

BACKGROUND

CHANGE PAIN[®]

Improving management of severe chronic pain

CHANGE PAIN[®] is an initiative aiming to enhance the understanding of the needs of patients with severe chronic pain and to develop solutions to improve pain management. Initiated by the German pain expert Grünenthal and endorsed by the European Federation of Chapters of the International Association for the Study of Pain (EFIC[®]), CHANGE PAIN[®] involves 21 pain experts from across Europe and the US. The International Advisory Board is chaired by Professor Hans-Georg Kress, MD, PhD and president of EFIC[®], and Dr Gerhard H. H. Müller-Schwefe, MD, President of the German Pain Association (DGS).

The CHANGE PAIN[®] Initiative identified three main objectives which are crucial to achieve effective pain management and thus focuses on these aspects:

- **Research:** The consensus group is committed to support and do research that will provide a better understanding of physicians' and patients' perspectives,¹ e.g. by conducting surveys and analysing published data. Currently, several research projects are in progress (e.g. Physician Survey, Patient Survey, National Health and Wellness Survey).
- **Publish:** In order to raise awareness of the perspectives of patients and physicians it is essential to publish the research results. The CHANGE PAIN[®] Initiative communicates findings in scientific publications on a regular basis.
- **Educate:** Besides, the initiative aims to contribute to the education of healthcare professionals and to increase knowledge of pain physiology to help physicians with their treatment decisions. Based on the input from the International Advisory Board, a new educational programme PAIN EDUCATION, including several interactive e-learning modules, has been developed and is available at www.change-pain.com.

Chronic pain in Europe

Chronic pain affects up to 19% of the European population.^{2,3,4} In a pan-European survey, 21% of the respondents with chronic pain had suffered for more than 20 years. 40% of the patients were not satisfied with the management of their pain, and 12% said their physician never determined how much pain they were experiencing.²

Across Europe chronic pain accounts for nearly 500 million lost working days every year – costing the European economy around €34 billion.⁵ One in five chronic pain sufferers have lost a job as a result of their pain.

Communication between physicians and patients

Poor communication is one factor that adversely affects pain therapy. Efficient communication between physicians and patients is very important, as it is the only way to assess the level of pain and its consequences for the quality of life a patient is experiencing. However, in many cases this communication is too limited to enable optimal therapy.

Due to the lack of communication between physicians and patients, pain treatment is less likely to be effective if individual targets are not set.¹ To address this problem, the CHANGE PAIN® group has developed the CHANGE PAIN® Scale which has been translated into several European languages. This user-friendly tool shall enhance the communication between healthcare professionals and patients. By assessing the pain intensity perceived by a patient in relation to his/her desired pain reduction and by evaluating the impact of pain on everyday living and quality of life, physicians and patients are able to establish individual treatment goals.^{1,6}

Challenges in the treatment of severe chronic pain

The CHANGE PAIN® Initiative concentrates on the question: What makes treatment of severe chronic pain so difficult? One main reason is the fact that many patients often find themselves in a Vicious Circle of insufficient analgesia and debilitating side effects associated with their medication. A dose increase, which is required in order to counteract insufficient analgesia, may result in effective pain relief. However, at the same time it creates an increased risk of dose-dependent side effects. The result of the Vicious Circle can either be side effects, lack of efficacy or analgesic tolerance which may all lead to therapy discontinuations and low compliance of patients, especially with patients receiving classical strong opioids. Thus successfully treating severe chronic pain requires balancing analgesia with acceptable tolerability. Increasing awareness of the Vicious Circle among the medical community could reduce treatment discontinuation.⁷

First results of the CHANGE PAIN® Physician Survey confirmed that there are still very large differences in the pharmacological treatment of severe chronic pain in Europe. Two-thirds of primary care physicians never or only sometimes use classical strong opioids for severe chronic non-cancer pain, whereas half the pain specialists use them often or very often and only 9% never do so. They all agreed that the main limiting factor is gastrointestinal side effects.⁸

Further preliminary findings of the online survey indicate widespread agreement among physicians that pain reduction and improvement in quality of life are main treatment goals, making the balance between efficacy and side effects a key factor in the choice of analgesics.

Mechanism-orientated treatment approach

To select the most appropriate therapy, physicians have to take into account that pain is often multifactorial in nature due to the fact that different mechanisms can be involved. However, this is often not considered in treatment. An important goal for improving the management of severe chronic pain is to increase the awareness of the physiological differences between neuropathic and nociceptive pain and their specific pharmacological treatment options.⁷ Pain which has a neuropathic component is often more severe and more difficult to treat.^{1,7} A neuropathic component is present in many pain conditions; severe chronic low back pain is a typical example: there tends to be a neuropathic component, which may not adequately respond to treatment with strong classical opioids and therefore often requires combination therapy.

PAIN EDUCATION – a molecular learning programme

PAIN EDUCATION is a unique and comprehensive educational programme targeting healthcare professionals. It is based on insights resulting from the discussions of the CHANGE PAIN[®] Advisory Board and so far includes four electronic modules on Continuing Medical Education (eCME). All modules have been CME-accredited by the Union Européenne des Médecins Spécialistes (UEMS) and cover the following topics:

- Module 1: Pain assessment and physician-patient communication
- Module 2: Multi-modal management of chronic pain
- Module 3: Mechanism-orientated pharmacological management of chronic pain
- Module 4: Treatment of chronic back pain
- Module 5: Neuropathic pain

Further modules are currently under development. In order to improve the treatment of chronic pain patients, a better education of healthcare professionals on the pathophysiology and appropriate use of pharmacological agents is of high relevance. The one-hour eCME modules can be accessed via the CHANGE PAIN[®] website (www.change-pain.com).^{1,9} Also available on the website is now the PAIN compendium – a comprehensive online textbook with 27 chapters on pain management.

Perspective

Pain as a multi-dimensional condition requires the involvement of a multidisciplinary team of healthcare professionals. A multidisciplinary approach to pain management provides benefits for patients, healthcare providers and society as a whole. Pre-conditions for a multidisciplinary team approach are clear referral guidelines for the primary care physicians and good communication between patients, general practitioners and specialists.^{10,11,12} The CHANGE PAIN[®] group has developed a new guide on the “Multidisciplinary team approach in chronic pain management” which is also available on the CHANGE PAIN[®] website (www.change-pain.com).¹³

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⁵ European Pain Network: Manifesto. Accessible at http://www.europeanpainnetwork.com/files/EPN_painMap.pdf. Last accessed on September 10, 2010

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⁷ Varrassi G et al.: Commentary. Pharmacological treatment of chronic pain – the need for CHANGE. *Current Medical Research & Opinion*. Vol. 26, No. 5, 2010; 1231-1245

⁸ Nicolau A: Survey of chronic pain management. *CHANGE PAIN[®] News & Reviews*. Issue No. 3. Available at: <http://www.change-pain.com>

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¹⁰ Chen PP: Multidisciplinary approach to chronic pain management. *HKMJ*. 1996; 2:401-404

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