

CHRONIC PAIN IS A PROBLEM.

In 1982 the Pijn Stichting Nederland (Pain Foundation The Netherlands) wrote after its installation as a project of the Junior Chamber in Den Helder: "Pain is not yet accepted as a separate diagnosis".

Little is known about the pain mechanism itself and unknown makes unloved...The results of the pain phenomenon are comprehensive. There are implications of a psychological, micro-macro-economical respectively sociological nature.

Psycho-social.

Pain has far reaching consequences for the patient, for his or her direct surroundings and for society as a whole. Chronic pain influences the life of the patient and his surroundings in such a way that life is all about the phenomenon pain. Life becomes pain. Pleasant, good-humoured people get depressed, do not see the bright side any more and change in character. The people in their environment have great problems to adapt to them adequately, especially because the emotional situation can change instantly when for a change the pain is not present (by coincidence?)

as shown in the beginning there is no great progress in 2000. There are all kinds of therapies though which were not there in 1982, but there is still no scientific base. There is still no scientific breakthrough after 2000.

Economically.

Social economically chronic pain is a problem as well: According to the Pijnstichting Nederland in 1982 there were 150000 families with a chronic pain patient.

NWO's website of 01-04-2000 mentions a NIPO inquiry from 1996: 18 % of the Dutch population suffers from chronic pain: 2,9million Dutch.

Within a health system that has to exclude illness this means far reaching costly and charging investigations before the diagnosis chronic pain can be concluded. The amount of investigation and treatment expenses can hardly be estimated. What could be estimated were the disease and allowance expenses.

In 1986 a pamphlet by the Pijnstichting Nederland appeared: "Chronic Pain in Numbers". The period of 1975-1984 has been studied. Starting-point was a period of illness of more than three months.

A calculation was made that 30% of these lasting sick belonged to the object group "Suffering Chronic Pain". It was concluded that this group practically would reach the Legal Disabilities date without a change. The number of disabled suffering chronic pain increased from 160000 in 1975 to 259000 in 1984. These numbers exclude young people, non-workers and retired people.

The average annual increase was 10000 patients a year. Assumed that this increase would go on in the same amount this would mean an increase by 130000 people in 1996. Since the working population in 1996 was 6.5million people and the whole population 15.5million the working people in 1996 was about 42% of the total population.

The calculated number of chronic pain patients would be $100/42 * 390000$ persons. Which means: 929000 patients suffering pain. According to the NIPO inquiry it is triple.

Financial economic there was already a problem in 1986: then 2.7 billion was spent on illness and disability allowances for chronic pain patients. A chronic pain patient used five times more medical care than a patient who does not suffer from chronic pain. (Report "Pain-treatment", Health Counsel December 1986).

There are no indications that this is different today. Medical diagnostics are considerably more advanced and more expensive than in 1986. In spite of this it does not produce better results for the diagnostics of chronic pain.

The NWO website mentions on 01-04-2000: "About five thousand assistance people, general practitioners, physiotherapists, chiropractors, and medical specialists such as orthopaedic surgeons, rheumatologists, gastro-enterologists and neurologists cooperated with the NWO Pain project.

From a meticulous inventarization it became clear that they treated chronic pain in different ways. Most usual is pain medication or physiotherapy. The general practitioner has a key position during the entire treatment. He refers the pain patient to (every time) different care institutions, who at their turn refer back to him with nothing achieved". (2)

Social medical there is a big problem. Dr. Vrancken refers to this in her dissertation and so do the investigators in the VWO article. Medicals and other curative assistance find it difficult to deal with chronic pain. The lack of diagnostic possibilities and direct protocol scientific sub-structured or :evidence based"approach is not possible. It remains a matter of "trial and error".And pain being a bad sensation all possibilities are tried and that is understandable.

At this moment worldwide one kind of chronic pain has scientific interest: CRPS:Complex Regional Pain Syndrome. (Previously called reflex dystrophy or Südeckse dystrophy). The word syndrome indicates that it is about a complex of fixed complaints and phenomena for which there is no clear causal explanation or treatment found. The disease goes on in a very spectacular way and is very invalidating. It is that visible that nobody will think of considering its pain as a non-functional signal that for some reason has remained and has no active function any more.

The disease is a rather rare illness that originates from a (sometimes small) injury. Its frequency is described as changing very much: between 7 and 35%. In 10-26% of the cases not even a previous injury is found. It looks rather often but the number of injuries followed by CRPS is relatively small. But then there are no big investigation groups in this type of investigation.

But most chronic pain patients do not have CRPS, but just pain, and the diagnosis will not always cover the cargo.

According to to current opinion it then concerns a situation in which there must have been something once which rang an alarm-bell that is being experienced as pain. The disease is over but the alarm keeps on going off uselessly.

For that reason the most current approach is a therapy with pain fight and psychological guidance in order to learn to deal with that signal. "The mental component". In psychology it is called cognitive therapy.

Yet there were in 1900 indications and scientific publications that indicated an active function of the pain signal. There were also all kinds of publications of findings nobody pays attention to today. "Forgotten"or "not important".

In the past century deviations were found and described by means of instruments. So there is at least reason for doubt about the current opinions. On this site those investigations and publications will be shown as well as the possibilities to use the results of them. For they are certainly of practical importance even though they have been forgotten in the stream of modern investigations. Few reconsidered old investigations with modern methods. In the scientific part we come back on these investigations. This also includes investigations never published.

What can be concluded from all this work is that chronic pain without findable cause hardly ever has a life threatening development.

1. (Vrancken AME.Chronische Pijn Het Kruis van de Geneeskunde. 1989 Alblisserdam Haveka BV).
2. Onderzoekers NWM: Mariëlla Kroese[UM]; Riekje de Vet[VU]

