



Media Backgrounder: Understanding the Impact of Chronic Pain

The impact of pain across Europe

Pain is a widespread problem across Europe, and an estimated one in five adults is affected with moderate to severe chronic pain.¹ Chronic pain is classified as pain that persists or progresses over a long period of time (usually stated as over three months²) and may range in intensity from mild, to moderate, to severe. Chronic pain may remain constant, or it can fluctuate, but it will be present to some degree for long periods of time.

Examples of chronic pain include back pain, arthritis (a condition affecting the joints and bones) and osteoarthritis (a form of arthritis where cartilage between the bones gradually wastes away, leading to bones rubbing together in the joints).

Impact of pain

Pain can have a significant impact on a patient's quality of life. According to a new pan-European survey of people who experience chronic pain, 60% of patients have problems sleeping and 44% exercise less because of their pain. Half of patients surveyed say that their pain has affected their relationships with their family whilst almost a third feel their pain is sometimes so bad they want to die.³

The impact of chronic pain also extends into patients' working lives. Nearly 500 million days every year are lost due to people suffering from chronic pain, costing the European economy at least €34 billion.¹ In addition, one in five patients with chronic pain have lost their job and a similar percentage of people have been diagnosed with depression as a result of their pain.¹

Diagnosis and management of pain

A pain diagnosis takes place following a comprehensive assessment of the patient, which will vary depending on the type of painful condition they are experiencing and whether the patient is being assessed by a doctor, specialist or at a pain clinic. The

doctor may use a number of tests and techniques to try to understand the symptoms, how they are affecting the patient and what their possible cause might be. Pain assessment may include the use of pain scales and questionnaires, combined with a physical examination. As well as assessing the pain itself, the doctor may occasionally conduct additional tests to determine the underlying cause of the pain. These may include blood tests, X-rays, CT scan, an MRI scan and a nerve conduction study.

According to the International Association for the Study of Pain (IASP), there is substantial evidence for the effectiveness of multidisciplinary treatment for chronic pain problems. The IASP recommends that multidisciplinary pain centres should offer patients access to staff from a variety of medical and health care disciplines, including physicians, nurses, mental health professionals and physical therapists. Patient assessment and treatment should be multidisciplinary to ensure appropriate management of all biomedical and psychological aspects of pain problems. It is also recommended that data should be regularly collected on the characteristics and outcomes of the patients being treated.⁴

Treatment of pain

The overall goal of treating chronic pain is to enable people with pain to live full and rewarding lives in the face of chronic illness.

There are a variety of treatment options for people with chronic pain including non-pharmacological treatments, such as acupuncture and transcutaneous electrical nerve stimulation (TENS) and pharmacological treatments. As the level of pain increases, different types of medication or doses can be used. Pharmacological treatments include:

- Over-the-counter (OTC) pain relief medications, including some nonsteroidal anti-inflammatory drugs (NSAIDs), e.g. ibuprofen
- Anti-convulsants and anti-depressants
- Opioid pain relief medications e.g. codeine, morphine, oxycodone

Despite the availability of effective treatments, new research has demonstrated that many patients in Europe are not receiving the best treatment for their pain. A survey of patients suffering chronic pain over a year revealed that 95% report that they are still

suffering moderate to severe pain despite a year of treatment, with 19% reporting that their pain is getting worse.³

Opioids

Opioids are a class of pain relief treatments that reduce the perception of pain in the brain. They have proven to be effective in treating many types of pain^{5,6} and are widely accepted and used both by general practitioners and specialists.⁷

Weak opioids such as codeine and dihydrocodeine may be taken on their own, or used in combination with other drugs such as paracetamol. If weak opioids fail to effectively control pain, strong opioids, such as morphine or oxycodone, may be introduced to better control the pain. Strong opioids play a key role in the treatment of severe, chronic, non-malignant pain, and if used appropriately, can reduce the negative impact that poorly controlled pain has on patient's quality of life.^{1,7}

Although highly effective in controlling pain, opioids can be associated with opioid induced constipation (OIC).

Opioids and Opioid-Induced Constipation (OIC)

Opioid-induced constipation (OIC) is a potentially debilitating side-effect which can affect up to 90 percent of patients who are treated with these medications.⁸ Constipation can be defined as a decrease in the passage of formed stools and characterised by stools that are hard and difficult to pass.⁹ OIC is often accompanied by other gastrointestinal side effects such as decreased gastric emptying, abdominal cramping and bloating. It is also associated with nausea, vomiting and gastro-oesophageal reflux (where acid from the stomach leaks up into the oesophagus)^{10,11}

OIC can be a major problem for people who are already suffering from often debilitating conditions and severe chronic pain, and can have a considerable impact on quality of life and ability to carry out daily activities¹⁰ – sometimes to the point where the patient has to stop their pain treatment altogether.¹²

Whilst treatments such as laxatives can be used in conjunction with opioids to help alleviate OIC, they do not treat the cause of the problem¹⁰ or provide adequate relief for patients – research has shown that 54 percent of patients treated for OIC do not achieve adequate relief with laxatives more than half of the time.¹¹ It is therefore important to ensure that steps are taken to minimise the potential for OIC in patients while maintaining effective pain control with opioid treatment.

References

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