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SUBMISSION TO NATIONAL OBESITY STRATEGY

DECEMBER 2019

About Painaustralia

Painaustralia is the national peak body working to improve the quality of life of people living with pain, their families and carers, and to minimise the social and economic burden of pain.

Painaustralia represents the interests of a broad membership that includes health, medical, research and consumer organisations.

Established in 2011, our focus is to work with governments, health professional and consumer bodies, funders, educational and research institutions, to facilitate implementation of the National Pain Strategy and its blueprint the National Strategic Action Plan for Pain Management Australia-wide.

With 3.24million Australians living experiencing chronic pain today, it is an escalating health issue and carries a significant economic burden in lost productivity and health costs. Addressing pain is in the interests of all Australians.

Chronic pain also compounds the already enormous clinical, psychological, societal and economical burdens of obesity. The nature of the chronic pain–obesity relationship is multifaceted and includes the interfaces of biopsychosocial factors. As such, Painaustralia and our members are very interested in the National Obesity Strategy.

Overall, we are supportive of the intention of the draft National Obesity Strategy and its objective to act now and into the future to address and prevent this major health and societal challenge. Our submission elaborates on the links between chronic pain and obesity and subsequent burden of disease, as well as providing links to important national strategies that should be leveraged as part of driving common agendas and objectives.

Background

The growing prevalence and cost of pain

Painaustralia's report, The Cost of Pain in Australia by Deloitte Access Economics, provides the most comprehensive analysis of the financial impact of chronic pain in Australia. It shows that chronic pain affects more than 3.24 million Australians. Chronic pain, also called persistent pain, is pain that continues for more than three months after surgery, an injury, as a result of disease, or from another cause.

For those who experience chronic pain, the pain can be debilitating and have an adverse effect on work, sleep, and relationships. Individuals with chronic pain may also commonly experience comorbidities such as depression, sleep disturbance and fatigue.

These comorbidities often contribute to worse health, societal and financial outcomes – for example, major depression in people with chronic pain is associated with reduced functioning, poorer treatment response, and increased health care costs. Nearly 1.45 million people in pain also live with depression and anxiety. Painaustralia's new report finds that the reported comorbidity for chronic pain and depression or anxiety is estimated at 44.6% of patients, which is within the range of estimated values from the international literature.[1]

The consequences of these gaps are immense. The price paid by people with chronic pain is continued physical and psychological ill health, social exclusion and financial disadvantage. Opioids continue to be over-prescribed for pain, with unacceptable consequences including dependency and opioid-related deaths.

Society as a whole pays the price too. The total financial costs associated with chronic pain were estimated to be $73.2 billion in 2018, which equates to $22,588 per person with chronic pain.[2]

More than 68% of people living with chronic pain are of working age. Without action, the prevalence of chronic pain will increase to 5.23 million Australians (16.9%) by 2050.

In 2018, staggering cost of chronic pain to taxpayers was $139 billion. This was on top of the fact that last year alone, Australians paid $2.7 billion in out of pocket expenses to manage their pain, with costs to the health system in excess of $12 billion.

WITH THE TRUE COST OF PAIN IN AUSTRALIA EXPOSED, ACTION IS URGENT

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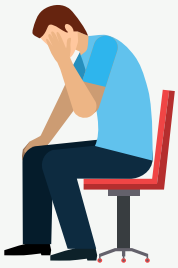
Millions of aussies in chronic pain are overlooked as they fall through the gaps of our health system, and struggle day-to-day, while costing the nation billions.

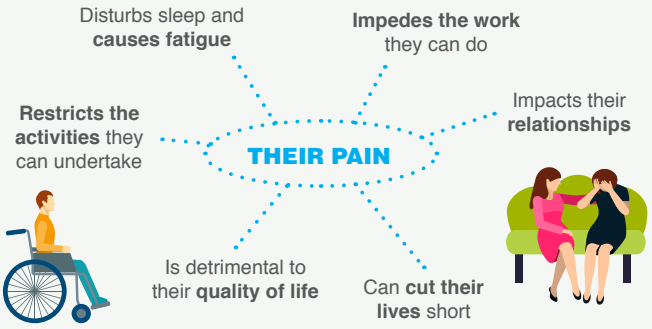
Chronic pain impacts the physical, mental & emotional wellbeing of millions:

44.6%
also live with depression and anxiery

increasing to over 2.33M by 2050



In 2018, approximately 3.24 million Australians lived with chronic pain; this is set to rise to 5.23 million by 2050. 68.3% are of working age.



As the population ages, the burden of chronic pain only increases as will the billion dollar hit to an individuals back pocket and the economy:

$73.2b in 2018 comprising of:

equating to **$22,588** per person

$12.2b Health System costs

$48.3b Productivity losses

$12.7b Informal care, aids, deadweight losses

If action is not taken, the annual cost of chronic pain in Australia will rise from $139.3 billion in 2018 to an estimated $215.6 billion by 2050*.

$66.1b Reduction in quality of life

$2.7b Out of their own pocket

*In real 2018 dollars, and in the absence of changes to treatment or prevalence rates, and assuming that costs remain constant in real terms.

The impact of inaction

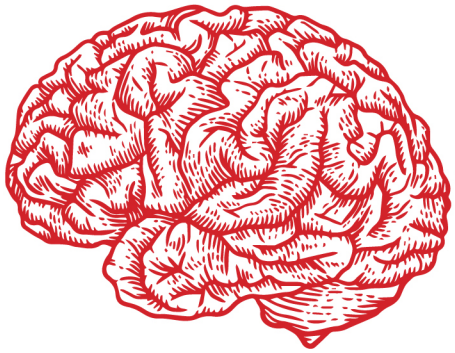
Despite the burgeoning cost and impact of pain, our current clinical pathways are failing consumers. An epidemic of pain in Australia has seen problematic increases in the level of harm and deaths due to opioid misuse. With over three million people prescribed 15.4 million opioid scripts in 2016–17 it is unsurprising that opioids now account for 62% of drug-induced deaths, with pharmaceutical opioids now more likely than heroin to be involved in opioid deaths and hospitalisations.[3] In 2016–17 there were 5,112 emergency department presentations and 9,636 hospitalisations due to opioid poisoning, with three deaths per day attributed to opioid harm, higher than the road toll.[4]

Currently the MBS does not support best-practice treatment model, leading to unnecessary use of hospital based services and more significantly, an over-reliance on medication including opioids, which is associated with significant harm. Nearly 70% of pain management consultations end with a GP prescribing pain medication. Another 13% will end in imaging, but less than 15% can hope to be referred to an allied health professional.[5]

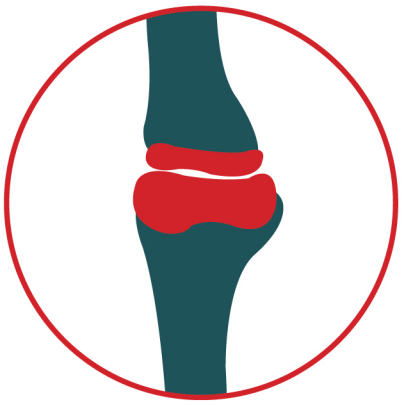
This unfortunately means that for the 3.2 million people living with chronic pain, access to best practice care is problematic at best, and fatal at worst. Understandably the physical, mental and emotional toll of chronic pain impacts every facet of patients' lives. The lack of pain specialist care and GPs with limited options to deal with chronic pain thus means that millions of Australians are falling through the cracks of the country's health system.

CHRONIC PAIN AND MENTAL HEALTH

The impact on personal life is greatest in young adults, with **four** in **five** people with chronic pain aged 20-24 reporting interference in daily life



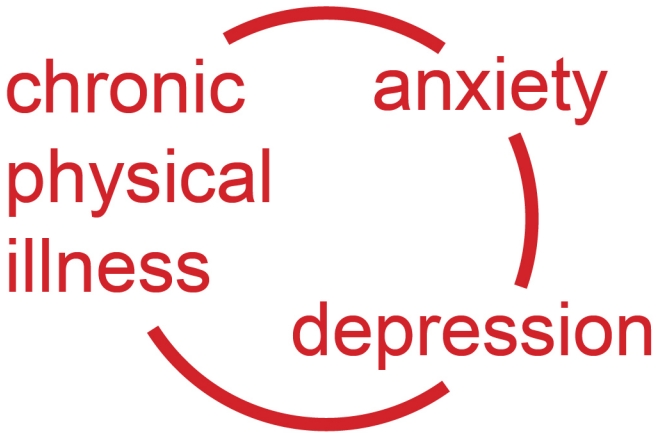
almost **one** in **three** Australian adults with severe or very severe pain have high or very high levels of psychological distress



Up to **two-thirds** of people with arthritis say their condition has affected them emotionally

4 x

Rates of depression are four times higher among people with chronic pain than people without pain



Research indicates there are strong links between anxiety, depression and chronic physical illness.

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Obesity and Chronic Pain

Obesity is a risk factor for musculoskeletal system disorders such as low back pain, osteoarthritis, and neck pain. The underlying mechanism by which obesity leads to musculoskeletal pain is considered to be related to the mechanical load of the excessive body weight on the musculoskeletal system and the resultant degeneration and inflammation of the system.[6] Obesity is also linked to several other pain conditions.

Like obesity, chronic pain is a complex, public health problem. A large volume of evidence exists pointing to the concurrence of obesity and pain complaints[7,8]. Evidence strongly suggests that comorbid obesity is common in chronic pain conditions. People reporting widespread pain tend to have greater total fat mass and less total lean mass than those not reporting pain.[9]

Growing evidence also suggests that the relationship between obesity and chronic pain is not random.[10] The 2018 Annual report for the electronic Persistent Pain Outcomes Collaboration (ePOCC) highlights that the average Body Mass Index (BMI) of patients at referral was 29.5 which lies in the Overweight category, yet bordering on Obese.[11] Weight loss is an important part of treatment and prevention for many negative comorbidities associated with obesity, including pain. Understanding this relationship can contribute to effectively managing both conditions.

It is well established that weight reduction may help to relieve pain associated with obesity and improve patients' quality of life. In general, the apparatus required for weight reduction already exists in the realm of pain medicine: most pain management clinics adopt comprehensive chronic pain rehabilitation strategies, including physical rehabilitation, psychological therapies, diet and nutritional management and other interventions.

Building on existing momentum: Leveraging the National Strategic Action Plan for Pain Management

A comprehensive and evidence-based blueprint to address chronic pain is now available, in the form of Australia's first ever National Strategic Action Plan for Pain Management (the Action Plan). This new Action Plan, developed in 2018 with support from the Australian Government, builds on the strong foundation and advocacy of Australia's pain sector which developed the National Pain Strategy in 2010. The Action Plan aims to improve the quality of life for people living with pain, and to minimise the pain burden for individuals and the community.

The Action Plan was developed with extensive expert, health practitioner, and consumer input, and identifies that we need to:

- Recognise people in pain as a national public policy priority
- Inform, support and empower consumers to understand and manage pain
- Inform and support health professionals to deliver evidence-based care
- Provide consumers with timely access to effective pain management services
- Continuously evaluate and improve pain management
- Implement a national research strategy to improve knowledge and translation
- Implement effective pain prevention and early intervention strategies
- Support people with pain to participate in work and community.[12]

In particular, Goal 7 of the Action Plan is aimed at ensuring that Chronic pain is minimised through prevention and early intervention strategies, linking measures that reduce obesity and improve levels of physical activity with chronic pain prevention strategies and information while recognising the role of nutrition in chronic pain management. Ensuring that pain policy is linked to chronic disease frameworks is an important action as well.

The Action Plan has received endorsement from the Australian Health Ministers Advisory Council (AHMAC) and will be progressing to Australia Health Ministers shorty to ensure a national approach to pain management. There is an opportunity to link both the National Obesity Strategy and the Action Plan, ensuring that common outcomes around prevention of obesity and chronic pain can be funded through targeted projects that deliver on both strategies.

Conclusion

Painaustralia is supportive of the National Obesity Strategy and acknowledges the key role that weight management must play as a preventative strategy under the National Strategic Action Plan for Pain Management. Given that both the Strategy and the Action Plan require a public health management approach and crucial Government leadership for a whole-of-society response, it is vital that both can be implemented in tandem to complement and support common objectives. This is important to ensuring collective and sustained action on both these significant public health issues.

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