

SUMMARY

On 19 April 2000 the Minister of Health, Welfare and Sports requested the Advisory Council on Health Research (RGO) to issue an advisory report on the programming of pain research. This report should serve as a handle for the Netherlands Organisation for Scientific Research (NWO) in developing a follow-up programme on pain research for the period 2002-2004. NLG 1.3 million (€ 590,000) per annum has been reserved for the programme. With reference to this request for an advisory report, the RGO has set up a Pain Research Committee, which has prepared the present report.

Background

As early as 1991 the RGO published a report on this subject. On the basis of that report, the Medical Science Department of NWO (MW-NWO) instituted a programme for pain research, which was launched in 1993 as part of the larger NWO Chronically Ill Programme. This research programme, also known as “Pain 1”, was completed in 2000. The MW-NWO follow-up programme “Pain 2”, which was launched in 2000, is to run for two years and builds on the results of Pain 1. This advisory report is aimed at the research programme designated as “Pain 3”.

Current status of pain research

The Council has compared its report of 1991 with the results of the Pain 1 research programme. In addition, an appraisal has been made of existing research programmes within MW-NWO and the Netherlands Health Research and Development Council (ZON), and research financed privately by charitable funds or the pharmaceutical industry. A limited search of literature established which Dutch research groups are engaged in pain research.

The following matters are indicated as priorities in the 1991 RGO report:

- epidemiological aspects of chronic benign pain;
- “careers” of the patients involved within the care system;
- research into the effectiveness of existing and new therapies;
- daily pain control.

The Council notes that a considerable proportion of the recommendations made in its earlier report has been implemented. A number of recommendations are still of current interest, such as those on research into the prevention of chronic pain and on research into the “careers” of patients in the care system. The situation has changed on a number of points, however. The 1991 assumption that

disorder-related pain is given a relatively large amount of attention within research into those disorders proves not to be correct. In the NWO programmes Pain 1 and Pain 2, attention is focussed on chronic benign pain, i.e. severe pain that is not or no longer linked to a specific underlying disease or abnormality. The appraisal of pain research in the Netherlands also shows that presently only a few research projects are aimed at disorder-related pain, such as pain associated with cancer or rheumatism. Since the prevalence and incidence of disorder-related pain is not well known, the Council proposes to systematically collect data on disorder-related pain, as has been done by epidemiological research into chronic benign pain. The Collaborative Information Centres for Pain and/or the Pain and Pain Control Platform could play a role in keeping the epidemiological data up to date, linking these to systematically collected knowledge on treatment options and making them available for health policy.

University pain research is hard to describe. It is also difficult to form an idea of the extent to which the results of university research - fundamental research in particular - find their way into the pharmaceutical industry. Based on the information available, the RGO has, however, gained the impression that a large amount of leading pain research in the Netherlands is financed by the Pain Research NWO subprogramme and, to a lesser extent, by direct government funding. The NWO programme thus seems to have become instrumental in determining the direction of pain research in the Netherlands.

Need for research

The results of two meetings were used to determine the information needs of pain researchers, patients and therapists/care providers. These three groups expressed their viewpoints at the NWO Work Conference on Pain Research (21 March 2000) and the conference on "Demand and supply in pain medicine" (17 November 2000), organized by the Pain Disciplines Cooperative and patient associations. There is a need for knowledge on how to prevent pain to become chronic and knowledge of the long-term effects of exposure to pain and pain medication, particularly in children. The pain classification and the measuring instruments developed and validated in the "Pain 1" programme can now be applied more broadly. Research into the effectiveness of treatments is needed. In this context it is important to know why treatments have an insufficient effect on certain patients, partly in order to be better able to select patients for certain treatments and partly to develop new treatments. For the development of new methods of treatment, there is also a need for more fundamental information on neural stimulus conduction and pain perception. In the case of patients for whom current treatments are inadequate, it is necessary for them and those around them

to learn to deal with pain. Finally, there is a need for greater clarity about the position of alternative medicine in the treatment of pain.

Recommendations

It is clear that the Pain 3 programme is limited both in time (duration of three years) and in scale (budget of NLG 1.3 million or € 590,000 per annum). The need for knowledge and research is greater than may be expected from this programme. The Council has, based on the need for research, drawn up a summary of important research topics. Within those topics, the following priorities have been specified for Pain 3.

- research into scope for the prevention of chronic pain, particularly through attention on the “careers” of patients with chronic pain;
- long-term research into pain in children, using existing cohorts;
- epidemiological research into disorder-related chronic pain;
- improvement in pain management i.e. coping with pain, through self-management and support from the patient’s immediate circle of relatives and acquaintances, taking into account the effect of cultural differences, age and gender on the perception and management of (chronic) pain;
- patho-physiological research into neuropathic pain, in particular neuropathic pain.

In addition, the Council recommends incorporating invasive methods for the treatment of (chronic) pain as a priority in, for example, MW-NWO’s Health Care Efficiency Research Programme. In relevant programmes within ZON, opportunities should be created for the implementation of knowledge relating to chronic pain. The Collaborative Information Centres for Pain and/or the Pain and Pain Control platform may also play a role in the application of knowledge arising from research. These activities should not, however, be at the expense of the Pain 3 research programme. To meet the need for research and to allow for innovative research, the Council envisages that promotion of pain research in the Netherlands will also be needed after 2004.