

SIP Joint Statement on Employment and the Economic Considerations of Pain

2026

The SIP Joint Statement presents the common position of the undersigned organisations with regards to employment and the economic considerations of pain and outlines key recommendations to be taken by both EU and national policy makers to promote action and change in the field.

Policy Recommendations

1. Integrate chronic pain into EU and national NCD strategies, health funding frameworks, and social policy initiatives, ensuring timely access to care, rehabilitation, and support for work participation, in order to reduce its direct and indirect impacts on individuals, employers, and society. These should include chronic pain-related targets and indicators to incentivise and monitor progress and support evidence-based policy making.
2. Develop public health campaigns to promote physical activity, health literacy, self-management, workplace prevention, and early access to rehabilitation among healthcare professionals, patients, and the public, as a primary intervention to reduce the prevalence of musculoskeletal pain, and to prevent conditions with high risk of developing secondary chronic pain (e.g. stroke, diabetes).
3. Improve access to timely, multidisciplinary, and patient-centred services for the effective management of both acute and chronic pain, while addressing underlying causes and ensuring access to rehabilitation, mental health support, specialist pain services, and occupational health.
4. Ensure early access to biopsychosocial rehabilitation and psychological support for individuals with acute pain, with particular attention to those at high risk of poor outcomes (e.g. depression, low recovery expectations, socio-economic disadvantage) [1].
5. Expand dedicated funding streams for chronic pain research under the EU and national research frameworks, covering both prevention and treatment.

European Pain Federation EFIC®, Rue de Londres - Londenstraat 18, B1050 Brussels. Transparency Register no. 3510244568-04

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 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 Haleon, Grünenthal GmbH, and GSK are the main sponsors of the Societal Impact of Pain (SIP) platform.

6. Recognise patient organisations as key partners for implementing these recommendations, to increase their impact and ensure they do not place an unnecessary burden on patients suffering from chronic pain.
7. Develop inclusive employment policies and support workplace-based interventions that enable job retention and where appropriate return to work for individuals with or at risk of chronic pain.
8. Establish mechanisms for financial and rehabilitation support for workers with chronic pain.
9. Strengthen the prevention of chronic pain within occupational health and safety policies across the EU and Member States, in particular through the forthcoming Quality Jobs Act.

The Case for Greater Investment in Chronic Pain Prevention and Management

Chronic pain represents a structural challenge for labour markets, productivity and economic growth and competitiveness, and should be addressed as such in EU and national policy initiatives, as it is first and foremost a condition that significantly impacts daily functioning and quality of life.

Chronic pain, defined as pain lasting longer than three months, is the most prevalent health condition in Europe and the number one cause of disability and reduced quality of life. One in five Europeans (approximately **150 million people**) live with moderate to severe chronic pain, equivalent to the combined populations of Germany and France.

Common chronic pain conditions include rheumatic and musculoskeletal pain (e.g., low back and neck pain and osteoarthritis), cancer-related pain, neuropathic pain, postsurgical chronic pain, and neurological disorders such as migraines, and individual patients can have multiple pain related conditions.

Rheumatic and musculoskeletal diseases (RMDs) – also known as musculoskeletal disorders (MSDs) and conditions (MSCs) – are among the most widespread, impacting approximately 120 million Europeans, with osteoarthritis alone affecting more than **40 million** people across Europe. The WHO rehabilitation needs estimator highlights that RMDs account for over 50% of Years Lived with Disabilities (YLDs) in Europe.

Cancer-related pain is also highly prevalent: approximately **40% of cancer survivors** and at least **66% of adults** with progressive or advanced cancer experience significant pain.



Neuropathic pain affects an estimated **7–10% of the population**, while postsurgical chronic pain occurs in around **10% of patients** who undergo surgery. Chronic migraine affects around **1–4% of the population**, and chronic tension-type headaches approximately **2.2%**.

Chronic pain can **take hold of a person's life**, interfering with patients' ability to work, walk, sleep, or concentrate. This means struggling with basic daily activities, maintaining relationships, and participating fully in society. Mental health conditions and chronic pain frequently co-occur and influence each other, creating a vicious cycle of disability. It thereby severely reduces quality of life, limits participation in work and society, and increases the risk of brain disorders – neurological and mental alike – and overall ill health, social isolation, and other chronic conditions. Mental health conditions are an increasing concern. An estimated **16.5% of the population** across the EU and UK were affected in 2023, and the associated economic burden now exceeds **4% of GDP**, amounting to over **€600 billion a year**, spanning healthcare costs, social security spending, and lost productivity [47]. Mental health is increasingly recognised as under pressure from a *polycrisis* of economic, social, geopolitical, and environmental stressors [48].

Despite its devastating effects, current treatments for acute pain often provide limited and temporary relief, failing to prevent the condition from becoming chronic or progressively disabling. **Currently, 40% of chronic pain patients report inadequate pain management** [2]. Therefore, it is imperative to implement improved, integrated and patient-centred approaches.

Beyond the impact on individuals, chronic pain imposes a significant **economic burden** on society, through healthcare costs, productivity losses, and pressures on social security systems, particularly in the context of an ageing population and negative lifestyles. Recent studies in the European Union (EU) have estimated that the combined national direct and indirect costs of chronic pain range from **3% to 10% of GDP per year** [3, 4, 5] in EU Member States, with **back pain, cancer-related pain, and neuropathic pain** identified as the costliest pain types [4, 6].

Notably, the economic costs of chronic pain conditions are partly explained by their negative association with labour force participation, absenteeism and presenteeism. Evidence from five European countries (the UK, France, Spain, Germany and Italy), for instance, indicates that severe and moderate daily pain contribute to a **20- and 10-percentage-point reduction**, respectively, in the probability of full-time employment, and have a **greater impact on absenteeism and presenteeism** than other health status factors [7] (e.g., chronic comorbidities and body mass index).

European Pain Federation EFIC®, Rue de Londres - Londenstraat 18, B1050 Brussels. Transparency Register no. 3510244568-04

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 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 Haleon, Grünenthal GmbH, and GSK are the main sponsors of the Societal Impact of Pain (SIP) platform.

Taken together, these findings underscore the importance of implementing appropriate primary, secondary and tertiary prevention interventions to reduce the prevalence of chronic pain conditions [8], as well as evidence-based pain management approaches that acknowledge the combined contribution of biological, psychological, and social factors to the pain syndrome.

Further, actions such as **public health campaigns**, to increase public and professional health literacy around pain, its risk factors, common myths, the stigma of pain, and cultivate healthy responses among clinicians, patients, and the public; **structured exercise** (guided professionally) and **education programmes** in both clinical and workplace settings; focused **efforts to implement evidence-based standards and guidelines** for the management of acute and chronic pain conditions; **integrated health and occupational interventions**; and **vaccination** in cases where chronic pain conditions result from infectious diseases, such as post-herpetic neuralgia (PHN) resulting from herpes zoster infection, illustrate promising approaches to preventing chronic pain by targeting modifiable biopsychosocial risk factors. The Societal Impact of Pain (SIP) acknowledges that the EU has made significant progress in advancing the **European Health Union** since the onset of the COVID-19 pandemic. However, chronic pain remains under-recognised in policy and underfunded in research. As the EU moves forward under a renewed priority framework emphasising the **strong link between health policy measures and economic performance**, the economic and societal **costs of inaction** on chronic pain cannot be overlooked.

Because indirect costs associated with reduced labour supply and productivity account for a significant share of the total economic burden, improving pain prevention and management emerges not only as a **public health priority** but also a **fundamental employment issue**. This is especially true at a time of widespread **labour shortages**, expected to be exacerbated by **demographic change** [9].

EU Policy Landscape

Investing in pain prevention and management is essential to enhance labour productivity and safeguard fiscal sustainability

Since the publication of the Draghi report [10], the European Commission has stepped up efforts on multiple fronts to boost Europe's economic growth and attractiveness. EU health policy, under this new set of priorities, is being reoriented around a model that positions

European Pain Federation EFIC®, Rue de Londres - Londenstraat 18, B1050 Brussels. Transparency Register no. 3510244568-04

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 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 Haleon, Grünenthal GmbH, and GSK are the main sponsors of the Societal Impact of Pain (SIP) platform.



health and strong health systems as the foundation for social wellbeing, economic prosperity, and competitiveness.

Some of the challenges potentially hindering productivity growth are related to labour market tightness and skills mismatches, one of them being persistent labour shortages in various sectors and occupations, driven by structural factors such as ageing populations, technological advancements, the green transition, and geographical dispersion [9].

Closely linked to labour shortages, job quality has recently become a focus for the EU. This is reflected in the publication of the Quality Jobs Roadmap and the announcement of the Quality Jobs Act, which potentially features an update of health and safety considerations at work that is fit for a new reality.

Another employment-related EU initiative, the European Pillar of Social Rights Action Plan [11], sets the ambitious target of achieving an employment rate of at least 78% among people aged 20 to 64 by 2030. Its implementation, as well as the Employment Equality Framework Directive [12], offers opportunities for people to stay in education, and drive equitable access to employment and non-discrimination at work. Importantly, these implementation efforts also extend to improving occupational safety and health standards, as reflected in the EU Strategic Framework on Health and Safety at Work 2021–2027 [13], which identifies the prevention of work-related accidents and diseases as a key priority.

Moreover, in 2021, the European Commission adopted the Strategy for the Rights of Persons with Disabilities 2021-2030 [14], which is currently being updated. The Package to Improve Labour Market Outcomes of Persons with Disabilities [15] was one of its seven flagship initiatives, containing actions focusing on the improvement of the employment rate and quality of employment of people with a disability (e.g., guidelines on reasonable accommodation at work, chronic disease management and workplace disability prevention).

In this context, prioritising pain prevention and management is not only critical to improving population health outcomes, but also to **enhancing labour productivity and competitiveness**, and ultimately building a more **resilient European economy**.

Moreover, as highlighted in the 2026 European Macroeconomic Report [16] and recognised in the subsequent Commission proposal for a Council Recommendation on the economic policy of the euro area [19] prepared in the new European Semester cycle, EU governments' debt dynamics are becoming increasingly challenging.

This reflects rising defence spending requirements, investment needs related to the digital and decarbonisation transitions, and mounting pressures on pension, health, and long-term care systems stemming from demographic ageing and modifiable lifestyle-related factors, including physical activity, smoking, and unhealthy dietary patterns. This underscores the need, among other things, for stronger prioritisation of public expenditure and a reassessment of the quality of spending programmes.

Against this backdrop, taking decisive action on pain prevention and management stands as a **cost-effective measure** crucial to **alleviating pressure on social protection systems** and **safeguarding fiscal sustainability**.

Key Concepts and Definitions

The societal costs of a disease or health condition in a defined population can be measured in **direct** and **indirect costs**. In health economics, the first term refers to expenditures arising from resource use that are completely attributable to an illness [18], while the latter encompasses all the less visible costs to the national economy resulting from productivity loss [17].

To put the substantial economic toll of chronic pain into perspective, it is paramount to contextualise it within the current EU labour market dynamics, characterised by labour shortages and an ageing population:

- Labour shortages: situation in which there are individuals with the required skills, but an insufficient number takes up employment in the specific occupation and location [20].
- Ageing population: demographic shift characterised by a rising proportion of elderly individuals [20].

Moreover, tackling the economic burden of chronic pain requires a clear understanding of both the distinction between primary and secondary prevention and the biopsychosocial model of pain.

Preventive strategies can be broadly divided into two categories:

- Primary prevention, which focuses on preventing the onset of chronic pain, such as through the promotion of healthy behaviours in the general population and among individuals experiencing acute or subacute pain.

- Secondary prevention, which focuses on early detection and timely intervention to prevent recurrence or progression to disabling pain.
- Tertiary prevention, which aims to reduce secondary effects of those suffering from chronic pain. Models such as the fear avoidance model or the avoidance and endurance model, incorporate the functional, psychological and social impairment in leading a satisfying life by the affected individuals.

The biopsychosocial model conceptualises pain as a subjective experience arising from the dynamic interplay between biological, psychological, and social factors. Accordingly, effective pain prevention and management strategies must address this biopsychosocial complexity.

Direct and Indirect Costs of Chronic Pain

The economic burden of pain is estimated to range from **3% to 10% of GDP** annually in EU countries. A case in point is a 2012 study conducted in Ireland, which estimated that the cost of chronic pain was equivalent to €5.34 billion or **2.86% of Irish GDP per year** [3]. Similarly, a Swedish study from the same year found that the socio-economic burden associated with diagnoses related to chronic pain amounted to €32 billion annually, or about **a tenth of Sweden's GDP** [4]. More recent estimates from a 2024 Norwegian study point to annual costs of chronic pain, driven by healthcare use and productivity losses, of €12 billion, or approximately 4% of GDP [21]. In 2015 the total cost of work-related RMDs was estimated at up to 2% of the EU GNDP and is likely to be much higher now considering the increased prevalence of these diseases [43]. These economic impacts reflect not only system-level costs, but also the personal challenges and unmet needs experienced by individuals living with chronic pain.

The latter macro-level economic figures result from both **direct and indirect costs borne by individuals, their employers, and society as a whole**, which can be broken down as follows:

- **Direct healthcare system costs** for an individual living with chronic pain span from inpatient admission, outpatient care and prescription medications to consultations with an array of healthcare providers (including psychologists, general practitioners, physiotherapists). Additional costs might arise from accident and emergency visits,

non-prescription medications, and alternative interventions (e.g., chiropractors) [3].

- **Indirect costs** for the **individual** with chronic pain may stem from loss of wages, home adaptations, informal care required, family and home responsibilities (e.g., childcare, cleaning), transport and other needs [3]. On the **employer level**, indirect costs relate to loss of productivity and sick leave payment while at the **societal level**, these take the form of annual social benefits, including disability allowance, unemployment benefits, and disability pensions.

Employment and Labour Productivity Considerations

The experience of pain is associated with **reduced labour supply** – up to 70% of rheumatoid arthritis (RA) patients, for example, become work disabled within 7–10 years [44] – and **increased absenteeism** (time away from work) and **presenteeism** (being at work while unwell). This represents some of the **largest sources of indirect costs of chronic pain** due to its negative impacts on productivity. The economic burden is even greater when psychological co-morbidities accompany chronic pain [3, 22] or when pain occurs in multiple body sites, and it is further exacerbated by the fact that reduced labour market engagement can persist for years before patients begin multidisciplinary pain treatment.

In Europe, approximately **half of those living with chronic pain** report that **it interferes with their work**, which might take the form of employment cessation (occurring in up to 20% of patients with chronic pain [2]), periods of self-certified and medically certified sickness absence, reduced hours, or reduced ability while at work [24]. A large Finnish study found, for instance, that up to **30% of medically certified absences** lasting more than two weeks were attributable to chronic pain [25].

People living with chronic pain also face **barriers when returning to work after sick leave or unemployment** due to difficulties in managing pain while at work, navigating workplace relationships and expectations, and accessing appropriate workplace adjustments. Moreover, psychological factors such as low self-efficacy and self-confidence can hinder the return, particularly after a prolonged absence [26, 27]. Therefore, interventions should focus on capabilities the person retains, not just in what they cannot do.

Considering all the above, chronic pain is a major contributor to **early retirement** and **disability pensions** [5, 28], **reducing labour productivity** and placing additional **pressure on social security systems**.

European Pain Federation EFIC®, Rue de Londres - Londenstraat 18, B1050 Brussels. Transparency Register no. 3510244568-04

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 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 Haleon, Grünenthal GmbH, and GSK are the main sponsors of the Societal Impact of Pain (SIP) platform.

The broader impact of chronic pain employment-related indirect costs on European economies is reflected in existing national data. The previously mentioned 2012 study in Ireland, for example, reported that the mean **annual economic burden of indirect costs** of chronic pain (including disability allowance, unemployment assistance, loss of wages, and changes to home and equipment) amounted to **1.37% GDP annually**. A similar Portuguese study conducted in 2016, which examined indirect costs such as **work absenteeism, early retirement, and job loss**, found a mean annual economic burden of €2.64 billion nationwide, equivalent to **1.55% GDP annually** [29]. More recently, a 2024 study in Sweden estimated the productivity losses due to chronic pain, measured by the **costs of work absence alone**, to be much higher, reaching **3.2% of Swedish GDP** [21].

The relationship between chronic pain and employment also runs in the opposite direction. **Ergonomic risks**, closely linked to RMDs and pain, represent a major challenge for workers' health and can lead to many of the adverse employment outcomes described above. At present, RMDs are the **most common health issue reported by workers in the EU**, with 52% of workers experiencing, for example back pain and upper limb pain [30]. Prolonged sitting and repetitive movements are the two most frequently reported RMD risk factors, both of which are strongly associated with digitalisation processes [31].

The impact of Chronic Pain Conditions on Employment and Productivity

A more nuanced understanding of the issue at hand can be gained by examining how various chronic pain conditions impact work outcomes.

Musculoskeletal diseases, which affect 1.71 billion people worldwide, are the leading cause of disability in Europe. Among them, low back pain (LBP), impacting around 600 million workers globally, is the most prevalent and disabling condition and accounts for a large share of work-related absenteeism [32]. Moreover, a number of high-quality studies also consistently show that chronic knee pain and knee osteoarthritis (OA) are associated with increased absenteeism [31] and that lower limb OA, specifically hip and knee OA, are linked to poor work outcomes (employment status, absenteeism, presenteeism, and physical capacity) [32]. As their prevalence rises in Europe the negative impact of RMDs will increase. RA and knee OA are projected to rise by 80.2% [45] and 74.9% [46] respectively by 2050. The influence of cancer-related symptoms on work outcomes among patients and survivors provides another important example, with numerous studies identifying chronic pain as one of the major challenges for job retention and return to work [33, 34].

European Pain Federation EFIC®, Rue de Londres - Londenstraat 18, B1050 Brussels. Transparency Register no. 3510244568-04

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 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 Haleon, Grünenthal GmbH, and GSK are the main sponsors of the Societal Impact of Pain (SIP) platform.

The influence of cancer-related symptoms on work outcomes among patients and survivors provides another important example, with numerous studies identifying chronic pain as one of the major challenges for job retention and return to work [35, 36].

The impact of migraine on people's professional lives further illustrates the link between chronic pain conditions, neurological disorders, and reduced workplace productivity. Studies have found, for instance, that most migraine-related productivity loss (89%) is due to presenteeism, with individuals reporting to be 46% effective when working during a migraine attack [37].

Patient Voice

Living with chronic pain means constantly navigating uncertainty and insecurity. Many people face the risk of financial hardship due to absenteeism, repeated, prolonged sick leaves, reduced working hours, or even job loss. Finding new employment can be particularly challenging when appropriate workplace accommodations are not available and stigma surrounding chronic pain persists. As a result, many individuals choose not to disclose their condition to employers or colleagues for fear of discrimination, prejudice, or being viewed as less capable. However, employment should provide equal opportunities, respectful treatment, and reasonable accommodations for people living with chronic pain. While these principles may seem simple and straightforward, they remain difficult to achieve and are not equally accessible to everyone.

Equity perspective

Chronic pain and access to rehabilitation should be understood through an equity and intersectionality lens. European evidence shows that chronic pain is more common among women, older adults, people with lower education, unemployment, low income or financial strain, and some ethnic minority groups, meaning that pain risk is already socially patterned before people enter rehabilitation pathways [38, 39]. These disadvantages can compound in working life. Lower-income and insecure workers may be less able to reduce hours, take sick leave, pay for private support, or attend rehabilitation appointments; workers in physically demanding jobs face higher ergonomic exposure to musculoskeletal pain; and older workers may have fewer opportunities to retrain or return to work after prolonged

absence [40]. Women are also more likely to experience pain and to provide unpaid care, with European evidence showing that daily informal caregiving reduces women's employment and working hours [41]. Migrants may face additional barriers linked to language, legal entitlement, discrimination, health literacy and navigation of services [42]. Pain policy should therefore combine universal access to timely, multidisciplinary rehabilitation with targeted support for groups facing overlapping risks.

Conclusion

Chronic pain inflicts a **substantial toll on individuals, economies, and societies as a whole**. The economic burden of chronic pain includes all types of resource consumption incurred as a consequence of prevalent pain conditions, as well as potential productivity losses stemming from reduced labour supply. These encompass publicly financed healthcare costs and indirect costs such as absenteeism, presenteeism, sickness absence, loss of wages, disability allowance, unemployment assistance, among others.

Current estimates indicate that the direct and indirect costs of chronic pain account for 3% to 10% of GDP annually in EU countries. In a context where EU public health is being increasingly understood under a **competitiveness-driven model**, addressing the economic burden of chronic pain should be understood as an **EU public health priority** and **strategic investment** in social wellbeing, productivity and economic resilience. As such, it is paramount that chronic pain considerations are integrated into new or updated EU-level NCD-focused plans.

Additionally, beyond EU health policy, the Jobs Quality Act offers a good opportunity to tackle the high prevalence of RMDs and benefit the more than half of European workers affected by these conditions.

Lastly, in light of pressures threatening the EU's fiscal position, noted in the Commission proposal for a *Council Recommendation on the economic policy of the euro area* [17], investing in pain prevention and management **at the national level** arises as a **cost-effective measure** that can **enhance the efficiency and quality of public spending** and therefore support EU Member States' long-term fiscal sustainability.

Acknowledgments

We gratefully acknowledge the support and contributions of the following individuals throughout the development of this paper:

- Patrice Forget
- Joanne O'Brien Kelly
- Angela Cano Palomares
- Marta Bartnicka
- Nuria Méndez Martínez
- Nadia Malliou and Liisa Jutila representing the Board of Pain Alliance Europe (PAE).

Their insights and coordination were instrumental to this work.

Signatories (Alphabetical Order)

- Active Citizenship Network (ACN)
- Council of Occupational Therapists for the European Countries (COTEC)
- European Brain Council (EBC)
- European Cancer Organisation (ECO)
- European Alliance of Associations for Rheumatology (EULAR)
- European Federation of Psychologists Associations (EFPA)
- European Psychiatric Association (EPA)
- Europe Region World Physiotherapy (ER-WCPT)
- The Societal Impact of Pain (SIP) Platform

—END—

SIP remains available for further discussions with the European Commission, Members of the European Parliament, the Council of the European Union, and civil society stakeholders for future cooperation to ensure our recommendations are implemented in the area of employment and economic considerations of pain.

References

1. Blake H, Somerset S, Greaves S. *The Pain at Work Toolkit for Employees with Chronic or Persistent Pain: A Collaborative-Participatory Study*. Healthcare (Basel). 2021. 10(1):56. doi: 10.3390/healthcare10010056. PMID: 35052220; PMCID: PMC8775489.
2. Breivik, H., et al., *Survey of chronic pain in Europe: Prevalence, impact on daily life, and treatment*. European Journal of Pain, 2006. 10(4): p. 287-287.
3. Raftery, M.N., et al., *The Economic Cost of Chronic Noncancer Pain in Ireland: Results from the PRIME Study, Part 2*. The Journal of Pain, 2012. 13(2): p. 139-145.
4. Gustavsson, A., et al., *Socio-economic burden of patients with a diagnosis related to chronic pain--register data of 840,000 Swedish patients*. Eur J Pain, 2012. 16(2): p. 289-99.
5. Christensen, J., L. Bilde, and A. Gustavsson, *Socioeconomic consequences of painintensive diseases in Denmark*. Danish Institute for Health Services Research: Copenhagen, 2011.
6. Phillips, C., et al., *Prioritising pain in policy making: the need for a whole systems perspective*. Health Policy, 2008. 88(2-3): p. 166-75.
7. Langley, P., Müller-Schwefe, G., Nicolaou, A., Liedgens, H., Pergolizzi, J., & Varrassi, G. *The impact of pain on labor force participation, absenteeism and presenteeism in the European Union*. Journal of Medical Economics, 2010, 13(4): p. 662-672. <https://doi.org/10.3111/13696998.2010.529379>
8. Kaiser U. *Secondary and Tertiary Prevention of Chronic Pain*. International Association for the Study of Pain (IASP), Fact Sheet, 2021, <https://www.iasp-pain.org/resources/fact-sheets/secondary-and-tertiary-prevention-of-chronic-pain/>
9. European Labour Authority. (2025). *Labour shortages and surpluses in Europe 2024*. <https://www.ela.europa.eu/en/publications/labour-shortages-and-surpluses-europe-2024>
10. European Commission. (n.d.). *The Draghi report on EU competitiveness*. https://commission.europa.eu/topics/competitiveness/draghi-report_en
11. European Commission. (n.d.). *The European Pillar of Social Rights Action Plan*. <https://op.europa.eu/webpub/empl/european-pillar-of-social-rights/en/>
12. European Commission. (n.d.). *Legislation - Employment Equality Directive (2000/78/EC)*. https://employment-social-affairs.ec.europa.eu/policies-and-activities/rights-work/tackling-discrimination-work/legislation-employment-equality-directive-200078ec_en
13. European Agency for Safety and Health at Work. (n.d.). *EU Strategic Framework on Health and Safety at Work 2021-2027*. <https://osha.europa.eu/en/safety-and-health-legislation/eu-strategic-framework-health-and-safety-work-2021-2027>
14. European Commission. (n.d.). *Union of equality: Strategy for the rights of persons with disabilities 2021-2030*. https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/disability/union-equality-strategy-rights-persons-disabilities-2021-2030_en
15. European Commission. (n.d.). *Disability Employment Package*. https://employment-social-affairs.ec.europa.eu/policies-and-activities/eu-employment-policies/disability-employment-package_en
16. European Commission. (2025). *2026 European Macroeconomic Report*. https://economy-finance.ec.europa.eu/publications/2026-european-macroeconomic-report_en
17. European Commission. (2025). *Recommendation for a COUNCIL RECOMMENDATION on the economic policy of the euro area*. https://commission.europa.eu/document/download/8be79e75-a451-4dd9-a4ed-ead4439a7118_en?filename=COM_2025_957_1_EN_0.pdf
18. Springer Nature. (n.d.). *Encyclopedia of Public Health: Direct Costs*. https://link.springer.com/rwe/10.1007/978-1-4020-5614-7_799
19. Springer Nature. (n.d.). *Encyclopedia of Public Health: Indirect Costs*. https://link.springer.com/rwe/10.1007/978-1-4020-5614-7_1685
20. European Labour Authority. (2024). *Report on Labour Shortages and Surpluses 2024*. https://www.ela.europa.eu/sites/default/files/2025-06/EURES_Report_on_labour_shortages_and_surpluses_2024.pdf
21. Stubhaug, A., Hansen, J. L., Hallberg, S., Gustavsson, A., Eggen, A. E., & Nielsen, C. S. (2024). *Costs of chronic pain—Long-term estimates*. The Journal of Pain, 2024. 28(6): p. 960-977. <https://doi.org/10.1002/ejp.2234>
22. Stevnsborg, L., et al., *Chronic Pain and Labour Market Affiliation: Effect of Demographic Factors and Comorbidities 5 Years Before and 2 Years After Multidisciplinary Treatment*. European Journal of Pain, 2025. 29(10): p. e70135

23. Breivik, H., E. Eisenberg, and T. O'Brien, *The individual and societal burden of chronic pain in Europe: the case for strategic prioritisation and action to improve knowledge and availability of appropriate care*. BMC Public Health, 2013. 13(1): p. 1229.
24. Patel, A.S., et al., *The Impact and Burden of Chronic Pain in the Workplace: A Qualitative Systematic Review*. Pain Practice, 2012. 12(7): p. 578-589.
25. Saastamoinen, P., et al., *The effect of pain on sickness absence among middle-aged municipal employees*. Occup Environ Med, 2009. 66(2): p. 131-6.
26. Grant, M., et al., *The work of return to work. Challenges of returning to work when you have chronic pain: a meta-ethnography*. BMJ Open, 2019. 9(6): p. e025743.
27. Busch, H., S. Göransson, and B. Melin, *Self-efficacy beliefs predict sustained long-term sick absenteeism in individuals with chronic musculoskeletal pain*. Pain Pract, 2007. 7(3): p. 234-40.
28. Nielsen, C.S., *Chronic pain is strongly associated with work disability*. Scandinavian Journal of Pain, 2013. 4(4): p. 180-181.
29. Azevedo, L.F., et al., *The economic impact of chronic pain: a nationwide population-based cost-of-illness study in Portugal*. The European Journal of Health Economics, 2016. 17(1): p. 87-98.
30. Eurofound. (2025). *European Working Conditions Survey 2024: First findings*. <https://www.eurofound.europa.eu/en/publications/all/european-working-conditions-survey-2024-first-findings>
31. European Agency for Safety and Health at Work. (2025). *First findings of the Fourth European Survey of Enterprises on New and Emerging Risks (ESENER 2024)*. <https://osha.europa.eu/en/publications/first-findings-fourth-european-survey-enterprises-new-and-emerging-risks-esener-2024>
32. Russo F, Papalia GF, Diaz Balzani LA, Stelitano G, Zampogna B, Fontana L, Vadalà G, Iavicoli S, Papalia R, Denaro V. Prognostic factors for return to work in patients affected by chronic low back pain: a systematic review. Musculoskelet Surg. 2024. 108(4): p. 403-415. doi: 10.1007/s12306-024-00828-y. Epub 2024 Jun 12. PMID: 38864993; PMCID: PMC11582328.
33. Agaliotis M, Mackey MG, Jan S, et al. Burden of reduced work productivity among people with chronic knee pain: a systematic review. Occupational and Environmental Medicine 2014. 71: p. 651-659.
34. Alyousef, Y. S., Johnston, V., Mellor, R., Plinsinga, M. L., Zerguine, H., & Smith, M. D. *The effect of lower limb osteoarthritis on work-related outcomes: a systematic review and meta-analysis*. Disability and Rehabilitation, 2024. 46(17), 3792–3801. <https://doi.org/10.1080/09638288.2023.2259304>
35. European Commission: European Health and Digital Executive Agency and ECORYS, *Study on job retention and return to work for cancer patients and survivors – Final study report*, Publications Office of the European Union, 2024, <https://data.europa.eu/doi/10.2925/1370873>.
36. Tan CJ, Yip SYC, Chan RJ, Chew L, Chan A. Investigating how cancer-related symptoms influence work outcomes among cancer survivors: a systematic review. J Cancer Surviv. 2022. 16(5): p.1065-1078. doi: 10.1007/s11764-021-01097-5. Epub 2021 Aug 23. PMID: 34424498; PMCID: PMC9489549.
37. Begasse de Dhaem O, Sakai F. *Migraine in the workplace*. eNeurologicalSci. 2022. 6;27:100408. doi: 10.1016/j.ensci.2022.100408. PMID: 35774055; PMCID: PMC9237352.
38. Bimpong K, Thomson K, Mcnamara CL, et al. The Gender Pain Gap: gender inequalities in pain across 19 European countries. *Scandinavian journal of public health* 2022; 50: 287-94
39. Rometsch C, Martin A, Junne F, Cosci F. Chronic pain in European adult populations: a systematic review of prevalence and associated clinical features. *Pain* 2025; 166: 719-31
40. Ferreira ML, de Luca K, Haile LM, et al. Global, regional, and national burden of low back pain, 1990-2020, its attributable risk factors, and projections to 2050: a systematic analysis of the Global Burden of Disease Study 2021. *The Lancet Rheumatology* 2023; 5: e316-e29
41. Ciccarelli N, Van Soest A. Informal caregiving, employment status and work hours of the 50+ population in Europe. *De Economist* 2018; 166: 363
42. Lebano A, Hamed S, Bradby H, et al. Migrants' and refugees' health status and healthcare in Europe: a scoping literature review. *BMC Public Health* 2020; 20: 1039
43. Burton, W., et al., *Systematic Review of Studies of Productivity Loss Due to Rheumatoid Arthritis*. Occupational Medicine, 2006. 56(1): p. 18–27. doi:10.1093/occmed/kqi171.
44. Bevan, S., *Economic impact of musculoskeletal disorders (MSDs) on work in Europe*. Best Practice & Research Clinical Rheumatology, 2015. 29(3): p. 356–373. doi:10.1016/j.berh.2015.08.002.



45. Lau, Chak Sing. "Burden of Rheumatoid Arthritis and Forecasted Prevalence to 2050." *The Lancet Rheumatology*, vol. 5, no. 10, 2023, pp. e567–e568. doi.org/10.1016/S2665-9913(23)00240-0
46. GBD 2021 Osteoarthritis Collaborators. "Global, regional, and national burden of osteoarthritis, 1990-2020 and projections to 2050: a systematic analysis for the Global Burden of Disease Study 2021." *The Lancet Rheumatology* vol. 5,9 e508-e522. 21 Aug. 2023, doi:10.1016/S2665-9913(23)00163-7
47. The European House - Ambrosetti. *Headway – Mental Health Index 5.0: Care, Cohesion, and Growth: Advancing Mental Health through the Wellbeing Economy*. 2025. Available: <https://www.europsy.net/headway-forum-european-parliament-2025/> (Accessed: 1 July 2026).
48. Lopez-Morinigo JD, Fiorillo A, Dom G, Arango C. Mental health status of the European population and its determinants: A cross-national comparison study. *Eur Psychiatry*. 2025;68(1):e103. Published 2025 Apr 24. doi:10.1192/j.eurpsy.2025.2449.

Logos



EUROPEAN PSYCHIATRIC ASSOCIATION



European Pain Federation EFIC®, Rue de Londres - Londenstraat 18, B1050 Brussels. Transparency Register no. 3510244568-04

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 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 Haleon, Grünenthal GmbH, and GSK are the main sponsors of the Societal Impact of Pain (SIP) platform.