06 Increase Wellness Through Treatment of Chronic Pain

Situation

Pain can be divided into two types, acute pain and chronic pain. The International Association for the Study of Pain (IASP) defined chronic pain as "pain that extends beyond the expected period of healing or progressive pain due to non-cancer diseases." Most frequently responsible for chronic pain are lower back pain, osteoarthritis, rheumatoid arthritis and osteoporosis.

Over the past few decades, there have been significant advances in research and medical knowledge around the world about the causes of, and effective treatment for, chronic pain. Nevertheless, patients in many countries, including Japan, remain dissatisfied with current treatment methods.

According to scientific studies conducted in many countries, including investigations by members of IASP and the U.S. National Academy of Sciences, the impact of inadequately treated chronic pain is remarkably similar worldwide.

Roughly one-third of those with severe chronic pain (6.7 percent of the world population), including persons who can no longer work, have a suboptimal ability to perform wage-earning work.[1]

Persons with chronic pain that is not treated occasionally have difficulty caring for their children, sleeping adequately, and in working normally. Untreated chronic pain can even give rise to such problems as depression, social seclusion and the contemplation of suicide.[2]

In extreme cases, chronic pain causes individuals to become bedridden and places an increased burden on their families and on society in general. When the cause of chronic pain is difficult to ascertain, it can cause significant frustration for healthcare professionals who provide the patient with care and support.

Inadequately treated pain can lead to adverse physiological, psychological, economic, and social effects on patients, their family members, and society.

Less than 50 percent of patients with cancer-related pain receive effective relief. Less than 50 percent of patients with acute pain receive effective relief. Less than 10 percent of patients with chronic non-cancer-related pain have access to effective pain management.[2]

In terms of economic impact, large-scale surveys in many countries have shown that chronic non-cancer-related pain is the third-most costly healthcare problem after cancer and cardiovascular disease.[3] In the United States, the economic costs of pain amount to between USD 560 billion and USD635 billion (JPY4.5 – JPY5.1 trillion), which is higher than the economic costs of cardiac disease, cancer, or diabetes mellitus.[4]

International recognition of the extent of the social and economic burden of chronic pain has produced a growing trend toward increased emphasis on the development of national pain strategies to expand access to pain relief and treatment. The IASP held the first International Pain Summit on pain control policy during its 2010 global conference, at which a model national pain control strategy was proposed, and an evaluation of the national pain policies of 18 countries was announced. At the end of the summit, the Montreal Declaration was issued, which states that it is a basic human right to receive pain management.

In 2010, the U.S. Congress and President Barack Obama worked together to pass a law designed to promote the protection of patients' rights and research/treatment on pain control across the country. In 2011, under the direction of the U.S. Congress, the National Academy of Sciences published a white paper entitled *Relieving Pain in America—A Blueprint for Transforming Prevention, Care, Education and Research*.[4]

In 2011, the World Health Organization issued its *Guidelines on Availability of and Access to Controlled Substances*, proposing more balance in national strategies regarding access to controlled substances for medical use, including drugs for pain control.[5]

The research conducted by the IASP on pain control strategies adopted by individual countries evaluates each country's strategy based on the following four factors: (1) research on pain (epidemiology and basic research); (2) education about pain (courses at universities/ medical schools, post-graduate training for general practitioners, post-graduate training for specialists, continuing training for physicians and other healthcare professionals, and education of the population in general); (3) access by patients and coordination of treatment (treatment, drugs, information, referral to specialists, multi- faceted approach beyond the borders of specialties, self-control of pain); and (4) monitoring and quality improvement (time until treatment, quality of services, quality of life, economic burden and special needs). Although many countries have been increasing their efforts relative to pain control policies, there is still room for improvement.[1]

Chronic pain causes a social burden in Japan comparable to that found in other countries. Despite the fact that low-cost solutions may be available, however, there is a tendency in society to view chronic pain as something to be endured, as well as a lack of understanding of the magnitude of the problems arising from unresolved chronic pain. These factors cause the level of awareness and amount of attention given to chronic pain to remain low.

According to a national public opinion survey, 11.3 percent of all Japanese adults aged 20 or over experienced level 5 or greater chronic pain in the Numeric Rating Scale that continues or reoccurs for at least three months.[6] The estimated annual economic burden of pain in Japan is JPY370 billion per year, with an estimated 7.1 million adults having their ability to work undermined by pain.[6] Some 42.5 percent of working adults who had chronic pain say that their pain diminished their ability to work, including 25.2 percent who said they could not achieve their full potential (productivity declined) and 13.7 percent who said they had to reduce their working hours. In terms of social burden, 46.7 percent of those with chronic pain said that they had "felt depressed" during the previous month, 40.3 percent said that they could not walk or climb stairs, and 28.4 percent said they could not perform household chores such as cooking or cleaning.[6]

The increased adoption of multidisciplinary approaches to treatment and the approval of new medicines have expanded the options for pain control in Japan, making it possible for patients to reduce their pain and return to their daily lives. Globally, the recent introduction of new treatment guidelines and new treatment methods has contributed to more effective treatment of chronic pain than in the past. In terms of government policies, the Ministry of Health, Labour and Welfare (MHLW) began new initiatives in 2009, including the launch of a government panel on chronic pain. These efforts are expected to contribute to freeing patients from the constraints of their chronic pain.

Current Policy

At present, measures for the control of cancer-related pain are conducted within the framework of palliative care under the Basic Law on Anti-Cancer Measures. In December 2009, the MHLW organized the Panel on Chronic Pain which, in September 2010, proposed that the following be implemented: (1) medical system-related measures; (2) education and public awareness; (3) information and consultation; and (4) pain surveys and research. The MHLW included funding for chronic pain research in the 2011 budget to support the implementation of the panel's proposals.

Recommendations

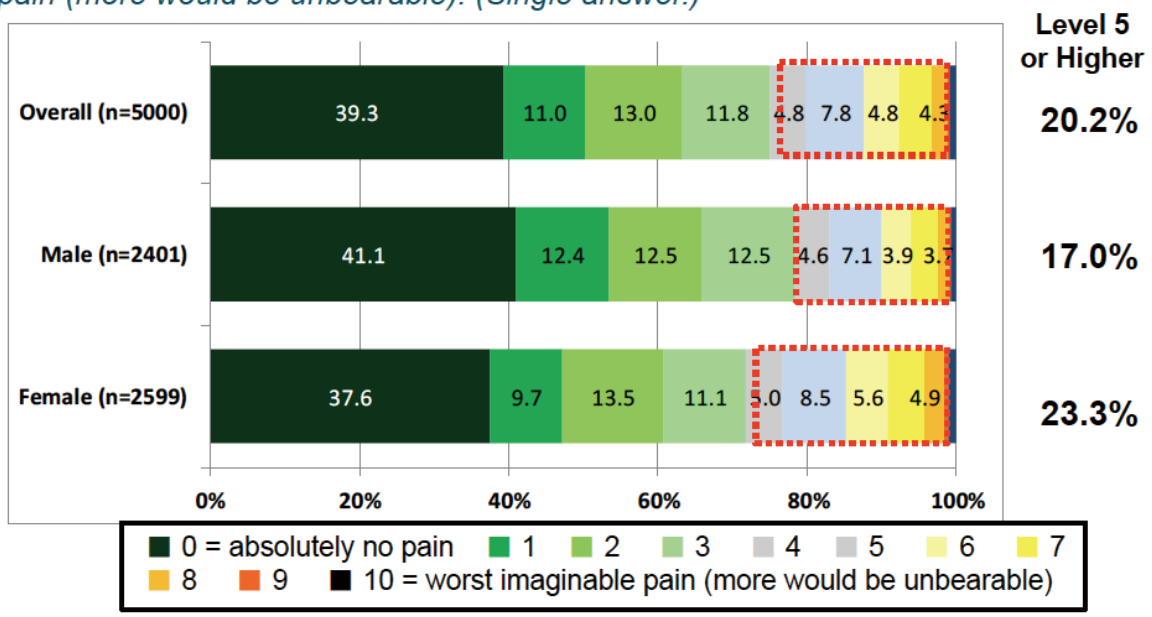
- Implement the 2010 proposals of the MHLW Panel on Chronic Pain as soon as possible.
- Conduct research on, and assess the social and economic impact of, pain in Japan.
- Raise social awareness about chronic pain. Based on the latest methods of diagnosis and treatment, promote education on pain for physicians and nurses (undergraduate, postgraduate, and specialist education), as well as for patients (in the areas of pain treatment and self-control of pain). In particular, require education on the proper medical use of controlled substances that are used to manage chronic pain.
- Consider ways to optimize the healthcare system for pain control, including by revising the national health insurance reimbursement system (additional reimbursements for chronic pain control and modification of the current reimbursement schedule). One option is to divide chronic pain control into three categories: primary care (general practitioners and general hospitals); secondary care (multidisciplinary pain care teams, including nurses at core hospitals); and tertiary care (specialized pain centers).

References

1. IASP International Pain Summit. 2010. Montreal, Canada (September 3).
2. In September 2010, the MHLW reported the combined impact of suicide and depression on the Japanese economy. Due to death-caused loss of income and the need for pension payments to be made to emotionally unstable individuals, the impact had amounted to JPY2.7 trillion in 2009.
3. Abu-Saad Huijer, H. Chronic pain: a review. 2010. J Med Liban 58:21–27; and Tsang, A, Von Korff, M, Lee, S, et al. 2008. Common chronic pain conditions in developed and developing countries: gender and age differences and comorbidity with depression-anxiety disorders. J Pain. 9:883–891. Both texts cited in IASP International Pain Summit, Montreal, Canada. Desirable characteristics of national pain strategies: Recommendations by the International Association for the Study of Pain (September 3, 2010).
4. Institute of Medicine of the National Academy of Sciences. 2011. Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research.
5. World Health Organization. 2011. *Guidelines on Availability of and Access to Controlled Substances*. World Health Organization Press, Geneva, Switzerland. www.who.int/medicines/areas/quality_safety/guide_nocp_sanend/en/index.html.
6. American Chamber of Commerce in Japan. 2011. National internet survey on prevention, early detection and the economic burden of disease in Japan. (October 31–November 2). Covered 5,000 adult respondents, from Rakuten Research's registry, representative of the Japanese population in regard to regional, age, and male-female distribution.

6. 20% of Adult Japanese (23% of Women) Had Pain of Level 5 or More in the Past Month

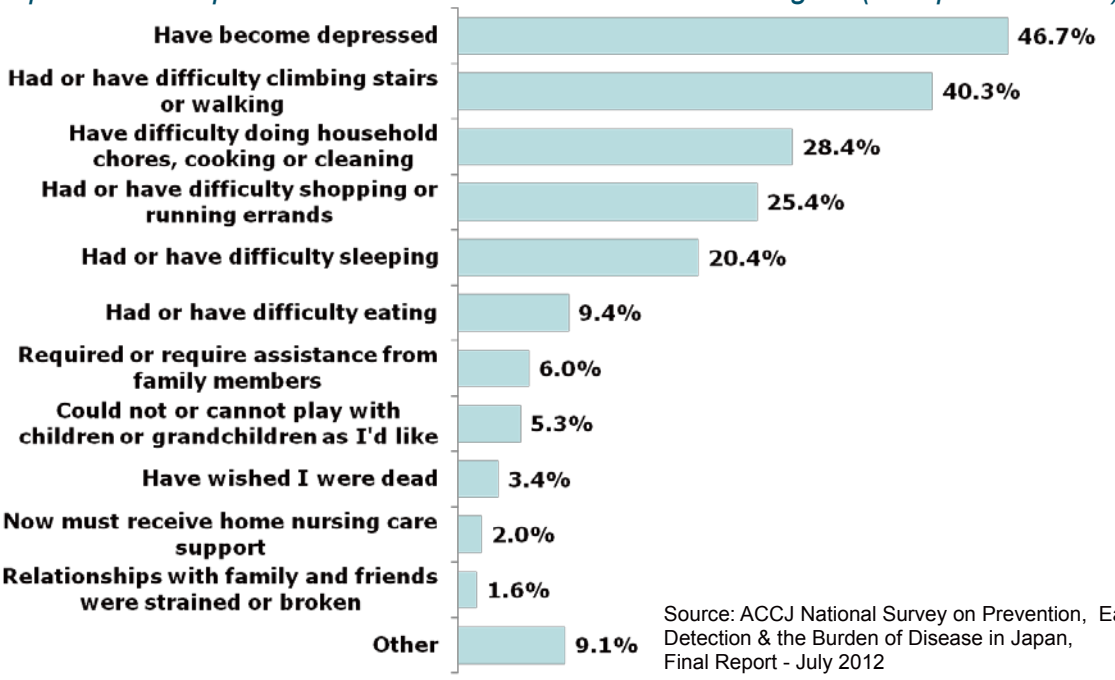
Question: Over the past month, did you feel any pain (including strong tingling)? Rate the pain on a scale of 0 to 10, where 0 is no pain at all, and 10 is the worst imaginable pain (more would be unbearable). (Single answer.)



Source: ACCJ National Survey on Prevention, Early Detection & the Burden of Disease in Japan, Final Report - July 2012

6. 46.7% with Chronic Pain Are Depressed; 40.3% Find Climbing Stairs, Walking Hard

Question: How has the pain affected your personal daily life? Asked of 563 persons with pain of level 5 or more for 3 months or longer. (Multiple answers.)



Source: ACCJ National Survey on Prevention, Early Detection & the Burden of Disease in Japan, Final Report - July 2012

6. Mental Illness and Pain Place the Greatest Economic Burdens in Japan

Type of Loss	Absenteeism (¥)	Presenteeism (¥)	Partial Disability (¥)	Full Disability (¥)	Total Economic Loss (¥)
Physical injury or disability	29 billion	32 billion	66 billion	28 billion	**155 billion**
Infectious diseases or viral infections	26 billion	29 billion	47 billion	56 billion	**159 billion**
Pain	88 billion	53 billion	197 billion	35 billion	**372 billion**
Non-infectious chronic disease	17 billion	67 billion	74 billion	136 billion	**294 billion**
Mental illnesses	202 billion	101 billion	510 billion	211 billion	**1.023 trillion**
Total due to own health problem	**361 billion**	**282 billion**	**894 billion**	**466 billion**	**2.003 trillion**

Source: ACCJ National Survey on Prevention, Early Detection & the Burden of Disease in Japan, Final Report - July 2012

6. Health Issues Afflict 16mn Persons in Japan; Pain Most Affects Ability to Work

Health Problem	Estimated Absentees (Persons)	Estimated Presenteeism (Persons)	Estimated Partial Disability (Persons)	Estimated Full Disability (Persons)	Total with Economic Loss (Persons)
Physical injury, disability	2,160,026	935,179	830,618	1,082,845	**4,866,246**
Infectious disease, viral infection	1,171,675	911,897	353,013	458,833	**2,789,702**
Pain	4,407,729	1,474,557	726,791	895,641	**7,131,568**
Non-infectious chronic disease	1,219,498	1,078,755	415,309	1,104,869	**3,691,635**
Mental illness	2,518,702	1,245,612	851,383	1,607,749	**5,495,502**
Total	**7,970,576**	**3,880,412**	**1,887,768**	**3,670,660**	**16,192,854**

Source: ACCJ National Survey on Prevention, Early Detection & the Burden of Disease in Japan, Final Report - July 2012
Note: Figures are calculated based on population data released by the Ministry of Internal Affairs and Communications (November 2011: 104,876,000; 20 years old or above). Excludes costs associated with caring for family members with health problems.