



CHRONIC PAIN

Health Report

Inside this issue:

New Zealanders living with chronic pain

The stigma of pain – 65% say others doubt the reality of their pain¹

The impact of chronic pain – how it affects people's lives

Improving chronic pain healthcare services

– one in four patients is dissatisfied with their treatment²





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Frances Bengé, Managing Director for Pfizer New Zealand

TAKING A CLOSER LOOK AT CHRONIC PAIN

Internationally, chronic pain is rapidly becoming recognised as a major health problem that has considerable impact on quality of life for those experiencing it, and has social and economic costs which are associated with a person who can no longer fully contribute to society.

Pfizer New Zealand recently commissioned this health report on chronic pain. According to the research poll, chronic pain is a condition that affects one in eight (12%) New Zealanders,³ although other recent research results have placed this figure even higher at one in six (16.9%).⁴

The reach of chronic pain throughout society is even wider with 81% of respondents having heard of chronic pain,⁵ 43% knowing someone with chronic pain and 17% living with someone with chronic pain.⁶

Despite the remarkably widespread nature of chronic pain, 65% per cent of those living with chronic pain feel that people have often or sometimes doubted the reality of their pain.⁷

Chronic pain is a complex condition to treat as it is present across many illnesses from arthritis, cancer and multiple sclerosis to other musculoskeletal pain disorders. There is still a lot to learn about how to most effectively treat chronic pain to restore the best possible quality of life for those suffering from it.

According to our research poll, one in four (28%) of those seeking treatment for chronic pain is dissatisfied or somewhat dissatisfied with the treatment they are receiving.⁸

For one of our closest neighbours, Australia, pain is the country's third-most-costly health problem, and a national pain strategy has recently been published with the intent to "improve the quality of life for people with pain and their families, and to minimise the burden of pain on individuals and the community".⁹

I can also see a multi-disciplinary strategy for pain across the New Zealand healthcare environment providing real benefits and best-practice guidelines for all of us who provide treatment and services for patients living with chronic pain.

I hope our report inspires discussion on best-practice chronic pain treatment in New Zealand. At Pfizer, advancing the effectiveness of pain medication is a research and development priority. We believe our role in providing new and improved pain medication can positively contribute to more effective treatment and better quality of life for chronic pain patients.



Sandra Kirby, Chief Executive of Arthritis New Zealand



WHY PAIN IS SIGNIFICANT FOR PEOPLE WITH ARTHRITIS

For the 530,000 New Zealanders who live everyday with arthritis, chronic pain is a complex and unavoidable reality. ¹⁰ As arthritis is New Zealand's leading cause of disability, its effects are far-reaching and have a profound effect on the well-being of individuals, families and communities.

The pain caused by arthritis is not limited by age, ethnicity or wealth. It is estimated that 15% of New Zealand's population over the age of 15 live with at least one form of arthritis. ¹¹

In 2010, a commissioned report found the total financial cost of arthritis in New Zealand were estimated to be \$3.20 billion. ¹² Over 25,000 New Zealanders were unable to work in 2010 due to arthritis, leading to around \$1.48 billion in lost productivity. ¹³

These staggering figures help to illustrate that arthritis is a highly prevalent and costly disease and yet it is not currently seen as a national health priority. While there is no known cure, people who live with arthritis have little choice but to learn how to self-manage their chronic pain.

For people living with arthritis, the first step towards effectively managing chronic pain is education. Access to up-to-date, trustworthy information can

give an individual the confidence to start setting realistic goals, learning about causes and triggers, and developing vital management techniques.

Pain is frequently invisible – and making the impact of pain visible is a challenge. People with arthritis often feel they and their pain are invisible and yet the impact of that pain on individuals, families and communities is demonstrable in the loss of ability to work or to participate in sport and family and community life. At its worst, pain becomes a prison.

No one person or single organisation can tackle the challenges of pain on their own. The whole community needs to recognise the scale and seriousness of the problem. Once it is acknowledged, together we can combat pain and lower the barriers that arise when we try to ignore pain.

Arthritis New Zealand welcomes this report. Together we can meet the challenge of managing pain.



Dr Ross Drake, President of the New Zealand Pain Society

CHRONIC PAIN PATIENTS NEED BETTER, FASTER CARE

In 1726 Daniel Defoe wrote in *The Political History of the Devil*: “Things as certain as death and taxes can be more firmly believed”. He used this to highlight the difficulty in avoiding the burden of taxes by comparing it with the inevitability of death. Just as Daniel Defoe’s line became the basis of an enduring catchphrase, the findings of this survey build upon recent insights into chronic pain in New Zealand adults.



The results of this survey provide valuable insights into the difficulties faced by New Zealanders in chronic pain, presenting a tale of considerable hardship and social isolation. It draws attention to the fact that primary practice shoulders the majority of the care workload and a significant number of patients remain dissatisfied with their management. More information is required to truly unravel what determines success and satisfaction in the healthcare management of chronic pain, from both the clinician’s and consumer’s perspectives.

The Government’s catchphrase for healthcare is “Better, Sooner, More Convenient” with the aim of giving New Zealanders a more personalised healthcare system with services available closer to home. This is a completely reasonable goal and something healthcare professionals would aspire to achieve. However, chronic pain services are limited,

grossly under-resourced and without any cohesive national approach for service delivery; the desired goal is seemingly unattainable – but this does not need to be the reality.

A strategy is required that promotes and supports best practice in healthcare management for chronic pain patients across the healthcare continuum. This strategy would include a national stock-take and gap analysis of current service provision. The strategy would also define a preferred model of care to suit the New Zealand situation, thus allowing a rational determination by the Ministry of Health on the funding required to achieve better, sooner, more convenient pain management service delivery.

Key stakeholders, including the Minister and Ministry of Health, need to be engaged in this process and, as they engage, they need to signal our readiness to effect a positive change for New Zealanders of all ages with chronic pain. Relationships between stakeholders need to be strengthened and the power of the consumer voice harnessed. The beneficial effects of a strong consumer voice are clearly highlighted by the involvement of Arthritis New Zealand in this survey.

The time is right for change and a summit, to determine an integrated way forward, is the logical next step. There may be no exceptions to the certainty of death or taxes but how these end points are reached can be modified and it often requires only communication and collaboration with others.



WHAT IS CHRONIC PAIN?

The vast majority of respondents (81%)¹⁴ had heard of chronic pain, but understanding of the condition varies widely and so does understanding the causes.

Pain Specialist Dr Mike Butler of The Auckland Regional Pain Service says the official definition of chronic pain is pain extending beyond six months, but pain can sometimes be considered chronic pain from around three to six months, depending on the patient's case.¹⁵

The most popular definition of chronic pain with which respondents agreed is "pain that continues beyond expected healing time" at 49%.¹⁶

The most common forms of chronic pain, along with arthritis, found in New Zealand are musculoskeletal pain disorders, such as:

- Low-back pain (plus or minus leg pain and/or sciatica).
- Neck pain (plus or minus arm pain).
- Whole-body pain (fibromyalgia).¹⁷

Of those respondents who said they experience chronic pain, 47% said it was from a diagnosed

health condition, such as arthritis or an inflammatory condition. Thirty-eight per cent said it was from a specific event, such as an accident or operation, and 10% said the source of their chronic pain was unknown to doctors. Men are more likely than are women to have chronic pain for which doctors can't explain the source.¹⁸

"In some cases, patients with chronic pain have had X-rays, blood tests and bone scans and still no source for the pain is identified. In these cases, the immediate physical cause may be within the brain in the way it processes pain signals. This can bewilder and anger many patients as they have to learn to cope with and manage the pain, in spite of no definite cause being found or medical label given," says Dr Butler.

Demystifying pain – the good and the bad

Pain specialists often refer to two types of chronic pain: physiological or 'good pain' which acts as a warning function where identifying the cause of the pain can lead to a cure; and non-physiological pain or 'bad pain' which has no function and requires investigation of the nervous system to fully understand the underlying pathology and meaning of the pain.¹⁹



NEW ZEALANDERS LIVING WITH CHRONIC PAIN

Research conducted by Pfizer New Zealand provides a recent snapshot of the extent of chronic pain, revealing that one in eight New Zealanders is living with chronic pain.²⁰ Chronic pain is experienced equally by Europeans and Māori.²¹

Dr Butler says this latest research is in the ball-park of chronic pain rates found around the world, such as the USA, Australia and some European countries.

The prevalence of pain was found to be only marginally higher among women (13%) than it was among men (12%), but prevalence differs greatly by age with only 5% of under-35-year-olds saying they experience chronic pain compared to almost 25% of over-65-year-olds.²²

“Our brain may be as involved in managing and processing pain as is the affected joint, muscle or type of illness triggering the pain. Not only do our bones and joints wear with age, but so may the way our brain processes pain.

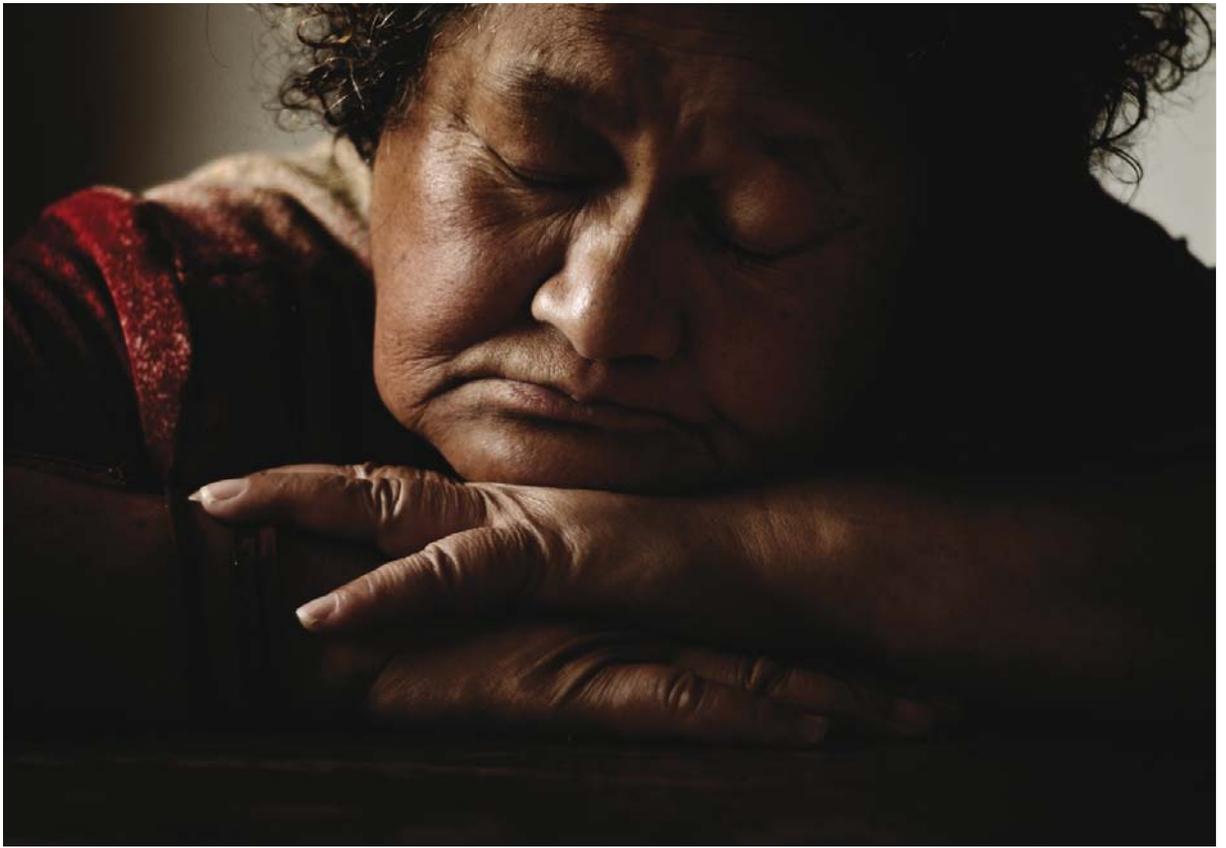
“Basically our brain is like a computer and, as age tires it out, the pain control systems reduce in efficiency, a ‘downgrading of central physiological control of pain’, which makes it harder for our body to accurately control pain signals,” says Dr Butler.

Personal income can also play a role in the prevalence of chronic pain. Eighteen per cent of those living in a household with an income of under \$30,000 said

they experience chronic pain compared to eight per cent of those in households with an income of over \$100,000.²³

“This statistic isn’t just about income. Psychological factors involved in how a person experiences and manages pain may be very important. People from lower-income families are more likely to be at risk of violence and other life traumas. These traumas can change the brain’s pain control systems thereby predisposing the patient to new and/or unduly severe pain. A patient’s entire life is critical to understanding their experience of pain,” says Dr Butler.

Sandra Kirby, Chief Executive of Arthritis New Zealand, says that, although there are many different types of arthritis, living with pain is common across them all. “Most of the people who talk with our Arthritis Educators are looking for ways to help deal with pain and increase mobility. Managing pain is more than taking painkillers – it’s about managing life and meeting the challenges of pain,” she says.



UNDERSTANDING – THE IMPACT OF CHRONIC PAIN ON DAILY LIFE

The impact of chronic pain on a person's quality of life can be devastating. Almost a quarter (24%) of respondents said chronic pain 'greatly affects' their ability to hold down a job, 18% said it 'greatly affects' their ability to manage the household, 15% said it 'greatly affects' their ability to study and seven percent said it 'greatly affects' their ability to raise their children.²⁴

Chronic pain also impacts on a person's ability to be active and enjoy social time; 57% of people with chronic pain said it 'greatly affects' their ability to play sports. Around a third to a quarter said chronic pain 'greatly affects' their ability to enjoy leisure activities (37%) and social activities (25%).²⁵

Not being able to work or take part in social activities can be incredibly frustrating for patients.

Dr Butler says a person's inability to do things may partly relate to fear of pain. "Disability and pain don't necessarily correlate. Some people have a fear that their pain means more damage to their body is occurring but with chronic pain this is rarely the case. It is best to keep as active and involved in life as possible."

Sandra Kirby adds that for patients with arthritis, messages about keeping active when experiencing pain, having good nutrition and a work-life balance are important. "This might mean taking up exercises with less impact on the joints, such as swimming or cycling. Research and people's experience consistently show that being active reduces pain and increases well-being. It's worth persevering," she says.

Chronic pain can affect many people in a household; 17% of people in New Zealand live with someone who has chronic pain.²⁶

THE STIGMA OF CHRONIC PAIN

Coping with chronic pain and trying to get on with day-to-day life can be extremely challenging. This challenge can be made harder by the fact that many New Zealanders don't understand what it is like to live with chronic pain; 68% of respondents said people have only a slight to no understanding of chronic pain, with a further 65% saying people had often or sometimes doubted the reality of the pain.²⁷ Three-quarters (75%) of chronic pain sufferers feel that their condition receives less understanding than does short-term pain.²⁸

“Chronic pain is often called the ‘invisible disability’ as the source of the pain is not often visible to the eye,” says Dr Butler.

People's perceptions of chronic pain can also play a part in the level of sympathy or belief of pain that is granted. Lack of understanding at times also extends to some damaging misconceptions about chronic pain, with 35% of respondents saying it is an excuse for people who don't want to work.²⁹

Sandra Kirby says a common statement directed at arthritis patients is, “but you don't look sick”, because there is nothing visibly wrong to the eye. “We all need to listen when people tell us they are in pain; they need our support not apathy,” she says.

PAIN AND LACK OF SLEEP – A VICIOUS CYCLE

Chronic pain does not have only economic and social costs; it can also affect a person's overall well-being, with over half (53%) the respondents with chronic pain saying it ‘greatly affects’ their ability to sleep. Of those who have difficulty sleeping, 59% said they wake up at least twice a night, and 36% said their restlessness also affects others in the household.³⁰

“Lack of proper sleep in patients with chronic pain is a very common complaint,” says Dr Butler.

“People with chronic pain have a bad quality of sleep due to pain waking them at night and/or preventing their sleep from going into deep sleep mode. When lying down to sleep, gravity becomes our enemy as the sensitive nerve supply from the spine is compressed. Some patients resort to sleeping on bean bags or hammocks to get relief from pain.

“Waking up un-refreshed every morning often impairs the ability to cope with day-to-day life, reducing a person's ability to enjoy the good and cope with the bad,” he says.

TREATMENT PATHWAYS FOR CHRONIC PAIN

Chronic pain patients choose many different treatment pathways to gain relief and understanding about the cause of their pain. The vast majority (86%) of people who have chronic pain consult their GP about their condition. Over half (56%) see or speak to a physiotherapist and 36% see or speak to a pharmacist; 45% see or speak to an acupuncturist, a chiropractor or an occupational therapist. Only 30% have seen or spoken to a pain specialist and 23% an arthritis specialist or rheumatologist. Almost half (47%) seek out help from other health professionals.³¹

“People tend to seek medical treatment when their pain is becoming enough of a problem for them to do something about it. But it is not often easy to identify the cause of chronic pain and provide an effective treatment plan within a 15-minute doctor's visit. If the chronic pain remains unresolved, patients will shop around different health providers looking for treatment which provides at least some relief,” said Dr Butler.



ARE NEW ZEALANDERS RECEIVING EFFECTIVE CHRONIC PAIN TREATMENT?

A more holistic approach to pain management is needed

Over half of the respondents (58%) with chronic pain are currently receiving treatment for it, with over a quarter (28%) of those being dissatisfied or somewhat dissatisfied with their treatment. The level of overall dissatisfaction differed between men and women, with men being more dissatisfied overall (31%) than were women (24%).³²

Dr Butler is not surprised by the level of dissatisfaction with chronic pain treatment. “The answer to better chronic pain treatment is education, education, education. The science of pain is far more advanced than the presently used application of knowledge in both diagnosis and treatment. So far, science has made the biggest breakthroughs in our understanding of chronic pain by studying how the brain processes pain stimuli, but this has not been matched by treatment breakthroughs,” he says.

“Medical schools are very good at teaching how to diagnose basic diseases, but doctors and other specialists who often face chronic pain without disease, or disease with excessive pain experience have not been taught the basics about pain science.”

“Doctors in primary care are shouldering the triage of chronic pain patients. Regional pain services, which can provide the most holistic approach to chronic pain, are under-resourced, with publicly funded appointments based on a worst-case-first scenario.”

“By the time such frustrated and often angry patients are seen by us, many questions need to be asked to get a better gauge on what is going on. These questions are not from text books, but from what we have learned from patients. Spending the time to fully explore a patient’s history helps one put the pieces of the puzzle together,” says Dr Butler.

Research conducted in New Zealand on first-time pain clinic patients prior to their visit shows that expectations for a solution to their pain are low.



The largest percentage of participants (32%) responding to open-ended questions stated that they had no expectations of their pain clinic visit. Twenty-six per cent thought relief or control of their pain would be the most satisfying outcome of their visit. To be told that nothing could be done about their pain problem was considered to be the most disappointing result of a visit.³³

In Australia, pain is the country’s third-most-costly health problem and a national pain strategy has recently been published with the intent to “improve the quality of life for people with pain and their families, and to minimise the burden of pain on individuals and the community”.³⁴

“There is so much we can learn from and locally adapt from the Australian National Pain Strategy to improve chronic pain services in New Zealand. We have many health providers working with chronic pain, but we often work in isolation. The cost to society of not effectively managing chronic pain is far greater than the investment needed to restore an acceptable level of wellness to a significant proportion of the population,” says Dr Butler.

ACCESS TO, AND EFFECTIVENESS OF, MEDICATION IN TREATING CHRONIC PAIN

Over half (59%) of respondents said medicines obtained from a doctor or a pharmacist are the most effective in treating their pain; 19% feel alternative medicines are more effective.³⁵

Despite the preferred treatment pathway for chronic pain being medical treatments³⁶, 30% of those with chronic pain have purchased medicines for it other than those they have been prescribed. There is a much higher percentage of this practice among women (37%) than there is among men (22%).³⁷

“Buying additional medicine to treat pain is most likely due to two things,” says Dr Butler. “Sometimes the medicine prescribed is not effective because the chronic pain has not been assessed properly, or patients are expecting to get 100% relief from chronic pain, which is often an unrealistic expectation.”

Twelve per cent (12%) said they were unable to get a doctor to prescribe what they wanted.³⁸

“I find that the patients I see don’t often tell their doctor they are supplementing their prescribed medicine with other forms of over-the-counter pain relief, so a patient can still be searching for more effective relief, but not communicating it to their doctor,” says Dr Butler.

“The occasional inability of patients to access the medications they request comes down to an individual doctor’s belief system about particular treatments and their potential usefulness. In these cases, where a patient is struggling to find relief, the focus needs to remain on the potential benefit of the medication to the patient, and being honest about the fact that it may or may not work,” he says.

Sandra Kirby says these figures are an excellent illustration of how challenging it can be for people living with pain to access effective treatments. “It may also suggest that people don’t have sufficient information about available resources and other effective treatments to manage their pain.

“The people who have the best outcome of managing their pain use a variety of techniques, including medication, exercise, lifestyle changes and other therapies. Finding the right balance requires a multi-disciplinary approach,” she says.

Income can also affect the number of people with chronic pain seeking additional medical treatments beyond what has been prescribed to them. The higher the income bracket, the more extra medical treatment is sought, with 49% of those in the highest annual income bracket (over \$114,000) purchasing additional medications compared to 22% in the lowest income bracket (\$30,000).³⁹

Of those who spend money on additional medications for their chronic pain, 72% spend less than \$50 per week and a small proportion (10%) are spending more than \$100 per week.⁴⁰





Patient Profile: **Angela**

THE TASK OF KEEPING WELL TO MANAGE PAIN

Angela looks like any other busy mum with two pre-school kids in tow, wrangling bags and lunch boxes to make it in time for the kindergarten drop-off. But Angela struggles with an invisible barrier to managing everyday life – she lives with chronic pain.



Before marriage and kids, Angela was working in a busy recruitment advertising company, dealing with stressful client deadlines. Over time, she realised that she was experiencing an increasingly constant numb, tingling pain on her left side; one day it intensified so much it caused a frightening rush to hospital.

After many years of difficulty in reaching a diagnosis, fibromyalgia was diagnosed.

Angela remarks on the positive experience she had with the health professional making the diagnosis for the first time. “I was asked about my pain experiences from A to Z. The GP gave me some good background

on what my pain was all about. This brought some clarity to the confusion I’d felt from previous health professional visits where it seemed they were trying to fit my answers about pain into a box and, when they did not fit, they were cast aside,” she says.

The lack of understanding from others about what it is like to live life with chronic pain is a consistent frustration for Angela, as is the impact it has had on her life. “My job was incredibly stressful and, not long after I sought a diagnosis for the chronic pain, I was advised that high levels of stress were making my symptoms worse. It was a shock to realise that I couldn’t keep well

and manage that particular job anymore. Not being able to carry out my job made me feel like a bit of a wimp and, although my colleagues tried to understand, the most common thing they said was, ‘but you don’t look sick,’” says Angela.

Social activities can also be a bit of a struggle. “I have my good and bad days, you just want to be normal and go with the group; you don’t want to say why you can’t do things, because it seems like you can. I tend to keep my pain under wraps, even with my close friends,” says Angela.

Fibromyalgia syndrome (FM) is defined as a common rheumatological syndrome characterised by chronic, diffuse musculoskeletal pain and tenderness with a number of associated symptoms, among which sleep disturbances, fatigue, and affective dysfunction are particularly frequent.⁴¹



Currently, the biggest problem for Angela is sleep. She is a full-time mum of two preschoolers and manages a household; a good night's rest is essential for any mum, let alone one struggling with chronic pain. "I struggle to sleep. The pain when I lie down can be very disruptive, especially if I've had a busy day. Often, I can't get a good night's sleep without sleeping pills and my GP has told me this is not a long-term solution."

Angela knows a big part of managing her chronic pain comes down to lifestyle and balance.

"I haven't yet found any pain medications that can help me, but I know that it is never going to be the total solution. It's a bit depressing when you have a good day, you've been active and got all your jobs done, but then the next day you end up so sore and tired. It often feels like one step forward, two steps back," she says.

Despite her struggles to manage her chronic pain, Angela's outlook on life is positive and she has recently begun trying out some alternative therapies with pleasing results, but she wishes she could have more answers and

more support on how to cope with chronic pain.

"Chronic pain seems to be a symptom of many illnesses and it really affects your life. There just doesn't seem to be enough knowledge about chronic pain across different doctors for them to be able to consistently provide good advice to patients about how to manage the pain. I don't think it is fair that we should just have to put up with it. I've recently found out that even little improvements can make a massive difference in your life," she says.



THE NEED FOR SUPPORT, INFORMATION AND UNDERSTANDING WHEN MANAGING PAIN

Patient Profile: **Amanda**

To keep fit, Amanda liked running but, when she hit her mid 30s, she started to experience regular joint pain in her knees and hips. By the age of 38, the pain had become a lot worse. Joints that used to be achy in cold, damp weather now started to wake her up most nights with pain too severe to fall back to sleep and day-to-day mobility was increasingly difficult.

“I’d go to get up off the couch or floor and it was like my joints just locked and wouldn’t let me do it without more thought and effort.” Not long after it became clear

that the pain and mobility issues weren’t going away, Amanda went to visit her GP. “I came out diagnosed with osteoarthritis and was advised to take pain relief

Osteoarthritis has been called ‘wear and tear’ or ‘degenerative’ arthritis and there is growing understanding that it is an inflammatory arthritis. It occurs as a result of mechanical breakdown in the structures affecting the joints. This happens most often in the large weight-bearing joints – the knees, hips and spine.⁴²



and anti-inflammatories when needed,” she says.

However, Amanda didn’t find it that simple to manage her pain. Over time she became more reliant on pain relief to sleep or to move around. “I’d still wake up in the early hours of the morning once the pills wore off and I’d have to take more or lie there in absolute agony. I felt a combination of sharp, stabbing pains and deep, extreme toothache felt mainly in my hips and radiating down my leg bones.”

“Although I was coping better during the day with all the distractions, the interrupted sleep started causing problems for me at work. Because I was tired, at times I had difficulty concentrating or being fully engaged and I was constantly getting stiff sitting at my desk,” she says.

One day, when picking up pain medication from her local

pharmacy, Amanda saw that there was an opportunity to have a consultation with a local Arthritis New Zealand educator. At a loss about what do to manage her pain, she jumped at the chance.

“I really didn’t know much about Arthritis New Zealand until then and the consultation ended up being incredibly valuable. It was such a help having people really listen and offer practical but non-pushy advice, rather than just leaving me to deal with the pain on my own, without knowing how to help myself,” she says.

Now armed with self-help pain management knowledge and understanding from others about the reality of her pain, Amanda feels much more in control of her pain. She is more aware of her limits and counts herself especially fortunate to be able to work reduced hours, to more effectively manage day-to-day life for herself and her family.

“I now know how to more effectively use various pain medications. Combining medicine with regular, gentle exercise I am finding that, most of the time, the pain doesn’t get so bad, seems to go away faster and is less constant,” says Amanda.

If Amanda could improve one thing about the provision of chronic pain health services in New Zealand, she would love healthcare professionals to have a greater appreciation of what it is like to live with recurring pain.

“I wish there was a pain-endurance machine that people could wear for a week, so they could feel pain and experience how it affects your life in so many ways. I just don’t think many healthcare professionals truly understand how hard it can be to cope, or that they get the sense of urgency about providing the support and information you need, because they haven’t lived with pain.”

Not long after Amanda was diagnosed with osteoarthritis her son was in a serious motorbike accident. “If I hadn’t experienced chronic pain and how disruptive and all-consuming it is, I would have had great difficulty supporting my son through his recovery. In some ways, I am glad I have pain as it means I can be more understanding of his pain experiences and frustrations trying to find ways to live with chronic pain.”



THE FINANCIAL IMPACT

Chronic pain has a significant financial impact, not just on sufferers, but also on the broader community

A 2007 report by Access Economics into the economic cost of chronic pain in Australia, estimates that the economic cost to the community is \$10,847 per person with chronic pain.⁴³ This includes lost productivity from people being off work, health-system costs, and indirect costs such as aids and modifications. The report estimated that in Australia the total economic cost of chronic pain was \$33.40 billion.⁴⁴

Access Economics carried out a report in New Zealand into the economic cost of one significant area of chronic pain, that of arthritis.

The report, published in 2010, found that the total financial costs of arthritis alone in New Zealand in 2010 are estimated to have been \$3.20 billion. Financial costs comprise health-sector costs and indirect costs.⁴⁵

In addition, the burden of disease – the years of healthy life lost because of arthritis – is estimated as 21,491 Disability Adjusted Life Years (DALYs) in 2010.⁴⁶ Converting this to financial terms using the Value of a Statistical Life Year (VSL) of \$177,683 for New Zealand in 2010, equates to some \$3.80 billion in suffering and premature death.⁴⁷ Health-sector costs of arthritis are estimated to have been \$695.00 million in 2010.⁴⁸

“Given that only the economic cost of arthritis has been analysed, actual costs will be much higher when taking into account the entire therapeutic area of chronic pain. Until chronic pain is investigated further as a condition in its own right, we will be at a loss to truly understand the cost this type of pain has on society,” says Frances Benge, Managing Director for Pfizer New Zealand.



INSUFFICIENT INFORMATION COMPOUNDS THE PROBLEM

For those who experience chronic pain, managing their condition can be difficult and this may be compounded by a lack of information.

Only 23% of people with chronic pain feel they have an 'excellent' level of information about their pain.⁴⁹ Thirty-nine per cent (39%) feel they have a 'good' level of information, with 84% understanding the information.⁵⁰

Although 62% may feel they have the information they need, over a quarter (27%) said they do not have enough or have no information, with more women (34%) feeling they do not have enough information when compared to men (20%).⁵¹

Almost half of Māori people with chronic pain (41%) say they do not have enough information on how to manage their chronic pain.⁵²

Dr Butler believes these results could partly be a health practitioner problem. "Sometimes we

don't give enough information to a patient, and underestimate the need and ability to understand more about pain."

Despite the challenge in providing sufficient information to help more people understand how to treat their chronic pain, almost all (96%) of those experiencing chronic pain are 'comfortable' or 'somewhat comfortable' in discussing ways in which they can treat their pain with health professionals.⁵³

Sandra Kirby says for people living with arthritis, the first step towards effective pain management is education. "Access to up-to-date, trustworthy information can give a person with arthritis the confidence to start setting realistic goals, recognising the pain triggers and developing vital self-management techniques," she says.

What type of chronic pain information do people want?

- Written information – **47%**
- One-on-one, face-to-face support – **46%**
- Internet – **44%**
- Telephone support – **30%**
- Support group – **25%**
- Online forum – **25%**⁵⁴

USEFUL INFORMATION FOR CHRONIC PAIN PATIENTS

New Zealand resources:

www.arthritis.org.nz

A national voluntary organisation which represents the interests of those with arthritis and provides information on the condition and its treatment

www.healthpoint.co.nz

A directory for health services, including pain management services, available throughout New Zealand

www.nzps.org.nz

The website of The New Zealand Pain Society provides latest news and research on chronic pain

www.painmonth.co.nz

Established by a chronic pain patient, this site has useful links and an online forum to discuss pain with others affected by it

www.acc.co.nz

The website of the Accident Compensation Corporation has useful patient resources for those with injury pain

www.painsite.co.nz

A Pfizer New Zealand website about pain and potential options for treatment and management

International resources:

www.chronicpinaustralia.org.au

The website of the Australian chronic pain patient support group

www.iasp-pain.org

The website of the International Association for the Study of Pain (this site is for health professionals but has useful information for patients as well)

**Note many privately owned chronic pain clinics in New Zealand and around the world have useful patient pain management information that is available for free*

If you would like to request copies of the **Pfizer Health Report: Chronic Pain**, please email: **contactus.newzealand@pfizer.com** or free phone **0800 699 276**

About the research

The Pfizer Health Report: Chronic Pain survey was carried out by Curia using a quantitative permission-based phone poll of 1,643 New Zealand adults aged 18 years and over. To ensure that the survey is representative of the New Zealand adult population, results are weighted by gender, age, ethnicity, household income and area. This sample size gives an approximate confidence level of plus or minus 2.5% at the 95% confidence level.⁵⁵



REFERENCES 1. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 24. 2. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 52. 3. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 17. 4. Patterns of chronic pain in the New Zealand population, research by Clare Dominick, Fiona Blyth, Michael Nicholas, published in *The New Zealand Medical Journal*, 24 June 2011, Volume 124, Number 1337; ISSN 11758716. Page 63. 5. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 8. 6. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 13. 7. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 24. 8. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 52. 9. National Pain Strategy, developed by National Pain Summit Initiative, www.painsummit.org.au. Led by: Australian and New Zealand College of Anaesthetists Faculty of Pain Medicine, Australian Pain Society, Chronic Pain Australia, Pain Management for all Australians. Page v. 10. Access Economics: The Economic Cost of Arthritis in New Zealand in 2010. Page 14. 11. Access Economics: The Economic Cost of Arthritis in New Zealand in 2010. Page 14. 12. Access Economics: The Economic Cost of Arthritis in New Zealand in 2010. Page 47. 13. Access Economics: The Economic Cost of Arthritis in New Zealand in 2010. Page 42. 14. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 8. 15. Dr Mike Butler – The Auckland Regional Pain Service, interview with Kathryn Swallow – Pfizer New Zealand. 16. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 10. 17. Dr Mike Butler – The Auckland Regional Pain Service, interview with Kathryn Swallow - Pfizer New Zealand. 18. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 19. 19. Dr Mike Butler – The Auckland Regional Pain Service, interview with Kathryn Swallow – Pfizer New Zealand. 20. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 17. 21. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 17. 22. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 17. 23. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 18. 24. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 28. 25. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 28. 26. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 15. 27. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 24. 28. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 26. 29. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 72. 30. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 28, 38-40. 31. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 42. 32. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 50, 52. 33. What do patients expect from their first visit to a pain clinic? Research by Keith J Petrie, Kim Frampton, Robert G Large, Rona Moss-Morris, Malcolm Johnson and Geraldine Meecham, *The Clinical Journal of Pain*, July/August 2005, Volume 21, Number 4, Page 298. 34. National Pain Strategy, developed by National Pain Summit Initiative, www.painsummit.org.au. Led by: Australian and New Zealand College of Anaesthetists Faculty of Pain Medicine, Australian Pain Society, Chronic Pain Australia, Pain Management for all Australians. Page v. 35. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 56. 36. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 56. 37. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 58. 38. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 54. 39. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 59. 40. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 60. 41. www.iasp-pain.org/AM/TemplateRedirect.cfm?Template=/CM/...cfm. 42. www.arthritis.org.nz/what-is-arthritis/forms-of-arthritis/ 43. The high price of pain: The economic impact of persistent pain in Australia, November 2007, Report by Access Economics Pty Limited for MBF Foundation in collaboration with The University of Sydney Pain Management Research Institute. Page iv. 44. The high price of pain: The economic impact of persistent pain in Australia, November 2007, Report by Access Economics Pty Limited for MBF Foundation in collaboration with The University of Sydney Pain Management Research Institute. Page iv. 45. Access Economics, The economic cost of arthritis in New Zealand. Page 47. 46. Access Economics, The economic cost of arthritis in New Zealand, 2010. Page 54. 47. Access Economics, The economic cost of arthritis in New Zealand, 2010. Page 55-56. 48. Access Economics, The economic cost of arthritis in New Zealand, 2010. Page 37. 49. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 62. 50. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 64. 51. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 62. 52. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 63. 53. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 48. 54. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 66. 55. Curia research for Pfizer New Zealand: Chronic Pain May 2012. Page 1.

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