

Background

In France, 11% of the population suffers from chronic pain, representing 72 million consultations a year costing for consultation only 1.16 billion euros. For migraine only, the associated cost of care is estimated to be around 1 billion euros a year. An aging population, medical care improvement, and chronic diseases development will likely increase those figures in the near future.

A care course is defined as the care acts series the patient benefits from. In the best of world the course should be cohesive and appropriate according to the current scientific knowledge. However, regarding pain, due to the aetiology and symptoms diversity, a multitude of care course exists.

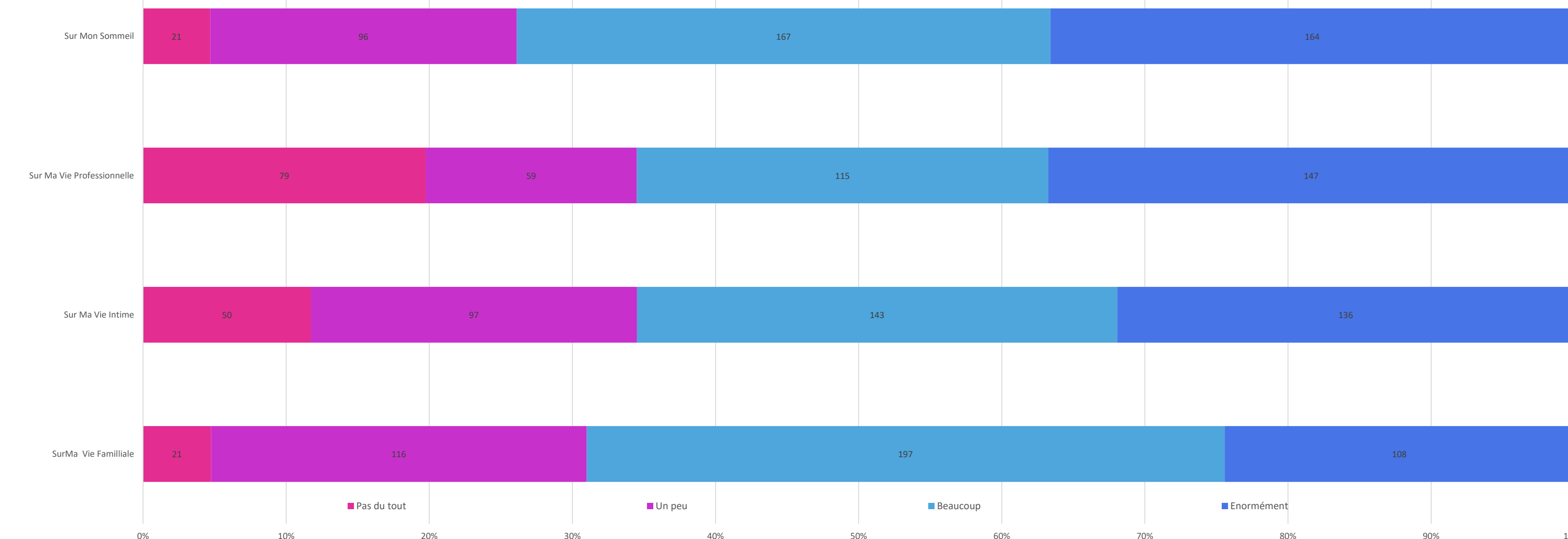
The aim of the study was to approach as much as possible the daily struggle of chronic pain suffering patients in France. More specifically, the goal was to apprehend the care courses, with their success and gaps according to the patients, by the patients, with the patients.

Methods

A descriptive study was performed. **An online questionnaire** was broadcast for 3 months, from June, the 15th to September the 14th. 113 questions divided in 23 sections constitute the questionnaire. The questionnaire **was build with the support of two patients' associations**. Their input was essential during the construction, correction and validation of the questionnaire.

The questions were about social characteristics, disease history, relationship with healthcare professionals, pain descriptions – both quantitatively and qualitatively, as well as the treatment of pain or lack of thereof, the financial aspect of pain and the familial and professional impact of pain.

Assessment of neuropathic pain was made using both the DN4 questionnaire and by asking directly to the patient the history of neuropathic pain diagnosis or treatment



Results

Who Are The Patients?

646 questionnaire were submitted. 90% of the respondent were **women**, the mean age was 52 years old. 39% of respondent lived in the city, whereas 37% lived in rural areas and 24% in suburban areas.

Pain History

57% of patients suffers from at least one rheumatic affection and 8,9% suffers from at least one neurological disorder. However our classification was lacklustre, 57% of patients suffers from an uncategorized affection (48 persons suffers from Ehlers-Danlos, and 18 persons form Goujerot Sjorgen).

Chronic pain **was diagnosed by a general practitioner (GP)** in 32% of cases. With the high number of rheumatic affection in our sample, most of the chronic pain was diagnosed by a rheumatologist.

The delay between the pain onset and the diagnosis was longer than a year for 54% of the sample, and 20% waited from 6 months to a year for a diagnosis.

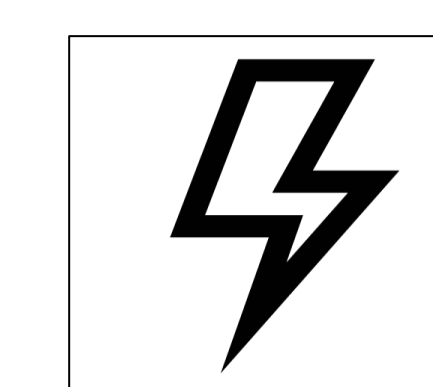
A month before taking the questionnaire 59% of the respondent were having a **pain above 7 on the pain scale**, however this pain was significantly smaller the day of the questionnaire. According to the French translation of the McGill Short Pain Questionnaire included, **the mental consequences of pain** were the most widely distributed in our sample : exhausting, exasperating and irritating. After splitting our sample between patients suffering from neuropathic pain or not, patients suffering from neuropathic pain (n=115) suffers more importantly from burning sensation, tingling, and electric discharge, the classical symptoms of neuropathies.

Contacts with health professionals

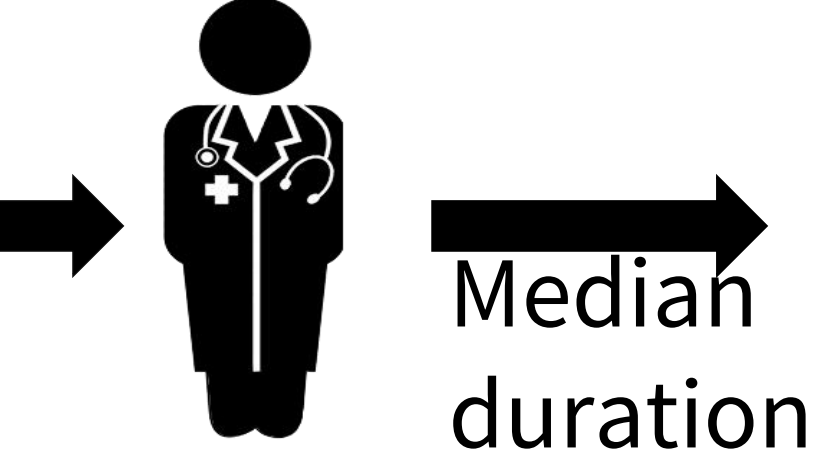
85% of the respondents were satisfied with the attention they received from their GPs, with no significant difference in this respect between patients with nociceptive and neuropathic pain. During a consultation **5 minutes or more** are used to assess the pain in more than 50% of consultations.

While suffering from an paroxysmal access of pain, patients tend to go to **their GP (71%)** however, surprisingly the Emergency Ward was seldom access (5,7%)

Symptoms onset Diagnosis



Pain, intensity 7
Mostly :
exhausting,
annoying,
exasperating



85% of confidence
86% great listing
51,7% more than 5
minutes of
consultation



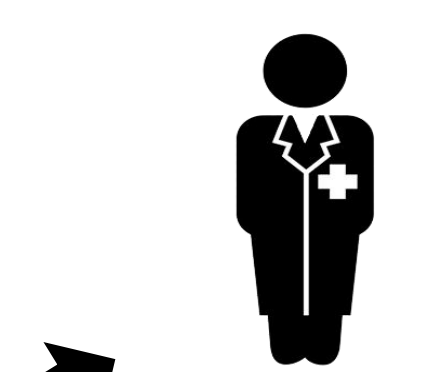
Alternative
therapies



Physiologist (72%
positive opinion)
Ergotherapy (73%
positive opinion)
Zootherapy (74% positive
opinion)
Cryotherapy (67%
positives opinion)



Impact on personal life
48 % gave up
care due to
financial
reason
250€ yearly



Observance : 44%



Automédication :

50%
Physiologist (72%
positive opinion)

Ergotherapy (73%
positive opinion)

Zootherapy (74% positive
opinion)

Cryotherapy (67%
positives opinion)

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Conclusion

While having different type of pain, French patient suffering from neuropathy have the same care course.

Treatment

86% of patients have a treatment prescribed. However, only **44% of them follow the posology**. 35% of patients declared to take their medicine only when facing an acute pain relapse.

Side effects were the main cause of the lack of compliance. Polymedication was the cause in 11%. No difference between neuropathic and nociceptive pain was observed.

What do patients wants

48% of patients already gave up on care due to financial reason. The average spending is **250€ a year**. **Quality of life and autonomy** are the deepest regret from the life before the pain.

Patients want a better way to deal with the constant fatigue, and a **more effective treatment**.