

Chronic pain costs are high to Ontario health care system and to individual patients

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Costs of patients who develop chronic post-surgical pain could range from \$2.5 million to \$4.1 million a year, in one Ontario hospital alone, according to a study in *Pain Management*.

In a paper titled, Chronic postsurgical [pain](#) and persistent opioid use following surgery: the need for a transitional pain service, published online July 6, 2016 in *Pain Management*, a team led by Dr. Hance Clarke, Medical Director of the Pain Research Unit at Toronto General Hospital (TGH), University Health Network (UHN), estimated that about 15 per cent of complex postoperative pain [patients](#) develop moderate to severe chronic, post-surgical pain, have significant disability, and continue to use opioids for [pain relief](#) long-term.

Moreover, these same patients consume 90 per cent of healthcare's pain-related resources, such as repeated pain visits to physicians, extended [hospital](#) length of stays, and are at risk for hospital re-admission. On average, [chronic pain patients](#) stay five to seven days longer in the hospital for the same condition as those patients who do not have chronic pain.

"We need to break the cycle of pain before it becomes chronic. It is much harder to treat someone when the pain is entrenched, and the window of opportunity is lost," says senior author Dr. Hance Clarke, who is also Director of The Transitional Pain Service in the Anesthesia Department and Pain Management at Toronto General Hospital (TGH) and Clinical Researcher at the Toronto General Research Institute. He

adds that after about six months, post-surgical pain can develop into chronic pain, therefore it is important to intervene before this happens. Generally, from 50 per cent to 70 per cent of patients after major surgery are discharged from hospital with a prescription for opioids.

In this study, Dr. Clarke outlines the annual projected total cost linked to TGH surgical patients who develop moderate-to-severe chronic post-surgical pain, pain disability, and persistent opioid use. Five percent of all surgeries at TGH result in new cases of chronic post-surgical pain, explains Dr. Clarke. That, in addition to about 13 per cent of TGH surgical patients with previous chronic pain, which worsens after surgery, adds up to yearly chronic pain costs ranging from \$2.5 million up to a possible \$4.1 million to the Ontario healthcare system from one hospital. These estimates are calculated using figures obtained from recent healthcare use studies which estimate healthcare costs for chronic pain patients in Ontario to be about \$5,000 a year for one patient.

"Pain is an epidemic, and the costs to the healthcare system, as well as to patients, are staggering," says Dr. Clarke. He notes that [chronic pain](#) costs the Canadian healthcare system between \$47 billion and \$60 billion a year - more than HIV, cancer and heart disease combined.

"Identifying at-risk patients, typically those who have pre-existing pain, mental health issues, chronic use of opioids before surgery, is critical, so that we can develop follow-up plans, and educate patients and other healthcare providers," adds Dr. Clarke. "We need to give patients the tools to manage their pain, should it become problematic."

The study also examined the needs of 200 patients who had major surgery, such as thoracic, cardiac, gynecological and head and neck, at TGH in 2013-2014. The study found that 27 per cent of patients with pain at three months after surgery were still using opioids, higher than previous estimates which range from one to 10 percent.

These patients on opioids rated their overall health to be lower compared to non-opioid users, reporting significant pain-related disability in relation to mobility, mood and the ability to work.

The TGH Transitional Pain Service was created in 2014 to address the needs of at-risk patients, similar to those in this study. The service is designed to treat complex pain patients who have had surgery by helping with pain control, monitoring and weaning patients off excessive amounts of opioid medications for pain, and providing much-needed support for patients and primary care physicians after hospital discharge. The aim is to improve opioid practices in hospitals to improve patient care and safety, including identifying and monitoring at-risk patients before and after prescribing opioids.

Follow-up care is provided by a diverse team of clinicians who specialize in pain control. They use a variety of methods to help and teach patients to manage their pain, including mindfulness, "exercise prescriptions" and acupuncture.

Provided by University Health Network

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