



 **PAIN**
IN EUROPE

A 2003 Report



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Introduction

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Immense knowledge has been acquired since the 17th Century when the Dutch philosopher Baruch Spinoza considered pain to be evil. Philosophers continued to expound countless theories on the cause and purpose of pain, but these efforts were eventually superseded by the work of anatomists and physiologists such as Marshall Hall, Wilhem Erb and Carl Westphal, who demonstrated the physiological structure of the nervous system. This knowledge was added to in the early 20th Century by Johannes Muller's work on stimulating nervous pathways and progressed even further by Lord Adrian's studies on electrical conduction along nerve fibres. Additionally, in the 1960's Patrick Wall and Ronald Melzack changed our thinking with their 'gate' or 'pain receptors' theory.

Man though could not wait for scholarship to relieve pain. Over time a great number of strange therapies have been applied in the name of pain relief; hemlock and a mixture of yeast, juniper and beer, to name a but a few. Perhaps most insightful, though, was the use of the opium poppy to relieve pain – this practice has been recorded since the earliest time of writing, about 5000 years ago. Later on, additional records from the mid-18th Century outline the interest in chemical extraction from the willow as an analgesic. This extract was called salicylic acid – which in its better known guise, aspirin, is a familiar pain remedy reached for by millions.

In the early 1950's John Bonica published one of the first texts on pain treatment techniques, resulting in a surge of interest in cancer pain with the first significant meeting on this subject being held in 1977. Cancer provided the thrust and cancer pain dominated our interest in pain in general. The number of cancer pain articles in the principal medical journals has increased by ten fold in the last thirty years, compared with a meagre one to two-fold increase in the number of articles on non-cancer pain. In contrast, our interest and knowledge on non-cancer pain pathologies – joint and skeletal problems, neuropathic pain states, phantom limb syndrome and sickle cell – together with the particular problems of pain in the elderly, present a relative desert of knowledge. This is a real issue when you consider that these non-malignant conditions effect many more than the number experiencing pain from malignancy.

We have all experienced the sensation of pain, and most of us have known someone who has been, or is still, in pain. Yet despite medical advances we know little as to how many people across Europe are suffering from long term pain.

Why do we need this information? For several decades national statistics in Europe have provided information on the incidence of many diseases such as cancer and diabetes, but we have almost no information on the incidence of pain. This is because pain is frequently a symptom or legacy of a disease or illness, but pain itself is generally not recorded in national statistics. With an industrial injury, pain is frequently what prevents return to work, but it is the industrial injury that enters the statistics and not the pain.

The Pain in Europe survey opens a new chapter in our understanding of pain. This pan-European study embraced over 46,000 people across 16 countries. Essentially the study was to consider the prevalence of chronic, non-malignant pain – but with a special effort being made to understand how pain impairs the lives of those who live with it and how they viewed the help they were receiving.



The incidence of significant pain does not only effect one person – the patient – but often the family. Pain is a symptom that may assume enormous ramifications when we consider its demands on health and supportive care structures, employers and the economy. Despite this, there is a clear poverty in our knowledge of chronic and non-malignant pain, because of a previous feeble interest and almost a blindness in our understanding of this distressing and costly problem.

The Pain in Europe survey does much to try and fill this void and presents very considerable new information. And, as with any good study it stimulates many questions – it will prompt further work on many of the points it has raised. It provides empirical information on much that was previously unknown; in part it confirms general clinical experience but elsewhere questions conventional clinical thinking. It suggests where the medical profession could enhance their contribution and where patients may benefit from appropriate increased knowledge. No study in a subject as nebulous as pain can be considered definitive, but this study is a truly auspicious milestone in an important subject that embraces all of us.



Executive Summary

With over 46,000 people interviewed, Pain in Europe represents the largest and most in-depth long term (chronic) pain survey ever conducted in Europe. The survey aims to reveal for the first time the real impact of chronic pain, and illuminate a pathway for the future management of chronic pain for millions of sufferers.

A thorough investigation into chronic pain across 16 countries, Pain in Europe investigates the issue of pain...nearly one in five Europeans suffering...individuals living with chronic pain for an average of seven years...one in six chronic pain sufferers feel the pain is sometimes so bad they wanted to die.

Pain in Europe gives a glimpse into the isolated world of chronic pain sufferers. A place where pain devastates everyday activities, leaving individuals depressed, unable to function properly in daily life, and frequently held back in their work.

Worryingly, given the terrible toll exacted by chronic pain, one in four patients feel their doctor doesn't know how to control their pain, and across Europe the management of chronic pain is perceived as inadequate. Over two thirds of sufferers believe their medication is not sufficient to control their pain at times, and three quarters of pain patients have to raise the topic of pain symptoms in the consultation, rather than being proactively assessed by their doctor.

Ultimately then, Pain in Europe is a map of chronic pain, a source of suffering for many people across Europe, seriously impacting on their quality of life. Chronic pain does not appear to be given the priority it should and specialist pain services in particular are not being accessed. Patients feel cut off from information about new methods of managing their pain more effectively. True partnership between doctors and chronic pain patients is the only way to improve this lack of information and under treatment of pain. Sufferers need to consider what questions they need to ask, and physicians should recognise, as declared by EFIC, that pain is a disease in its own right and should be treated with the same urgency as the condition that causes it.

NFO WorldGroup carried out the survey which was sponsored by Mundipharma International Ltd., Cambridge, England.



Key European Findings

A Widespread Problem

Chronic pain is a devastating and widespread problem in Europe:

- Chronic pain strikes one in five (19%) adults across Europe
 - Prevalence is highest in Norway, Poland and Italy, where over one-fourth of adults report suffering from chronic pain
 - Prevalence is lowest in Spain, even so more than one in ten (11%) suffers from chronic pain
- Over one third of European households have at least one pain sufferer (chronic or otherwise)

Real Pain

- Two-thirds of chronic pain sufferers experience moderate pain, while one-third experience severe pain (as rated on a 1–10 scale)
- The most common source of pain reported by chronic pain sufferers is the back (24%), and the most common cause is arthritis/osteoarthritis (35%)

A long term problem

- People with chronic pain have been suffering on average for 7 years, some for 20 years or more (21%)
- One third of patients suffer chronic pain at all times – 24 hours a day, 365 days a year
- Time taken to achieve adequate pain control in over 50% of sufferers can take more than 2 years
- A third of sufferers were so weighed down with pain that they felt they could not "tolerate any more"

Quality of life impacted

Untreated chronic pain can leave sufferers' lives in ruins – impacting on their work and families and often causing depression:

- One in five chronic pain sufferers have lost a job as a result of their pain.
- Those employed were forced to take more than 15 days off work every year because of pain (estimate based on 6 month data)
- One in five chronic pain sufferers have been diagnosed with depression as a result of their pain
 - Spain has the highest rate of depression (29%) as a result of pain, followed by Norway (28%). The lowest rate is in Denmark.
 - Up to a half of chronic pain sufferers report feelings of helplessness, or inability to think or function normally



- Over 40% of chronic pain sufferers say their pain impacts on everyday activities, from lifting and carrying to taking exercise and sleeping
- Nearly one in six chronic pain sufferers feel their pain is sometimes so bad they want to die
- The problem of social isolation seems most acute in France where the greatest number of sufferers (39%) felt unable to discuss their pain with other people

Satisfaction with doctors

- Nearly two-thirds said they felt "very or extremely satisfied" with the doctor who treats their pain. Satisfaction was highest in Belgium (78%) and lowest in Poland, where only 20% of people were "extremely" or "very satisfied"
- Seventy percent are treated by their primary care doctor
- The median length of time with their current doctor was 4.5 years

Doctors not "proactive" enough

Despite patients reporting high satisfaction with doctors, more detailed questioning revealed:

- Only 23% have ever been seen by a specific pain management specialist and only one in ten have been evaluated using pain scales
- One third of patients believe their doctor doesn't know how to control their pain
- Over one-quarter claim their doctor only rarely evaluates their pain symptoms

Treatment of Pain

Chronic pain sufferers report that there is considerable room for improvement in the effectiveness of pain treatments.

- Almost two-thirds of chronic pain sufferers report that their pain control is inadequate at times
- Over two fifths have switched to more powerful medications
- Over two-thirds are prepared to try out new medications
- On average NSAIDs are by far the most frequently used non-prescription pain medication (56%), together with paracetamol (42%) and weak opioids (17%)
- Strong opioids (the strongest of all painkillers) are hardly used at all in Italy and Spain, whereas in Austria they are used more frequently (24%)
- Finland made the greatest use of alternative treatments with 91% of chronic pain sufferers using one or more treatment, while Spain had the lowest with just 56% making use of such treatments

Poorly informed patients

Nearly a third of patients claim they haven't been informed about new methods to better manage their pain. The survey revealed two possible explanations:

- 65% of patients only see one to two doctors, with 70% of these doctors being GPs who are generalists who haven't specialised in pain management
- 72% of patients receive their information about pain treatments from TV, magazines and newspapers, compared to only 5% who actively sought it out from the internet



Background

It is thought that chronic pain is a widespread problem, but its prevalence in the European adult general population has not been previously investigated. Little is also known about individual's perceptions of their pain and its treatment. The Pain in Europe survey is the most in-depth and largest ever survey of chronic pain sufferers in Europe, designed to explore these issues.

Specifically it aimed to:

- estimate the prevalence of chronic pain conditions across Europe;
- understand and quantify the sources and causes of chronic pain;
- explore the demographics of sufferers;
- explore the impact of pain on sufferers' quality of life (QoL) and activities of daily living;
- understand current treatment practices, levels of satisfaction with and barriers to appropriate treatment; and
- explore the attitudes of sufferers toward and experiences with pain, as well as those of their families, friends, co-workers and healthcare providers (through the eyes of the sufferers).

NFO WorldGroup carried out the survey which was sponsored by Mundipharma International Ltd., Cambridge, England.



Methodology

Survey Countries



United Kingdom



Spain



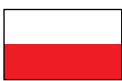
Denmark



Ireland



France



Poland



Netherlands



Switzerland



Germany



Sweden



Belgium



Austria



Italy



Norway



Finland



Israel

Numbers

With over 46,000 people interviewed, Pain in Europe represents the largest and most in-depth long term (chronic) pain survey ever conducted in Europe.

Using Computer Assisted Telephone Interview (CATI), screening interviews were conducted amongst approximately 3,000 respondents in each country, totalling 46,394 across Europe to get the baseline prevalence data.

The attitudinal analysis of chronic pain sufferers was based on a sample of 4,839 chronic pain sufferers across Europe who satisfied the criteria outlined in the methodology. This section of the survey was capped to include approximately 300 chronic pain sufferers in each country.

The country-level data is weighted based on gender and age, and bias due to telephone behaviour, to be fully representative of the population surveyed.

Methodology

Using a short questionnaire, screening interviews were conducted amongst approximately 3,000 adult men and women in each country.

The screening questionnaire served two purposes:

- to determine the prevalence of chronic pain by country and across Europe; and
- to identify at least 300 chronic pain sufferers per country to participate in a more detailed questionnaire to learn more about chronic pain sufferers and their experiences/attitudes with their pain



The working definition of a chronic pain sufferer was defined as:

- adult (18 years old or older)
- has suffered from pain due to illness or medical condition for at least six months
- has experienced pain within the past month
- has experienced pain at least several times a week
- rates intensity of pain as 5 or higher on a 1-10 scale where 1 = "No pain at all" and 10 = "The worst pain imaginable"

Attitudes to Pain

As part of the research the attitudes of pain sufferers were examined by evaluating their level of agreement with various "attitude, interest, and opinion (AIO)" statements. The AIO statements included topics such as:

- life in general as a result of pain
- attitudes toward pain medication
- attitudes toward doctors; and
- perceptions of themselves and others as a result of the pain they experienced

The broad representation of European countries yielded a sample that is representative of the attitudes of pain sufferers across Europe.

Timing

The interviews were carried out between October 2002 – June 2003.

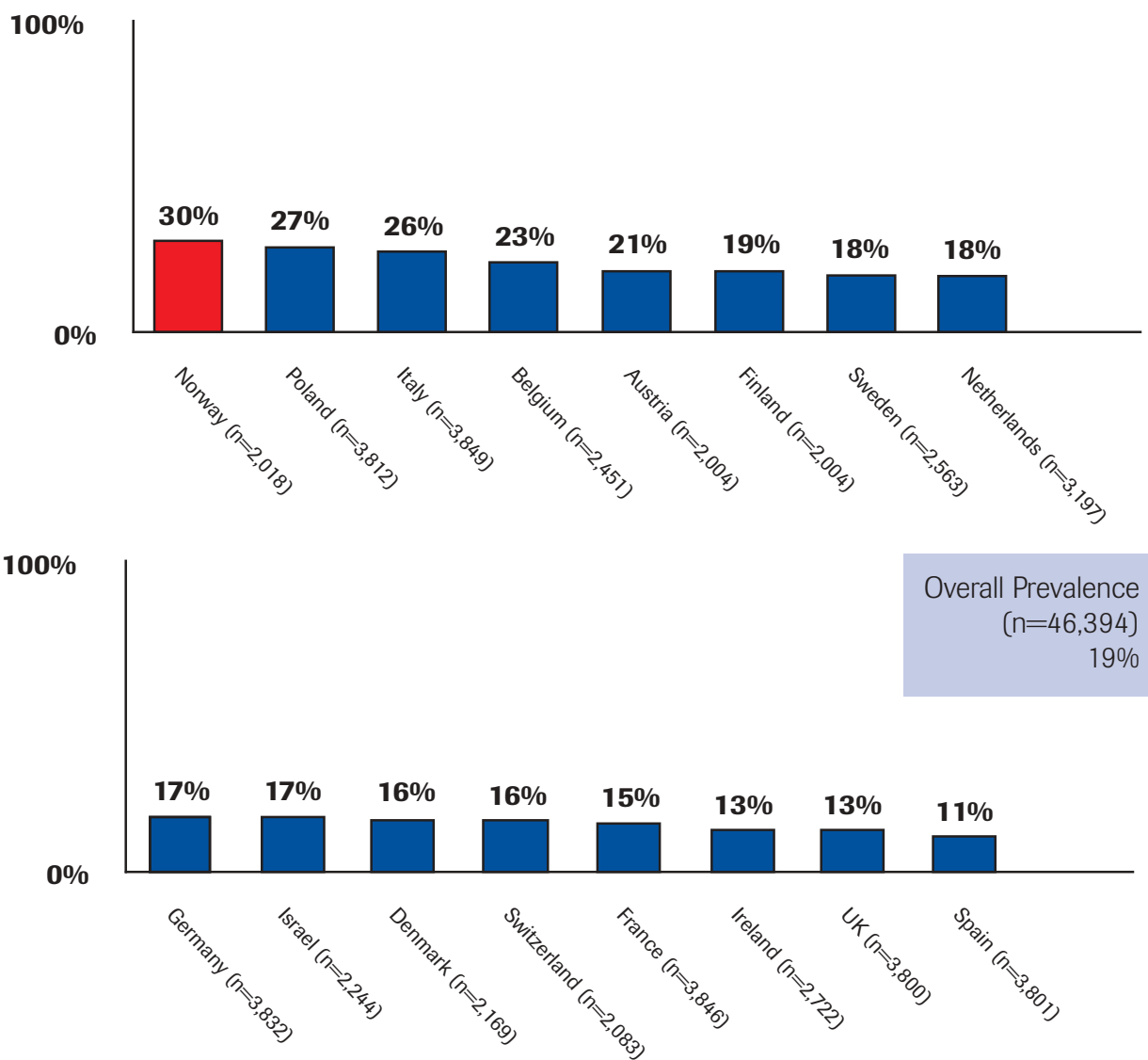


Findings – The shocking truth

A widespread problem

When considering only moderate to severe chronic pain, the overall prevalence across Europe is just under one-fifth, with the highest prevalence in Norway, Poland and Italy, the lowest in Spain.

Prevalence of Chronic Pain by Country – European Summary Based on Complete Screener Data



- Just under one in five adults in Europe (19%) suffers from chronic pain.
- Just over one third of European households interviewed in the first questionnaire were found to have at least one member aged 18 or over who suffers from pain (chronic or otherwise).
- Over 19% of households who reported having pain sufferers contain more than one sufferer.
- When asked about their most recent pain experience 67% of respondents said they had "moderate pain" (rated as levels of 5, 6, and 7 on a pain scale) and 33% severe pain (rated as levels of 8,9,10 on a pain scale).



Comparison highlights

The prevalence of chronic pain in the population was highest in Norway (30%) and lowest in Spain (11%).

- Norway, Poland and Italy have the highest proportion of moderate and severe chronic pain sufferers relative to total country populations.
- Highest country prevalence for moderate sufferers: Norway, Poland and Austria
- Highest country prevalence for severe sufferers: Italy, Israel and Norway

Who is suffering?

A typical chronic pain sufferer would be a middle aged, married woman who has no children still living at home.

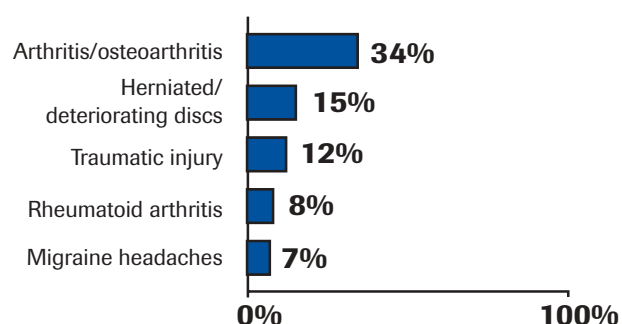
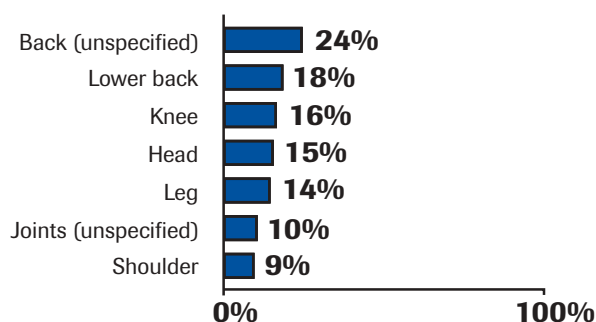
- Across Europe the average age of pain sufferers is 50 years of age.
- In most European countries slightly more women than men suffer pain - 56% of chronic pain sufferers are female and 44% male.
- Pain sufferers are most likely to live with other people (79%), be married (59%) and have no children living in the household (71%).
- Gender and age are consistent between moderate and severe pain sufferers, as is the likelihood of children being present in the household.
- It appears that severe pain sufferers may be somewhat more likely than moderate sufferers to be divorced or separated.

Where does it hurt?

The back represents by far the most common location for pain, with unspecified back pain effecting nearly a quarter of all respondents, lower back pain 18% and upper back pain 5%. Other significant body areas afflicted with pain were: knees, legs, heads, joints, shoulders, necks, hips, upper back and hands.

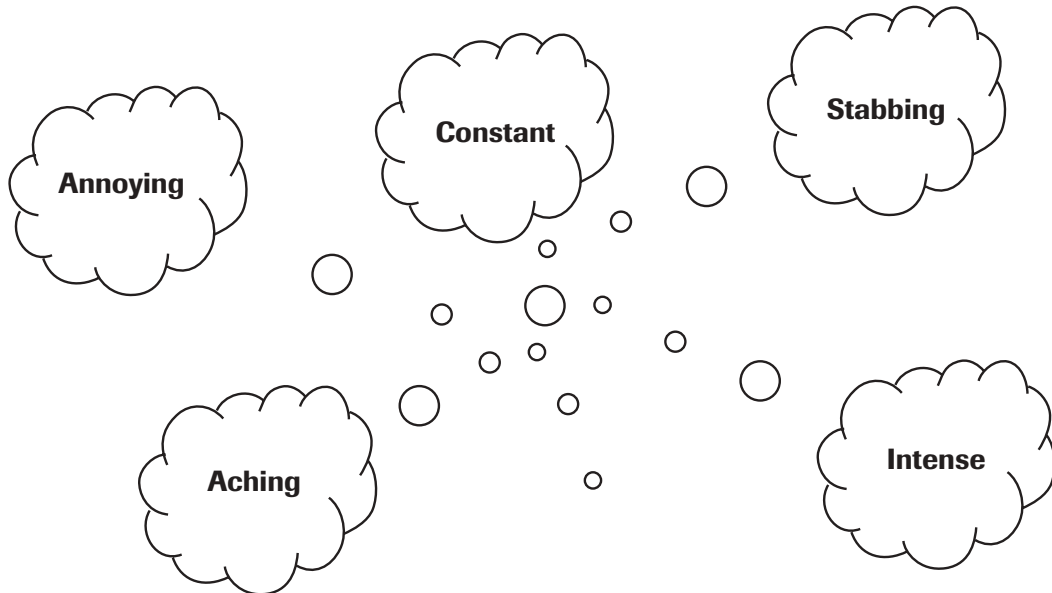
The most frequent cause of chronic pain was arthritis/osteoarthritis, which effected over one third of respondents, followed by herniated or deteriorating discs and traumatic injury. Less common causes were rheumatoid arthritis, migraine headaches, fracture/deterioration of the spine, nerve damage, cartilage damage, whiplash and surgery.

Locations and causes of pain



Nearly equal numbers of people described their pain as "constant", as opposed to "intermittent" (46% versus 54%).

When asked to describe their pain, the most frequently used adjective by over a quarter questioned was "aching". Other common adjectives were "annoying", "intense" and "constant". The least common descriptions were "dull", "tingling" and "nauseating". This only highlights the difficulty patients have in communicating their pain to their physicians and their families.



To be categorised as a chronic pain sufferer, people needed to have experienced pain within the last month. Amongst sufferers:

- Two thirds (65%) had experienced pain on the day of the questionnaire
- 28% in the past week
- 7% within the past month

Overall one third (35%) reported experiencing pain every minute of their lives "at all times", as opposed to 31% who experienced it daily and 34% who experienced it several times a week.

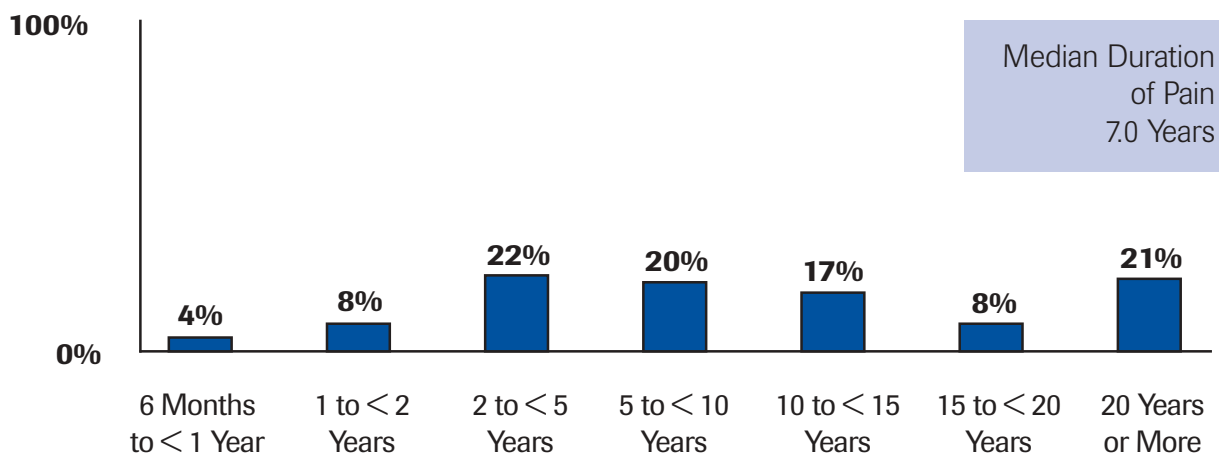
Using the 10 point pain scale about two thirds of respondents rated their pain as "moderate" (a score of 5-7) as opposed to "severe" (a score of 8-10).

The median time people reported having suffered chronic pain was 7 years. When subdivided severe pain sufferers were found to have experienced pain for one third longer than moderate pain sufferers. Overall one fifth of respondents said they had been in pain for 20 years or more.

On average sufferers report having experienced pain for the past 7 years.



Duration of Pain Reported by Chronic Pain Sufferers – European Summary (n=4,839)



Despite such suffering chronic pain patients in Europe appear a uncomplaining group with nearly a half saying that they felt that they could "tolerate" at least, a little more pain but some 31% said their pain was so severe they could not "tolerate any more".

Comparison highlights

- The Finnish had suffered from chronic pain longer than any other country group – a median time of 9.6 years.
- A higher proportion of severe pain sufferers report suffering from pain "today," whereas a higher proportion of moderate pain sufferers report suffering from pain "within the past week."
- More people in Netherlands (62%) reported suffering constant pain than any other country, followed by Spain (61%) and Denmark (55%). Poland had the smallest proportion of people complaining of constant pain.

Quality of life

Suffering chronic pain has an undoubted impact on people's daily lives, effecting their ability to undertake a wide variety of physical tasks.

People report that chronic pain effects their ability to undertake certain activities, having an impact on their independence and interpersonal relationships. One quarter of people felt that they couldn't take as much care of themselves or others as they would have liked.

- 27% said that they were less able or unable to maintain relationships with friends and family
- 30% are less able to maintain an independent lifestyle
- 19% are no longer able to have sexual relations

Pain undoubtedly effects people's employment; however, 44% of respondents were still managing to work full or part time despite their pain. Taking into account those who have retired this still left however a group of sufferers (22%) who are unemployed, which is still significantly higher than the background European unemployment rate.

- 26% reported that suffering chronic pain had impacted on their jobs
- 19% said that they had lost a job due to their pain



- 16% had changed job responsibilities
- Overall, the mean time lost by chronic pain sufferers from work in the last six months was 7.8 days

Suffering from chronic pain has an undoubted impact on people's emotional health:

- 50% report feeling tired all the time
- 43% said feeling in pain made them feel helpless
- 44% said that their pain kept them from thinking or concentrating clearly
- One in five (21%) chronic pain sufferers had been diagnosed with depression as a result of their pain
- A staggering 16% said that some days the pain was so bad they wanted to die

One third of people felt their chronic pain had effected relationships with family, friends and work colleagues. Many had negative feelings surrounding pain that had created social isolation.

- 29% said no one believed how much pain they were in
- 28% said that they felt alone with their pain
- 23% felt their employers and colleagues were unsympathetic
- 18% that their families didn't understand how pain effected their lives
- 17% that they were treated differently because of their pain

Most people appear to have fairly positive relationships with doctors, but a sizeable proportion (43%) felt their doctors to be more focused on their illness than controlling their pain. A small proportion were sceptical about their doctor's ability or even their commitment to treating pain.

- 28% said that they didn't think their doctor knew how to control their pain
- 23% didn't think they were given enough time to discuss their pain
- 22% said that their doctor never asked about their pain

Nearly two thirds of chronic pain sufferers were willing to try new treatments, but the same proportion expressed concerns over side effects, and over one third were afraid of becoming addicted to pain medications. The majority said that they'd prefer to use medications that resolved their illness rather than treat their pain.

Comparison highlights

- Chronic pain appeared to have the most adverse impact on job retention in the Denmark and the Netherlands, where 29% of people questioned said they'd lost their jobs due to pain.
- Swedish and Norwegian employers offered greatest flexibility, with nearly one third of people being allowed to change job responsibilities to accommodate their pain.
- The problem of social isolation seems most acute in Denmark where the greatest number of sufferers (50%) felt unable to discuss their pain with other people.

Doctor/Patient relationships

Overall the survey paints an interesting picture of good doctor/patient relationships with 62% of people saying they felt "very or extremely" satisfied with the doctor treating their pain and an overwhelming 94% feeling comfortable discussing pain with their doctor. More people discussed pain with doctors than with their partners, other family members or friends and co workers.



Consultations were most frequently with general and family practitioners (70%). Other specialities most commonly involved were:

- Orthopaedist / orthopaedic surgeons –27%.
- Neurologists/neurosurgeons -10%.
- Rheumatologists - 9%.

Worryingly, only 23% of people had been referred to pain management specialists. The survey highlighted a disturbing under use of pain scales. Nearly two thirds of people said that their doctors evaluated their pain at every visit, but this was most commonly through discussion or physical evaluation. 90% said they'd never been evaluated with a pain scale.

In the overall survey, of the 10% of respondents who were "not very satisfied" or "not at all satisfied" with their doctors, the most common reasons given were that treatments hadn't helped relieve their pain or that the doctor wasn't showing enough interest or understanding.

Chronic pain sufferers visit doctors fairly frequently, with over half reporting having gone three times in the past six months. They also establish long term relationships with the same doctors, with 75% of respondents having seen no more than two doctors for their pain and the median length of time with their current doctor being 4.5 years.

Comparison highlights

- Satisfaction with doctors was highest in Germany and lowest in Poland and Israel, where only 20% and 39% of people were "extremely or very satisfied" respectively

Pain treatments

In the survey 69% of people reported treating their chronic pain – whether by prescription medications, over the counter drugs or alternative treatments. Of the different types of treatment, prescription medications represented by far the most popular choice, with 78% saying they'd tried prescriptions at some time and 52% reporting they currently used them.

People who avoided drugs completely felt they could live with the pain, that the pain wasn't bad enough to warrant medication or had been put off by concerns over side effects. Of the 26% who'd decided against currently taking prescription medications the most common reasons given were:

- Lack of need 64%.
- Lack of effectiveness 9%.
- Concerns over side effects 14%.

The most commonly used prescriptions were:

- NSAIDs (45%).
- Weak opioids (24%).
- Paracetamol (18%).



	Weighted Total	UK (n=300)	France (n=300)	Germany (n=302)	Italy (n=300)	Spain (n=301)	Poland (n=300)	Sweden (n=300)	Norway (n=304)	Denmark (n=303)
NSAIDs	45%	23%	25%	54%	68%	49%	71%	27%	24%	38%
Weak Opioids	24%	50%	19%	20%	9%	13%	28%	36%	50%	8%
Paracetamol	18%	38%	38%	2%	6%	8%	8%	26%	45%	0%
COX-2 Inhibitors	6%	3%	6%	8%	7%	2%	1%	7%	11%	8%
Strong Opioids	5%	12%	4%	4%	0%	1%	4%	3%	6%	11%

Source: Q18. Which prescription pain medicines are you currently taking for the specific pain we have been discussing?

	Netherlands (n=300)	Belgium (n=301)	Finland (n=303)	Ireland (n=300)	Switzerland (n=300)	Austria (n=303)	Israel (n=322)
NSAIDs	36%	42%	56%	41%	65%	60%	55%
Weak Opioids	14%	15%	27%	19%	26%	27%	17%
Paracetamol	11%	33%	29%	5%	19%	15%	3%
COX-2 Inhibitors	16%	13%	16%	8%	15%	5%	36%
Strong Opioids	5%	7%	8%	13%	6%	24%	11%

Less commonly used prescriptions were COX-2 inhibitors, barbiturates, ergotamine, tricyclic/SSRI/SNRI, triptan, DMARD/steroid, anti-epileptics, muscle relaxants and beta/CC blockers.

Switching prescriptions was relatively common, with 44% of sufferers changing their medications, and the most frequent reason given being the need for stronger medication. But pain sufferers appear relatively conservative, with two thirds of those questioned only ever having taken one or two different types of prescription pain medications.



Non prescription medication use was perhaps lower than might have been expected, currently with over half of respondents (53%) reporting having used no non prescription medications in the past six months.

Of those who used over the counter pain medications, the most popular class of drugs were NSAIDs, (56%), followed by paracetamol (42%) and weak opioids (17%).

Taking both prescription and non prescription medications together, the majority (61%) report taking one pill a day, while one in five take at least four pills a day.

Alternative treatments are often attempted, with two thirds of sufferers reporting using at least one non drug treatment for their pain – the most popular being massage, physical therapy and acupuncture.

Comparison highlights

- The highest use of NSAIDs was in Poland (71%); and the highest use of opioids in the UK, where 50% of the chronic pain population use weak opioids and 12% use strong opioids.
- Switzerland had the highest usage of non prescription medications, and Italy and Germany the lowest.
- Interesting country wide variations emerge with non prescription medications – Finland and Israel use the most NSAIDs, while Denmark use the most paracetamol and Belgium and Ireland use the most weak opioids.

How people rate treatments

40% of people have not achieved adequate pain control and for those that have it has been a long road to reach this state. Of the people who reported their pain is under control, 61% took more than a year to achieve this and for one-fifth it took a staggering 20 years or longer.

Generally, prescription medications were perceived as more effective than either non prescription medications or non drug treatments. 45% found them "completely or very effective" versus 31% for non prescription medications and 38% for non drug treatments.

Many chronic pain sufferers report that their pain "sometimes breaks through" – 79% say they experience pain from activity and 64% of those currently taking prescription medications report that their pain is inadequately controlled at times. The highest levels of inadequate control were found in the UK and France. Such responses suggest there's still considerable room for improving the effectiveness of chronic pain treatments.

Comparison highlights

- The highest numbers of people reporting adequate pain control are found in Finland (73%), followed by Ireland (71%) and Germany (71%). On average it took longest for people to get their pain under control in Spain, followed by Finland and the Netherlands. Of all the countries Germans achieved pain control fastest.
- The highest level of satisfaction with prescription medications were found in Germany.



Getting informed

Magazines and newspapers provided the most widely used source of information about pain treatments.

- Overall 39% of people derived their information from magazines and newspapers
- 33% got it from television
- 24% from their doctor's surgery
- 14% from family, friends and work colleagues
- 5% from the internet
- 4% from pharmacies

Such findings suggest that pain sufferers are most likely to be passive recipients of information who come across articles by chance when reading magazines and newspapers or watching television, rather than actively going and seeking it out using the internet. Such approaches to information go some way to explain why one third of sufferers feel they're poorly informed about new methods of managing pain.



Conclusion

Long term pain is a widespread problem in Europe with the survey revealing that one in five adults suffers from chronic pain and one in three households have at least one member who experiences pain. One-third of the individuals with chronic pain are suffering severe pain on a regular basis. Most have suffered with pain for at least two years and one-fifth have been in pain for 20 years or more. The study shows that despite most respondents claiming to be coping with normal activities and reporting levels of satisfaction with the medical profession, many aren't getting their pain under adequate control.

Chronic pain is leaving sufferers' lives in ruins - being less able to undertake daily activities such as lifting, exercising, sleeping and working outside the home. Over a quarter feel their ability to maintain independence or family relationships is impaired. This lowers self esteem and has clear implications for their careers and creates a negative impact on healthcare resources:

- Unemployment in this group is more than double the background rate
- One in five chronic pain sufferers have lost a job as a result of their pain
- Those in jobs report losing an average of 7.8 working days due to pain in the last six months
- Tellingly, one in five respondents had been diagnosed with depression as a direct result of their pain

The use of prescription medication is high among moderate to severe pain sufferers, with the vast majority (78%) having tried prescription medications and 52% continuing to take them. Over the counter medications are less popular, with only 47% of respondents reporting using them in the last six months. Of all classes of pain medication NSAIDs are the most popular, both in prescription and non-prescription categories.

But people don't appear to be getting the best possible care as evidenced by the time taken to achieve pain relief/control (which in half of cases took more than two years) and the fact that 79% still report experiencing pain from activity and two-thirds report their medication is inadequate at times.

Although two thirds of people say they're willing to try out new pain treatments, concern with side effects often stops them from actually doing so. Most would rather take treatments that address the underlying medical cause of the problem than treating their pain. People are cautious about taking new treatments and the possibility of adverse effects, forgetting that commonly used drugs, such as NSAIDs, also have well documented side effects.

Although many people are not achieving adequate pain control most are satisfied with their doctors. An overwhelming 94% felt comfortable talking to their doctor about their pain and 62% were "extremely or very satisfied" with their doctor.

But there's evidence that doctors are not always sufficiently "proactive" with people suffering pain.

- 71% of respondents said it was left up to them to raise the issue in consultations
- One fifth report that their doctors only rarely evaluated pain symptoms
- Nearly a quarter didn't feel they were given adequate time for discussing pain



While the majority of chronic pain sufferers report their doctor evaluates their pain at every visit, few doctors make use of pain scales. Pain scales provide a recognised and validated method for tracking changes in pain intensity and the effectiveness of treatments. Also, only 23% of pain patients are being referred to specialist pain clinics that have the greatest expertise in controlling pain.

Over two thirds of patients have only seen one or two doctors for their pain, with 70% of doctors seen being general or family physicians who receive very little pain management training. This has probably led to caution about the use of effective therapies that lie outside of the traditionally range of therapies that are employed, as seen through this study. Indeed, in a UK study of over 3000 doctors, 15% did not recall receiving any education on pain control, and the situation across Europe is not much better. There appears to be a clear need for more formal training in the area of pain management and for ongoing education.

When it comes to being informed about new treatments, pain patients are most likely to be the passive recipients of information rather than actively going to seek it out. Such attitudes are evidenced by newspapers and magazines being the most frequent ways people get informed, as opposed to using the internet. This may explain why one third of sufferers are poorly informed about new methods of managing pain.

The survey revealed that many people suffering from chronic pain have a uncomplaining attitude with a high tolerance to the under treatment of their pain and acceptance of the status quo. There's an urgent need to establish a true partnership between physicians and patients based on mutual understanding and information.

EFIC have declared that pain is a major healthcare problem in Europe. The EFIC 'Europe Against Pain' initiative states that chronic pain isn't just a symptom – it should be regarded as a disease in its own right and should be treated with the same sense of urgency as the condition that causes it. Not enough is being done to evaluate, assess and monitor long-term pain. There is a need for more and better education and a need for pain services to be provided in line with the high prevalence of chronic pain amongst the European population. The only effective way of beating chronic pain is for all parties; patients, doctors and policy makers to work together and make it the priority it should be.

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Glossary

Barbiturate

A sedative drug.

COX-2 inhibitors

Newest class of NSAIDS, work by blocking COX-2 enzyme which is involved in the inflammation pathway.

DMARD

Disease-modifying anti-rheumatic drugs.

Ergotamine

A vasoconstrictor that is used early in the migraine attack.

NSAIDS

Non Steroidal Anti Inflammatory Drugs.

SSRI

Selective Serotonin Reuptake Inhibitor.

SNRI

Selective Serotonin Norepinephrine Reuptake Inhibitor.

Triptan

Class of drug used to migraine attacks.

Tricyclics

Class of drug used in the treatment of depression.

Authors

The Pain in Europe report is authored by Janet Fricker, a freelance medical writer, prepared in association with Mundipharma International Limited, Cambridge, England.





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