

Achievements on chronic pain: from the European political agenda to the daily life of people

Koen Paemeleire, MD, PhD

Neurology, Ghent University Hospital, Belgium

Treasurer of the European Headache Federation



European Headache Federation

- Since its foundation 1992, EHF, a non-profit organisation, has sought to **improve the life of those affected by headache** in Europe
- To do so, EHF dedicates its efforts to **improving awareness of headache disorders** and their impact amongst governments, health care providers and consumers across Europe
- To **educate Europe about headache** is one of the main objectives of the EHF. Teaching of key players such as young doctors, neurologists, general practitioners and all those involved in headache management about the seriousness of headache disorders is focused
- Within its **federal structure**, EHF supports national headache societies with a specific focus on Eastern European countries



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CONSENSUS ARTICLE

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European headache federation consensus on technical investigation for primary headache disorders

D. D. Mitsikostas^{1*}, M. Ashina², A. Craven³, H. C. Diener⁴, P. J. Goadsby⁵, M. D. Ferrari⁶, C. Lampl⁷, K. Paemeleire⁸, J. Pascual⁹, A. Siva¹⁰, J. Olesen¹¹, V. Osipova¹², P. Martelletti¹³ on behalf of EHF committee



Leading causes 2016

Leading causes 2016	Mean % change in number of YLDs (2006-16)	Mean % change in all-age YLD rate (2006-16)	Mean % change in age-standardised YLD rate (2006-16)
1 Low back pain	18.0	5.0	-2.0
2 Migraine	14.3	1.6	0.1
3 Age-related hearing loss	22.3	8.8	-1.7
4 Iron-deficiency anaemia	7.5	-4.4	-1.8
5 Major depression	11.2	-1.1	-4.9
6 Neck pain	21.9	8.4	0.1
7 Other musculoskeletal disorders	14.4	1.7	-3.5
8 Diabetes	23.6	10.0	-1.2
9 Anxiety disorders	13.1	0.6	-0.7
10 Falls	26.7	12.7	3.4
11 COPD	28.8	14.5	1.4
12 Osteoarthritis	31.5	16.9	2.4
13 Acne vulgaris	5.1	-6.5	2.1
14 Refraction and accommodation	14.9	2.2	-4.9
15 Schizophrenia	16.7	3.8	-0.9
16 Asthma	17.2	4.2	3.6
17 Ischaemic stroke	35.2	20.3	3.7
18 Dermatitis	11.6	-0.7	1.1
19 Opioid use disorders	18.0	4.9	2.7
20 Other mental and substance	17.8	4.8	0.1
21 Dysthymia	20.5	7.2	1.0
22 Alcohol use disorders	9.7	-2.4	-4.8
23 Bipolar disorder	14.9	2.2	0.8
24 Edentulism	27.2	13.2	-0.9
25 Neonatal preterm birth	18.4	5.3	8.5
26 Epilepsy	8.8	-3.3	-2.6
27 Diarrhoeal diseases	7.5	-4.4	-3.6
28 Tension headache	15.4	2.6	0.4
29 Ischaemic heart disease	29.3	15.0	0.5
30 Other sense organ diseases	23.8	10.1	0.9

YLDs

Communicable, maternal, neonatal, and nutritional
 Non-communicable
 Injuries

Lancet 2017;390(10100):1211-1259

Leading causes 2016

Leading causes 2016	Mean % change, number of DALYs 2006-16	Mean % change, all-age DALY rate 2006-16	Mean % change, age-standardised DALY rate 2006-16
1 Ischaemic heart disease	13.7	1.1	-11.9
2 Cerebrovascular disease	4.0	-7.5	-19.2
3 Lower respiratory infection	-29.9	-37.6	-34.4
4 Low back and neck pain	19.3	6.1	-1.3
5 Diarrhoeal diseases	-34.7	-41.9	-39.9
6 Road injuries	-3.9	-14.5	-14.7
7 Sense organ diseases	21.7	8.2	-1.9
8 COPD	6.5	-5.3	-17.9
9 Neonatal preterm birth	-23.6	-32.0	-24.1
10 HIV/AIDS	-43.7	-49.9	-50.0
11 Skin diseases	11.3	-1.0	1.4
12 Diabetes	24.4	10.7	-1.7
13 Malaria	-27.3	-35.3	-30.7
14 Congenital defects	-13.5	-23.0	-16.2
15 Neonatal encephalopathy	-22.0	-30.7	-22.0
16 Migraine	14.3	1.6	0.1
17 Depressive disorders	13.2	0.7	-3.6
18 Tuberculosis	-23.4	-31.9	-35.3
19 Lung cancer	13.7	1.1	-11.7
20 Falls	14.4	1.8	-4.6
21 Self-harm	-6.3	-16.7	-17.7
22 Chronic kidney disease	20.0	6.8	-3.0
23 Iron-deficiency anaemia	7.5	-4.4	-1.8
24 Other musculoskeletal	14.1	1.5	-3.7
25 Alzheimer's disease	37.5	22.3	0.2
26 Anxiety disorders	13.1	0.6	-0.7
27 Other neonatal	-29.2	-37.0	-29.0
28 Asthma	3.9	-7.6	-12.2
29 Neonatal sepsis	-8.5	-18.6	-9.0
30 Interpersonal violence	-2.3	-13.1	-12.0

DALYs

Lancet 2017;390(10100):1260-1344

Cost of brain disorders in Europe

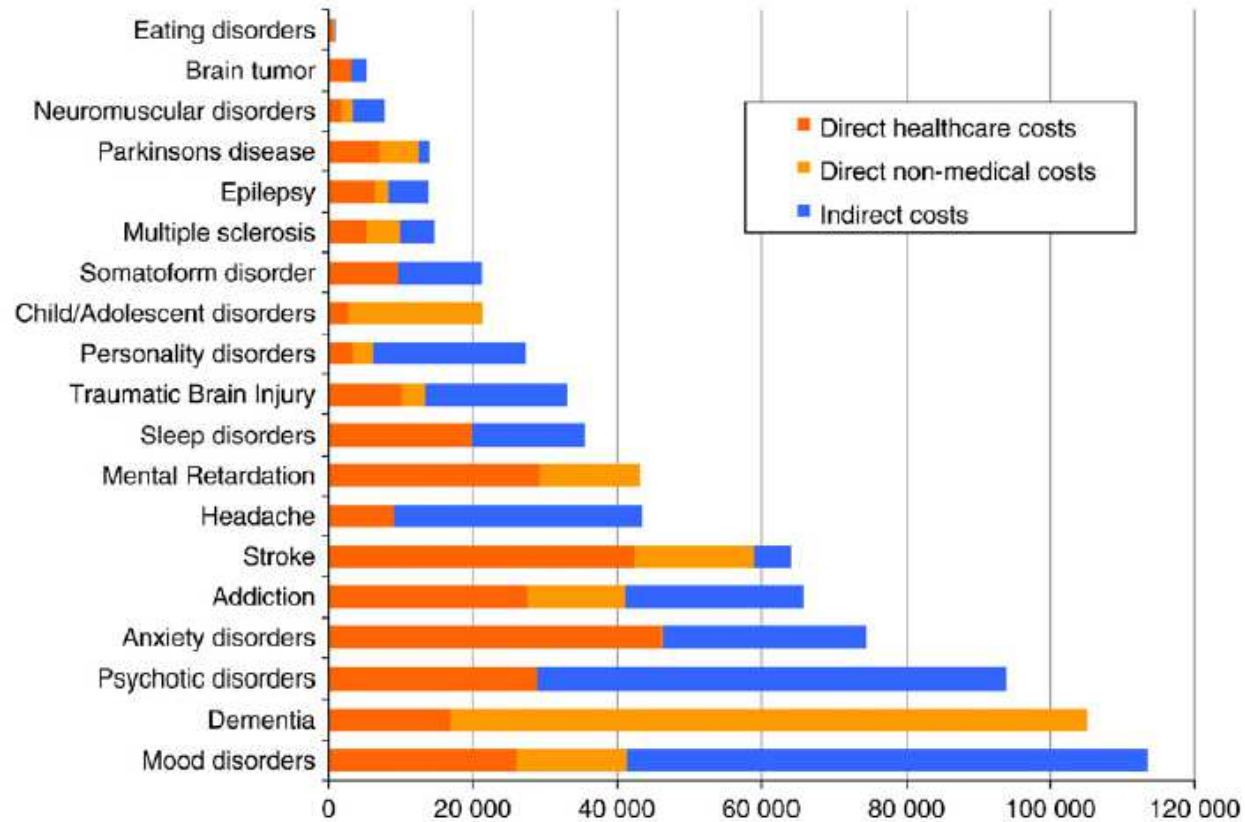


Figure 3 Total cost by disorder and type of cost (€PPP million, 2010), all disorders.

EHF recommendations

Recommendations for headache service organisation and delivery in Europe

T. J. Steiner · F. Antonaci · R. Jensen ·
M. J. A. Lainez · M. Lanteri-Minet ·
D. Valade

Table 2 Headache services organised on three levels

<i>Level 1.</i> General primary care	<ul style="list-style-type: none">• Frontline headache services (accessible first contact for most people with headache)• Ambulatory care delivered by primary health-care providers• Referring when necessary, and acting as gatekeeper, to:
<i>Level 2.</i> Special-interest headache care	<ul style="list-style-type: none">• Ambulatory care delivered by physicians with a special interest in headache• Referring when necessary to:
<i>Level 3.</i> Headache specialist centres	<ul style="list-style-type: none">• Advanced multidisciplinary care delivered by headache specialists in hospital-based centres



Headache service quality: evaluation of quality indicators in 14 specialist-care centres

- ✓ Highly experienced headache centres treated their patients in general very well
- ✓ The centres were content with their work and their patients were content with their treatment
- ✓ Better standards were needed:
 - disability and QoL evaluations in clinical assessments
 - protocols regarding safety
- ✓ Problems with follow-up/controlling long-term management/success of treatments

EARLY INTERVENTION: BRIDGING THE EARLY DIAGNOSIS AND TREATMENT GAP



POLICY WHITE PAPER
TOWARDS OPTIMIZING
RESEARCH AND CARE
FOR BRAIN DISORDERS

EBC RESEARCH PROJECT - THE **VALUE OF TREATMENT** FOR BRAIN DISORDERS



CARE PATHWAY ANALYSIS RESULTS: BARRIERS TO OPTIMAL TREATMENT

INADEQUATE HEALTH CARE SYSTEM. Effective treatments exist for these disorders, but health-care systems that should provide them do not exist or fail to reach many who need it ^{64,66}. The roots of this failure mostly lie in education failure, at every level⁶⁴, but also in limited accessibility to appropriate care. Where headache care is established, the focus is on specialist clinics, delivering high-end care at relatively high cost but with very limited capacity and swamped by patients whose needs are less but unmet elsewhere ⁶².

LACK OF DISEASE RECOGNITION. Headache disorders are consequently under-recognized in society, under-prioritized in health policy, under-diagnosed in the population and undertreated in health-care systems. People with headache fail to seek health care that is inadequate, and adhere poorly to it.

