

P R E S S R E L E A S E

CHANGE PAIN® Initiative: Patients and physicians benefit from multidisciplinary approach in chronic pain management

Practical guide now available on www.change-pain.com

Aachen, December 12th 2011. Pain as a multi-dimensional condition requires the involvement of a multidisciplinary team of healthcare professionals. The new practical guide “Towards a multidisciplinary team approach in pain management” provides guidance for healthcare professionals on how to set up a multidisciplinary team. 14 members of the international CHANGE PAIN® Advisory Board have collaborated in writing the booklet which consists of 12 chapters and is endorsed by the European Federation of IASP® Chapters (EFIC®). CHANGE PAIN® is a pan-European initiative by the German pain expert Grünenthal and aims to enhance the understanding of the needs of patients with severe chronic pain and to develop solutions to improve pain management.

The newly published guide on multidisciplinary pain management discusses benefits for patients and physicians and provides practical insights on how to implement such an approach. A multidisciplinary team involves a primary care physician and different specialists like anesthesiologists, rheumatologists, neurologists, psychiatrists or psychologists, who may also have an additional specialisation in pain management. According to the IASP® (International Association for the Study of Pain) guidelines¹, the team should include at least two physicians from two medical specialties and a clinical psychologist if one of the physicians is not a psychiatrist. The authors of the practical guide emphasise the key role of the primary care physician in the team.

Communication between primary care physicians, specialists and patients

“A multidisciplinary approach to pain management offers benefits to patients, healthcare providers and the society as a whole,” says Professor Joseph Pergolizzi, Adjunct Assistant Professor, Department of Medicine, Johns Hopkins University School of Medicine, USA, and editor-in-chief of the publication. “The success of this approach depends on effective communication between patients, primary care physicians and specialists.”

Equally important is an efficient communication between physicians and patients, as it is the only way to assess the level of pain, taking into account patients’ expectations on pain relief and quality of life improvement. The authors refer to the CHANGE PAIN® Scale as a valuable tool to improve physician-patient

communication. The Scale has been translated and distributed in 13 countries worldwide and can help to set individual treatment goals for chronic pain patients².

Guidance for physician-patient communication is also provided in the PAIN EDUCATION programme developed by the CHANGE PAIN[®] Initiative. A clear assessment of the patient's individual situation enables the primary care physician to share the relevant information with the specialists.

One important goal outlined in the guide is to improve the often inadequate transfer of information between the primary care physician and the specialist. The primary care physician needs a clear response from the pain specialist on the diagnosis and management. In turn, the specialist expects the primary care physician to provide sufficient information about the exact reason for referral and the patients' pain history.

Referral pathways, pain programme models and pain networks

Clear referral pathways for primary care physicians are a pre-condition for a successful multidisciplinary team approach. Today, no uniform referral guidelines are available but several different pain programme models are described on the IASP[®] website.³ These include unidisciplinary pain practices, pain consultation teams, multidisciplinary programmes and pain services. All of the models offer specialist treatment approaches specifically tailored for the management of chronic pain. Continuing medical education (CME) can improve healthcare professionals' knowledge about chronic pain as well as its underlying mechanisms and allows them to make better informed decisions. To support this, a wide range of CME materials are available as part of the CHANGE PAIN Initiative.

Several countries are also promoting the development of professional pain networks as partnerships between primary care physicians and other healthcare professionals with expertise in the management of chronic pain. The networks aim to provide community physicians with support and training and improved access to specialists who can assist in patient management.

Furthermore, the authors of the practical guide emphasise the role of the patients themselves in optimising referral pathways. It is crucial that patients with chronic pain are involved in the referral decision. Therefore the CHANGE PAIN[®] Initiative provides the Pain Toolkit on the website: www.change-pain.com. It contains useful advice and coping strategies in a clear and uncomplicated format which helps patients to play a more active role in the management of their chronic pain.

About CHANGE PAIN[®]

CHANGE PAIN[®] aims to enhance the understanding of the needs of patients with severe chronic pain and to develop solutions to improve chronic pain management. Initiated by the German pain expert Grünenthal and endorsed by the European Federation of the IASP[®] Chapters (EFIC[®]), the initiative involves pain experts from across Europe. The international Advisory Board is chaired by Professor Hans-Georg Kress, Chair of the Department of Special Anesthesia and Pain Therapy,

Medical University / AKH Vienna, Austria and President of EFIC®, and Dr Gerhard H. H. Müller-Schwefe, MD, Head of Centre for Interdisciplinary Pain Therapy & Palliative Care, Goepfingen, Germany and President of the German Pain Association (DGS). Key objectives of CHANGE PAIN® are to generate a better understanding of physicians' and patients' perspectives, publish the results of research projects and communicate findings in scientific publications, as well as to increase knowledge of pain physiology to facilitate individual treatment decisions. More information: www.change-pain.com

About EFIC®

The European Federation of IASP® chapters (EFIC®) is a multidisciplinary professional organisation in the field of pain science and medicine, made up of the most important European pain societies. Established in 1993, EFIC® represents 35 countries and close to 20,000 scientists, physicians, nurses, physiotherapists, psychologists and other healthcare professionals across Europe, who study pain and treat patients in pain. More information: www.efic.org

About the Grünenthal Group

The Grünenthal Group is an independent, family-owned international research based pharmaceutical company headquartered in Aachen, Germany. Building on its unique position in pain, its objective is to become the most patient-centric company and to be a leader in therapy innovation. Altogether, the Grünenthal Group has affiliates in 35 countries worldwide. Grünenthal products are sold in more than 100 countries and approx. 4,900 employees are working for the Grünenthal Group globally. In 2010, Grünenthal reached revenues of about 910 Mio €

More information: www.grunenthal.com

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Current press materials are available in the press section at www.grunenthal.com and www.change-pain.com.

References

¹ International Association for the Study of Pain 2011: Desirable characteristics for pain treatment facilities. Available at: www.iasp-pain.org/AM/Template.cfm?Section=Home&Template=/CM/HTMLDisplay.cfm&ContentID=3011

² Müller-Schwefe G, et al.: Make a CHANGE: optimising communication and pain management decisions. CMRO; Vol. 27, No. 2, 2011, 481–488

³ International Association for the Study of Pain 2011: Recommendations for pain treatment services. Available at: www.iasp-pain.org/AM/Template.cfm?Section=Pain_Treatment_Facilities

