



ASSOCIATION QUÉBÉCOISE
DE LA DOULEUR CHRONIQUE

NOVEMBER 2006



ADVERTORIAL

Dealing with

CHRONIC PAIN

MEDICATION AND TREATMENT



Chronic Pain Week in Quebec

Following a request by the Association québécoise de la douleur chronique, the Legislative Assembly of Quebec has declared the first week of November of each year *Chronic Pain Week* in Quebec. In 2006, the week of November 5 to 11 is therefore dedicated to this cause.

WWW.CHRONICPAINQUEBEC.ORG



Message from the Chairman

Our mission is to improve the condition of persons suffering from chronic pain and to reduce their social isolation. We want to increase our members' accessibility to various therapeutic treatments aimed at relieving chronic pain.



Jacques Laliberté,
Chairman of the Board of Directors
of the Association québécoise
de la douleur chronique

To date, only primary care is available to our patients within a reasonable period. Unfortunately, most patients suffering from chronic pain must wait several months before getting an accurate diagnosis or receiving adequate treatment for their pain.

Two studies¹ have shown that chronic pain clinics affiliated with hospital departments of anaesthesia receive around 800 new patients each month. Approximately 4,500 patients are on waiting lists in these clinics, 3,000 of which have been waiting for more than nine months. This situation is especially regrettable when we consider that chronic pain affects over one million people in Quebec... people who often suffer in silence.

The situation must and can improve! We believe that guidance and training of primary care professionals could ensure the adequate treatment of patients within a more acceptable period. Towards this goal, we will award eight clinical training grants with the help of our partners. It's a start.

We are certainly not seeking to take over government responsibilities, but mainly to show that improving services to chronic pain patients is feasible with a bit of effort and resolve.

We also encourage the development of existing pain clinics and the addition of new pain clinics in Quebec, as well as the establishment of

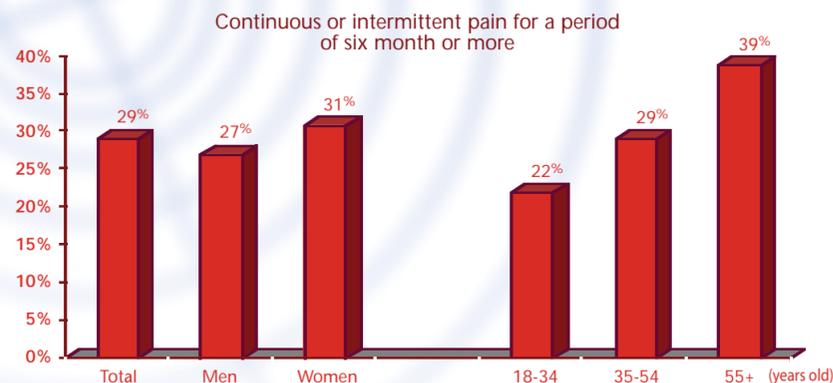
multidisciplinary teams of health care professionals that would initially include the patient, a physician, a nurse, and a psychologist. Other health care professionals could join the team as needed.

We support the report that the *Agence d'évaluation des technologies et des modes d'intervention en santé (AETMIS)* presented on May 9 to the Quebec Health and Social Services minister, Mr. Philippe Couillard (see article on *AETMIS* page 3). The report agrees with our stance that quick action must be taken to address the problem.

Jacques Laliberté

¹ Société québécoise de la douleur, 2003 / Veillette et al, 2004

Prevalence of Chronic Pain in Canada



Basis: Total sample (n=2012)
Moulin, A.J. Clark, M. Speechley, P.K. Morley-Forster. *Pain Research & Management*, 2002; 7(4) : 179-184

AETMIS Recommends an Integrated Approach to Chronic Pain Management

In a report published on May 9, the *Agence d'évaluation des technologies et des modes d'intervention en santé (AETMIS)* recommends that chronic pain be recognized as a major chronic health problem, and that appropriate resources be allocated to properly address it.

AETMIS also recommends a tiered, integrated and interdisciplinary approach to chronic pain management.

The organization of services

In Quebec, as in several other jurisdictions, services provided to chronic pain sufferers are fragmented, with long waiting times at every level of the health care system. The few multidisciplinary pain clinics in Quebec lack sufficient resources to provide adequate care to these patients. Access to services varies depending on the region and on whether the patient is referred by a paying third party (e.g. the Commission de la santé et sécurité du travail and the Société de l'assurance automobile du Québec).

The assessment carried out by *AETMIS* is mainly aimed at defining the organizational components of the care provided to chronic



pain sufferers and on what is being done to help them manage their pain. The report discusses three health systems that have a clear commitment to the management of chronic pain, i.e. France, Australia and the *U.S. Veterans Health Administration (VHA)*.

A global approach to chronic pain management

Given the prevalence of chronic pain, of the incapacities it causes and the intensive use of health services it entails, *AETMIS* considers that chronic pain should be recognized as a major chronic health problem and that appropriate resources therefore be allocated to deal with it. In the light of its analysis, *AETMIS* recommends that health services should be integrated to ensure an early diagnosis and treatment of chronic pain, as well as a graduation of care based on the persistence and severity of the problem.

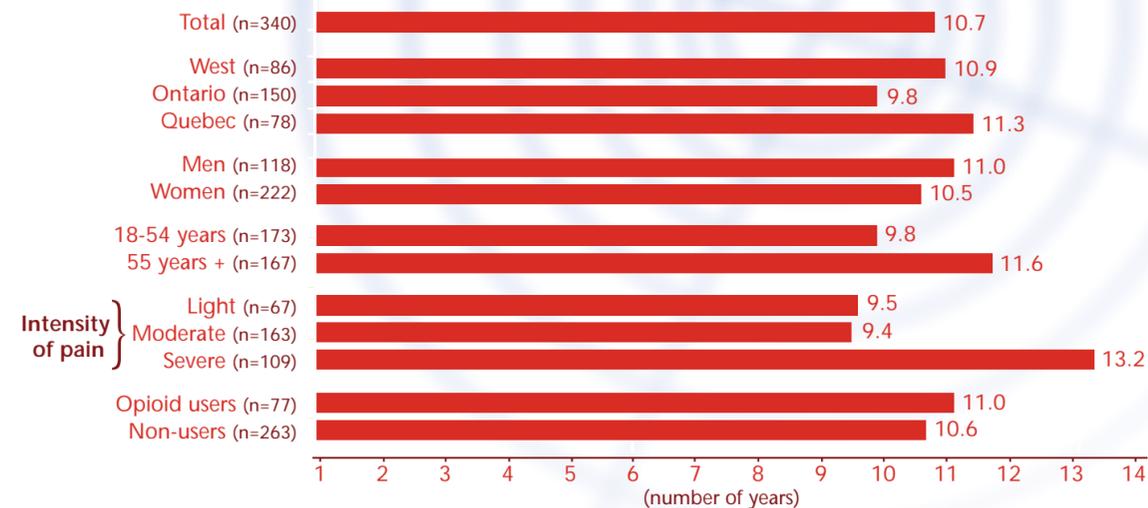
AETMIS also advocates an interdisciplinary approach at all levels of care. These measures

should be accompanied by training strategies for physicians and other health care professionals. It also recommends the implementation of monitoring and quality assurance measures. Finally, *AETMIS* recommends that funding agencies seriously consider financing clinical research and assessing the implementation of pain management programs and processes.

AETMIS reports to the Quebec Minister of Health and Social Services. By producing assessments, its mission is to advise and support decision-makers in the health-care system in matters concerning the introduction, acquisition and utilization of health services and technologies.

SOURCE: The complete report and summary are available at www.aetmis.gouv.qc.ca/ or www.chronicpainquebec.org

Number of Years with Pain



Basis: Total sample (n=340)
Moulin, A.J. Clark, M. Speechley, P.K. Morley-Forster. *Pain Research & Management*, 2002; 7(4) : 179-184

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For information, please contact Frédéric Morneau or Pierre-Luc Gilbert at 418-686-3435.

AQDC Clinical Training Grant

The Association québécoise de la douleur chronique (AQDC) will award eight clinical training grants for 2006-2007.

The Association has dedicated a grant in the memory of Mr. Yves Beauchamp who passed away on September 30. He was a founding director and the treasurer of the AQDC. He also was the patient representing

the *Maisonneuve-Rosemont Hospital's* pain clinic on the board of directors.

Part of the grants will be awarded on November 17 during the annual conference of the *Société québécoise de la douleur* whose members are health professionals practicing in Quebec.

The *AQDC* is a non-profit organization whose mission includes facilitating chronic pain training for health professionals including physicians, nurses, rehabilitation therapists, psychologists, physiotherapists, and pharmacists. This training will ensure better patient care, quicker diagnoses, and more appropriate pain treatments.



Dealing with

Chronic Pain

Chronic pain can have several forms:

- *It can persist even after recovery from the initial illness.* Example: A neuralgic pain due to shingles (legions caused by chicken-pox several years after the initial infection).
- *In can be triggered by a degenerative or progressive disease.* Examples: Arthritis (in all cases) and diabetic neuropathy (in 10-15% of diabetic patients).
- *It can be triggered by an accident.* Example: A herniated disk.
- *It can be intermittent.* Example: Migraines.
- *It can be constant.* Example: Osteoarthritis and arthritis.



Dr. Aline Boulanger, MD, is Associate Professor, Anaesthesia Department, Faculty of Medicine at the University of Montreal. She is also Director of the Hôtel-Dieu de CHUM and Hôpital du Sacré-Coeur de Montréal pain clinics, President of the Société québécoise de la douleur and Senior Vice-President of the *Association québécoise de la douleur chronique (AQDC)*.

Types of chronic pain

Types of pain can be distinguished by their point of origin. Pain is called "somatic" when it originates in the skin, muscles, ligaments or bones. "Visceral" pain is caused by an inflammatory process affecting an internal organ (e.g. liver) or a hollow organ (e.g. intestine). "Neuropathic" pain can be caused by nerve damage or a nerve malfunction. The discomfort one feels depends on the origin of the pain.

It is important to describe your pain and symptoms to your physician as accurately as

possible. Even if you don't see a link between them, your doctor needs this information to better diagnose your condition.

Four things you must do

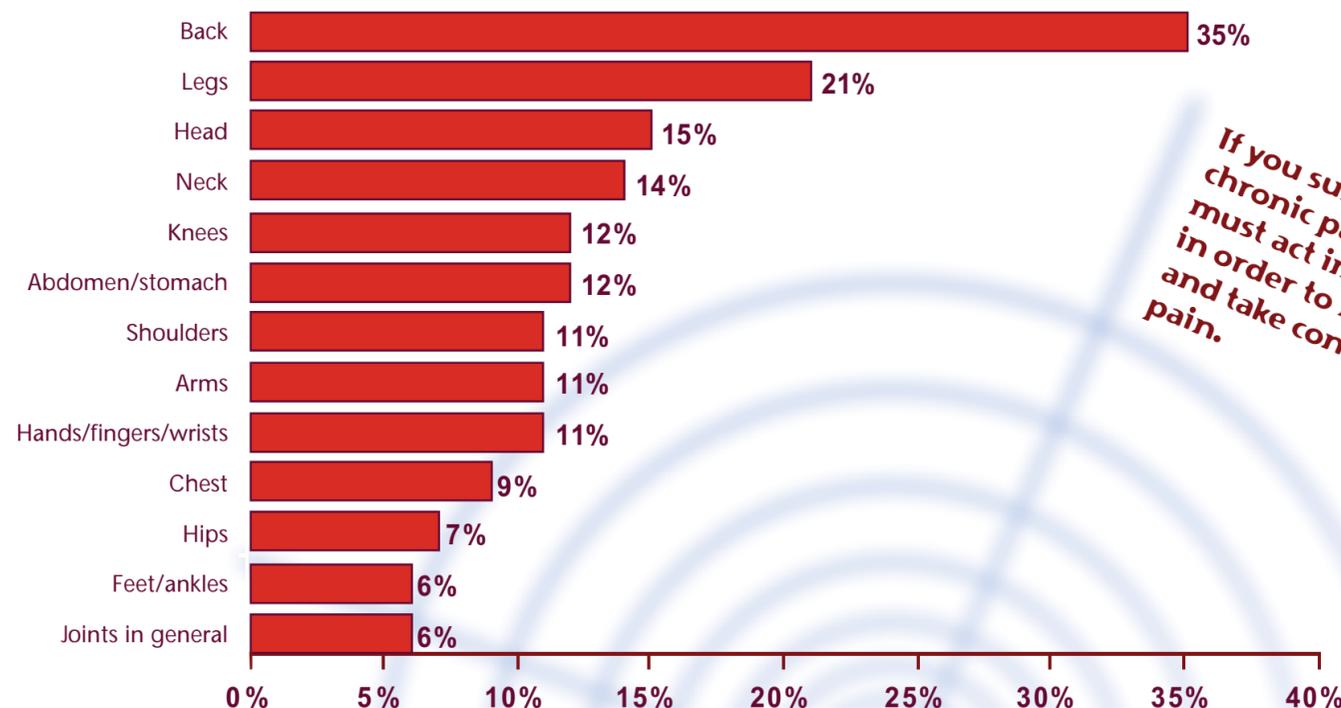
- 1) See your family doctor or visit a medical clinic. This is the most important thing you can do for yourself. The doctor can help you. If he deems it necessary, he can refer

you to a pain clinic in your area. Once you have this referral, make a list of all your symptoms and describe your pain in short and accurate words before calling the pain clinic in your area.

If you are already seeing a physician for your pain, make sure that all treatment solutions have been contemplated. Certain illnesses can have different treatments depending on the pain clinic, on the treatment approach and global solution, and on the intervention of various health professionals. A team of professionals is usually needed to treat chronic pain.

- 2) Break the silence. If you feel discouragement or despair, get help immediately. Talk to your doctor or ask him to refer you to a psychologist or a support group.
- 3) Break your isolation. There are support groups and associations dedicated to chronic pain. Your area's CLSC can probably help. Sharing your hardship with others suffering from chronic pain can help you deal with your own situation.
- 4) Take care of yourself. Even if you are in pain, take care of yourself. Stay as active as possible, at least 30 minutes a day if you can. If you stay inactive, you will lose your physical fitness and regaining it will take longer.

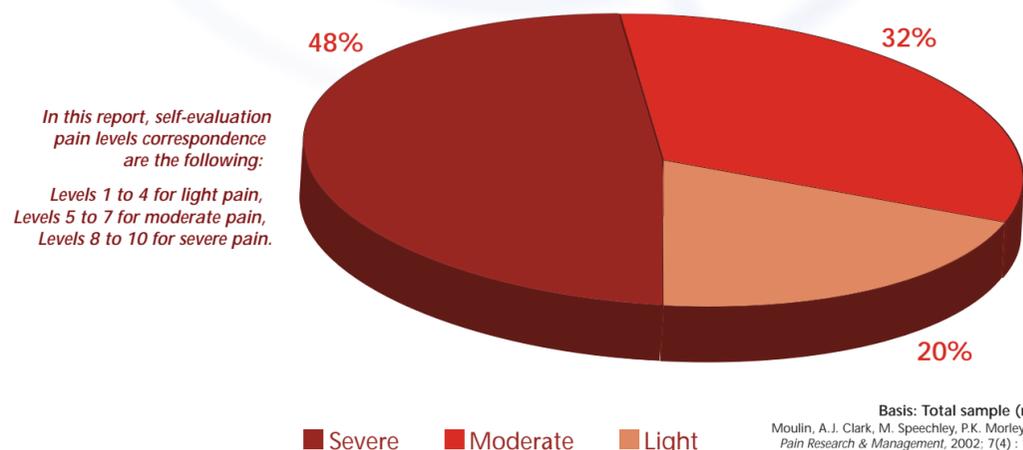
Site of Pain



If you suffer from chronic pain, you must act immediately in order to find help and take control of your pain.

Basis: Total sample (n=340)
Moulin, A.J. Clark, M. Speechley, P.K. Morley-Forster. *Pain Research & Management*, 2002; 7(4) : 179-184

Intensity of Pain by Self-Evaluation



In this report, self-evaluation pain levels correspondence are the following:
Levels 1 to 4 for light pain,
Levels 5 to 7 for moderate pain,
Levels 8 to 10 for severe pain.

Basis: Total sample (n=340)
Moulin, A.J. Clark, M. Speechley, P.K. Morley-Forster. *Pain Research & Management*, 2002; 7(4) : 179-184

Opioids in the treatment of chronic pain

Opioids, which include morphine and codeine, are basic to the treatment of pain. Although recommended for treating chronic pain, opioids are seldom prescribed by doctors. Why? Because they are also subject to many fears and taboos, such as the exaggerated fear of addiction.

Contrary to popular belief, the risk of addiction is rare among chronic pain sufferers. Unfortunately, these people often suffer needlessly, falling victim to their own taboos, misconceptions from their close ones, and sometimes even from their own doctors. The appropriate use of opioids should be encouraged.

Non-steroidal anti-inflammatory drugs (NSAIDs)

These are useful in the treatment of ailments associated with accidents, surgery, arthritis, and cancer. NSAIDs are often used when the ailment has an inflammatory component and when pain is mild to moderate.

Coanalgesics

Coanalgesics include anticonvulsive drugs and antidepressants.

Coanalgesics are drugs that were initially developed for uses other than the treatment of pain. Their analgesic effects can be significant. One should not be afraid to use them when recommended by a doctor.

Antidepressants are regularly used for their analgesic, or pain-relieving properties. Older molecules seem to offer increased benefits. Amitriptyline and nortriptyline, for example, are prescribed in small doses to be taken in the evening, before bedtime.

Anticonvulsives are also popular. Gabapentine is the most often prescribed. Others include pregabalin and topiramate. Coanalgesics also include cannabinoids such as nabilone, delta-9-tetrahydrocannabinol and cannabidiol.

If you are suffering or believe that you suffering from chronic pain, do not hesitate to discuss it with your doctor. For all questions regarding treatments, see your doctor or consult your pharmacist.



ASSOCIATION QUÉBÉCOISE
DE LA DOULEUR CHRONIQUE

My Life with Chronic Pain

I was only nine when I began experiencing severe abdominal pain. My younger sister had chickenpox and we were arguing. This is when my mother said: "We're going to see the doctor tonight and if you have nothing, you're going back to school tomorrow." That evening, the doctor asked my mother if I was menstruating because he thought I was pregnant. Upon further examination, he found a lump the size of a child's head in my abdomen. That very evening, I was in the hospital. The diagnosis felt like a slap in the face: "invasive abdominal ganglioneuroma" (benign tumour).



Line Brochu
Secretary
Association québécoise
de la douleur chronique (AQDC)

From that moment on, my days were numbered since I was given only a few months to live. After my stay at the Centre hospitalier Jonquière, my parents hoped for the best by taking me to CHU Sainte-Justine in Montreal, where Dr. Pierre-Paul Collin saved my life by successfully removing more than half the tumour. Unfortunately, I was still in pain because the other half was still rooted. As a consequence, I was hospitalized several more times, often for a month or longer. As a teenager, I often spent my summers in the hospital.

Years went by and, against all expectations, I became an adult. Since I no longer had an attending physician, I sought out a gynaecologist in the yellow pages. Bad idea. The gynaecologist suggested that I read a book about menstrual syndromes! I knew that was not the cause of my pain. In desperation, I decided to find my paediatrician at CHU Sainte-Justine. Oh what joy! After so many years, he was still practising and asked me to meet him at the hospital the very next day. I was already 30 and it was still my paediatrician coming to my rescue! He suggested a number of physicians at different Montreal hospitals and I chose CHUM-Hôpital Notre-Dame in Montreal. The ganglioneuroma had returned to the size it was when I was nine, and now I also had a uterine fibroid the size of a grapefruit. I underwent major surgery lasting seven hours, but once again, only part of the tumour could be removed.

Since the operation, my tumour is back to its original size and has migrated. Because of the intense pain it causes, I have seen many specialists, physicians, surgeons and neurosur-

geons, hoping that new medical or scientific breakthroughs would put an end to my pain, but to no avail. Although they all believed that my life was in danger without an operation, none of them wanted to operate because of the considerable risk of my becoming paraplegic or even quadriplegic since my tumour had invaded the sacrum at the base of the spine, where all nerves converge.

Feeling powerless, the physicians suggested that I see a pain clinic in Quebec City. With strong medication, an excellent family physician and an excellent anaesthetist at the CHUQ-CHUL pain clinic (I must often receive infiltrations when the pain becomes unbearable), I have managed to function with a decreased level of pain. Today, I can live with pain, although I have been unable to work for over six years. Having to stop work was the cruelest moment for me. I felt that my life had ended, and I no longer wanted to live. Whom could I help since I could not even work? This feeling of loss lasted a full year.

I have battling pain since 1964, and these battles have often exhausted my morale. In the last fifteen years or so, I've had a few bouts of depression. I saw psychologists who helped me get through them. When your morale is affected, you sometimes feel invaded by hopelessness, but in fact, there is always hope. I often thought I was at the end of the road. Then, with an infiltration and/or new medication, I got back on my feet.

I've tried everything. When I was ten, my grandmother took me to a healer, a charlatan, hoping he would cure me. Alternative medicine, acupuncture, and hypnosis are just a few examples of treatments I tried. We want to heal, but healing is not easy.

You always start from square one, but you cannot give up. My experience has shown me that there is always hope, that there are better days ahead, and that we should trust life. Researchers, physicians, specialists, and large pharmaceutical companies are making considerable progress. We find courage, even if only for a few hours, in the thought of all these people working on our behalf day after day.

In the last two years, I have been working as secretary for the Association québécoise de la douleur chronique. I feel supported, I now know people who have suffered or are still suffering through terrible days. I don't feel alone anymore. I know that we are working to help people who, like me, are living with chronic pain, and I feel better. If we can help people get out of their isolation and help them find solutions, we feel rewarded in our work. Helping others find hope is one of the Association's objectives for all those who suffer.

Line Brochu



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CHRONIC PAIN
MEDICATION
AND TREATMENT

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Did You Know?

Chronic pain represents a major economic impact

- According to various scientific studies, between 18 and 29% of Canadian adults suffer from chronic pain or a chronic illness.
Statistics Canada, 2002/Moulin, 2002
- A 70% increase in chronic pain and chronic illness is projected over the next 25 years due to the ageing of the population.
Alberta Ministry of Health and Welfare, 2003
- A 1996 study shows that in Quebec's adult population, chronic pain affects 20% of men and 24% of women. Importantly, the occurrence increases with age. According to the *Quebec Statistics Institute*, 5,241,000 people were more than 20 years old in 2003. These percentages represent over one million individuals suffering from chronic pain in Quebec.
- In the United States, the yearly costs associated with chronic pain are estimated at \$125 billion.
Turk et al., 1999
- The average number of days taken off work in a year because of chronic pain is 9.3. This number increases to 16 days for persons suffering from severe pain.
Moulin, A.J. Clark, M. Speechley, P.K. Morley-Forster. Pain Research & Management, 2002,(4):179-184
- In the United States, the impacts of back pain in the 18-55 years range have incapacitated more people and have been costlier than cancer, heart disease, strokes and AIDS combined.
Cousins et al, 1995/Loeser, 1999
- Hidden costs of chronic pain
Notwithstanding its direct economic costs, chronic pain also imposes considerable social, psychological and family pressures on chronic pain sufferers and their close ones.

Source: www.chronicpainquebec.org



ASSOCIATION QUÉBÉCOISE
DE LA DOULEUR CHRONIQUE



ASSOCIATION QUÉBÉCOISE
DE LA DOULEUR CHRONIQUE



Become a Member of the AQDC

Do you suffer from chronic pain?

Do you live with someone who suffers from chronic pain?

Are you treating persons with chronic pain?

Then join the AQDC for **FREE!** Simply go to the "Members" section and you will automatically receive our quarterly **NEWSLETTER**.

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Office: _____

E-mail: _____

You are invited
to make
a donation

Amount of
the donation:

_____ \$

Charitable organization
N/E 860295633RR0001
AQDC-11-2006-A

METHOD OF PAYMENT

Cheque

Visa _____ Exp. _____

MC _____ Exp. _____

Signature _____

You can
register on line
on our Web site:

The *Association québécoise de la douleur chronique* (AQDC) is a charitable organization (N/E 860295633RR0001) which representing people suffering from chronic pain in Quebec.

Or send
this form to:

Association québécoise
de la douleur chronique
61, Maison de la poste
Montreal (QC) H3B 3J5

www.chronicpainquebec.org

Pain Clinics

Quebec City Region

Hôtel-Dieu de Lévis
143 Wolfe St, Lévis

Centre hospitalier universitaire
de Québec-CHUL
2705 Laurier Blvd, Sainte-Foy

Montreal Region

McGill University Health Center
Montreal General Hospital
1650 Cedar St
Montreal Children's Hospital
2300 Tupper St

Constance-Lethbridge
Rehabilitation Center
7005 West Maisonneuve Blvd

Centre hospitalier de Verdun
4000 Lasalle Blvd

University of Montreal Hospital Center
Hôtel-Dieu de Montréal
3840 St-Urbain St

Jewish General Hospital-
Sir Mortimer B. Davis
3755 Côte-Sainte-Catherine Rd

Maisonneuve-Rosemont Hospital
5415 l'Assomption Blvd

Hôpital du Sacré-Cœur de Montréal
5400 Gouin Blvd

Sainte-Justine Hospital
3175 Côte-Sainte-Catherine Rd

Montreal Heart Institute
5000 Bélanger St

Montreal South Shore Region

Charles LeMoine Hospital
3120 Taschereau Blvd, Greenfield Park

Centre Montérégien de réadaptation
1800 Dessaulles St, Saint-Hyacinthe

Montreal North Shore Region

Cité de la Santé de Laval
1755 René-Laennec Blvd, Laval

Hôpital Hôtel-Dieu de Saint-Jérôme
290 Montigny St, Saint-Jérôme

Sherbrooke Region

Centre hospitalier universitaire
de Sherbrooke
3001 North 12th Ave

Other Regions

Centre de santé et de services sociaux
Maria-Chapdelaine
2000 Sacré-Coeur Blvd, Dolbeau-Mistassini

Centre hospitalier des vallées de
l'Outaouais-Pavillon de Gatineau
909 West La Vérendrye Blvd, Gatineau

Centre hospitalier de Gaspé
(Pavillon Hôtel-Dieu)
215 West York Blvd, Gaspé

Centre hospitalier de Piedmont-Yamaska
205 Leclerc Blvd, Granby

Centre hospitalier régional de Rimouski
150 Rouleau Ave, Rimouski

Centre hospitalier Rouyn-Noranda
4 9th St, Rouyn-Noranda

Clinique de douleur CSSS de La Mitis
800 Sanatorium Ave, Mont-Joli

CSSS de Sept-Iles ou CHRSI
45 Père-Divet St, Sept-Iles

CSSS Domaine-Du-Roy
45 Brassard Ave, Roberval