The burden associated with neuropathic pain in Western Europe.

Langley PC, Van Litsenburg C, Cappelleri JC, Carroll D.

Source

University of Minnesota, Minneapolis, MN, USA.

Abstract

Abstract Background: The purpose of this study is to assess the burden of neuropathic pain (NeP) on health-related quality-of-life (HRQoL), health status, employment status, absenteeism and presenteeism, and direct medical costs in Western Europe. Methods: Data are from the 2010 National Health and Wellness Survey (NHWS) for five countries in western Europe: the UK, France, Spain, Germany, and Italy. Among subjects who reported experiencing pain in the past month, those who attributed their pain to NeP were compared with those who attributed their pain to another chronic pain condition other than NeP (the latter was the reference group). These two groups were compared on demographic and both pain and non-pain related comorbidities. Generalized linear models were used to estimate the independent contribution of the presence of NeP on: (a) HRQoL (using the SF-12v2); (b) self-reported health status (the first item of the SF-12v2); (c) employment status; (d) absenteeism and presenteeism (using the WPAI questionnaire); and (e) direct medical costs (estimated from self-reported healthcare resource use and unit costs from the literature). Results: Relative to the chronic pain reference group, subjects with NeP reported a higher prevalence of severe daily pain (38.12% vs 12.67%, p < 0.05), lower labor force participation (39.68% vs 55.56%; p < 0.05), higher prevalence of sleep difficulties (59.14% vs 46.73%; p < 0.05), insomnia (45.61% vs 29.78%; p < 0.05) anxiety (42.42% vs 31.99%; p < 0.05), and depression (35.25% vs 24.03%; p < 0.05). NeP subjects reported higher rates of absenteeism (39.78% vs 21.47%; p < 0.05) and presenteeism (86.48% vs. 66.70%; p < 0.050). Direct medical costs were approximately twice as high compared to non-NeP controls. In addition, >80% of NeP patients reported having other pain conditions. Regression results amplified these findings by indicating the independent contribution of confounding factors on the presence of NeP. Limitations: The NHWS is an Internet-based survey and may not be representative of the respective country populations if Internet access is limited. Second, respondents are asked to report their experience of pain. Although respondents are asked if their pain condition has been diagnosed by a physician there is no separate clinical confirmation of the presence of pain, pain conditions reported, and the presence of comorbidities. Conclusions: The presence of NeP is associated with an increased disease burden in the chronic pain population. This is seen in terms of HRQoL, health status, employment experience, and direct medical costs.

PMID: 22970839

[PubMed - as supplied by publisher]