ACCESSIBILITY TO THE TREATMENT OF CHRONIC BENIGN PAIN. SURVEY INTO ITALIAN PAIN CLINICS.

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Introduction

Chronic pain is one of the most significant causes of suffering at European and Worldwide level, it has a significant economic impact on those affected making them unable to work (Breivick et al., 2006; Blyth et al., 2001).

Pain management should involve a holistic approach focusing on patients, who experience acute and/or chronic pain and their families. Cooper et al. (2003) describe how patients with chronic musculoskeletal pain have negative experiences with a traditional model of care; they often consult several specialists (including orthopaedic surgeons, pain anaesthetists, rheumatologists and physiotherapists) but receive little or no practical advice on managing their symptoms.

In Italy, charities which support chronic patients (Cittadinanzattiva, 2009) have called attention to obstacles in obtaining pain therapy in Pain Clinics where physicians play a key role in starting all therapeutic processes for obtaining relief from pain. Furthermore, often the first consulted physician needs time to give to patient tailor made information about pain clinics, this leads to a delay, even of months, in pain management.

Objective

The aim of this study is to investigate who recommends to the patient to visit or to make contact with Pain Clinic, by analyzing the records of three Centers in Lazio Region (Fig.1).

Results

19.8% of cases were referred to the pain clinics by their GP, 45% by the specialist, and 38% on the patient’s initiative or following the advice of friends. 72.7% of the latter group are patients who attended a regional health centre.

Discussion

Despite the high prevalence of chronic pain in the general population, surprisingly little is known about the impact of chronic pain on the total access of Pain Clinic (PC). As preliminary, it is interesting note that just a little percentage of patients are in the Pain Clinics following GP’s indications. According to Stannard et al., (2003) in chronic therapeutic process, G.Ps. health care can be insufficient; pain is generally perceived by patients as a symptom of an illness clearly identified, however as recalled by Varassi and colleagues (2011) chronic pain in several cases is not a symptom but is a illness in itself. In the light of above a number of patients are in PC following specialists’ indication this drives to think that several patients have been kept waiting months and even years before then access to PC. The so called “pass the word” seems to be important in order to exchange information on the subject G.P. often is not the first person who address properly the patient towards an effective treatment; this is due to two main factors: i.e. culture and education (Joint Commission International, 2010) and the fact that PC net pain therapy is not well known and framed properly in Lazio Region. It could be said that the role of a GP or Nurse in referring patients for pain therapy is not instrumental; this could be attributed to the high labour costs involved or to a lack of awareness about the services offer. When a referral is made by a specialist, there can be delays in treating pain. A more detailed, large scale survey is perhaps required to map the availability of chronic pain services.

Conclusions

There is a continuing cultural barrier species among health care professionals to consider chronic pain as a symptom and not a disease. This problem increases the time of an effective treatment. The figure of the GP and the nurse may be key in the orientation of these patients.

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