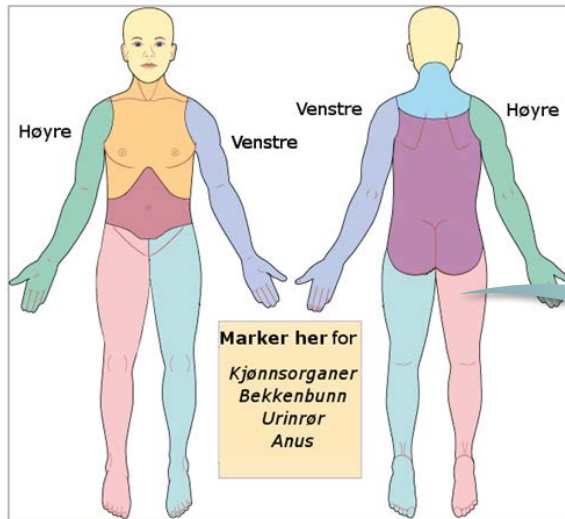
HSCL, HADS



Hierarchical Digital Body Map

Klikk på alle områder hvor du har hatt smerte i løpet av **de siste 4 ukene**.
Har du **ikke** hatt smerte de siste 4 ukene, gå du videre til neste side.

Hvis du bare har hatt smerter i en del av et område skal du likevel markere hele området.
Etterpå vil du få opp **detaljbilder** fra dine smerteområder, hvor du skal markere mer presist hvor smertene ligger.
Du skal angi hvor du har hatt smerte, **ikke** hvor du tror årsaken til smerten ligger.
Du kan fjerne merking ved å klikke en gang til på området.

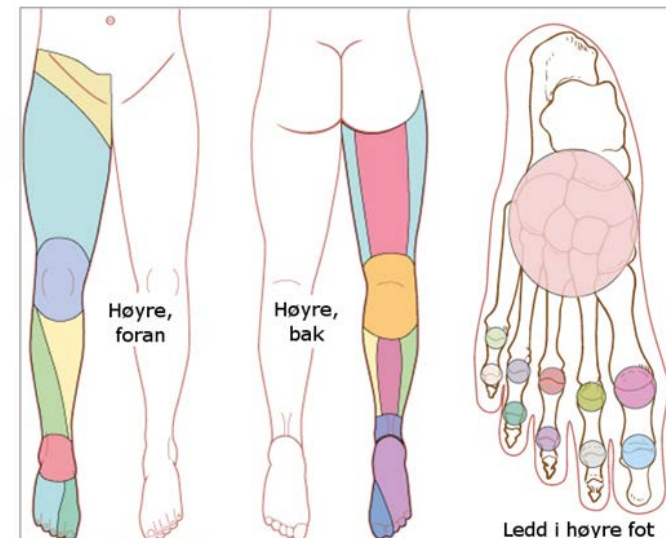


Merk alt Fjern alt

Forrige

Neste

Klikk på alle områder hvor du har hatt smerte i løpet av **de siste 4 ukene**.
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Merk alt Fjern alt

Forrige

Neste

Tromsø 7 Experimental pain protocol

N = 20 000
General population



Register sources for data on pain

General registers

Primary care register

Specialist care
Diagnoses
Treatments

Prescription register

Sick leave/
pension database

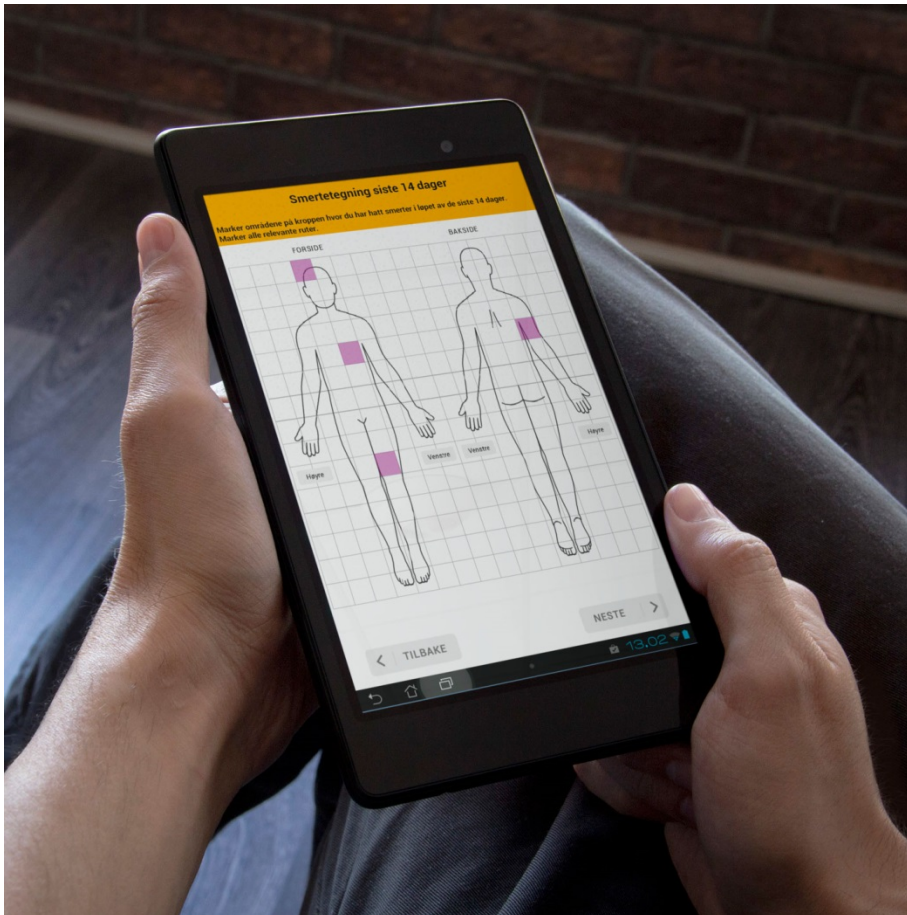
Death registry

Pain specific register

Population study/register
Longitudinal data



Patients answer web-based questionnaires at clinic and at home before/during treatment + long-term follow-up



Demography
Pain history
QOL
Anxiety/depression/fatigue
Pain catastrophizing, injustice experience.
Sleep
Coping
Expectations
++
Results are available for the clinician

Diagnoses (ICD10/11)
Treatments

Follow up after 6, 12, 36 months

Mean age 50 y

Duration pain condition: 8,3 y

Employed or student: 36.4 %

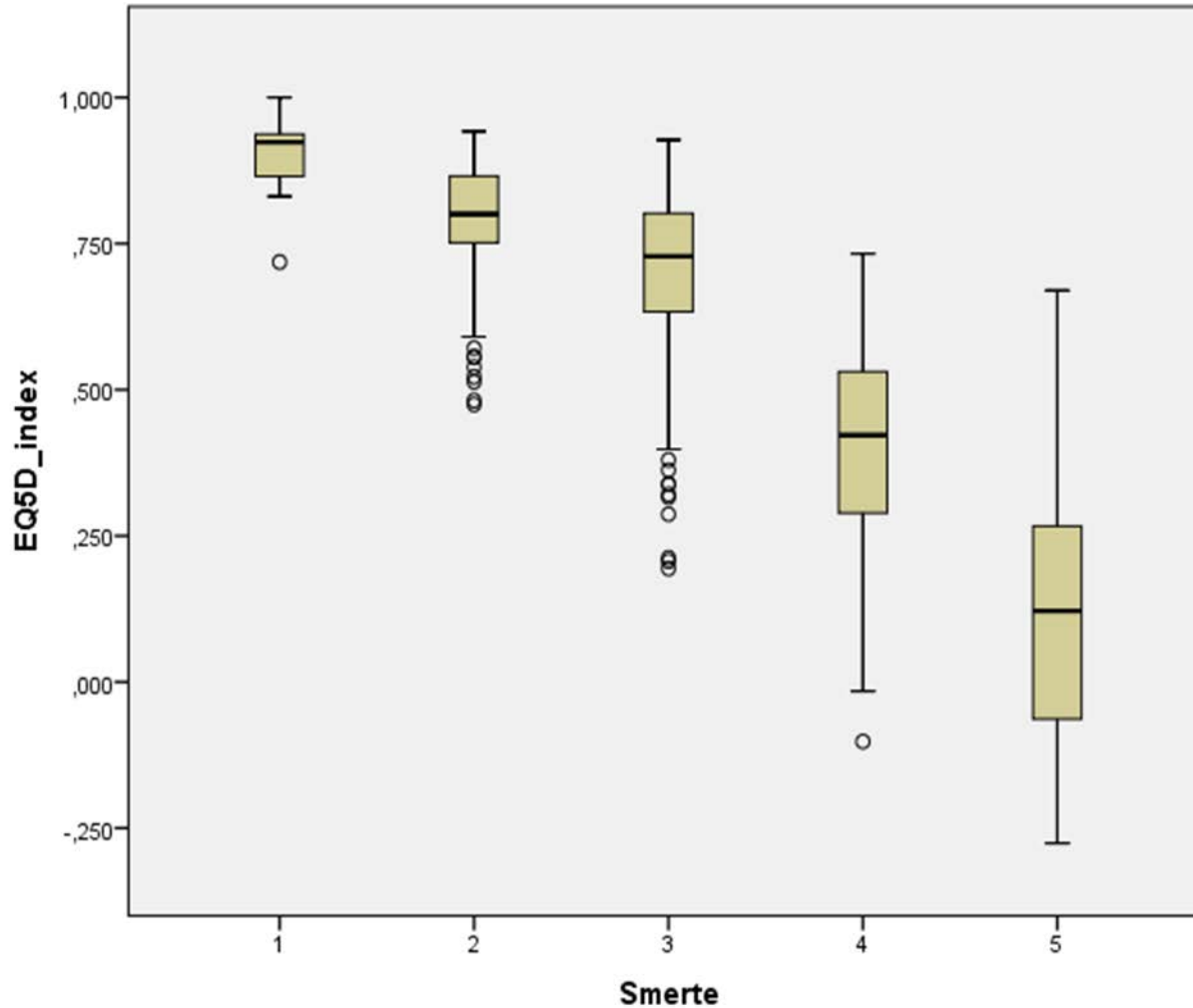
Application for disability pension: 31 %

Litigation: 14.6

High scores for catastrophizing, injustice experience, fatigue and insomnia

Low scores for QOL

EQ-5D-5L and pain- Oslo university hospital



1: Neither pain nor discomfort



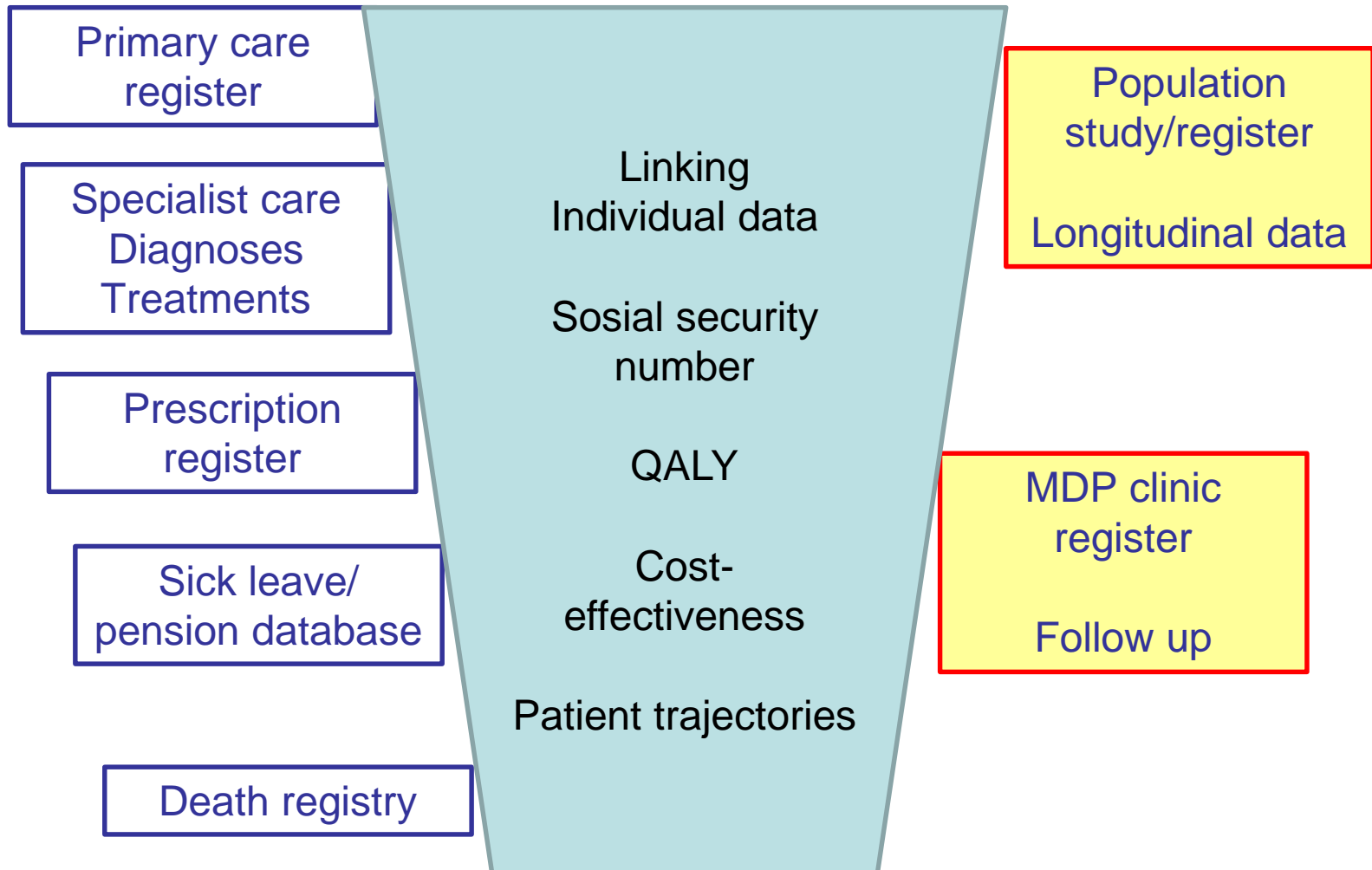
5: Severe pain or discomfort

What's next step?

Register sources for data on pain

General registers

Pain specific register



Register sources for data on pain

General registers

Primary care register

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Prescription register

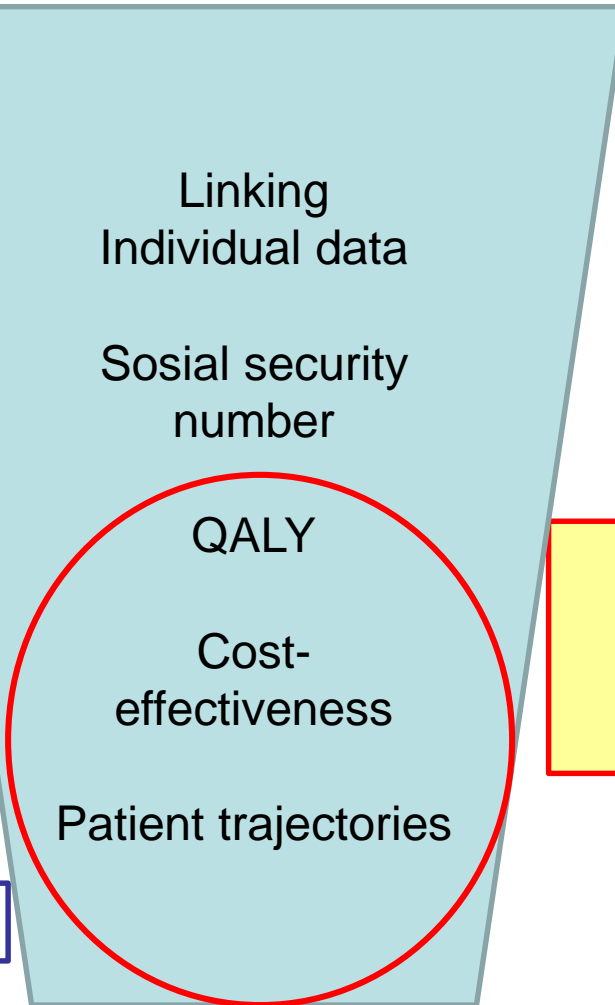
Sick leave/
pension database

Death registry

Pain specific register

Population study/register
Longitudinal data

MDP clinic register
Follow up



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