

## National programme for chronic pain treatment is needed

Bolezen in bolečina - Friday, 04 November, 2011

Author: Mojca Lorenčič

Chronic pain doesn't affect only an individual but it is also an important issue of a public health system, which has not yet been recognised in its full extent.



To motivate political world to approach the set-up of a national programme for managing of chronic pain, Slovenian Association for Pain Management (SAPM) organised, in National Council of the Republic of Slovenia, a conference about the impact of pain on society. It is a big one, since around 400.000 inhabitants of Slovenia (20% of population) ought to suffer from pain, the same number of them has a worse quality of life due to pain and the whole country feels consequences of this, because treatment of pain, sick leaves and invalidity retirements imply high costs.

Chronic pain is a disease

An important shift in treating chronic pain will be understanding that chronic pain is not only a symptom of some other disease, but it is a disease, which itself needs to be treated, says Primarius dr. Nevenka Krčevski Škvarč MD, secretary of European Pain Federation (EFIC) and adds that pain is one of the vital signs and should be considered same as data of blood pressure, pulse, breathing and temperature. In Slovenia there are some directions for chronic pain treatment but treatment is neither organised, systematic or economically supported. Training of medical workers is also weak, since chronic pain hasn't yet found its place in graduate or post-graduate medical education programmes. Consequently, patients with chronic pain are directed to different clinics and try different methods of pain easing, which are most often inefficient. The problem is also a current Code list of diseases, where

chronic pain is recorded only with two codes, one for chronic unbearable pain, the other for chronic undefined pain. In the opinion of the doctor this is absolutely too little.

“We need a national plan for treatment of these patients”, says Krčevski Škvarč. However, Ministry of Health hasn't yet undertaken this job, but they wish to get this national plan before regulations of EU will demand this from the EU states, as it was the case with preparation of national programme for palliative care.

#### Treatment is not yet efficient

EFIC has been, for a decade now, aspiring for treatment of chronic pain patients to finally get better. Thus, they proclaimed a Declaration of pain in 2001 in European Parliament and summoned the governments to increase their attention to an impact which pain has in society and to improve care for patients. In 2009 Human Rights Watch claimed access to pain treatment to be a human right. This year arrived, on the basis of a symposium in European Parliament, an action plan of what needs to be done for improving treatment of patients with chronic pain.

“Despite all these documents chronic pain treatment is still not as efficient as acute pain treatment is” emphasizes Professor dr. Rolf-Detlef Treede MD from Faculty of Medicine in Mannheim, Germany, which is one out of only four countries where national plan for chronic pain treatment has already been accepted. However, also in the countries where things are formally settled, it isn't all smooth in practice. »In Denmark, a patient with chronic pain has a right to be treated in 30 days, but it isn't clear who is suppose to provide this right« adds Treede. »Example of how these patients should be treated can be Belgium, where a biopsychosocial model of their treatment has been developed: they introduced hospital centres on tertiary level, where patients are provided with help by specialists of different disciplines, among them also psychologists, physiatrist, neurologists and others.« says Primarius dr. Slavica Lahajnar Čavlovič MD, president of Slovenian Association for pain management.

#### High costs of treatment

Health Insurance Institute of Slovenia estimates that costs of treating patients with chronic pain reach 122 million EUR per year, says Olivera Masten Cuznar. This includes visiting general practitioners, hospital treatment, costs for medication and paid sick days. »We need to concentrate on solving causes for chronic pain, since solving the consequences means a burden which is too big.« says Masten Cuznar and asks if employers really do everything possible to mitigate work to employees. Chronic pain can be a result of inappropriate working conditions and it often happens that after finished treatment an employee is returned to the same work place and his problems repeat.

Doroteja Novak Gosarič from Ministry of Health says that Slovenia belongs to a group of countries where treatment of pain with opiates is well accessible. »We hope we will manage to keep at least what we have now.« says Novak Gosarič and mentions an economic crisis on one hand and growing needs for different ways of treatment on the other hand.

It is not always »all in your head«

Rok Ljubič fell ill with severe chronic visceral pain syndrome 8 years ago. He suffered from chronic pain, dysfunction of digestive organs and hypersensitive urinary bladder. Despite numerous investigations, the cause of pain couldn't be found. Patients are often mistreated due to poor understanding of a disease, says Ljubič. For this reason he started to study these problems and also medical literature in depth.

The problem is that chronic pain isn't concerned enough as a disease, but mainly as a psychiatric problem, figures out Ljubič. »For the patient this is very exhausting and one wants only to be told what is wrong with him.« Patients tolerate chronic pain differently, but most of them wouldn't go from doctor to doctor if they weren't sure something was wrong with them - so doctors should take their statements seriously. »The worst possible phrase, which is unfortunately still very common, is "all is in your head". There is no such chronic pain where it would all be in your head and all doctors should be well aware of this, says Ljubič. There is little known about chronic visceral pain syndrome in Slovenia and patients suffering from it are mostly left on their own. These patients are rarely sent to be treated at appropriate clinics, but more often to psychiatric care. This can have a devastating effect for a patient, as they, together with inapprehension of medical discipline, suffer day by day and this can lead to the worst possible. Quality of life of such patient can be worse than of such with organic disease, for example Crohn's disease, says Ljubič. He suggests a multidisciplinary approach to treating these patients, such as the one he partook while being treated abroad.