Pain Treatment, Management and Prevention – Is Europe Providing Adequate Access?

Wednesday 16th October 2024

The Societal Impact of Pain

Welcome from the Moderators

Joanne O’Brien Kelly

EFIC Executive Board Member
Advocacy Committee Co-Chair

Liisa Jutila

SIP – Co-Chair

PAE Board Member

The Societal Impact of Pain

The 'Societal Impact of Pain' (SIP) platform is a multi-stakeholder partnership led by the European Pain Federation EFIC and Pain Alliance Europe (PAE), which aims to raise awareness of pain and change pain policies.

The Societal Impact of Pain (SIP) platform is Chaired by Patrice Forget (EFIC Advocacy Committee Chair) and Liisa Jutila (PAE Board Member).

The platform provides opportunities for discussion for health care professionals, pain advocacy groups, politicians, healthcare insurance providers, representatives of health authorities, regulators, and budget holders.

The scientific framework of the SIP platform is under the responsibility of EFIC, and the strategic direction of the project is defined by both partners. The pharmaceutical companies Grünenthal GmbH and GSK are the main sponsors of the Societal Impact of Pain (SIP) platform.

SIP
Societal Impact of Pain

SIP National Platforms

SIP Objectives

- **Raise awareness of the relevance of the impact that pain has on our societies, health and economic systems**
- **Exchange information and share best practices across all member states of the European Union**
- **Develop and foster European-wide policy strategies & activities for an improved pain care in Europe**

SIP Long-Term Priorities

- **Pain as an indicator: Develop instruments to assess the societal impact of pain (pain as a quality indicator).**
- **Pain education: Prioritise pain education for health care professionals, patients, policymakers and the public.**
- **Pain in employment: Initiate policies addressing the impact of pain on employment and include pain in relevant existing initiatives.**
- **Pain research: Increase investment in research on the societal impact of pain.**

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Conflicts of Interest

Cormac Ryan: Professor Ryan is the community pain champion for the Flippin' Pain™ campaign which is run by Connect Health Ltd. The consultancy fees for this role go directly to his employer Teesside University. He receives no personal income for this role.

Winfriend Häuser: (Academic) Prof. Dr. med. Winfried Häuser was the chair of the German interdisciplinary guideline task force on opioids for chronic non-cancer pain 2015 and 2020 and of a task force of the European Pain Federation for a position paper (2021) on the same topic. He is the author of systematic reviews of randomised controlled trials with opioids for chronic pain.

Anna van Renen: The research showcased on the presentation was supported by GSK.

Michiel Reneman: Prof. Michiel Reneman, is a salaried employee of the University Medical Center Groningen (UMCG). He presents at educational meetings, for which he receives travel compensation. Renumerations over €50 are added to a research fund. No Conflict of Interest.

Thomas Toelle: Prof. Thomas Toelle declares consultancies, travel grants and speaking fees for AOP Orphan, Almirall, Hermal, Bionest Partners, Benkitt Renkiser, Grünenthal, Hexal, Indivior, Kaia Health, Lilly, Medscape, Mundipharma, MSD, Novartis, Pfizer, Recordati Pharma, Sanofi-Aventis, and TAD Pharma.

Ezther Pogatzki-Zahn: During the last 3 years, Ezther Pogatzki-Zahn received received advisory board and lecture fees from Gruenenthal GmbH, Merck/MSD, and Medtronic and from Gruenenthal for research activities. All money went to the institution EPZ is working for.

Luis García Larrea:

Andrea Truini:

Bart Morlion: None to declare.

Elizabeth Saenz: None to declare.

Brona Fullen: None to declare.

Opening Addresses

MEP Alex Agius Saliba (S&D)
MEP András Kulja (EPP)
MEP Vytenis Andriukaitis (S&D)

Definition of multimodal pain treatment

Applicability of this definition in Europe

Michiel Reneman

UMCG Rehabilitation

- Full Professor – Pain and Work
- Physical Therapist & Movement Scientist

Other activities

- Past chair Pijn Alliance Netherlands (PA!N)
- Fit for Work NL platform
- Development center Pain Rehabilitation
- VRA Taskforce Pain Rehabilitation & Vocational Rehabilitation
- Network 'Early Intervention' / Vroege Interventie
- FCE trainer and course
- Editorial (advisory) board J Occupational Rehabilitation & EJP
- EFIC & IASP – Taskforces: ICF, multimodal, interdisciplinary, Advocacy, OTM
- IASP – World Rehabilitation Alliance

Disclosure

UMCG salary

Activities non-renumerated

Research fund

no COI

Multimodal pain treatment

MMPT gold standard for chronic pain treatment and management

Problem

- Many definitions, different to generalize
- IASP definition not clear and directed to multimodal pharmacological treatment

Hinders …

- Implementation MMPT across EU
- Generalizability of research
- Execution of research agenda

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Project

Objective

- To provide clarity by generating a consented definition for MMPT and its discrete elements that can constitute such care in Europe

Methods

- EFIC Taskforce
- Mixed-methods study
  - Literature review
  - Expert consultations
  - European Pain Forum - professional and patient organisations
  - EFIC Executive board
  - Survey EFIC chapters

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Requirements

The definitions and list of modalities must be …

1. Applicable to all health care disciplines in the pain field
2. Applicable for all EFIC members; national systems should be able to accommodate it
3. Independent from (definitions of) disciplines
4. Distinct from and aligned with definitions of multi- and interdisciplinary pain treatment
5. Distinct from and aligned with general delivery principles (biopsychosocial, patient centered, basic personalized education, …)
6. Consistent with IASP and WHO Family of Classifications

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Definitions

Multimodal pain treatment

- The coordinated simultaneous application of two or more therapeutic modalities from at least two domains of the biopsychosocial model for a person living with chronic pain

Modality

- A distinct therapeutic intervention with (a) distinct target(s)

Therapeutic pain intervention

- An action aiming to reduce pain or pain-related distress, or to improve pain-related functioning.

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Proposed list of modalities (alphabetical order)

- Complementary therapies
- Electrostimulation therapy
- Exercise therapy
- Interventional pain therapies
- Manual therapy
- Participation directed therapies
- Patient education
- Pharmacotherapy
- Psychological therapies
- Surgical therapies
- Thermotherapy

N.B.

- Illustrative, not final
- May change subject to evidence development

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EFIC Chapters

31/38 response – 81%

Definitions applicable?

- 90% yes

Support list of modalities?

- 84% yes

Barriers implementation?

- 48% yes

Barriers

- Resources and funding
- Access to care and specialists
- Education and training
- Healthcare system and policies
- Patient awareness and education

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Conclusions and discussion

- Definitions and preliminary list of modalities established
  - Agreed by Pain Forum, Chapters, EFIC Board
- Aligns with biopsychosocial nature of pain
- Applicable across disciplines and EU healthcare systems

Implementation in EU

- Address barriers

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Thanks!!

Taskforce

- Mary O'Keeffe
- Beatrice Korwisi
- Brona Fullen
- Thomas Tölle
- Rolf-Detlef Treede
- Ulrike Kaiser
- Kevin Vowles
- Michiel Reneman

Pain Forum

EFIC Chapters

EFIC EX Board and Office


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EUROPEAN PAIN FEDERATION

Pain Treatment, Management and Prevention – Is Europe Providing Adequate Access?

Wednesday 16th October 2024, Brussels

Thomas R. Toelle, MD PhD, Munich

Digital pain management as the solution to access problems

Proposals are invited against the following topic(s):

SC1-PM-12-2016: PCP - eHealth innovation in empowering the patient

Specific Challenge: Empowering the hospitalised patients, outpatients and their families/carers to support a continuum of care across a range of services can relieve the pressure on governments to provide more cost-effective healthcare systems by improving utilisation of healthcare and health outcomes. The support for patients should be understood broadly covering a continuum of care in hospital, in outpatient care, and integration back to

i) telemedicine services to follow patients e.g., with chronic or rare diseases after hospital discharge, and to interact with patients, carers and health professionals;

ii) e-mental health for patient empowerment with self-management tools and blended care; and

iii) domestic rehabilitation (both physical and cognitive) procedures under remote professional supervision.

SIP POSITION PAPER ON INCLUSION OF PAIN RESEARCH IN THE 9TH EU FRAMEWORK PROGRAM: WHAT´S NEXT?

VITTORIA CARRARO – EUROPEAN PAIN FEDERATION EFIC, BELGIUM

13th March 2018

e-Health (including m-health) in pain

- Support research on the evaluation of electronic media (e.g. digitalized patient diaries) and telemedicine for communication among healthcare professionals and between healthcare professionals and patients.
- Develop of web and mobile platforms for continuous medical education on pain, including guideline development and guideline support in pain medicine.
- Initiate funding for development of mobile health (m-health) technologies for patient empowerment and self-care in multimodal pain treatment.

Topical Review

PAIN

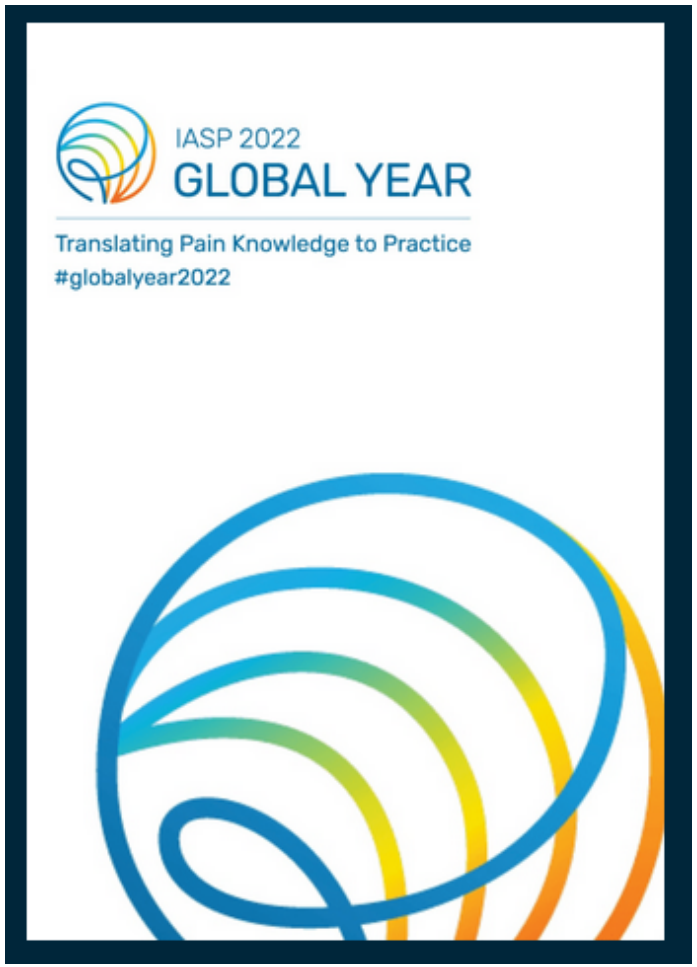
Managing patients with chronic pain during the COVID-19 outbreak: considerations for the rapid introduction of remotely supported (eHealth) pain management services

Christopher Eccleston[a,b,*], Fiona M. Blyth[c], Blake F. Dear[d], Emma A. Fisher[a,b], Francis J. Keefe[e], Mary E. Lynch[f], Tonya M. Palermo[g,h], M. Carrington Reid[i], Amanda C de C Williams[j]

Table 1

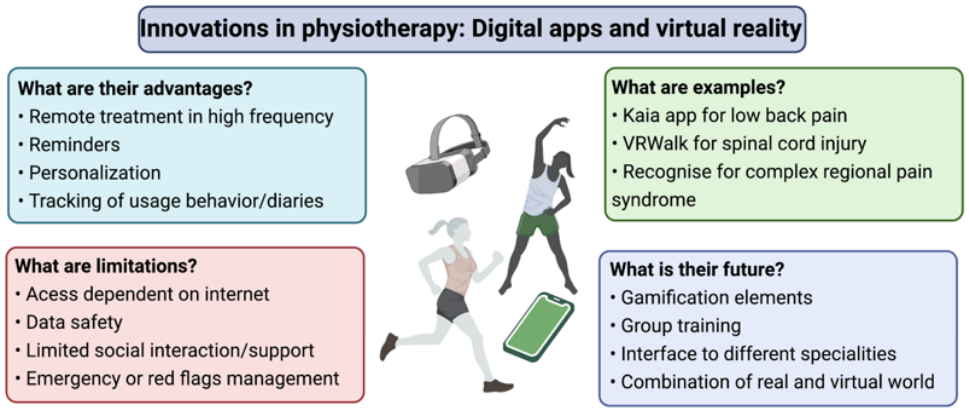
Definitions and terminology used in remotely supported pain management.

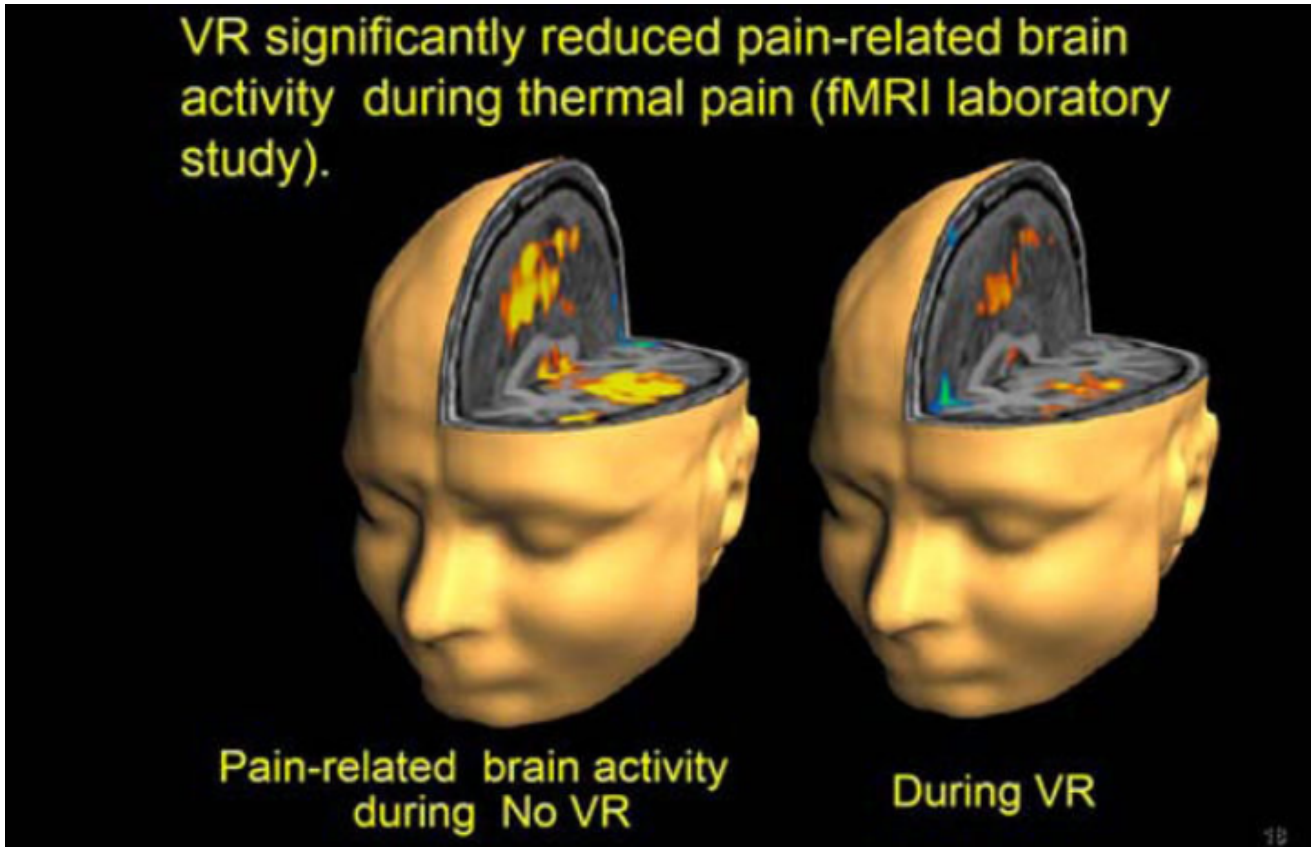
Term	Definition
Telehealth and Telemedicine	Telemedicine is the older term used more narrowly to refer to "…the use of technologies and telecommunication systems to administer health care to patients who are geographically separated from providers."[8] Telehealth is a more modern broader term referring to all possible health and social care use of technology: "Telehealth is defined as the delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies. Live video conferencing, mobile health apps, "store and forward" electronic transmission, and remote patient monitoring (RPM) are examples of technologies used in telehealth."[8]
eHealth	Electronic health (eHealth) is the "…cost-effective and secure use of information and communications technologies in support of health and health-related fields, including health-care services, health surveillance, health literature, and health education, knowledge and research."[50]
mHealth	Mobile health (mHealth) refers to "…healthcare applications and programs patients use on their smartphones, tablets, or laptops. These applications allow patients to track health measurements, set medication and appointment reminders, and share information with clinicians."[8]
Virtual reality	Virtual reality uses 2- or 3-dimensional technology to allow patients to access and interact within an often immersive "virtual world." Virtual reality requires multisensory input to create this world.[29]
Augmented reality	Augmented reality involves a transparent screen or projection or a virtual image being overlaid onto the physical world around us. It involves maintaining intact perception of the real world with a digital object or presence inserted into the world.[38]
Remote treatment or therapy	Meeting with a patient through telephone, cellular phone, the internet, or other electronic media in place of or in addition to conventional face-to-face visits to deliver treatment (term is most often used in psychotherapy).
DTx	"Digital therapeutics (DTx) deliver evidence-based therapeutic interventions to patients that are driven by high quality software programs to prevent, manage, or treat a medical disorder or disease. They are used independently or together with medications, devices, or other therapies to optimize patient care and health outcomes. DTx products incorporate advanced technology best practices relating to design, clinical validation, usability, and data security."[16]



FACT SHEETS

Innovations in Physiotherapy and Digital Health



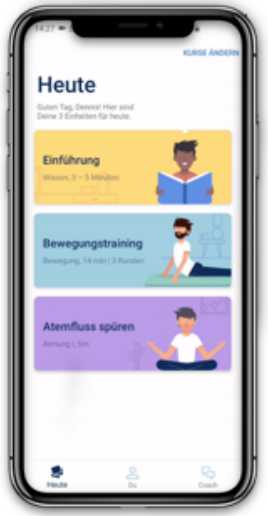

VR significantly reduced pain-related brain activity during thermal pain (fMRI laboratory study).
Pain-related brain activity during No VR
During VR

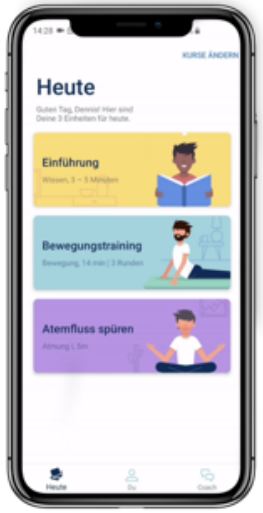
Kaia App

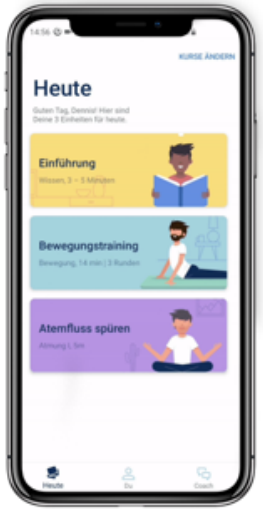
Physiotherapy

Relaxation

Education







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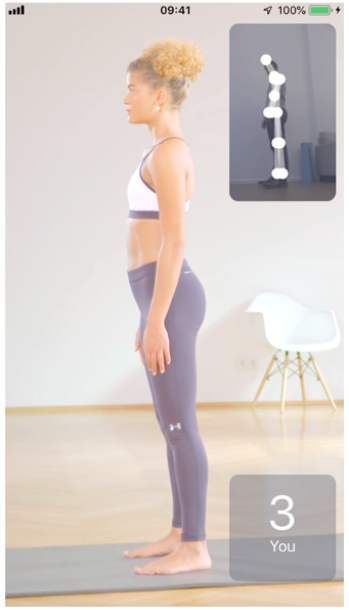
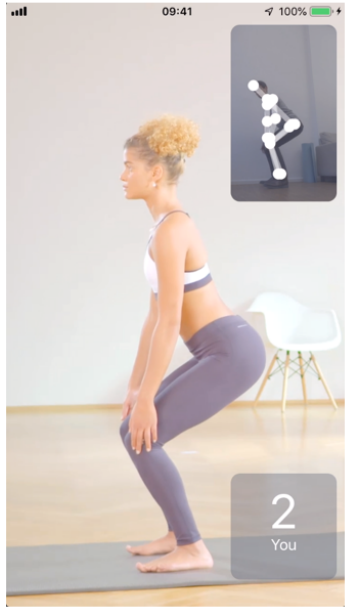
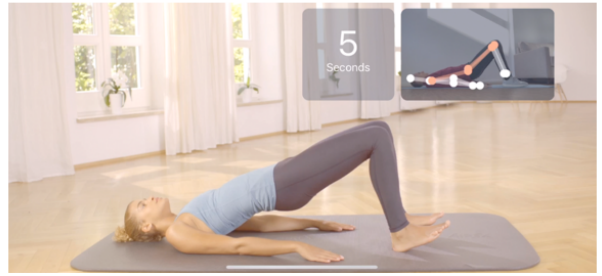
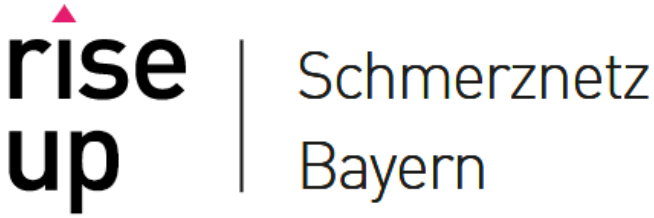
Motion Coach Screenshots









Journal of Pain Research

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Open Access Full Text Article

CLINICAL TRIAL REPORT

Medical App Treatment of Non-Specific Low Back Pain in the 12-month Cluster-Randomized Controlled Trial Rise-uP: Where Clinical Superiority Meets Cost Savings

Janosch A Priebe[1], Linda Kerkemeyer[2], Katharina K Haas[1], Katharina Achtert[2], Leida F Moreno Sanchez[1,3], Paul Stockert[1], Maximilian Spannagl[1], Julia Wendlinger[1], Reinhard Thoma[4], Siegfried Ulrich Jedamzik[3], Jan Reichmann[5], Sebastian Franke[6], Leonie Sundmacher[6], Volker E Amelung[2], Thomas R Toelle[1]

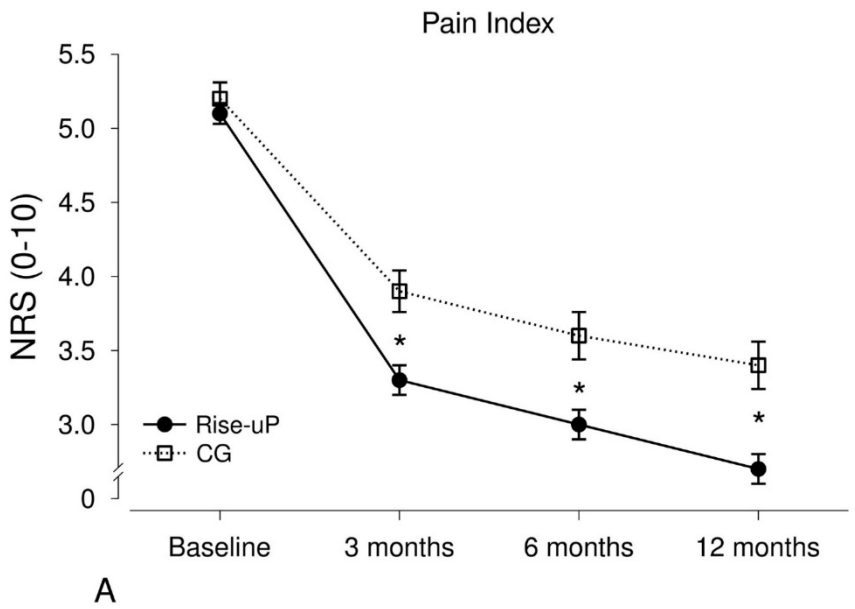
[1]Center of Interdisciplinary Pain Medicine, Department of Neurology, Klinikum Rechts der Isar, Technical University of Munich (TUM), Munich, Germany; [2]Institute for Applied Health Services Research, Inav GmbH, Berlin, Germany; [3]Bayerische TelemedAllianz, Ingolstadt, Baar-Ebenhausen, Germany; [4]Pain Clinic, Algesiologikum Pain Center, Munich, Germany; [5]StatConsult GmbH Magdeburg, Magdeburg, Germany; [6]Department of Health Economics, Faculty of Sports and Health Sciences, Technical University of Munich (TUM), Munich, Germany

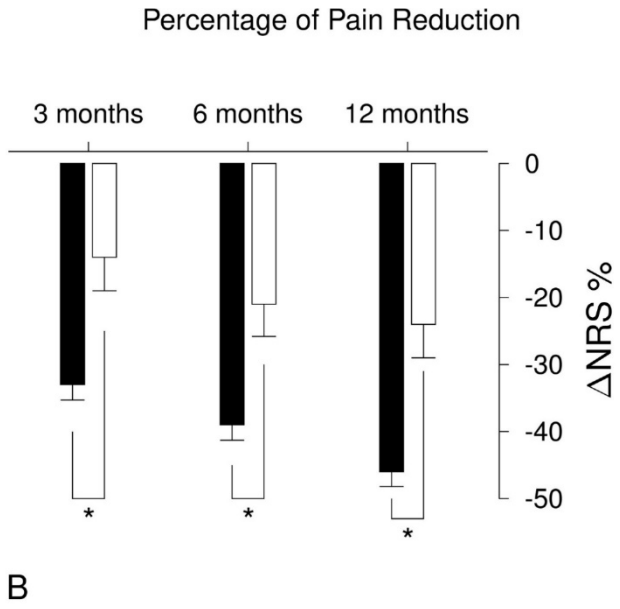
Correspondence: Thomas R Toelle, Center of Interdisciplinary Pain Medicine, Department of Neurology, Klinikum rechts der Isar, Technical University of Munich (TUM), Ismaninger Str. 22, Munich, 81675, Germany, Tel +49-89-4140-4613, Email thomas.toelle@tum.de

Rücken innovative Schmerztherapie mit e-Health für unsere Patienten

The Back innovative Pain Therapy with e-Health for our patients

Primary Endpoint: Pain Index

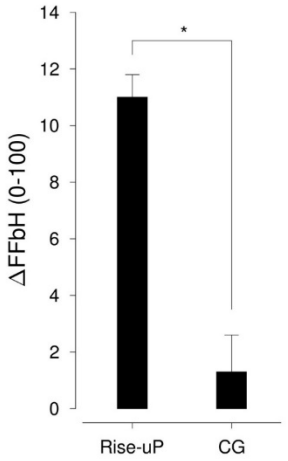




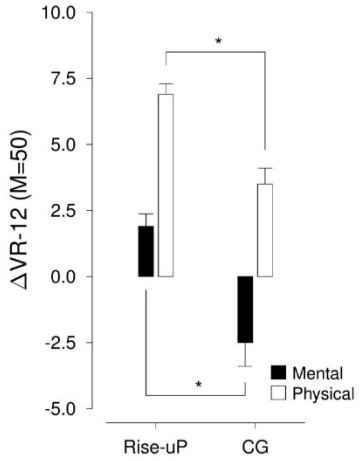
Priebe et al., 2024

rise up | Schmerznetz Bayern

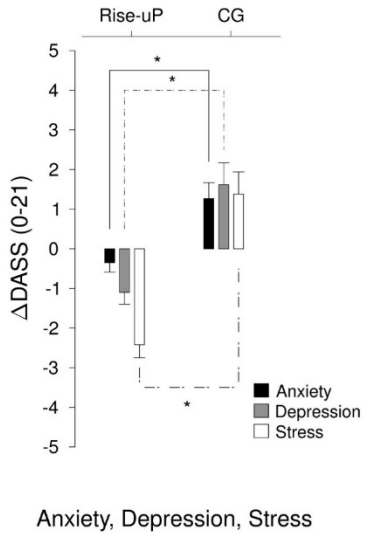
Secondary Outcomes



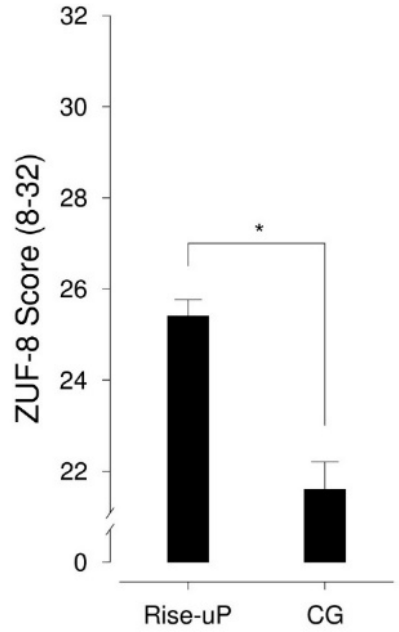
Functional Ability



Wellbeing



Anxiety, Depression, Stress



Patient Satisfaction

Priebe et al., 2024.

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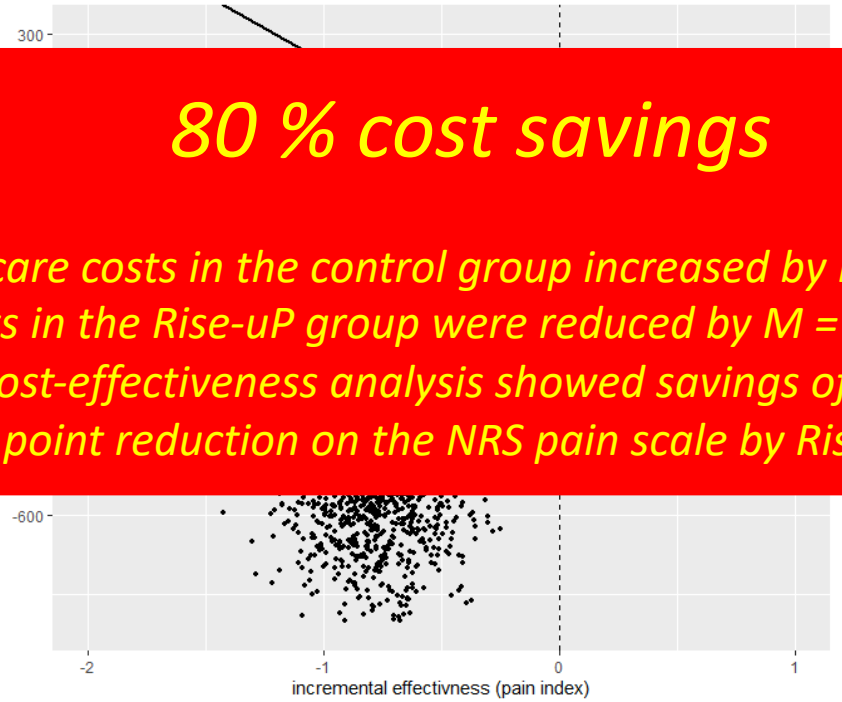
Cost Data



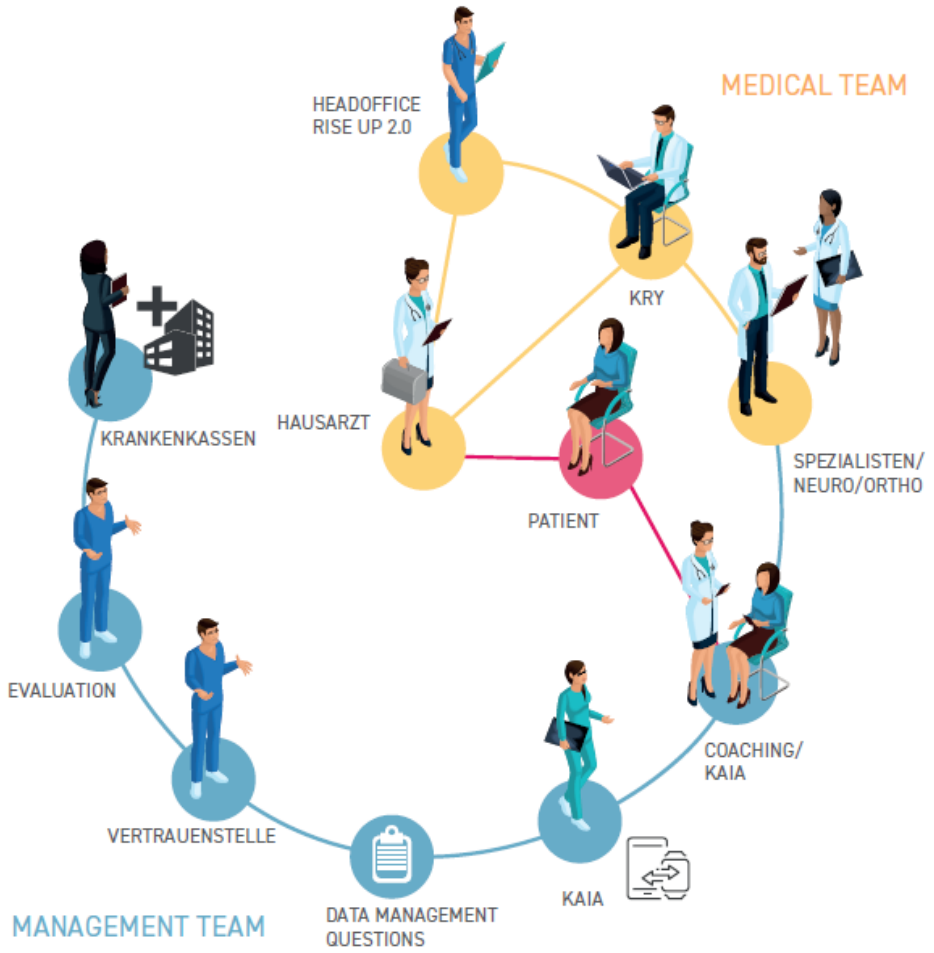
80 % cost savings

"Healthcare costs in the control group increased by M = 207.72 €, the costs in the Rise-uP group were reduced by M = -39,20 € (p = .021). Cost-effectiveness analysis showed savings of 416.21€ per point reduction on the NRS pain scale by Rise-uP

Priebe et al., 2024.

rise up | Schmerznetz Bayern

Where do we go with digital pain management..?!



SAPIENZA
UNIVERSITÀ DI ROMA
Dipartimento di Neuroscienze Umane
Unità di Malattie Neuromuscolari

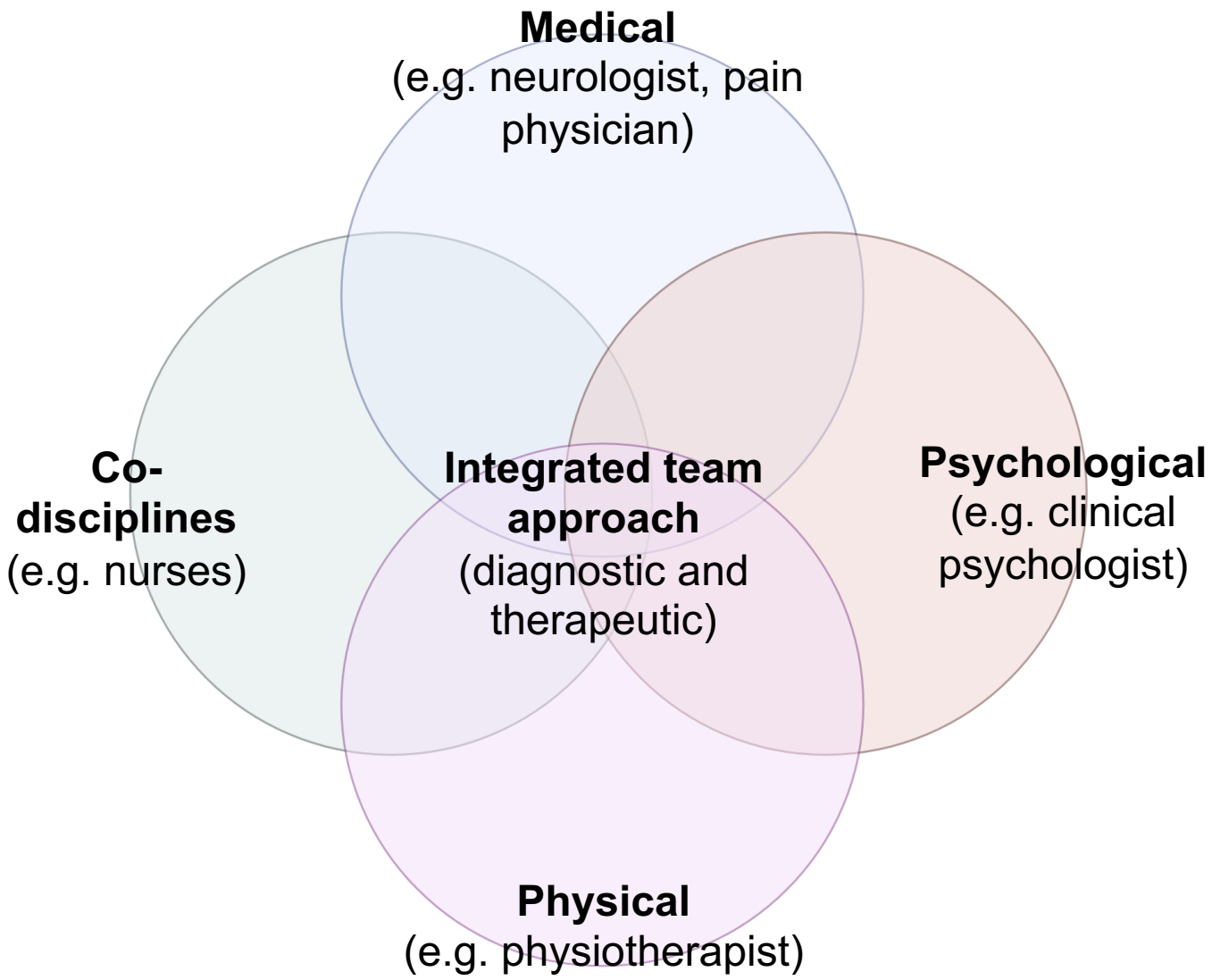
What is the value of pain treatment?

A Truini

Department of Human Neuroscience, Sapienza University, Rome

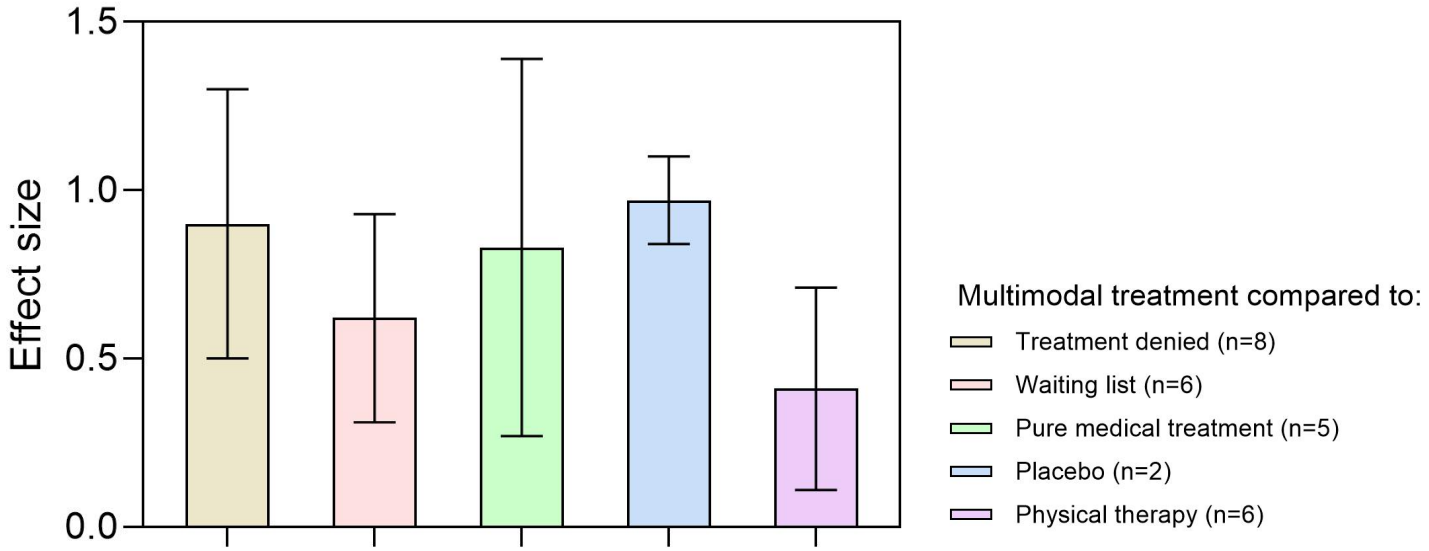
Treatment goals in people with chronic pain:

- To reduce pain
- To increase activity levels, reduce amount of time resting during the day, and carry out functional life activities
- To resolve disability claims and return patients to work or vocational training
- To reduce opioid medication or use it more appropriately
- To reduce emotional distress, such as depression and anxiety, and master coping techniques
- To decrease the use of medical resources



Multimodal treatment for chronic pain

The “gain” of multimodal treatment over different controls



Multimodal treatment compared to different types of control groups. The higher the effect size the more effective the multimodal treatment compared to the control treatment.

Within- and between-group effect sizes revealed that multidisciplinary treatments for chronic pain are superior to no treatment, waiting list, as well as single-discipline treatments such as medical treatment or physical therapy. Moreover, the effects appeared to be stable over time. The beneficial effects of multidisciplinary treatment were not limited to improvements in pain, mood and interference but also extended to behavioral variables such as return to work or use of the health care system.

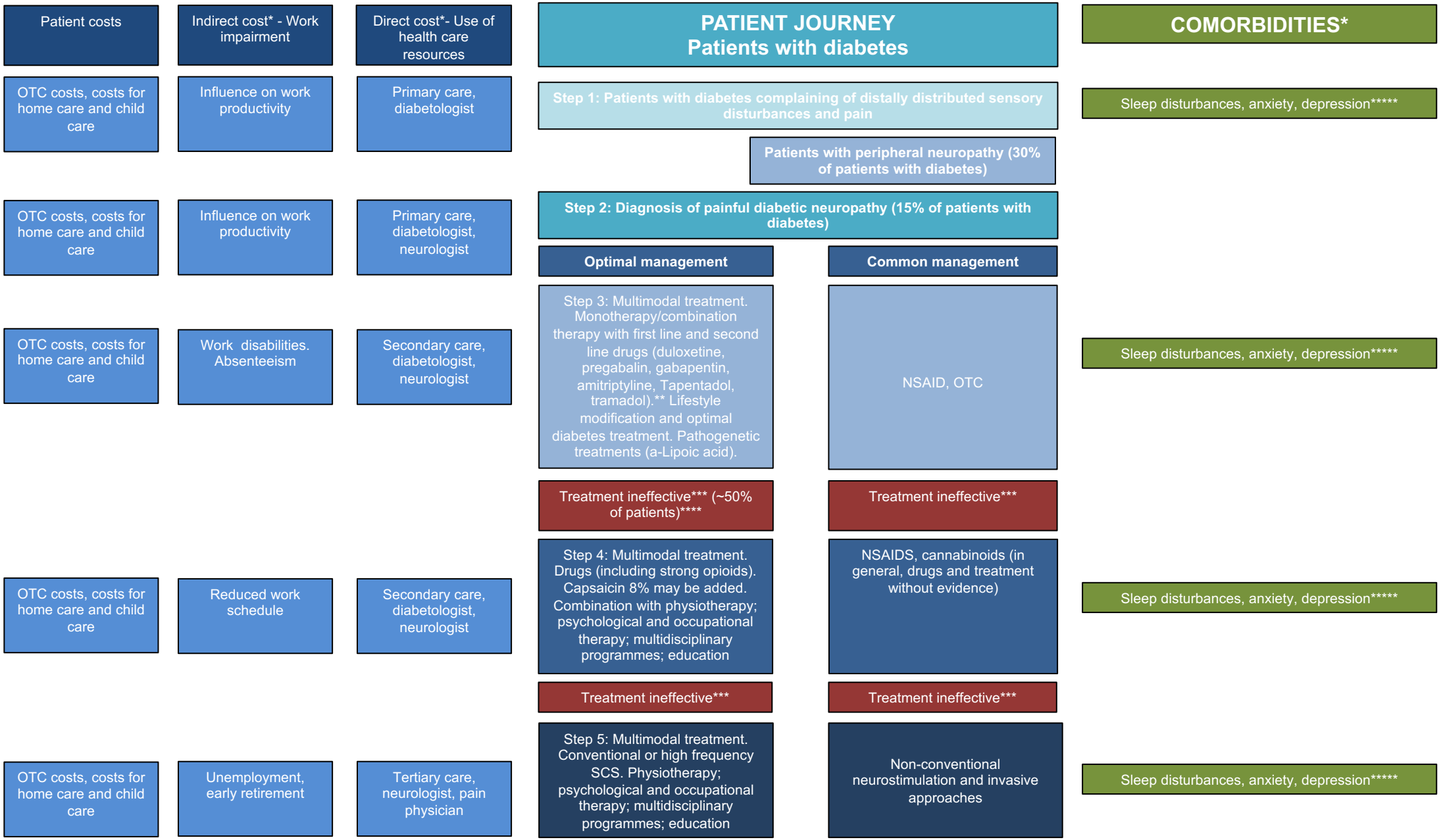
Flor et al., Pain 1992

Is mulitmodal treatment more expensive than unimodal treatment?

Value of Treatment Study

A comparison of optimal management vs current management of chronic pain

The aim of this project is to compare Interdisciplinary Multimodal Chronic Pain Management with current care uninomodal treatment, in adults of working age in three representative chronic pain conditions (painful diabetic neuropathy, non-specific low back pain and fibromyalgia).



*Direct and indirect costs and comorbidities increase with the severity of pain and pharmacoresistance
**Monotherapy and combination therapies may consist of reiterate treatment with first-line drugs, due to lack of efficacy or adverse events.
***Treatment is ineffective when the patient does not get a 30% reduction of pain OR an improvement of at least 1 point in the Patient Global Impression of Change OR has intolerable side effects
****Based on the generally agreed notion that only 50% of patients has an adequate pain relief with standard of care drugs.
*****Comorbidities are associated with pain severity. Depression and anxiety in patients are associated with increased drug consumption and healthcare utilization costs. Catastrophizing predicts treatment response (OR 0.3)

Value of Treatment Study

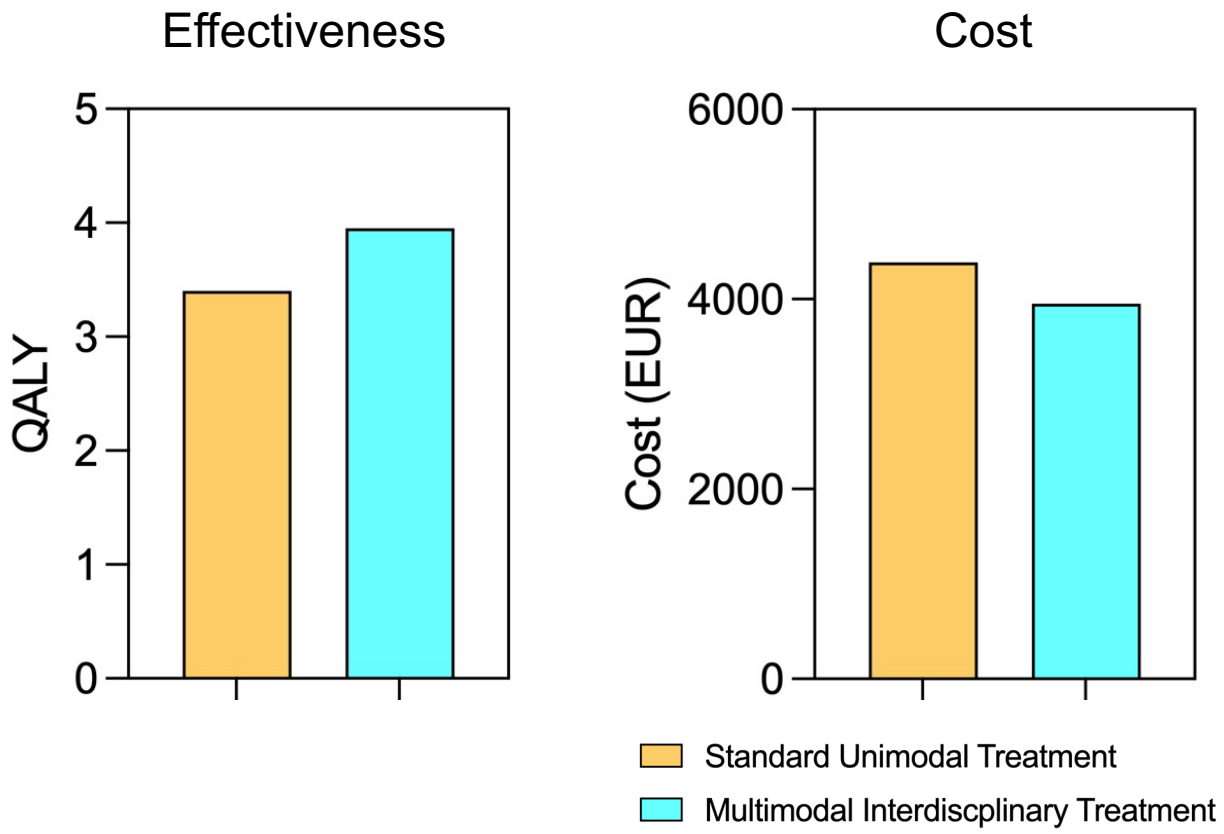
A comparison of optimal management vs current management of chronic pain

The cost-effectiveness analysis is performed for a cohort of patients with painful diabetic neuropathy.

Data sources used include clinical trials, other published literature, and specific epidemiology and costing data, and clinical expert opinion.

The model includes relevant economic measures such as resource utilization patterns associated with outpatient and inpatient care for the treatment of diabetic neuropathic pain.

The cost-effectiveness analysis is based on a 5-year time horizon.



M Nuijten on behalf of VoT task force

The value of pain treatment

We know that interdisciplinary multimodal pain treatment is effective and improves patient outcomes. Multiple observations suggest that this approach also saves money. This calls for action to implement interdisciplinary multimodal pain treatment for those suffering from chronic pain.

Session 1: Debate Topic

'How should access to pain treatment be promoted in the current economic context?'

Speakers: Michiel Reneman, Thomas Toelle, Andrea Truini, Liisa Jutila

The Societal Impact of Pain

Pain Treatment, Management and Prevention – Is Europe Providing Adequate Access?

Session 2: Promotion of prevention and healthy lifestyles: **Pain and Lifestyle/work.**

Cormac Ryan,
Teesside University, UK
Professor of Clinical Rehabilitation
Community Pain Champion for the *Flippin' Pain* Campaign

Conflict: My University receives fees for my involvement in the Flippin Pain campaign. I receive no personal fees.

The Societal Impact of Pain

Is Europe Providing Adequate Access?

The Societal Impact of Pain

Is Europe Providing Adequate Access?

It doesn’t matter!

The Societal Impact of Pain

Is Europe Providing Adequate Access?

It doesn’t matter!

The Societal Impact of Pain

Biomedical model

The Societal Impact of Pain

Pain related Myths

- Pain only occurs when you are injured
- The greater the injury the greater the pain will be
- Chronic pain means the injury has not healed

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MYTHS
FACTS

The Societal Impact of Pain

Best treatments make no sense

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The Societal Impact of Pain

American Pain Society
RESEARCH
EDUCATION
TREATMENT
ADVOCACY
PUBLISHED BY ELSEVIER
The Journal of Pain, Vol 19, No 8 (August), 2018: pp 837-851
Available online at www.jpain.org and www.sciencedirect.com

Focus Article

Research Agenda for the Prevention of Pain and Its Impact: Report of the Work Group on the Prevention of Acute and Chronic Pain of the Federal Pain Research Strategy

CrossMark

Viewpoint

Low back pain: a call for action

*Rachelle Buchbinder, Maurits van Tulder, Birgitta Öberg, Lucíola Menezes Costa, Anthony Woolf, Mark Schoene, Peter Croft, on behalf of the Lancet Low Back Pain Series Working Group**

ARTICLE IN PRESS
USASP
US ASSOCIATION FOR THE STUDY OF PAIN
PUBLISHED BY ELSEVIER
The Journal of Pain, Vol xxx, No. xxx (xxxx), xxxx: pp xxx–xxx
Available online at www.jpain.org and www.sciencedirect.com

Review Article

We Are All in This Together—Whole of Community Pain Science Education Campaigns to Promote Better Management of Persistent Pain

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JOURNAL ARTICLE

Reconfiguring the biomedical dominance of pain: time for alternative perspectives from health promotion?

Get access >

Mark I Johnson ✉, Antonio Bonacaro, Emmanouil Georgiadis, James Woodall

Health Promotion International, Volume 37, Issue 4, August 2022, daac128,
https://doi.org/10.1093/heapro/daac128
Published: 14 September 2022

SIP
Societal Impact of Pain

The Societal Impact of Pain

2-3% GDP

441bn

The Societal Impact of Pain

The Societal Impact of Pain

3% of health care spending

The Societal Impact of Pain

2-3% GDP

441bn

3%
(13.2bn)

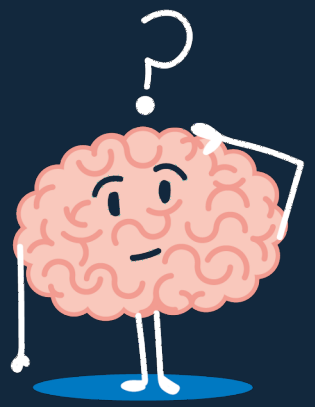
Pain Revolution

Campaign Messages

FLIPPIN' PAIN®

Pain

Do you get it?



Persistent pain is COMMON and can affect anyone

Hurt does not always mean HARM

EVERYTHING matters when it comes to pain

MEDICINES and surgeries are often not the answer

UNDERSTANDING your pain can be key

RECOVERY is possible

Engage | Educate | Empower

Pain: Do You Get It?

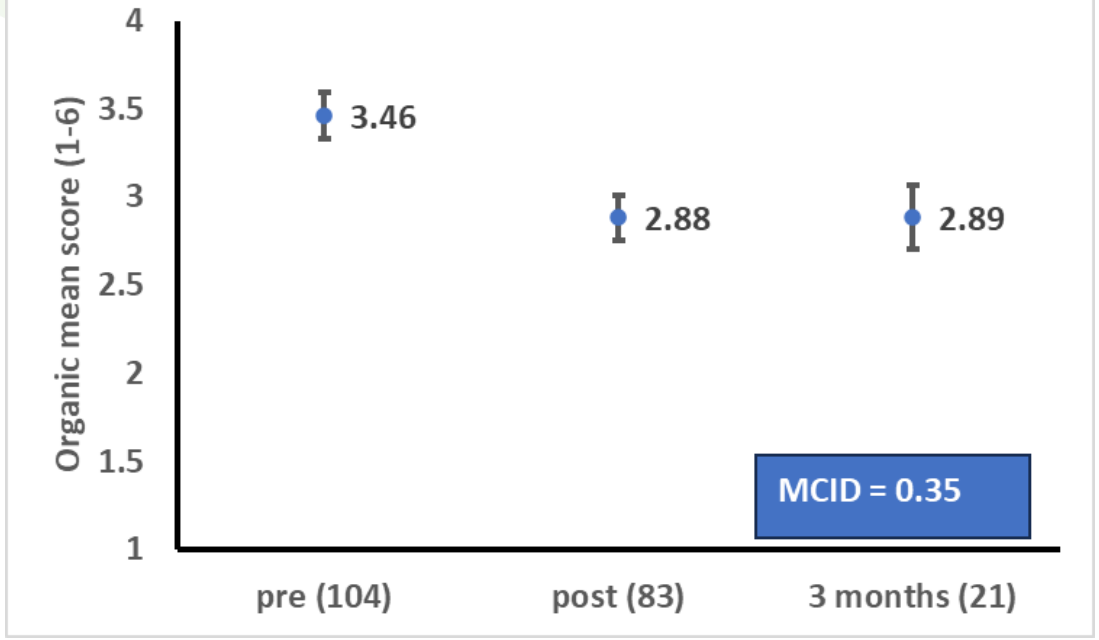
Engage | Educate | Empower

Teesside University

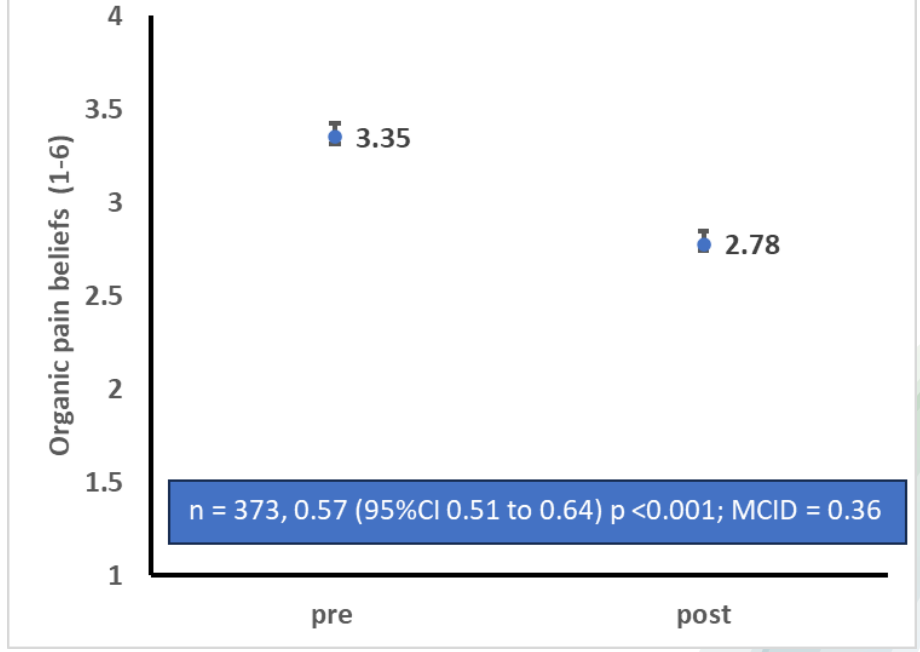
Virtual reality – to communicate about pain

The Societal Impact of Pain

Lincolnshire tour:



Tees Valley tour:



(Manuscripts in preparation)

Since 2019....

8k people have joined us 'live' at an event (3.5k professionals, 4.5k members of the public).

64k people have visited the Flippin' Pain website and used our free resources.

11.6k have followed Flippin' Pain on social media.

118k have watched a recording of an event on YouTube!

7.8k have signed up to the Flippin' Pain bimonthly newsletter.

9.4k have listened to the Flippin' Pain formula, our free podcast series.

Pain education: Prioritise pain education for healthcare professionals, patients, policy makers, and the general public.

Tame the Beast

The Pain toolkit
www.paintoolkit.org

FLIPPIN' PAIN®
Engage | Educate | Empower

LiveWell with pain

www.flippinpain.co.uk

info@flippinpain.co.uk

@flippinpain @FlippinPain flippinpain

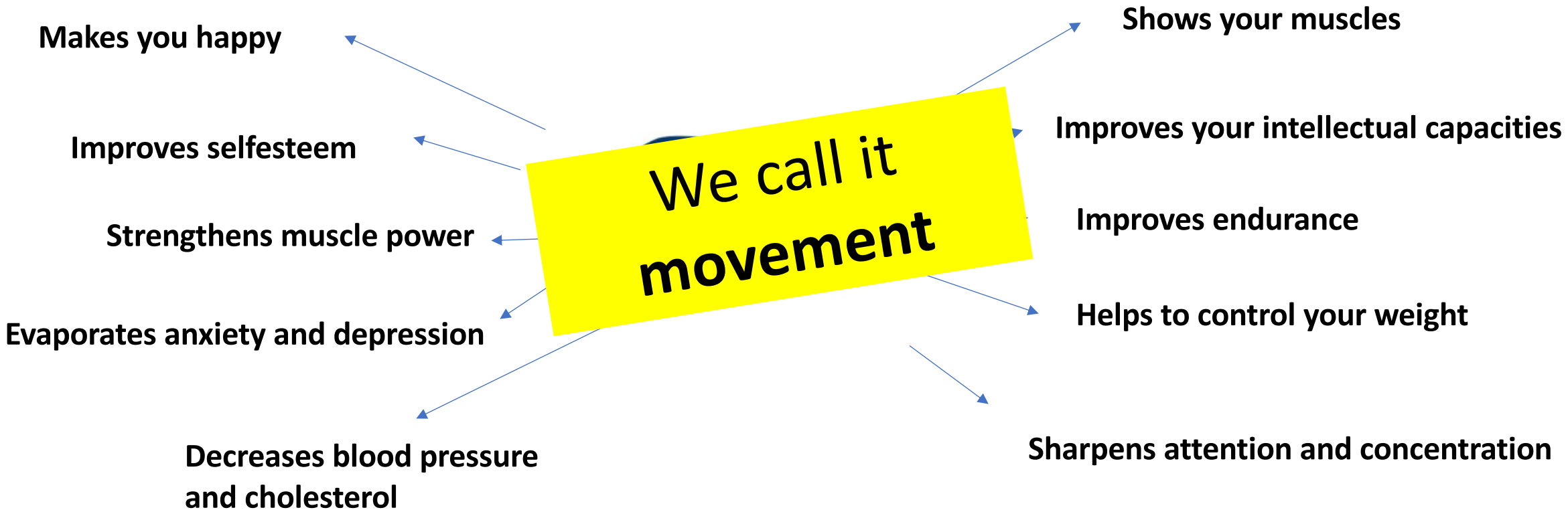
Teesside University

Promotion of primary prevention in healthcare systems

Prof. Dr. Bart Morlion

KU Leuven, Belgium

Do you want a medicine that…?



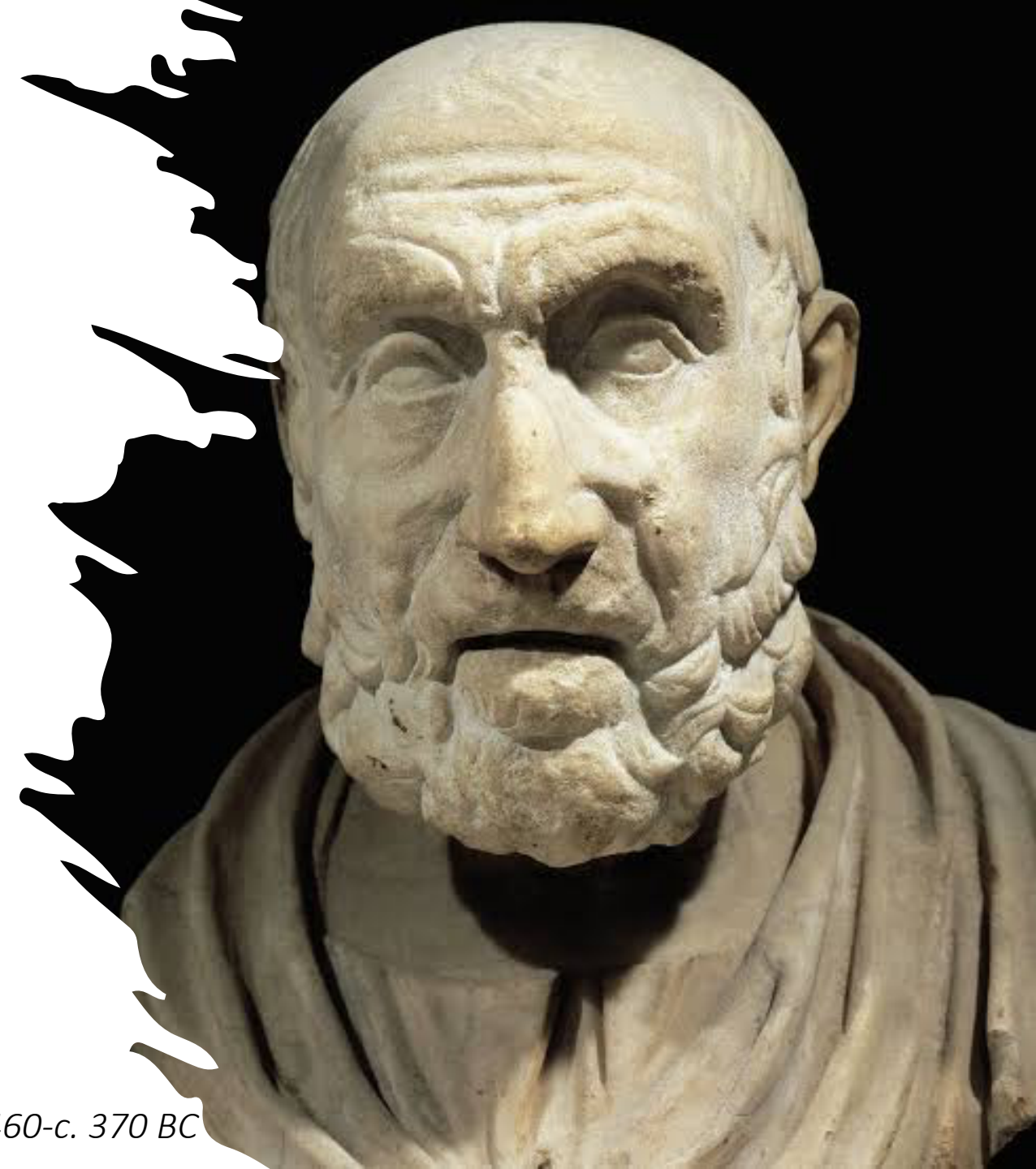
Available everywhere,
For free without prescription
Safe, even for children

Adapted from Bodytalk nov. 2015

If we could give every individual the right amount of nourishment and exercise…

we could have found the safest way to health.

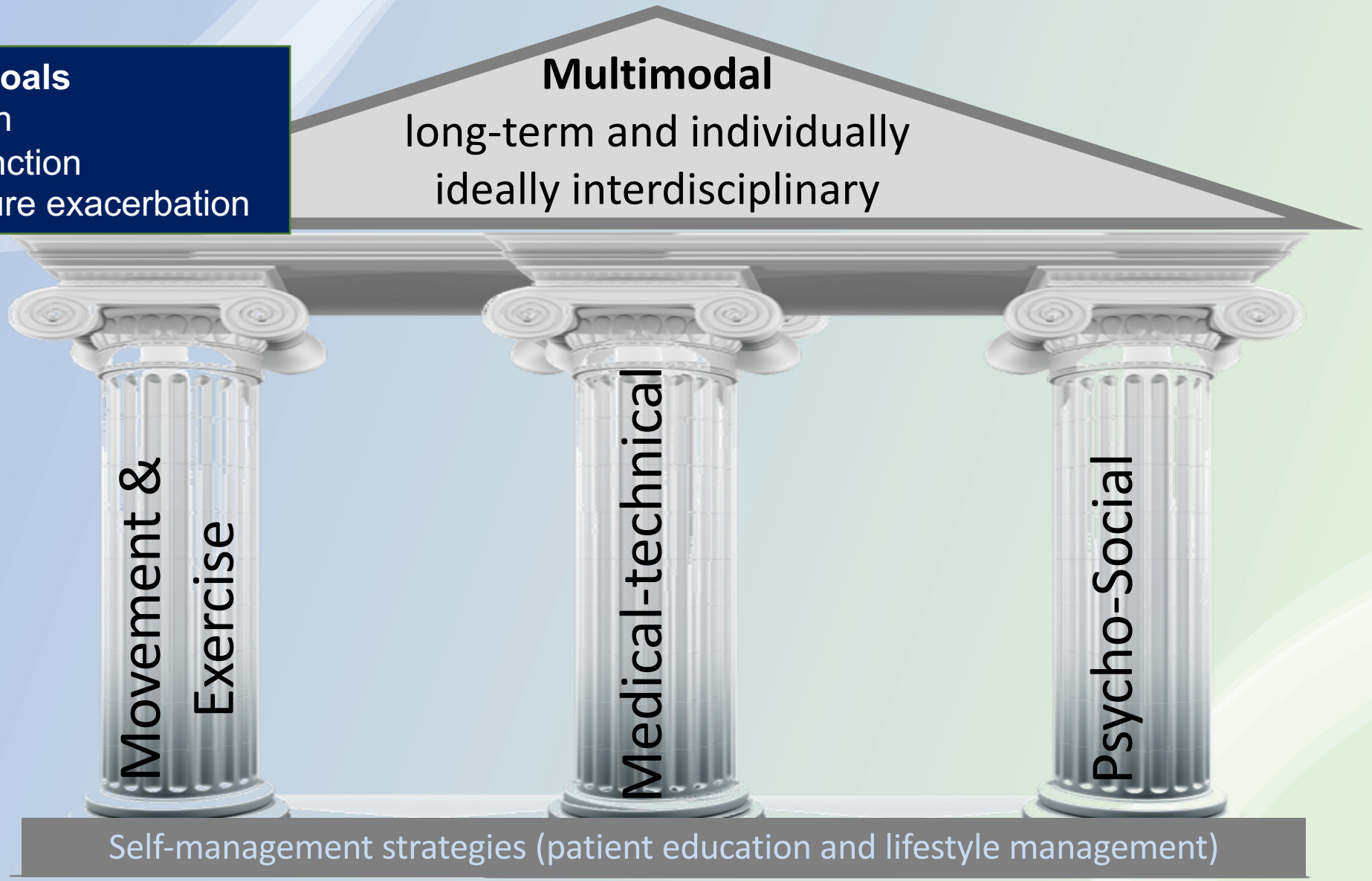
‘Walking is man’s best medicine’



Hippocrates of Kos *c. 460-c. 370 BC*

Optimizing treatment choices for pain

Goals
- Reduce pain
- Maintain function
- Prevent future exacerbation



Graphic composed by the author. Adapted from Merlin P... Nat. Rev. Neurol. 469-473 (2012)

EFIC
EUROPEAN PAIN FEDERATION

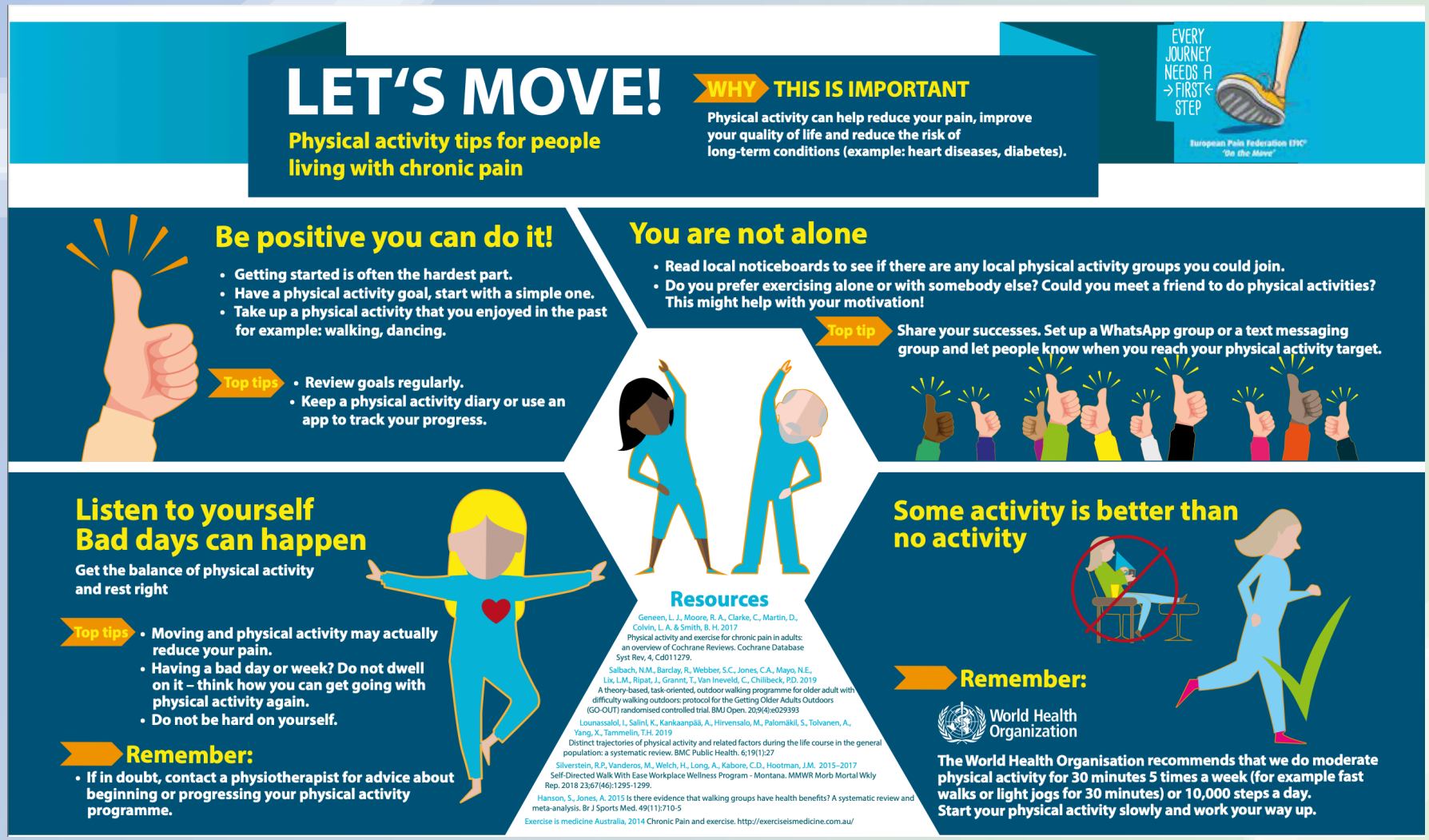
EVERY JOURNEY NEEDS A FIRST STEP

European Pain Federation EFIC©

'On the Move'

SIP
Societal Impact of Pain

Physical activity as primary intervention



Vaegter HB et al. Eur J Pain 2024 May 4; https://europeanpainfederation.eu/wp-content/uploads/2019/09/Infographic-patients.pdf Accessed July 3rd 2024

ON THE MOVE

PROMOTING PHYSICAL ACTIVITY IN CHRONIC PAIN

Received: 9 March 2024 | Revised: 11 April 2024 | Accepted: 17 April 2024

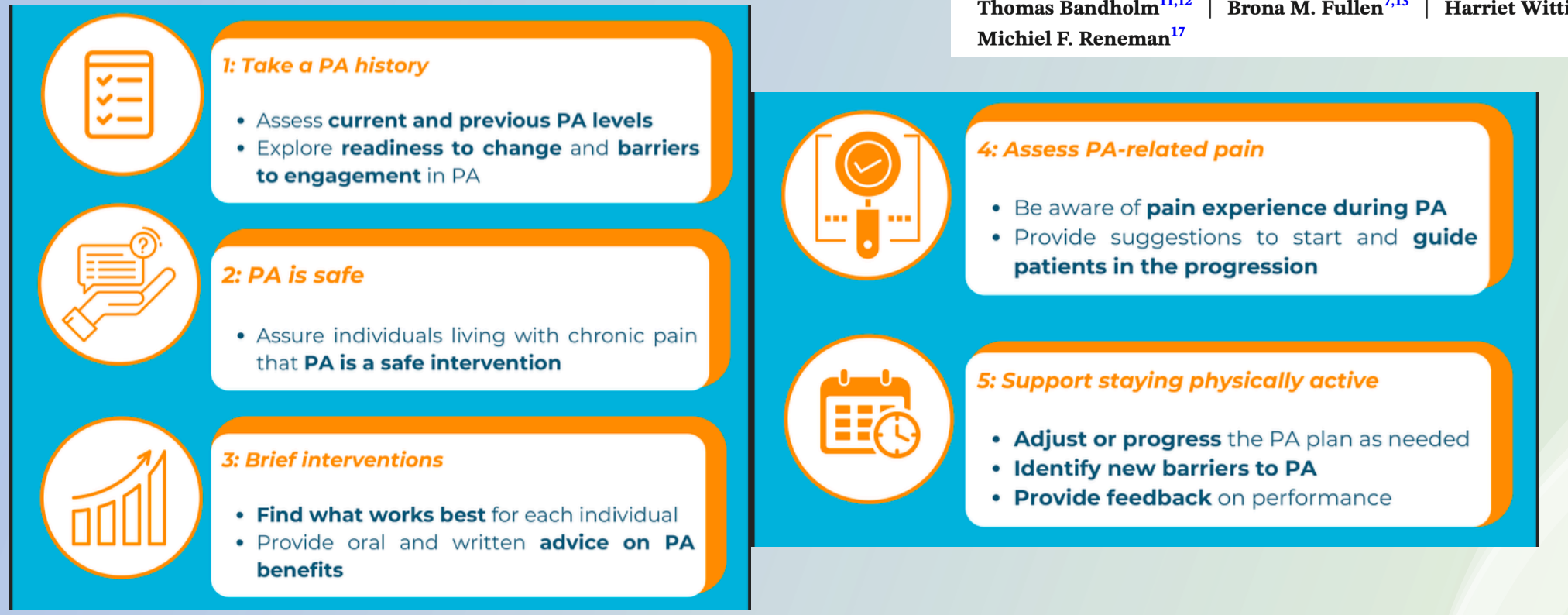
DOI: 10.1002/ejp.2278

EJP European Journal of Pain

POSITION PAPER

Physical activity should be the primary intervention for individuals living with chronic pain A position paper from the European Pain Federation (EFIC) 'On the Move' Task Force

Henrik Bjarke Vaegter[1,2] | Marja Kinnunen[3,4] | Jonas Verbrugghe[5,6] | Caitriona Cunningham[7] | Mira Meeus[6,8] | Susan Armijo-Olivo[9,10] | Thomas Bandholm[11,12] | Brona M. Fullen[7,13] | Harriet Wittink[14] | Bart Morlion[15,16] | Michiel F. Reneman[17]



SIP Societal Impact of Pain

Vaegter HB et al. Eur J Pain 2024 May 4; https://europeanpainfederation.eu/wp-content/uploads/2019/09/Infographic-patients.pdf Accessed July 3rd 2024

EFIC call to action

All healthcare professionals should advise patients on the importance of physical activity and the role that physical activity plays in the prevention of chronic pain.

This requires knowledge, motivation, empowerment (using language that patients understand), a physical environment that facilitates change and a plan that helps them to persevere.

plain talking | EFIC EUROPEAN PAIN FEDERATION European Pain Federation EFIC ©

Clear communication..... healthier lifestyles

EFIC Health Literacy Campaign

Dr Brona Fullen
University College Dublin
European Pain Federation EFIC
On behalf of the Dr Laura Mackey & the HL Working Group

Managing your Health

Understand your body

Get to right service

Form filling

Describe chronology & symptoms

Understand HCP

Understand & follow instructions

Health Literacy

The personal characteristics and social
resources needed for indivi
communities to
appra
servic

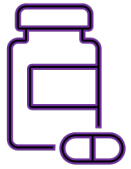
47.6% Limited (inadequate or problematic) HL[1]

WHO, 2015

Sorensen et al 2015[1]

Impact of Health Literacy on Pain

Poorer knowledge & beliefs about pain



Incorrect dosage
Opioid dependence

Drop out of rehab
Don't know where to access care

More pain
More disability
More psychological barriers to rehab

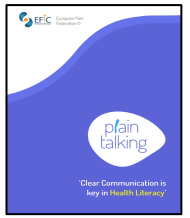
Health service

[1]Mackey et al 2019, [2]Rogers et al 2020, [3]Wong et al 2014, [4]Bicego et al 2021, [5]Devraj et al 2013, [6] Bittencoiurt et al 2012, [7]Kapoor et al 2016, Caplan et al 2018

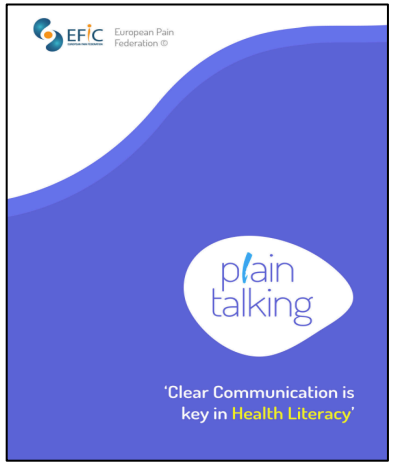
European Pain Federation EFIC ©

EFIC Call to Action…..Plain Talking

People living with pain have a right to understand their condition & clinicians should communicate this in a clear & comprehensible way by adjusting their language to meet the person's needs.



EFIC Plain Talking Campaign.....23 languages



Health literacy…..’Plain Talking’

Empowers patients to actively engage
in a meaningful way in their own health

International
Longevity Centre UK

Painfully unaware: Improving older people's understanding of shingles vaccination

ilcuk.org.uk

What happens next

Why is vaccination so important?

- 1 in 3 adults will get shingles in their lifetime, and the risk of infection and complications increases with age
- Vaccination is the best way to prevent shingles
- The economic impact in Europe is significant

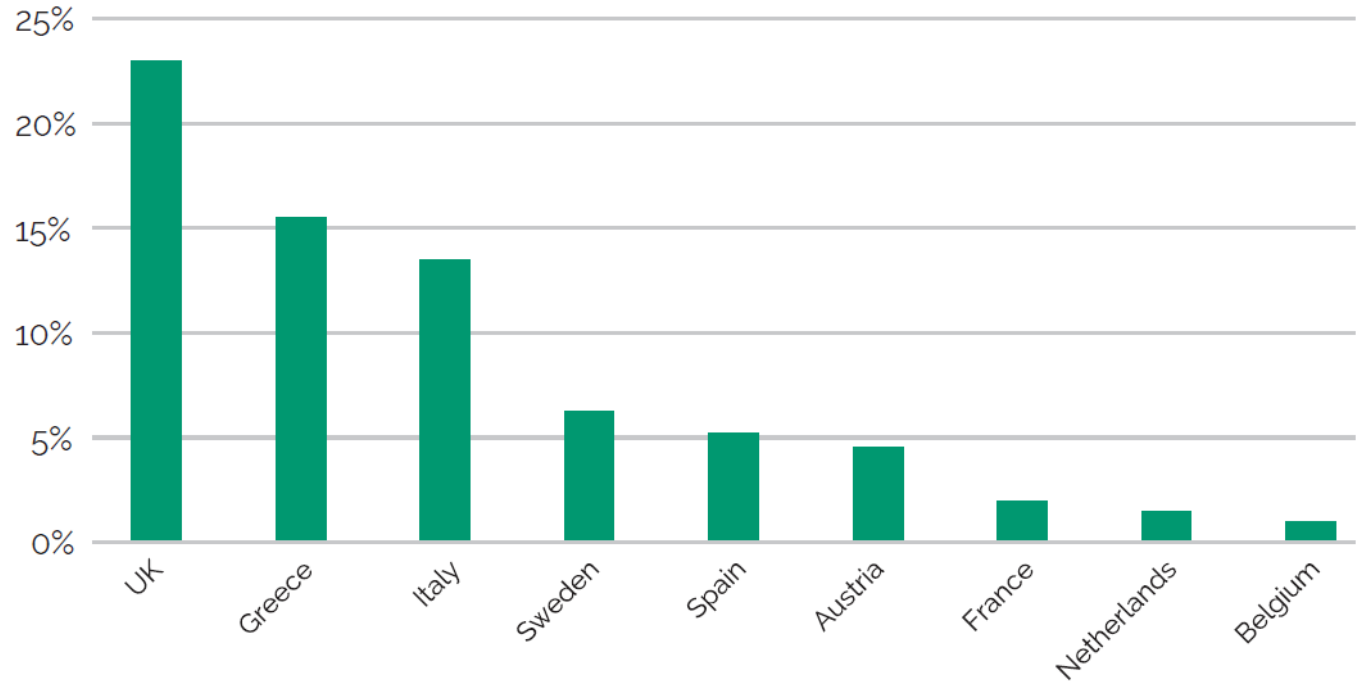
ilc...
International
Longevity Centre UK

Methodology

- We studied nine countries: Austria, Belgium, France, Greece, Italy, Netherlands, Spain, Sweden and UK.
- We surveyed 3,613 people aged 50 and over:
  - 400-403 from each country
  - 1107 aged 50-59, 1228 aged 60-69, 1278 aged 70+
  - 1813 men, 1800 women

Eight in ten participants value vaccination, but shingles falls through the cracks

Figure 2: Percentage to receive the shingles vaccine by country



85% of participants had been vaccinated against COVID-19 and 59% had been vaccinated against flu.

Only 8% were vaccinated against shingles.

ILC...
International
Longevity Centre UK

Awareness of the shingles virus is low

- 6% of all participants have never heard of shingles
- Only 8% of participants felt they were currently at risk of developing shingles
- One in five don’t know how severe a shingles infection can be
- 70% of participants had not been informed of the risks of shingles by their doctors
- Knowledge was better in countries with stronger shingles vaccination programmes and/or higher health literacy

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Doctors and knowledge levels both impact vaccine uptake

Figure 8: Correlation between uptake and HCP communication, by country

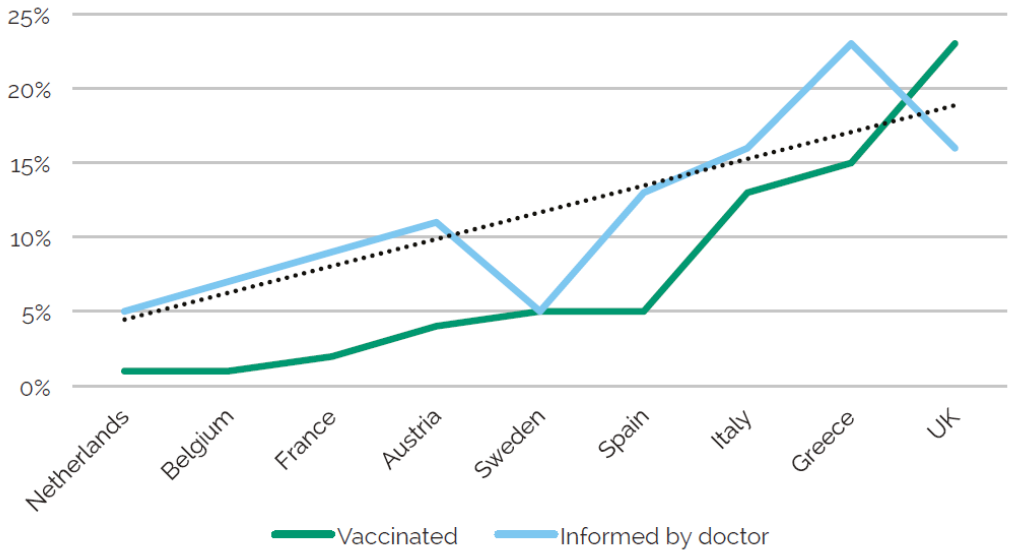
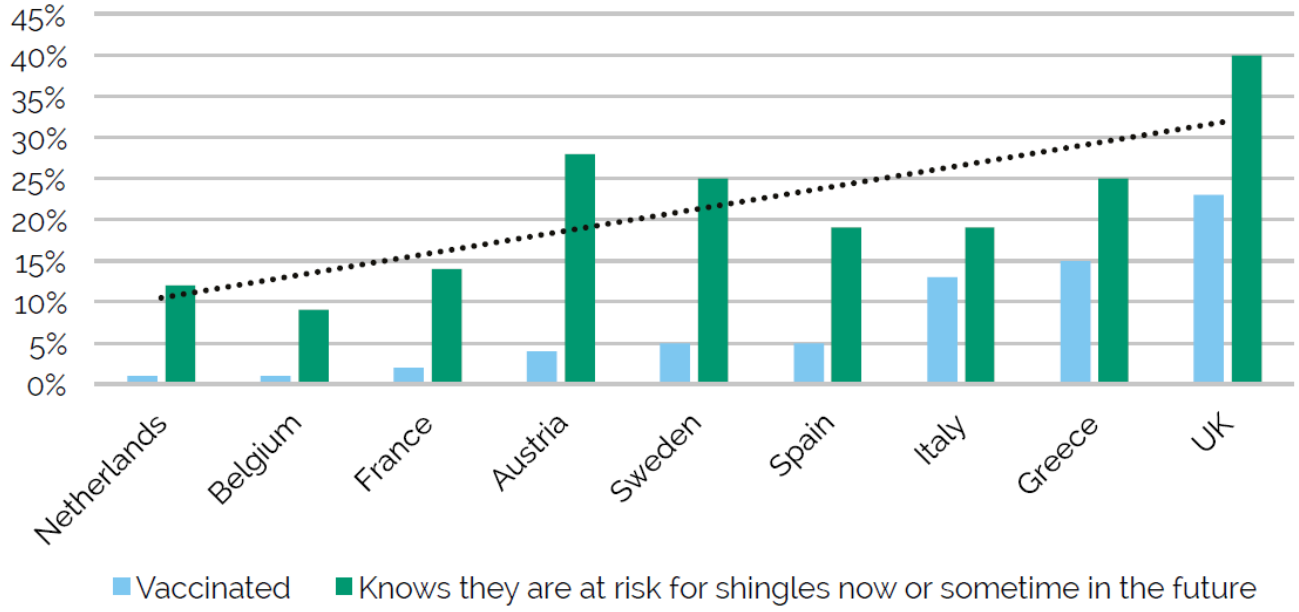


Figure 9: Correlation between knowledge and uptake, by country



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Knowledge is the biggest motivator for participants who had already been vaccinated

- Most people got vaccinated because they understood the consequences of shingles or knew someone personally who had shingles
- Free vaccination and convenience were also drivers
- Participants from countries with weaker vaccination programmes were more motivated to vaccinate if they know someone who has had shingles

Free vaccination and improved knowledge would support increased uptake

- Over one in four participants say better knowledge of the consequences of shingles would encourage them to get vaccinated
- One in four say free vaccination would encourage them to get vaccinated
- 90% of participants that know about shingles are interested in getting vaccinated

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What happens next?

- We need to invest in systems designed for prevention
- We need to inspire and engage individuals to get vaccinated
- We need to democratize access to prevention
- We need to support the effective use of technology

International
Longevity Centre UK

Thank you

ilcuk.org.uk/painfully-unaware

annavanrenen@ilcuk.org.uk

Session 2: Debate Topic

'*Health systems should focus more on prevention than treatment*'

Speakers: Cormac Ryan, Bart Morlion, Brona Fullen, Anna van Renen, Gemma Fernández Bosch

UNODC
United Nations Office on Drugs and Crime

Ensuring Availability of and Access to Controlled Substances for Medical and Scientific Purposes While Preventing Diversion and Non-Medical Use, and Misuse

Elizabeth Sáenz
UNODC Programme Officer
16 October 2024

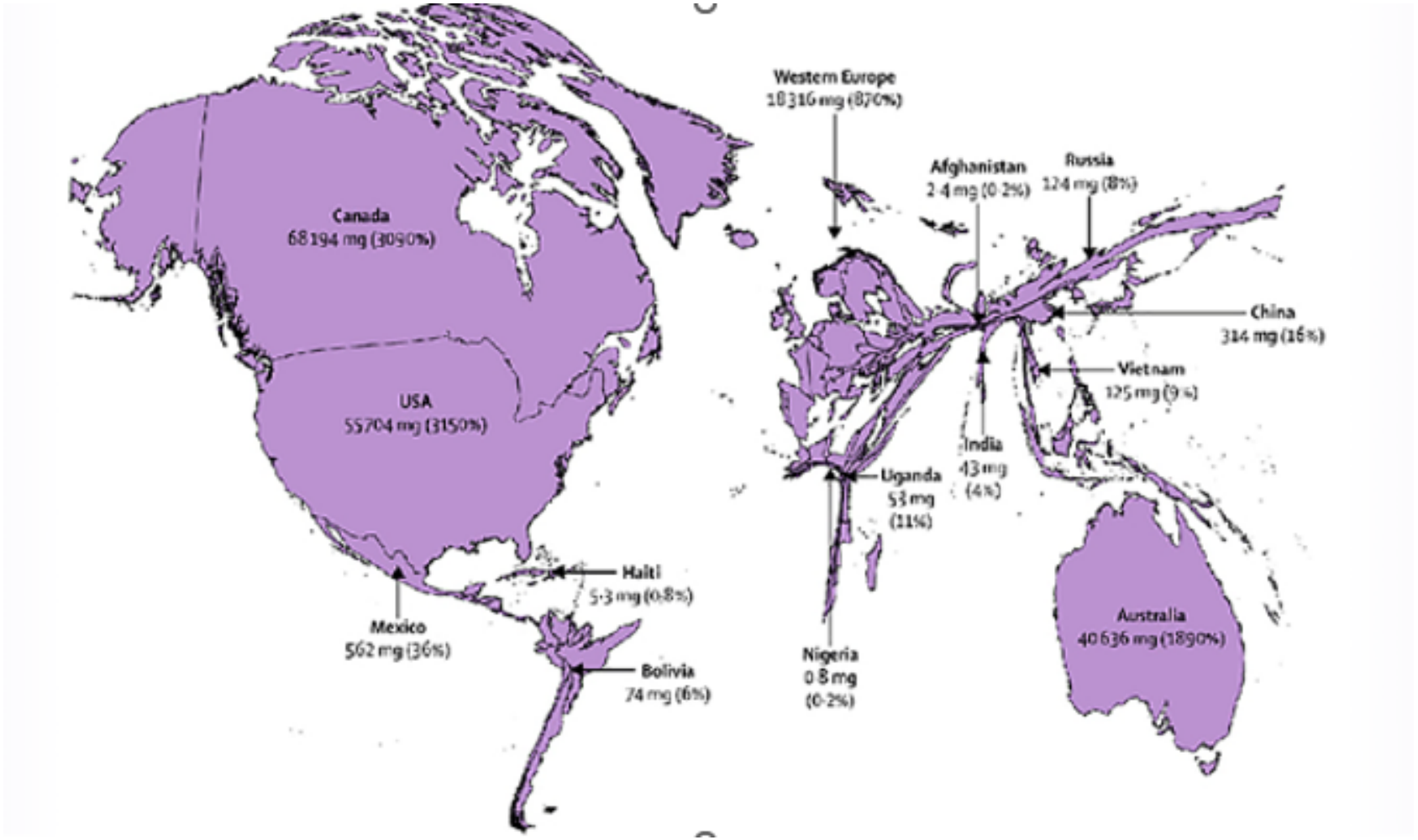
Global Situation

Morphine is the most basic essential medicine for managing acute or chronic, moderate to severe pain, particularly in palliative care.

Disparity in the global consumption or access to pain medication

- HIC – approximately only 5
- LMIC – most below 1 morphine equivalent

High income countries: 17% of the global population account 92% of medical morphine

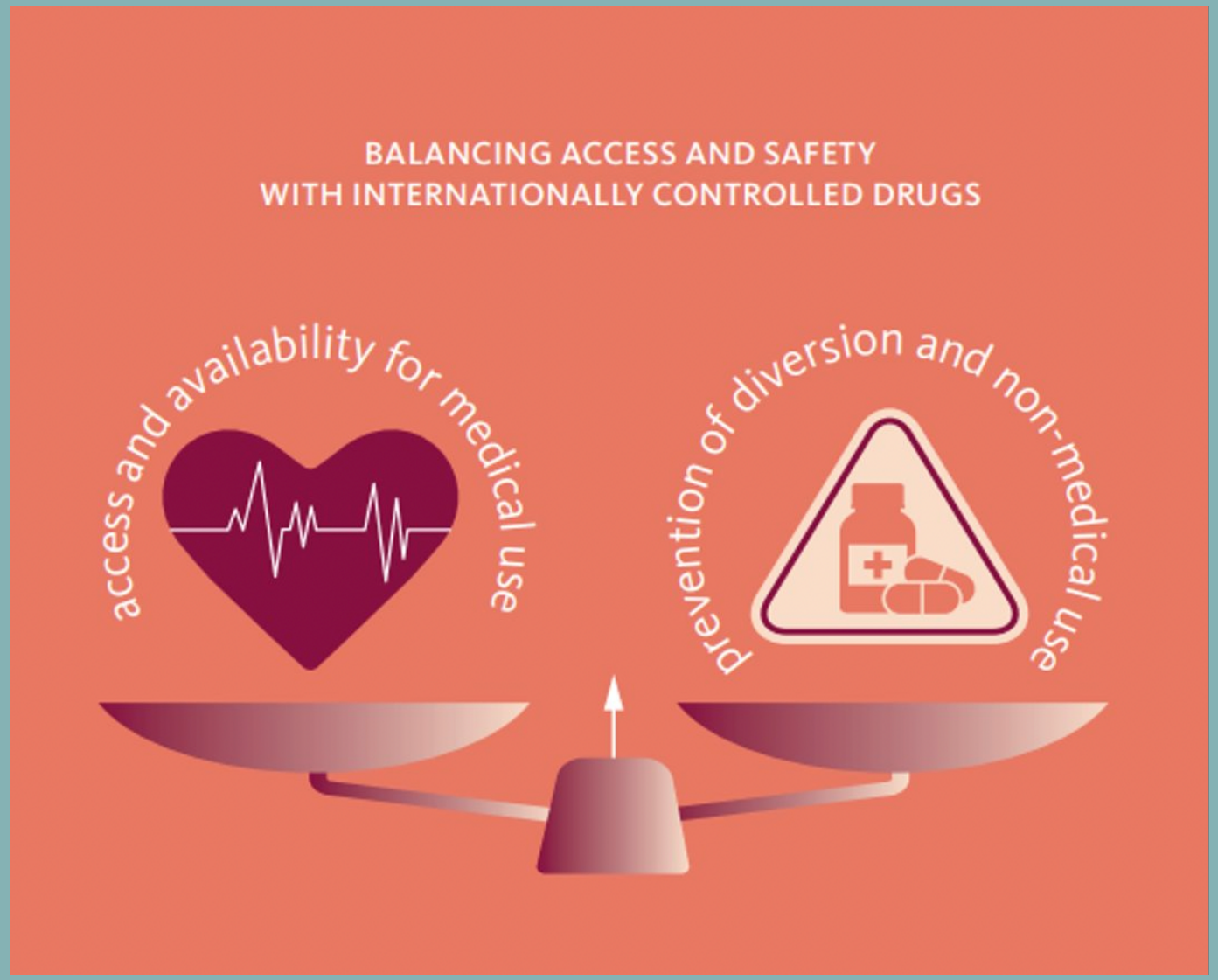


Source: Global Disparity in Access to Controlled Medicines; Source: The Lancet. (2021). Alleviating the access abyss in palliative care and pain relief – an imperative of universal health coverage: the Lancet Commission report.

Not only Opioids

- Mental disorders account for a significant proportion of the total global burden of disease and years lived with disability.
- Resources for mental disorders grossly inadequate, inequitably distributed and inefficiently used.
- Large treatment gap, with more than **75% of people in low- and middle-income countries (LMICs) having no access to mental health services, including medicines to treat mental disorders.**

Photo: Freepick

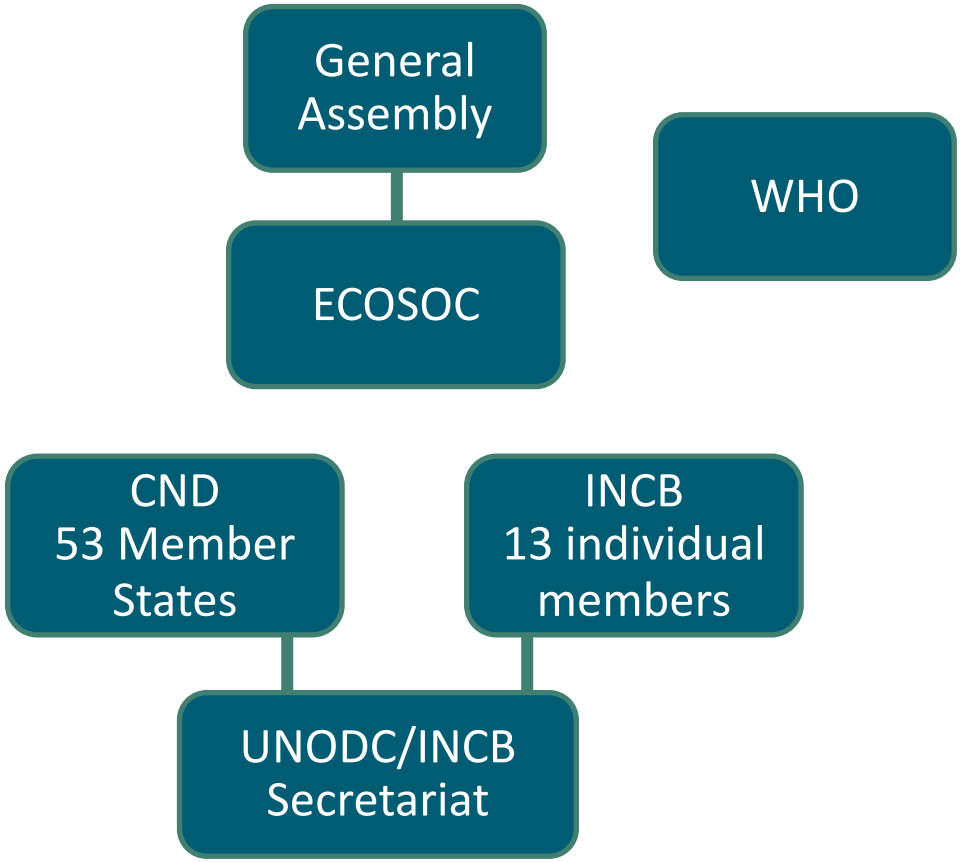

BALANCING ACCESS AND SAFETY
WITH INTERNATIONALLY CONTROLLED DRUGS
access and availability for medical use
prevention of diversion and non-medical use

WDR, 2023

UNODC
United Nations Office on Drugs and Crime

CONTROLLED MEDICINES

International Drug Control System



Objectives of the Conventions

Protect the public health and welfare by indicating that narcotic drugs and psychotropic substances under control should be made available exclusively for medical and scientific purposes

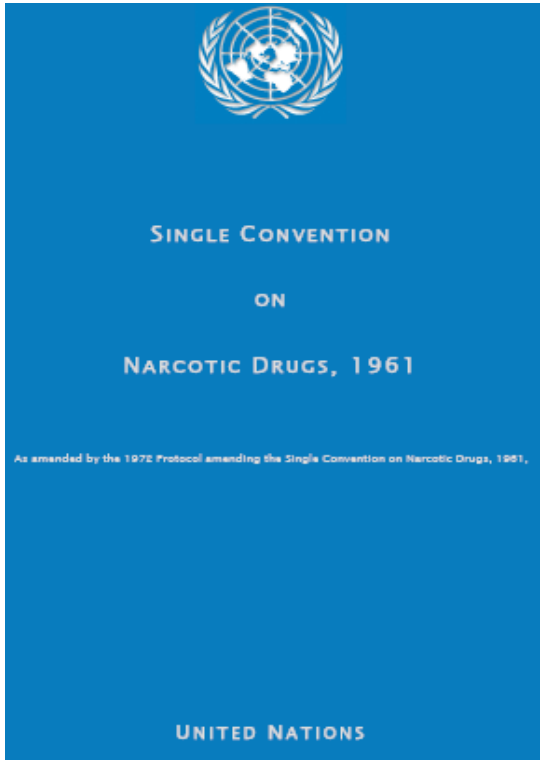
Make **adequate supplies available** of drugs for medical purposes while protecting the public from the potentially dangerous effects of controlled drugs used for non-medical purposes

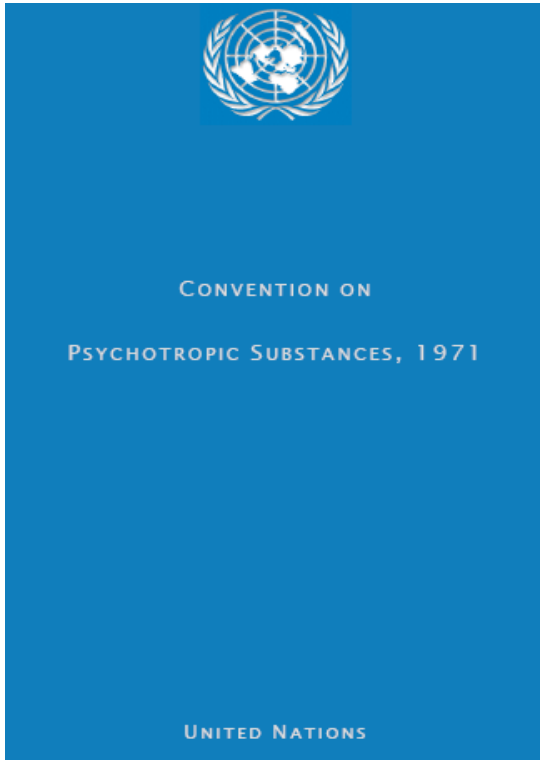
Governments must **avoid over restrictive legislation** which adversely affect their availability for medical and scientific purposes

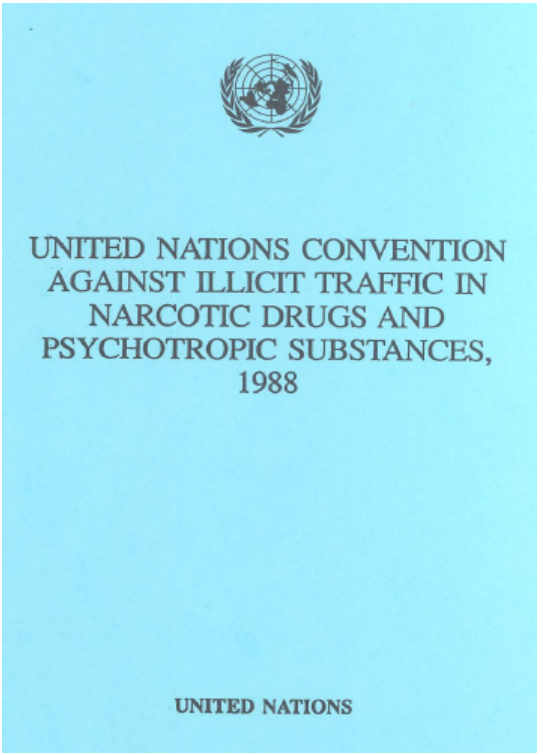
UNODC
United Nations Office on Drugs and Crime

CONTROLLED MEDICINES

International Drug Conventions



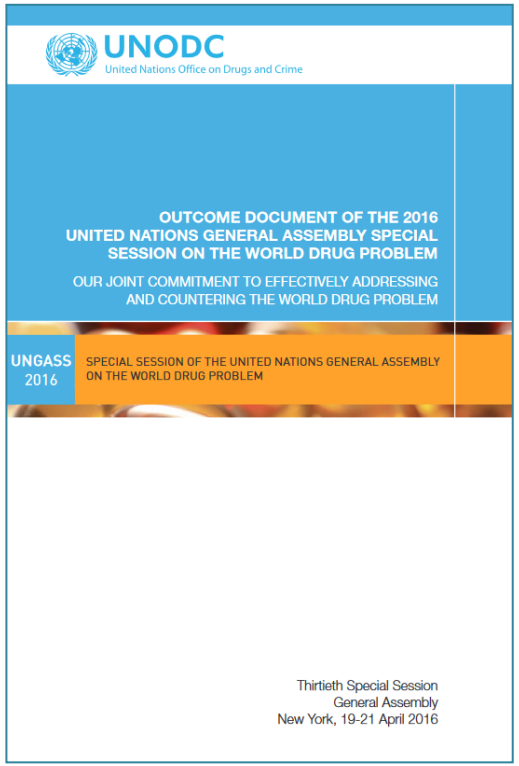


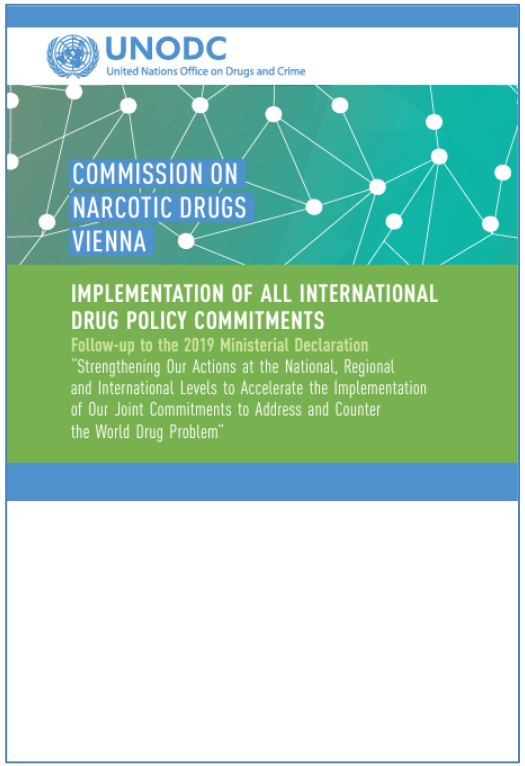


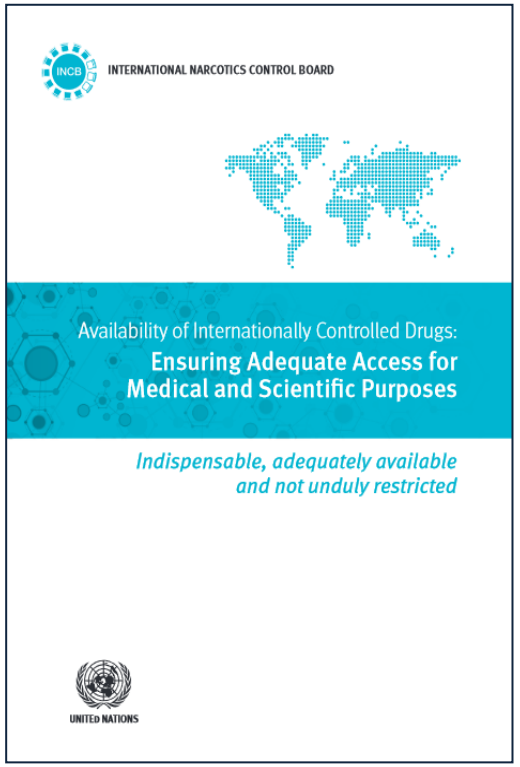
UNODC
United Nations Office on Drugs and Crime

CONTROLLED MEDICINES

UNGASS 2016



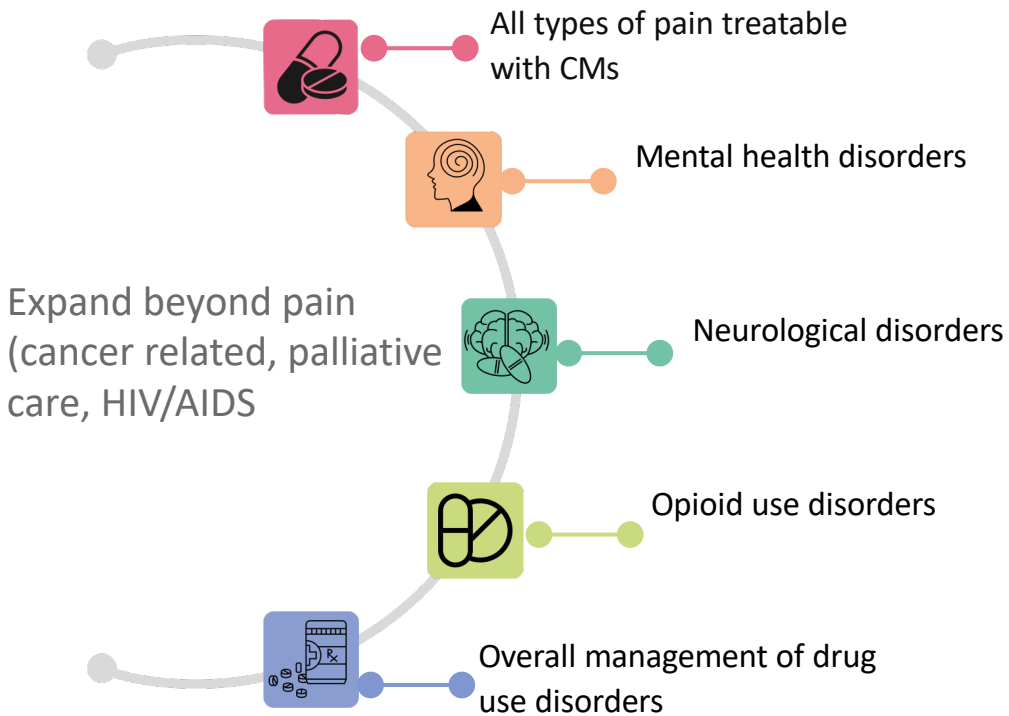




Barriers to access to controlled medicines

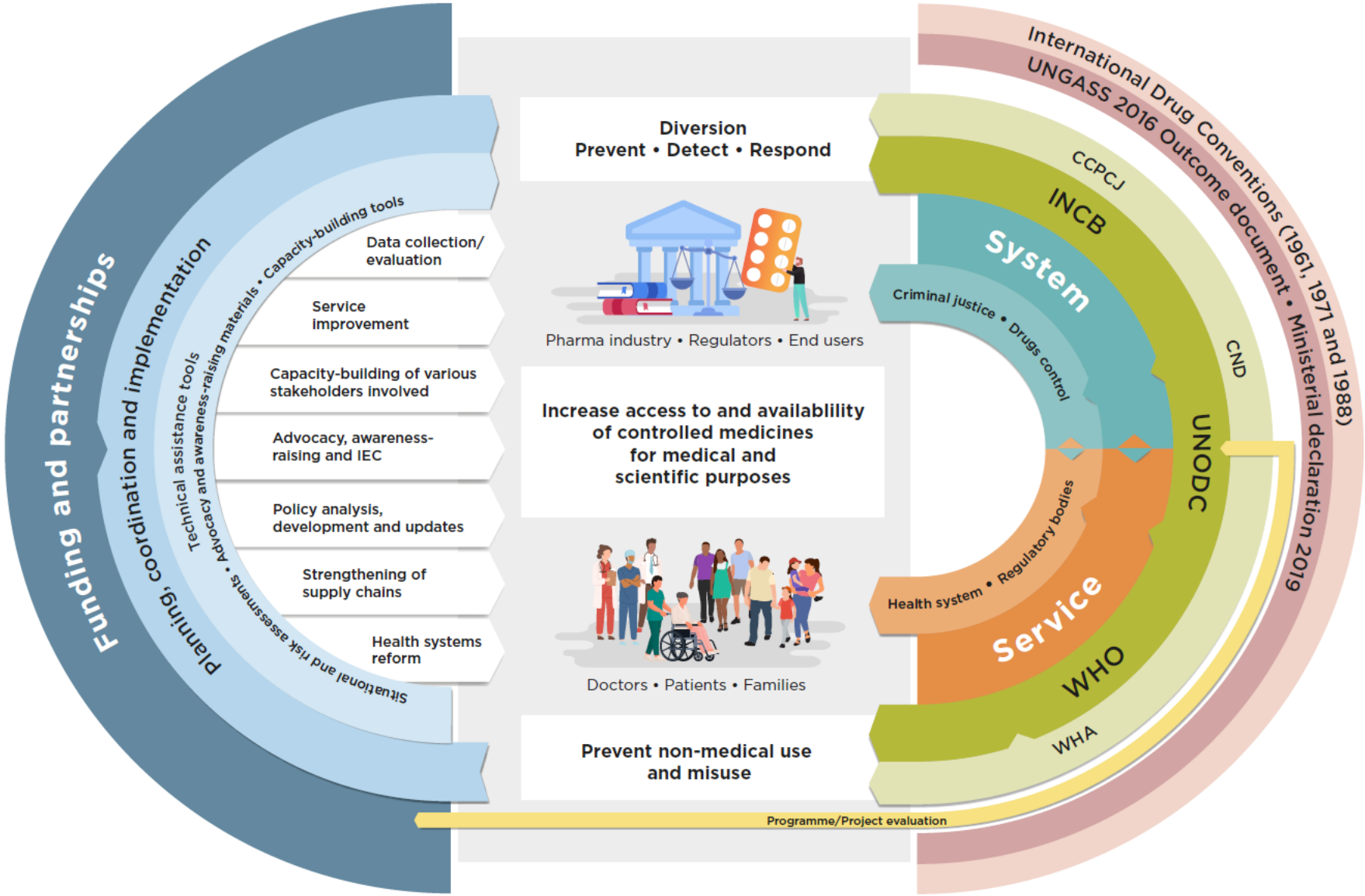
- Insufficient knowledge & training on efficacy and safety profiles: inappropriate use or no use;
- Behaviours
  - Fear for abuse and dependence
  - Fear for diversion and sanctions
- Inaccurate quantification of needs, inefficient supply chain: fragmentation, shortages, diversion & waste
- Regulations
  - Limited prescription duration; special prescription forms
  - Limitation of dispensing outlets; limitation of prescribing
  - Prohibition/Restrictions on exports and imports- special licences needed

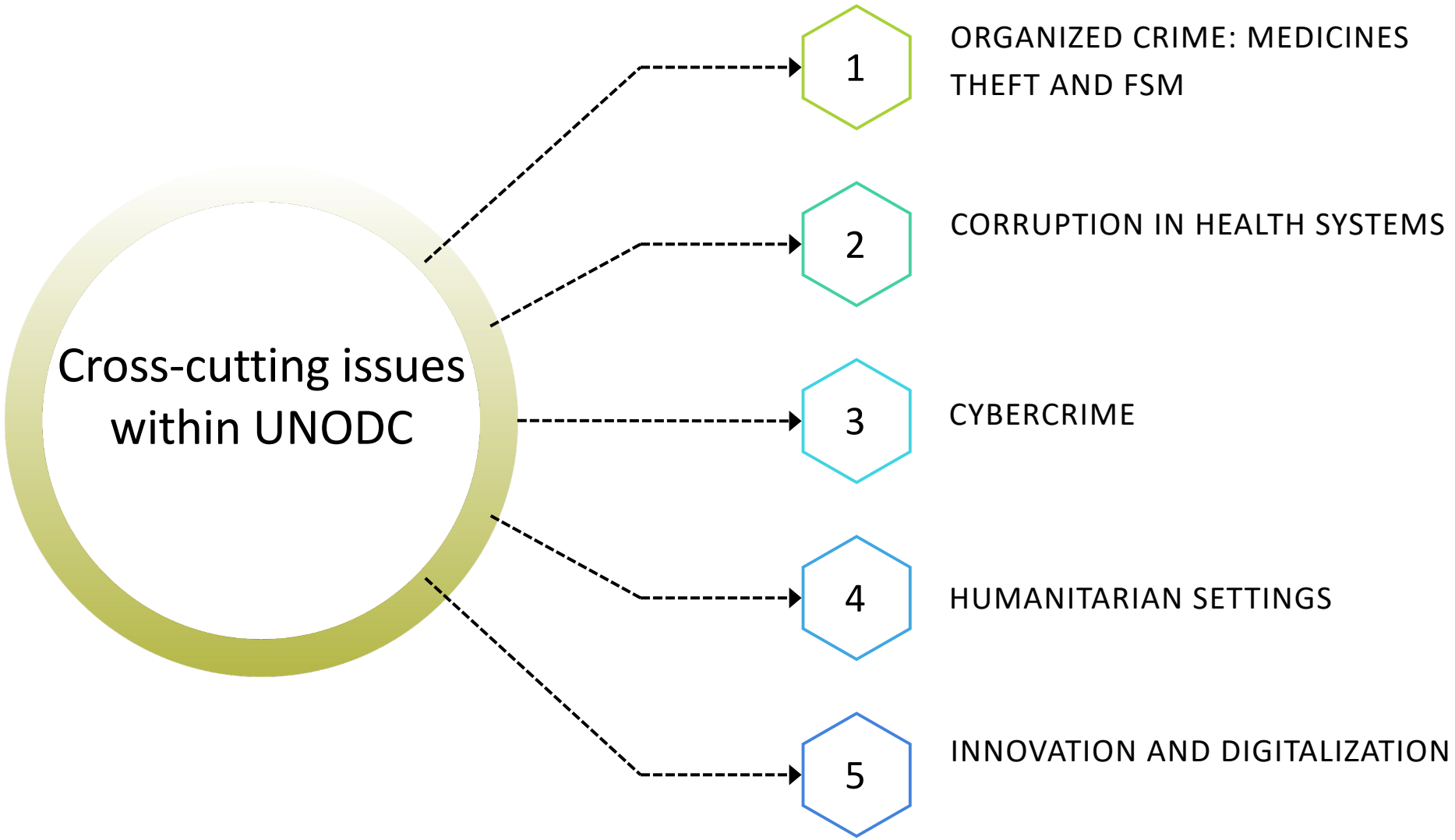
Access To Controlled Medicines



Forward Thinking

- New challenges - future inequalities on availability and access
- Hallucinogens (Psylocibin) and MDMA for treatment of mental health disorders and PTSD


Funding and partnerships
Planning, coordination and implementation
Situational and risk assessments • Advocacy and awareness-raising materials • Capacity-building tools
Data collection/ evaluation
Service improvement
Capacity-building of various stakeholders involved
Advocacy, awareness-raising and IEC
Policy analysis, development and updates
Strengthening of supply chains
Health systems reform
Diversion
Prevent • Detect • Respond
Pharma industry • Regulators • End users
Increase access to and availablility of controlled medicines for medical and scientific purposes
Doctors • Patients • Families
Prevent non-medical use and misuse
International Drug Conventions (1961, 1971 and 1988)
UNGASS 2016 Outcome document • Ministerial declaration 2019
CCPCJ
INCB
System
Criminal justice • Drugs control
CND
UNODC
Health system • Regulatory bodies
Service
WHO
WHA
Programme/Project evaluation


Cross-cutting issues within UNODC
1
ORGANIZED CRIME: MEDICINES THEFT AND FSM
2
CORRUPTION IN HEALTH SYSTEMS
3
CYBERCRIME
4
HUMANITARIAN SETTINGS
5
INNOVATION AND DIGITALIZATION

THANK YOU

Dr Elizabeth Sáenz
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@DrEliSaenz

UKM
Universitätsklinikum
Münster

Opioid crisis in Europe?
What we know (and how to respond).

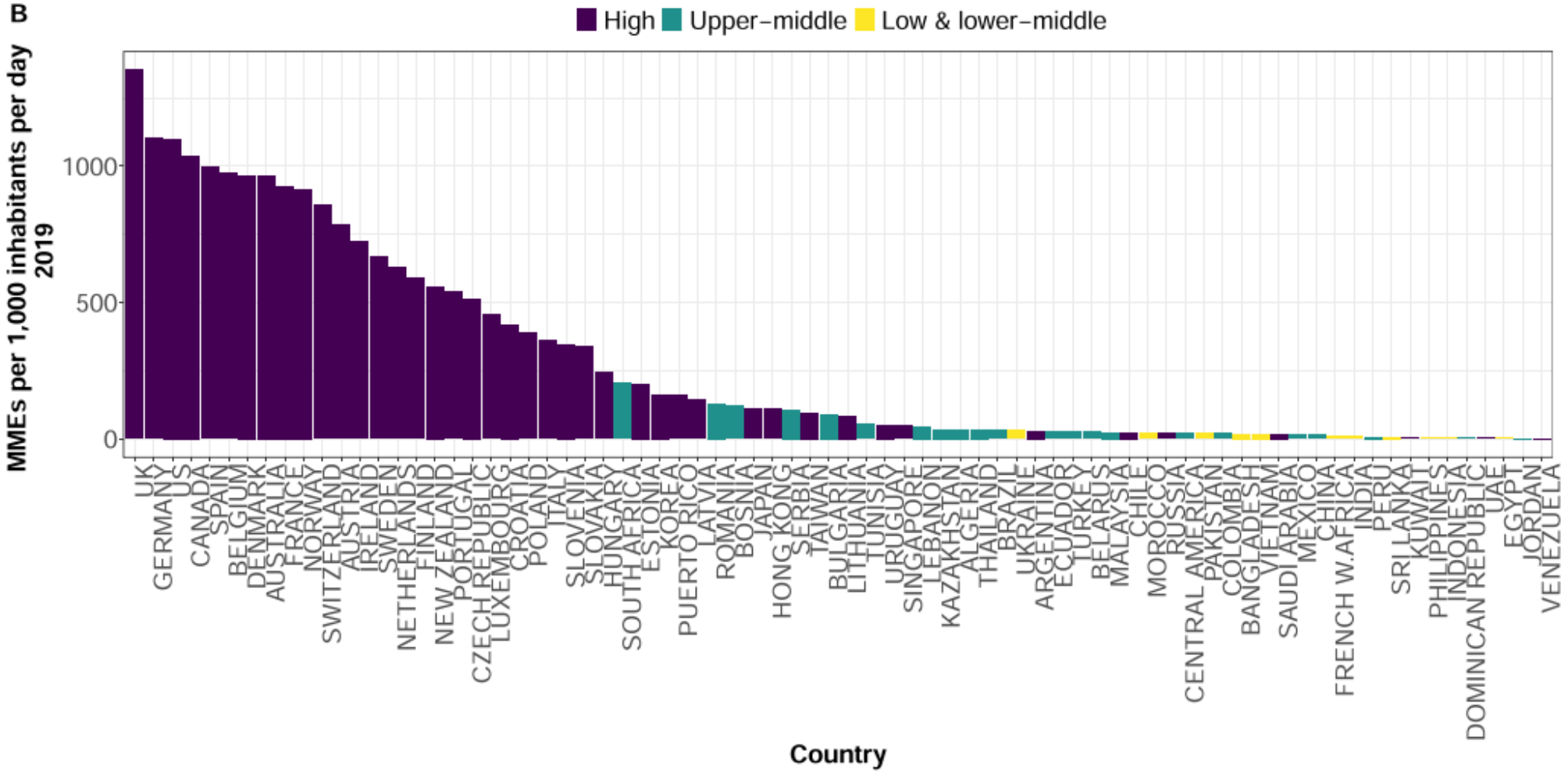
Univ.-Prof. Dr. Esther M. Pogatzki-Zahn

Department of Anesthesiology, Intensive Care Medicine and Pain Therapy
Head : Univ.-Prof. Dr. med. Alexander Zarbock

Disclosure (Esther Pogatzki-Zahn/ EPZ)

During the last 3 years, EPZ received received advisory board and lecture fees from Gruenenthal GmbH, Merck/MSD, and Medtronic and from Gruenenthal for research activities. All money went to the institution EPZ is working for.

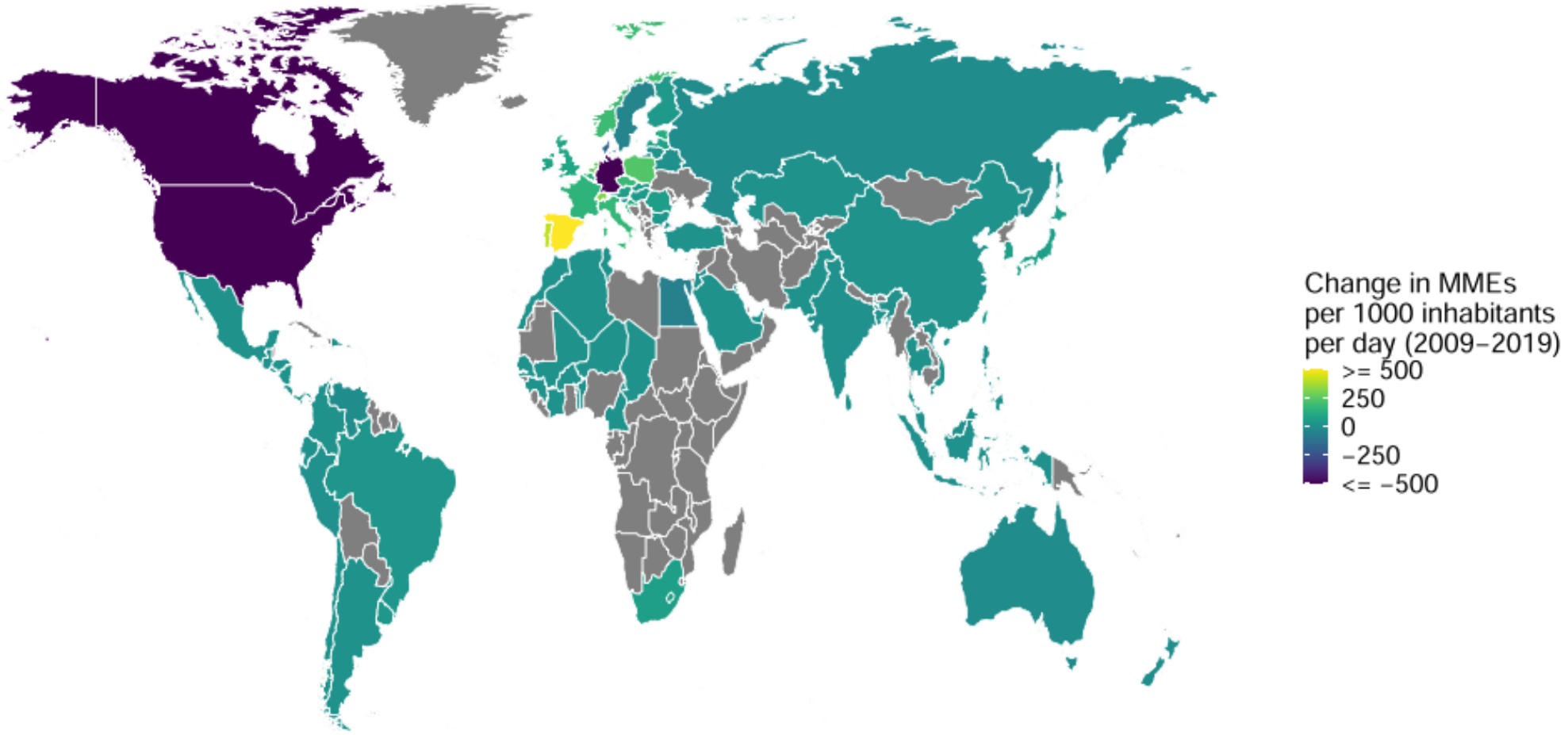
Opioid Prescriptions World Wide



Department of Anesthesiology, Intensive Care and Pain Medicine,
University Hospital Muenster, Germany

Jayawardana et al. EClinicalMedicine 42 (2021) 101198

Changes in Opioid Prescriptions 2009-2019



Department of Anesthesiology, Intensive Care and Pain Medicine,
University Hospital Muenster, Germany

Jayawardana et al. EClinicalMedicine 42 (2021) 101198

Opioid Prescription in Europe: the EFIC Survey

A task force of the European Pain Federation (EFIC) conducted a survey with its national chapter representatives on trends of opioid prescriptions and of drug-related emergency departments and substance use disorder treatment admissions and of deaths as proxies of opioid-related harms over the last 20 years in May 2020.

ORIGINAL ARTICLE

EJP European Journal of Pain

Is Europe also facing an opioid crisis?—A survey of European Pain Federation chapters

Winfried Häuser[1] | Eric Buchser[2] | David P. Finn[3] | Geerd Dom[4] | Egil Fors[5] | Tarja Heiskanen[6] | Lene Jarlbaek[7] | Roger D. Knaggs[8,9] | Eva Kosek[10] | Nevenka Krcevski-Škvarč[11] | Kaire Pakkonen[12] | Serge Perrot[13] | Anne-Priscille Trouvin[13] | Bart Morlion[14]

Department of Anesthesiology, Intensive Care and Pain Medicine, University Hospital Muenster, Germany

Hauser et al, Eur J Pain. 2021;25:1760–1769

Opioid Prescription in Europe: Survey Results

	2004–06	2014–16	% change		2004–06	2014–16	% change
Albania	58	268	359.8	Italy	1,407	4,359	209.8
Andorra	1,281	3,217	151.1	Latvia	675	1,652	144.7
Austria	9,361	20,180	115.6	Lithuania	686	1,360	98.2
Belarus	36	337	839.9	Luxembourg	4,819	4,584	−4.9
Belgium	12,450	14,892	19.6	Malta	317	492	55.5
Bosnia and Herzegovina	27	718	2,547.10	Montenegro	0	1,706	—
Bulgaria	354	532	50.4	Netherlands	4,635	12,198	163.2
Croatia	1,396	1,815	30	Norway	5,469	9,658	76.6
Cyprus	429	1,885	339.8	Poland	1,357	1,840	35.6
Czech Republic	1,654	4,614	179	Portugal	1,701	3,596	111.4
Denmark	9,915	12,166	22.7	Romania	39	692	1662.3
Estonia	813	803	−1.3	Russian	53	135	154.9
Finland	6,458	5,591	−13.4	Serbia	776	1,312	69.1
France	4,815	6,877	42.8	Slovakia	1,439	5,306	268.7
Germany	11,168	21,346	91.1	Slovenia	2,842	5,701	100.6
Gibraltar	2,403	14,698	511.6	Spain	5,022	10,789	114.8
Greece	2,184	7,892	261.4	Sweden	5,408	9,084	68
Hungary	2,091	4,281	104.7	Switzerland	5,899	11,850	100.9
Iceland	4,576	8,162	78.3	Ukraine	93	66	−29.7
Ireland	3,248	5,389	65.9	United Kingdom	3,021	8,214	171.9
				European Union	6,477	8,967	38.4
	s-DDD per 1,000,000 inhabitants/day			United States of	14,598	16,491	13

Department of Anesthesiology, Intensive Care and Pain Medicine,
University Hospital Muenster, Germany

Hauser et al, Eur J Pain. 2021;25:1760–1769

Opioid Prescription in Europe: Survey Results

- In most European countries opioid prescriptions increased from 2004 to 2016. The levels of opioid consumption and their increase differed between countries. Some Eastern European countries still have a low opioid consumption.

- Opioids are mainly prescribed for acute pain and chronic non-cancer pain in some Western and Northern European countries.

- There was a parallel increase in opioid prescriptions and some proxies of opioid-related harms in France, Finland and the Netherlands, but not in Germany, Spain and Norway. In United Kingdom, opioid overdose deaths, but not opioid prescriptions increased between 2016 and 2018.

- **There are no robust data available on whether prescribed opioids for pain patients contributed to opioid-related harms.**

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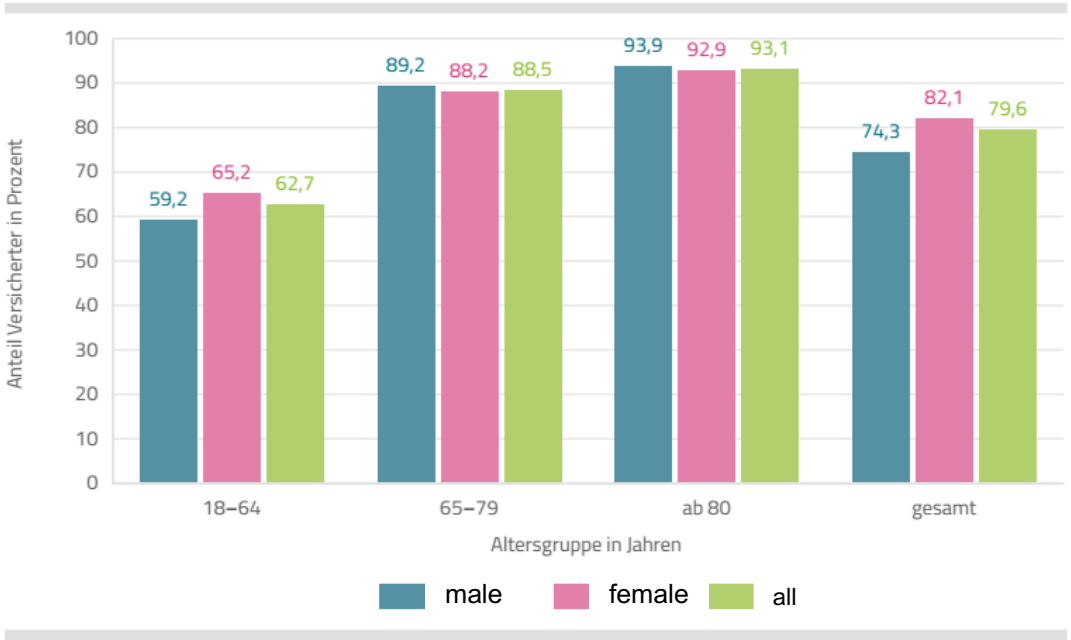
Hauser et al, Eur J Pain. 2021;25:1760–1769

Presciption Practice: Example Germany
(Barmer Health Insurance Company Data 2023)

Patients with Multimorbidity



ICD-10-Gruppe	Diagnostic Groups	Anteil Versicherter mit der jeweiligen Diagnose* in Prozent		
		%	Männer	Frauen
I10–I15	Hypertonie [Hochdruckkrankheit]	68,6	64,8	70,2
M50–M54	Sonstige Krankheiten der Wirbelsäule und des Rückens	53,1	54,4	52,5
E70–E90	Stoffwechselstörungen	47,7	46,4	48,2
R50–R69	Allgemeinsymptome	47,1	38,5	50,7
M15–M19	Arthrose	44,0	35,4	47,7
Z80–Z99	Personen mit potenziellen Gesundheitsrisiken aufgrund der Familien- oder Eigenanamnese und bestimmte Zustände, die den Gesundheits-zustand beeinflussen	42,3	40,2	43,1
M45–M49	Spondylopathien	36,8	35,9	37,2
I30–I52	Sonstige Formen der Herzkrankheit	31,5	29,9	32,2
F40–F48	Neurotische, Belastungs- und somatoforme Störungen	29,6	25,7	31,3
F30–F39	Affektive Störungen	29,2	22,8	31,9
E10–E14	Diabetes mellitus	29,2	33,3	27,4
E00–E07	Krankheiten der Schilddrüse	28,9	14,0	35,1
I80–I89	Krankheiten der Venen, der Lymphgefäße und der Lymphknoten, anderenorts nicht klassifiziert	25,3	16,3	29,1
K20–K31	Krankheiten des Ösophagus, des Magens und des Duodenums	24,4	23,2	24,9
R25–R29	Symptome, die das Nervensystem und das Muskel-Skelett-System betreffen	23,6	16,1	26,7
G40–G47	Episodische und paroxysmale Krankheiten des Nervensystems	22,8	22,2	23,1
M40–M43	Deformitäten der Wirbelsäule und des Rückens	22,2	18,2	23,9
J40–J47	Chronische Krankheiten der unteren Atemwege	22,0	21,8	22,0
M70–M79	Sonstige Krankheiten des Weichteilgewebes	21,9	19,6	23,0
E65–E68	Adipositas und sonstige Überernährung	20,8	22,1	20,2
M80–M85	Veränderungen der Knochendichte und -struktur	20,1	6,3	26,0

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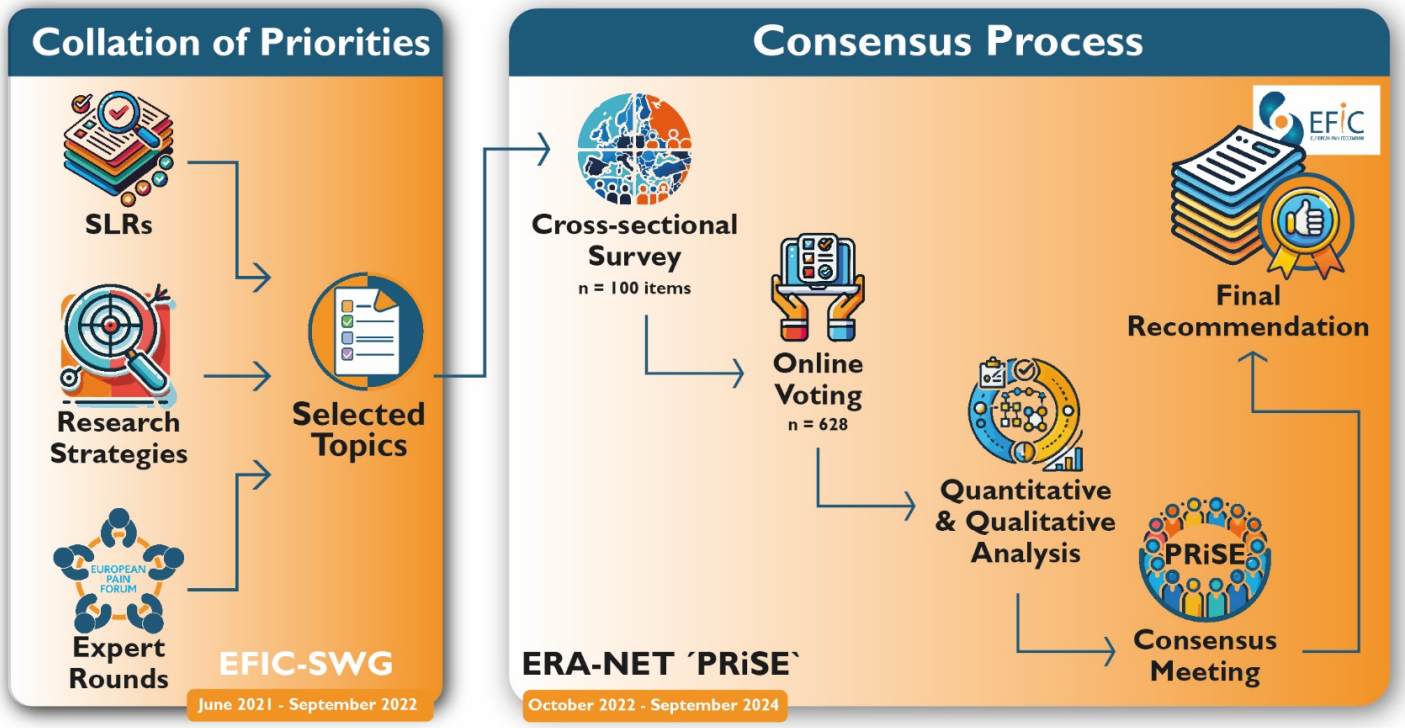
https://www.barmer.de/resource/blob/1241248/8e2483171c80ba878809dfdac7ccdb8e/arzneimittelreport-2023-data.pdf

EFIC Research Strategy



	Meta-Priorities
1	Improving drug therapy and drug discovery, assessment of efficacy and control of safety
2	Improve understanding and management of neuropathic and neurological-related pain
3	Assess and track unnecessary treatments and study and support better lifestyles & exercise
4	Assess interactions between chronic pain and its comorbidities (mental health, sleep, obesity) and develop novel treatment strategies for these comorbid situations.
5	Integrate psychosocial factors into experimental models and translational research

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Pickering et al, under review

Conclusion

There are marked differences between European countries in trends of opioid prescribing

Some European Countries still have an undersupply of opioids

Some European Countries show higher prescription rates and/or higher increases in prescription rates than others

Many non-cancer patients with Opioid prescriptions are patients with varied diagnoses (e.g. from the musculoskeletal spectrum)

Research on new (drug) therapies for a better (mechanisms-based) and safer pain management are urgently needed

What is the scientific community doing to educate appropriate use of opioids ?

Winfried Häuser

Medical Center Pain Medicine and Mental Health, Saarbrücken, Germany

Department Psychosomatic Medicine and Psychotherapy, Technical University Munich, Germany

The Societal Impact of Pain

Opioids for Chronic Non-Cancer Pain

Mar 3, 2021 | **News**, **Organisation**, **Research**

POSITION PAPER

EJP

European* clinical practice recommendations on opioids for chronic noncancer pain – Part 1: Role of opioids in the management of chronic noncancer pain

Winfried Häuser[1,2] | Bart Morlion[3] | Kevin E. Vowles[4] | Kirsty Bannister[5] | Eric Buchser[6] | Roberto Casale[7] | Jean-François Chenot[8] | Gillian Chumbley[9] | Asbjørn Mohr Drewes[10] | Geert Dom[11] | Liisa Jutila[12] | Tony O'Brien[13] | Esther Pogatzki-Zahn[14] | Martin Rakusa[15] | Carmen Suarez–Serrano[16] | Thomas Tölle[17] | Nevenka Krčevski Škvarč[18]

Eur J Pain. 2021;25:949–968.

POSITION PAPER

EJP

European clinical practice recommendations on opioids for chronic noncancer pain – Part 2: Special situations*

Nevenka Krčevski Škvarč[1] | Bart Morlion[2] | Kevin E. Vowles[3] | Kirsty Bannister[4] | Eric Buchsner[5] | Roberto Casale[6] | Jean-François Chenot[7] | Gillian Chumbley[8] | Asbjørn Mohr Drewes[9] | Geert Dom[10] | Liisa Jutila[11] | Tony O'Brien[12] | Esther Pogatzki-Zahn[13] | Martin Rakusa[14] | Carmen Suarez–Serrano[15] | Thomas Tölle[16] | Winfried Häuser[17,18]

Eur J Pain 2021;25:969–985.

Main topics of EFIC‘s recommendations for opioids for chronic non-cancer pain

- Importance of opioids in the management of chronic non-cancer pain
  - Embedded in multimodal treatment
  - Never first line pharmacological therapy
- Indications and contraindications
- How to start and when/how to stop opioid treatment
- Management of side effects
- Special situations, e.g.
  - Children, seniors, pregnancy
  - Abuse and dependence

Patient information

Pain Alliance Europe

Opioids for chronic pain which is not caused by cancer

Dear patient,

You are in so much pain that the usual painkillers are not enough. You and your doctor are now considering whether an opioid could relieve your pain. However, these medications do not help every cause of pain. Opioids are neither a panacea nor the devil's work. When used properly, an opioid can help you reduce pain somewhat, and return to an active life. This information tells you what opioids are, how they work, when they can be used, and what you should be aware of when taking them.

Ein Service des Ärztlichen Zentrums für Qualität in der Medizin (ÄZQ) im Auftrag von Bundesärztekammer und Kassenärztlicher Bundesvereinigung

Patienten-Information.de
Gut informiert entscheiden

Krankheiten | Themen Über uns Fremdsprachen
Leichte Sprache Suche

Opioide bei starken dauerhaften Schmerzen

SIP
Societal Impact of Pain

European guidelines

- **Chronic non-cancer pain:** National guidelines in Denmark, France, Germany, Ireland, Italy, UK
- **Acute pain management:** European Pain Federation and European Society of Anesthesiology and Intensive Care, in preparation
  - National guidelines in some European countries
- **Palliative care and cancer pain.** European Society for Medical Oncology. https://www.esmo.org/guidelines/guidelines-by-topic/esmo-clinical-practice-guidelines-supportive-and-palliative-care
  - National guidelines in some European countries

Conclusions

- Opioids are a two-edged sword.
  - Opioids are indispensable in the pharmacological management of cancer pain and in palliative care.
  - Opioids remain an important treatment option in the pharmacological management of chronic non-cancer pain - if used appropriately.
- European and national guidelines and their dissemination into the congresses and journals of medical associations (e.g. family and internal medicine, orthopedic surgery) and to patient self-help organisations have provided pathways of an adequate use of opioids for
  - Chronic non-cancer pain
  - Cancer pain / palliative care

Session 3: Debate Topic

'Regulations and guidelines do not allow adequate access to treatment in Eastern Europe'

Speakers: Elizabeth Saenz, Esther Pogatzki-Zahn, Winfried Häuser, Iben Rohde

Defining a strategy for the future of European Pain Research

Luis Garcia-Larrea
President, European Pain Federation

Why an EFIC Research Strategy?

- Pain: the world's **leading cause of disability** and reduced quality of life
- Pain **research remains underfunded** and under targeted
- Identifying **areas that need urgent attention** in the field:
  - ❖ *enables the setting of funding priorities*
  - ❖ *reduces "research waste"*
  - ❖ *improves the effectiveness of pain therapy*

Objectives

- *Communicate a **clear set of priorities** to all research stakeholders*
- ***Raise the profile** of pain research in Europe*
- ***Translate research into policy and practice***

Strategy Development

A multi-level approach guided by the EFIC Research Committee

100 proposals extracted

9 major themes

Non hierarchised

European survey

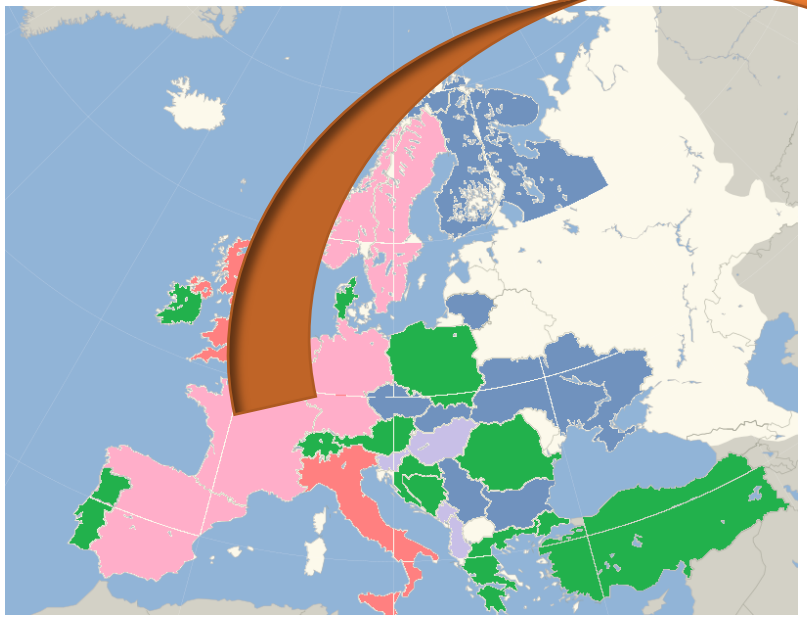
638 individual clinicians and researchers

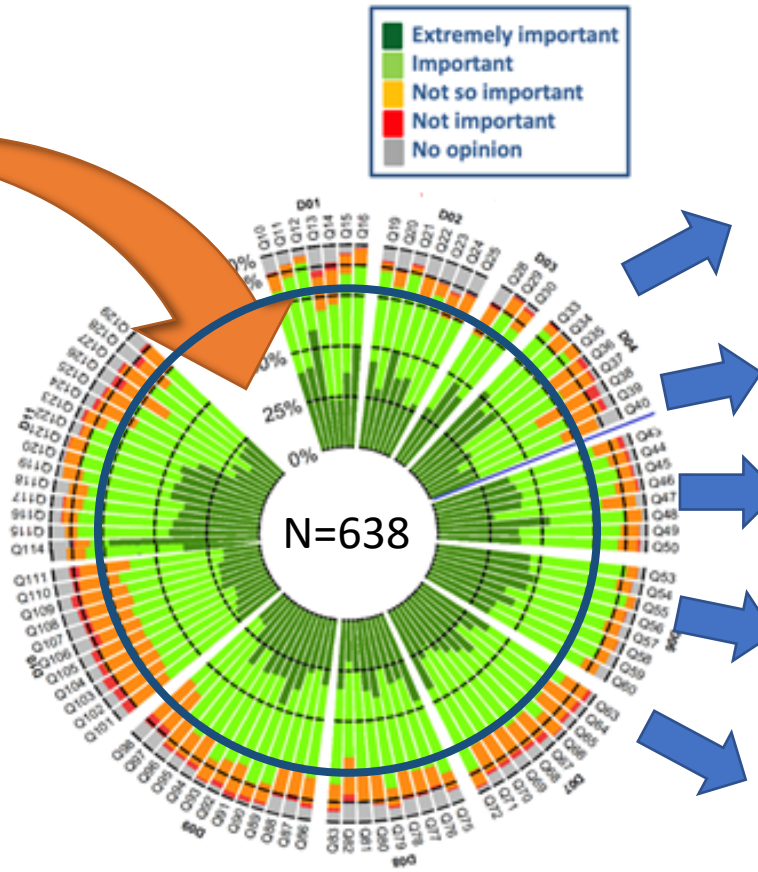
Final consensus meeting: 23 countries represented

Institutional support by ERA-NET NEURON

(Networking of European Funding for Neuroscience Research)

The Survey: from organisations to individuals





>80%

- Pain mechanisms (pathophysiology)
- co-morbidities
- Novel therapies
- Societal impact
- Prediction & prevention

The highest ranked Priorities

1. **Understanding pain mechanisms**
   - *Because cure comes through knowledge*
2. **Addressing co-morbidities**
   - *Comorbidities destroy quality of life. Include in RCTs!*
3. **Critically assess current therapies & develop novel approaches**
   - *Pharmacological and non-pharmacological: equal importance*
4. **Explore the societal impacts of pain**
   - *The biopsychosocial model now anchored in the research community*
5. **Develop prediction & prevention of pain chronification**
   - *Need of biomarkers for personalised management!*

What to do now…?

➢ What the European Pain Federation EFIC can do

- ***Coordinate*** *the action of n=38 National Pain Societies members of EFIC to implement research priorities at national level*
- ***Include*** *research priorities in* ***national pain conferences***
- ***Adapt*** *implementation to different Euroregions*

➢ What Europe can do

- *Orient* ***European research calls*** *toward critical research priorities*
- ***Orient funding bodies*** *to consider & privilege this agenda*
- ***Change regulations*** *that prevent the implementation of these priorities (e.g.* ***non-invasive cortical stimulation, NIBS****)*












On behalf of

EFIC
EUROPEAN PAIN FEDERATION

Thank you!

Closing Address

MEP Tomislav Sokol (EPP)

Closure -Thank You

The Societal Impact of Pain (SIP) Platform