PAIN MANAGEMENT: STRATEGIC GUIDELINES

“Pain does represent a major health problem all over the world. Although acute pain is more often a symptom of an injury or disease, chronic and recurrent pain is a specific health problem, being a disease itself” (1, 2).

As a counselor of the European Federation of the local chapters of the International Association for the Study of Pain (IASP) I have expressed in 2001 my support for the statement „Chronic Pain a Major Healthcare Problem, a Disease on its Own Right”, launched in European Parliament, in Brussels. The text of the Statement (from which I quoted in the introduction) was conceived by the professors David Niv and Marshall Devor and was previously discussed and approved by the Council of the European chapters of IASP, only after each branch has provided the relevant informations concerning the different aspects of the study and management of pain in the respective membership countries.

If symptomatic simple, acute pain is easier to manage, the chronic pain, by its duration and intensity is responsible for the drastically limitation of life quality, affecting work, social and private life. For these reasons, pain should be considered among the top priorities of the healthcare system.

The above mentioned document shows that the approach of the adequate prevention and therapy of the chronic pain should be ruled from different perspectives, which must include: modern diagnostic techniques availability, accurate information of the patients, the right to benefit of the most modern invasive and non-invasive therapy methods, as well as a satisfactory monitoring. Like this were drawn main strategic guidelines in the management of the chronic pain.

In the following years, in some countries were conducted efforts in order to optimize pain management through training specialists, facilitating the availability of powerful analgesics or some legislation initiatives. However, notable differences did perpetuate, between southern European and northern European countries, and especially between eastern and western European countries.

Several countries did recognize chronic pain as a disease itself; unfortunately this is not the case in our country.

2001 European initiative had a positive impact all over the world, also generated a more wide and generous approach of the problem by IASP, which supported the idea that pain management is part of the human fundamental rights.

This gave birth to another initiative, which was brought alive on the occasion of XIIIth World Pain Congress in 2010, under the name of „Declaration of Montreal”. The document is stating the will of more than 260 pain specialists from 80 countries; after stressing the inadequate access of patients to different therapeutical methods used in the treatment of acute and chronic pain, the lack of specialists, the barriers in what concerns the availability of opiate analgesics, was proposing a set of measures destined to implement national strategies in the field of pain (Romanian Algesiology Association was among first organizations which expressed their support for the initiative) (4).
An outcome of the Declaration of Montreal was the European Parliament Pain Symposium organized by the European chapters of IASP, in Brussels in May 2011, entitled „Societal Impact of Pain”. On the occasion professor Giustinno Varasi (ex-president of the European Federation of IASP) was restating that pain should be considered a major health problem by the governments of all European countries, since patients had the right to benefit of the most adequate invasive and non-invasive therapeutic methods and a satisfactory monitoring (1, 6).

European statistics show that about 25% of the European population has suffered articular, muscular or vertebral column pain, with duration of more than three months. This suffering is resulting in enormous social costs, which should determine political and decisional factors to adopt adequate strategies and to provide resources able to solve this difficult problem.

In our country were achieved some initiatives, such as the development of palliative care centers, in some locations; unfortunately these initiatives are drastically limited by the chronic underfinanced medical system.

2011 European Document is underlying the differences between its members, in what concerns the opportunity to take good care of their health. Significant statistical data are thus demonstrating that populations with low educational level are more often affected by pain suffering than those with a consistent educational level, especially because higher social and economic status is providing a better access to healthcare means. On the other hand, the growth of the average life duration is leading to an increase of the risk for development of chronic pain, with approximately 30-40 % in the following 20 years. Chronic pain is often associating anxiety and depression, thus being reflected in mental health of the individuals, which is further increasing the costs of the chronic pain.

We must understand that chronic pain is not only a disease itself, but it is generating problems which are involving the health system (diagnosis, hospitalization, medical prescriptions), ensuring companies (over-spending), as well as the community (work incapacity, inefficiency, disabilities, low life quality).

At a review of the recent statistical data (2009-2013) regarding the powerful analgesics consumption in Europe, considered as main marker of the therapy of severe pain, we can notice embarrassing discrepancies (as we have been signaling previously) between the consumption level in the western and eastern European countries. From the table made by the author, form data provided by Pain & Policy studies Group and published in Pain Europe review, in which is presented the total morphine equivalent (in mg/capita), we see values which are confirming the above observation (3, 5).

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Morphine Equivalence mg/capita</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany</td>
<td>395</td>
</tr>
<tr>
<td>Norway</td>
<td>274,12</td>
</tr>
<tr>
<td>Great Britain</td>
<td>253</td>
</tr>
<tr>
<td>France</td>
<td>210</td>
</tr>
<tr>
<td>European mean³</td>
<td>135</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>68,8</td>
</tr>
<tr>
<td>Ukraine³</td>
<td>11,9</td>
</tr>
<tr>
<td>Moldavia³</td>
<td>8,75</td>
</tr>
<tr>
<td>Russia³</td>
<td>2,04</td>
</tr>
</tbody>
</table>

³ In some countries the reported data are incomplete

From the table, data regarding Romania are missing, since they were not reported by our country to the international charged authority, and the efforts of the author to
obtain those data from the Health Department or from National Health Insurances House lead to inconclusive results.

Otherwise, from the discussions with colleagues, specialists in the field from eastern and southern European countries emerged the idea of a persistent „catastrophic approach”, regarding morphine and derivatives prescription. Even in the cases with a more permissive legislation (Romanian Law No.339/2005), **physicians do fear to prescribe, pharmacists to stock and patients to accept a therapy with morphine or other potent opiate substances.**

On the occasion of „World Medicine Park”, which took place at the beginning of may 2014 in Minorca island (Spain), was stressed the importance of improvement of patients perceptions in what concerns the opiate analgesics, since it was estimated that each year, more than 5.5 million patients with terminal cancer do not receive the adequate therapy for their suffering (7).

Taking into consideration all the above elements and trying to adapt them to specific conditions of our country, we can draw the following main strategically guidelines:

- ✓ the need to organize medical centers and clinics exclusively destined for the management of the chronic pain as a disease itself;
- ✓ placement of the diagnosis, and when is possible of the therapy of the chronic pain at the primary level of the medical care, which is that of family medicine physicians;
- ✓ the need for continuous education on the modern means of pain diagnosis and therapy, in view of preventing the evolution of such cases toward the estate of „chronic patients”;
- ✓ actual and potential patients should be thoroughly informed to know how to avoid those conditions which could generate or enhance their pain problem at workplace;
- ✓ we should identify significant financial resources, (not from the Health Department, only), for continuous translational researches in the field of the pain therapy and for the discovery of less expensive and more efficient new analgesics.

REFERENCES

2. EFIC. Declaration on Chronic Pain as a Major Healthcare Problem, a Disease in its Own Right, Brussels, 2001.

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