

## REPORTS BY THE NATIONAL CHAPTERS ON “PAIN IN WOMEN”

EFIC has launched its claim for information about the status of women’s pain in each European Country. All chapters have been invited to submit reports on this theme, containing available information on the following points:

- National prevalence of the main clinical pain conditions found in women (based on national surveys/statistics): e.g., chronic pelvic pain, fibromyalgia, and any data on direct and indirect costs due to these syndromes;
- Information on symptom diversities between men and women that are reflected by different rates of correct diagnosis;
- Information on differences in treatment, and response to treatment, between men and women;
- Any available data on the National Health Care structure as regards pain management, e.g., distribution of specific centres/facilities for diagnosis and treatment of pain conditions in women;
- Any info, if available, about patient organizations for various pain conditions in women;
- Lastly, any particular problem deemed important in the individual countries as regards the addressed topic, for instance, access to specific services such as spinal anaesthesia in childbirth, opioid prescription for chronic non-malignant pain.

The reports will appear in this area as they come in.

### BELGIUM

#### **The Belgian Pain Society draws your attention on pain in women.**

Today, the International Pain Community has launched the campaign on Pain in Women, at the start of a whole year devoted to this theme: the “Global Year against Pain in Women”. The objective of this campaign is to draw attention to the major impact of chronic pain on the quality of life of women and to the necessity to access more efficient treatments.

The lack of awareness about the problematic of pain in women, as well as the gender differences in pain mechanisms and pain treatment, contribute to the suffering of millions of women all over the world. The Belgian Pain Society (BPS), national chapter of IASP, wants to raise awareness to this problematic in the future 12 months.

#### **More chronic pain in women**

Studies have shown that pain is more frequent, more intense and longer lasting in women than in men. In a certain number of painful pathologies, an increased prevalence has been established in women compared to men. Some examples of pathologies are: fibromyalgia, irritable bowel syndrome, migraine, pelvic pain and arthrosis. “In pain centres in Belgium, women also constitute the majority of chronic pain patients” states Dr. Bart Morlion, President of the Belgian Pain Society and coordinator of KUL’s pain centre (Catholic University of Leuven). Moreover, the way pain is experienced varies considerably between women and men. The reasons are not quite clear yet but studies show significant differences in genetic, hormonal and pharmacological levels. Psycho-social and cultural influences seem also to play a role.

#### **Discrimination in public health**

Some painful pathologies that affect women more specifically, do not receive the attention they deserve. From a historical point of view, scientific research has always focussed on groups of male patients and on pathologies more often linked to men. The consequence is that women are nowadays still treated based on data from studies where they were hardly represented. In particular, the presence of diffuse pain spread over the entire body was often labelled as

“psychological pain”, while current research clearly shows that biological factors, such as sex hormones, play an important and real role.

### **Time for action**

By early June 2008, the BPS will organise an international study day on the problematic of pain in women. “We call all responsible people on political level to increase their efforts to structural improvement on how chronic pain is taking care of and on research of chronic pain mostly affecting women” declares Dr. Bart Morlion.

More scientific information: <http://www.iasp-pain.org>

More information can be obtained with Dr. Bart Morlion, President of the Belgian Pain Society, Leuvens Algologisch Centrum, UZ Leuven, phone +32 16 33 84 51, mobile: 0495 274475, e-mail: [bart.morlion@uzleuven.be](mailto:bart.morlion@uzleuven.be)

## **CROATIA**

### **HOW IS PAIN IN WOMEN TREATED IN CROATIA?**

Report by Marijana Persoli-Gudelj, President of CATP, Croatian Chapter of IASP

1. Pain, as an illness, is still not included in the Croatian health care system.
2. CATP-CMA was founded in 2000. Its main goal is to promote a modern approach to the treatment of pain, which it aspires to achieve through the following activities:
  - a. Education of doctors, health workers and the public (lectures, courses, meetings, brochures, posters, flyers, etc.)
  - b. Distribution of new analgesics (non opioid and opioid) and their availability for patients through the HZZO (Croatian Institute for Health Insurance)
  - c. Opening of pain treatment centres: thanks to our activities, lectures in pain treatment have been introduced to Medical Schools (in undergraduate and post graduate classes), many analgesics can be obtained by patients through the HZZO, Pain Clinics are opened at general hospitals, whereas clinical hospitals are less active in this respect. There are no Pain Centres. On the basis of all these activities, CATP became a member of IASP and EFIC in 2002. It directs its development in keeping with their guidelines and takes part in the projects launched, such as the Europe Against Pain; EAP.
3. How is pain in women treated in Croatia? There are no specialized centres for the treatment of pain in women in Croatia. The majority of painful conditions are being treated through gynaecological clinics (cystitis, adnexitis, endometriosis, dysmenorrhea). Fibromyalgia, back pain, osteoporosis are treated in physiatry and rheumatology clinics. Delivery and post-partum pain is poorly treated. Preparation of pregnant women for delivery is conducted irregularly. Ninety-five percent of women give birth in medical institutions, where they receive analgesics (Dolantin) and local anaesthetic. The peridural catheter is only used in big clinics, in 5-10% of cases. The psychological aspect of chronic pain in women is especially neglected. After the Homeland War, over 50% of women suffering from fibromyalgia and tension-type headaches also experience a psychogenic component which is not being recognized or treated. It must also be stressed that gynaecological, physiatric and pain clinics are available to all women in Croatia through the HZZO service.

**Pain In Women - Czech Pain Society of EFIC**

**Report by Prof. Jiri Kozak** , President of the Czech Pain Society

**1. PAIN IN WOMEN, Pathophysiology**

**The problem of the pathophysiology of women's pain will be discussed in the Czech Radio Leonardo (October 2007)-** The Pathophysiology of Pain in Women.

The pathophysiology of female and women's pain is influenced mainly by hormonal differences. Estrogens are mostly believed to be connected with a decrease in the intensity of the pain. Estrogens are mostly involved in the modulation of stress analgesia by influencing the opioid system of antinociception. On the contrary, estrogens may also decrease the antinociceptive influence of alfa2 adrenoreceptors.

Major pain symptoms start to appear in women during the menopause. DHEA-S negatively correlates with pain and negative emotions. A problem which is still discussed in the Czech Republic is the use of hormonal replacement therapy (HRT). The results are controversial and more epidemiological studies are needed.

Besides hormonal differences between male and female pain, there are very important psychological/psychophysical characteristics. It is possible to conclude that females and women have lower pain threshold (meaning higher sensitivity for the pain) but they have several mechanisms and tools for coping with the pain. The most important are endorphins, dynorphin and other endogenous peptides.

**2. PAIN IN WOMEN, Cancer pain**

Evaluation of cancer pain is easier than other types of chronic nonmalignant pain. Below are statistical figures received from the **UZIS (Institution for Health Information Statistics)**.

The number of precancerous lesions of the cervix has increased to 31,374 cases since 2005, representing an increase of 8% in cases of lower dysplasia and of 12% in cases of higher dysplasia. There were 60 newly found diagnoses of precancerous lesions of the cervix per 10,000 women in the year 2006. The number of ovarian carcinomas decreased slightly in 2006. A steady increase was observed in the number of other women's cancers (throat, body, ovaries, and breasts). The increase in the number of carcinomas implies a future increase in patients requiring pain treatment.

Information from one of the 11 Multidisciplinary University Pain Centers: We have recorded 1200 patients in whom we performed 6796 examinations in the year 2006. Out of these 1200 patients, 477 were men and 723 women. We rarely observe/treat women's pains specific to their gender; we register about 1% of women with pelvic pain, endometriosis, and post-surgery pain. Gynecologists and urologists (interstitial cystitis) seldom send these patients to our Center. The following diagnoses are the most frequent in women at our Center: orofacial pain (99% of women); headache (2/3 of women); cancer pain (60% of women).

**3. PAIN IN WOMEN, Headaches**

Prevalence of Migraine and Frequent Headaches in Women in the Czech Republic:

The number of works concerning epidemiological data on migraine and/or other frequently occurring headaches in female and male patients in the Czech Republic is limited. The available knowledge about migraine prevalence in women in this country can be derived either from medical research studies, or from statistical surveys.

In 2003, Brožová et al., from the Institute of Health Information and Statistics of the Czech Republic, published the information that prevalence of migraine and/or other headaches was 14% in women (and 6% in men), which means that in females these complaints were 2.5 times more frequent than in males. The same data were published in another paper from this Institute in 2003 – in: Sample Survey of the Headache Status of the Population in the Czech Republic (Part X – Chronic Illnesses).

It was registered in 2003, in a further publication of the Institute of Health Status and Statistics of the Czech Republic (Part XII), that 37.8% of women had suffered within the last 2 weeks from headaches (not only migraine), in comparison with only 18.1% of men with these complaints. The highest frequency of headaches was described in women between the age of 25 and 34 years.

The most recent official source of information about migraine and frequent headaches is a booklet of the above mentioned Institute, published in the year 2006. These data are rather different from what was available earlier, having been obtained from 3526 responders (1760 females and 1766 males, age range: 18-64 years). The percentage of responders suffering from migraine and/or frequent headaches over the last 12 months was 17.2% of female patients (and 4.0% of male patients). In women, headaches were reported 4.4 times more frequently than in men in this study. The highest percentage of headache sufferers among women patients was, in this survey, aged between 35 and 44 years.

The greatest differences in the frequency of migraine (only migraine with and without aura) between female and male patients have been revealed in the recent multi-centre study of the Czech Headache Society conducted in seven Czech headache centres, where in female patients this disease was registered 7.5 times more frequently than in males (Opavsky et al., 2007).

#### References:

Brožová J, Daňková Š, Chudobová M, Kamberská Z, Lexová P. Ženy a muži v číslech zdravotnické statistiky. (Written in the Czech. Title translated into the English language: Women and Men in Numbers of the Health Statistics). Praha: ÚZIS ČR, 2003.

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#### **4. PAIN IN WOMEN, Neuromodulation**

Neuromodulation can lead to significant relief of symptoms and improvement of quality of life in carefully selected patients with persistent (chronic) pain. Neuromodulation analgesic methods (both neurostimulation and intraspinal long-term delivery systems) have been used in the Czech Republic since 2000. The access to these highly sophisticated analgesic approaches is the same for both men and women in the Czech Republic. There are no important differences between men and women in the choice, modalities of execution and other management procedures about these systems. More important influences, rather

than gender differences, are represented by biological, psychological and socio-cultural factors.

We have noted only two (not too important) differences between men and women. The first difference; women seem to be more afraid of the implantation of a neuromodulation system, because it is too large (changes in the shape of their body)-mainly pumps- and sometimes too complicated to manage after implantation (patient programmer). The second difference; women have a much higher prevalence of both low back pain and failed back surgery syndrome (FBSS). FBSS is the most frequent diagnosis for neuromodulation treatment. Women have received more implanted neuromodulation systems than men in the Czech Republic. In contrast, the second important cause for implantation is ischemic pain, mainly angina pectoris (more systems are implanted in men). The total number of patients with FBSS, however, is evidently higher.

Total number of neuromodulation patients in the Czech Republic: 2000-2007: 185; Women: 101; Men: 84

## 5. PAIN IN WOMEN, Pain of the motor system

### Pain of the motor system in women in the Czech Republic:

Consistent epidemiological data on the prevalence as well as on the incidence of pain of the motor system in women in the Czech Republic are not available at present. A rather acceptable idea about the situation in this field, based on the experience from several pain and rehabilitation centres in our country, could however be obtained. Rehabilitation medicine concentrates the care in the first row on noncancer painful disorders of the motor system. We can differentiate the main categories and estimate their percentage extent as follows:

1. Back pain	64,4:	low back pain	25,7
		cervicocranial pain	17,0
		cervicobrachial pain	13,0
		thoracic pain	8,8 6
2. Joint pain	20,7:	coxarthrosis	4,4
		gonarthrosis	6,4
		osteoarthritis	9,9
3. Soft tissue pain	14,9		

## 6. PAIN IN WOMEN, Pharmacotherapy

Pharmacological therapy of chronic pain in the Czech Republic in relation to pain in women  
In the majority of chronic pain types, pharmacological treatment represents the fundamental component of a comprehensive pain therapy. From this point of view, the Czech Pain Society unambiguously supports a uniform approach to both cancer and non-cancer pain. Similarly, there is no distinction in the pharmacological treatment strategy of chronic pain between women and men. The basic algorithm is the WHO three-step analgesic ladder; with that, the progression to opioid use only occurs when non-opioid analgesics no longer control the pain. Availability of strong opioids is for daily pain practice convenient (without excessive regulatory requirements) but opioid consumption, in consequence of opiophobia, is still comparatively low. As a result of continuous educational activities of the Czech Pain Society, awareness of opioid use among health care professionals and layman public has gradually improved recently. Estimative epidemiological data show that the number of women with chronic pain is somewhat greater than that of men. The most frequent diagnoses of chronic pain in women are osteoarthritis, low back pain, visceral pain and headache. Osteoarthritic pain and low back pain are often opioid-sensitive. In these women, especially when causal treatment is impossible (polymorbidity, aged women), long-term opioid management can contribute to an improvement in their quality of life.

## SERBIA

### **PAIN IN WOMEN IN SERBIA**

Report by Prof. Miroslava Pjevic, President of the Serbian Pain Society (SAPRT)

The female population represents 51.4% of the total population of Serbia. The average age of the female population is 39 years, and 1/5 of women are over 65 years of age (2002).

Historically, within the family and the society, women's health was defined in the frame of the current culture, tradition and medicine, where the decision-makers were men. Consequently, women's health was observed mainly in terms of their reproductive role - pregnancy and childbirth.

A significant improvement in women's health was achieved in the second half of the 20th century. However, since the 1990s, women's health showed a worsening trend, as a result of cumulative effects of numerous critical events: wars, economic sanctions, hyperinflation, NATO bombing of Serbia in 1999. Economic crises, unemployment, poverty, refugee influx, have altered the general health status of women in Serbia.

Today, cardiovascular and malignant diseases dominate the national burden of illness in the female population of Serbia.

There is a national strategy for promotion and improvement of women's health based on: health promotion, education, early diagnosis, treatment and disease prevention for all female age groups.

Today, pain is not recognized as a disease. This issue needs to be overcome. The Serbian Association of Pain Research and Treatment (SAPRT) is making an effort to increase the awareness of healthcare professionals, healthcare policy-makers and people in general, of public health aspects of pain.

Spinal and epidural anaesthesia for childbirth are available in clinical centres and regional hospitals.

Although there are pain units in oncology centres, oral morphine (IR and SR formulation) is currently not available in Serbia. The SAPRT (IASP and EFIC chapter) and Serbian Society of Medical Oncologists (ESMO chapter) have appealed to the Ministry of Health to increase access to morphine for treatment of cancer and noncancer pain in Serbia. The need to improve morphine availability/accessibility was documented on clinical, humanitarian and human right basis. Though this has been supported by national/international protocols, various myths and misperceptions regarding morphine therapy still persist. Transdermal fentanyl is an opioid available in Serbia.

The network of pain units for chronic non cancer pain treatment is not being developed quickly enough, and a centre for diagnosis and treatment of women pain conditions does not exist. Moreover, there is no information about the prevalence and incidence of female pain disorders. Inadequate social and healthcare services, together with mentality and cultural background, are common reasons why women suffering from pain do not seek medical help. The economic costs of pain in women are unknown.

Pain in the female population of Serbia is still underestimated, under treated and surely has a profound impact on their and their families' well-being and quality of life.

## PORTUGAL

### **Evaluation of Pain in women is biased**

A recent study carried out by a Portuguese researcher, Sonia Bernardes, involving 205 undergraduate nursing students, concluded that acute or short-duration pain in women is judged less serious, less important and less urgent than a similar pain in men. This bias is more pronounced in male students than in female students. Moreover, pain in women is more often attributed to psychological factors than pain in men.