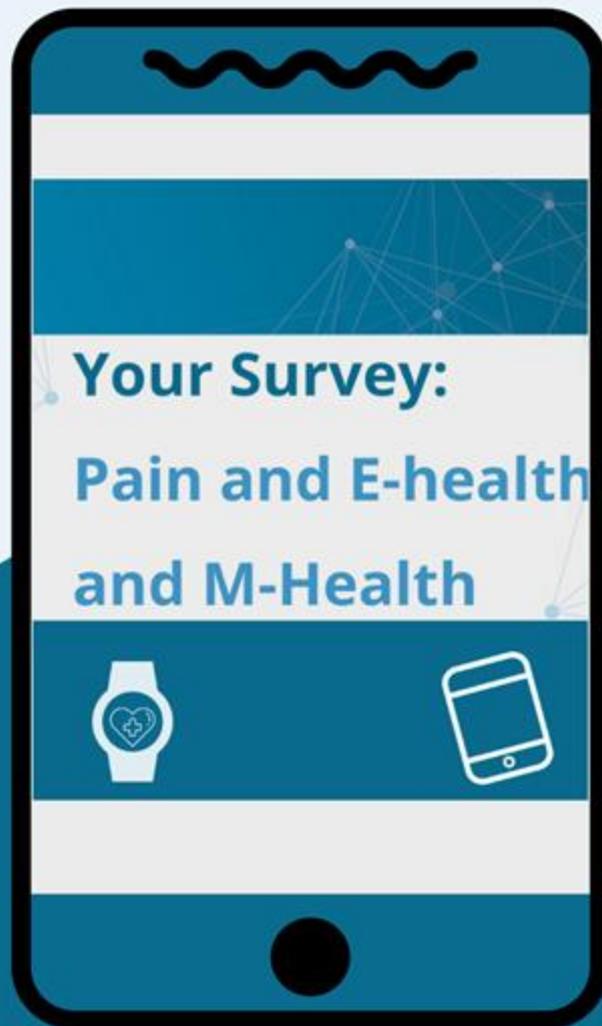




**Pain Alliance
Europe**

CHRONIC PAIN AND E-HEALTH AND M-HEALTH



**SURVEY 2020
CHRONIC PAIN AND E-HEALTH AND M-HEALTH**

RESULTS HIGHLIGHTS

1. INTRODUCTION

This is the fourth survey that Pain Alliance Europe (PAE) has conducted. In a series of questionnaires about the challenges of living with chronic pain, PAE has asked questions on a particular aspect of living with chronic pain. The analysis of the responses from a wide range of pain patients across Europe illustrates the quality of life of chronic pain patients in Europe.

2017 Survey on Chronic Pain:
Diagnostics, Treatment and Impact of Pain



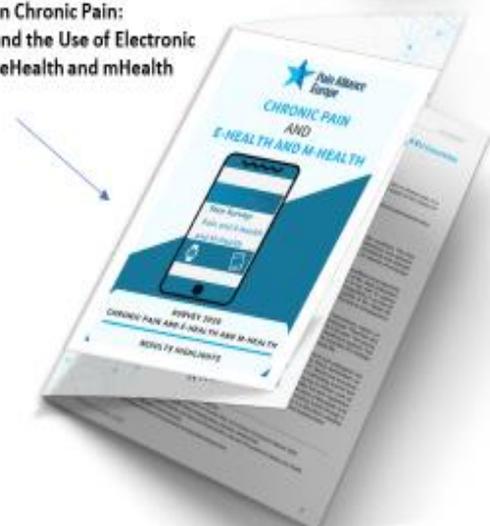
2019 Survey on Chronic Pain:
Chronic Pain and Stigma



2018 Survey on Chronic Pain:
Chronic Pain and Your Work Life



2020 Survey on Chronic Pain:
Chronic Pain and the Use of Electronic
Health Apps - eHealth and mHealth



Approximately 20% of the adult population in Europe are affected by chronic pain^{2,6}. This is defined as pain that persists past normal healing time⁵. This includes 153 million people suffering from migraines or other disabling headaches, 200 million with musculoskeletal disorders and 100 million people experiencing other forms of chronic pain^{1,6}.

In 2020 Pain Alliance Europe conducted a survey about the use that patients who are living with chronic pain may make of electronic health - and the benefits they expect to have from this. Electronic health has been divided into eHealth when the patient using programmes, etc., on a computer and mHealth when the patient is using a device or a wearable (smart watch) with an app or other programme.

2. Demographics

We received 1789 responses from 24 European countries, and for Europe-wide analysis we included all valid submissions. Only Denmark, Finland, France, Ireland, Netherlands, Portugal, Sweden, UK sent in more than 50 responses, supplying 67% of the answers, and these were analysed in detail. but in the overall analysis all the responses returned by all the respondents were considered.

After the validation of the questionnaires, skipped answers were excluded from the analysis of certain questions, resulting in a varying number of complete answers for each question.

Many more women (86%) replied than men (13%) - with 1% stating they preferred not to say.

The best represented age group was between 51-65 years (32%). However, the survey appealed to all ages: 9% of the total were between 18 and 35 years old. Over 75s provided 11% of the total.

See final section 'Conclusions' on page 9 for statements with exact percentages

3. Selected results:

3.1 Gender and age

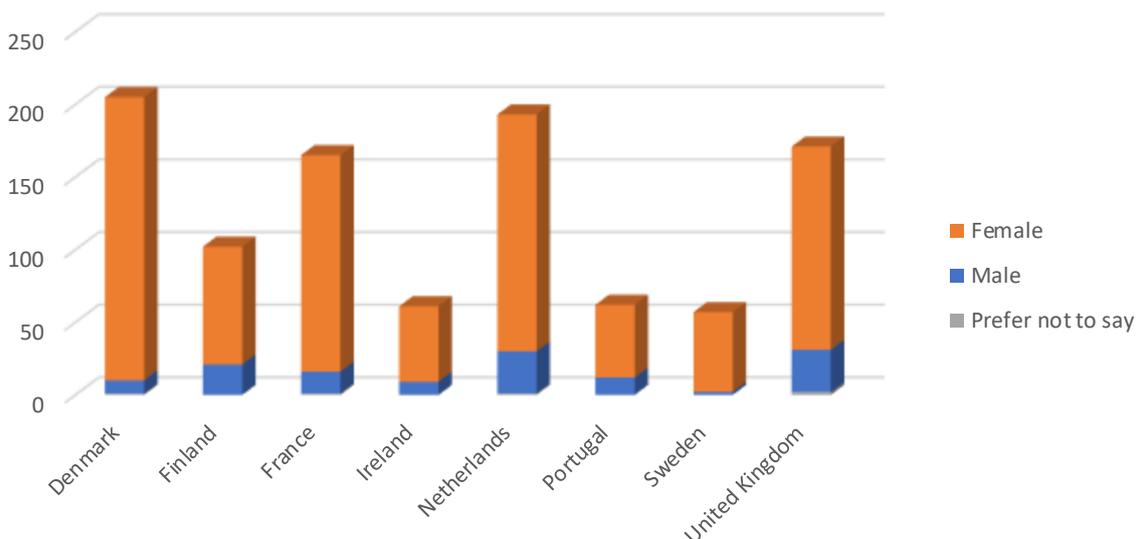


Figure 1. Distribution of the participants by gender and country

The largest group of respondents were females in the age group 51-65 (29% of those answering this question).

3.2. Do you use eHealth or mHealth apps, both or neither?

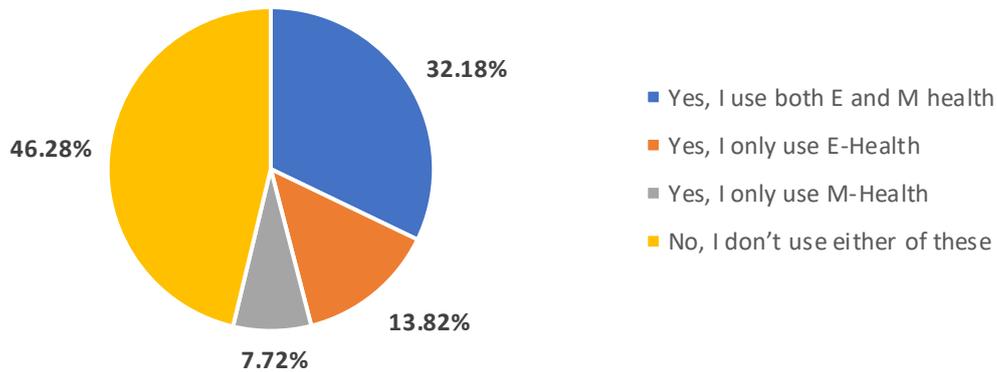


Figure 1. Distribution re the use of eHealth and/or mHealth: 575 are using both forms; 247 are using eHealth; 138 are using mHealth; 827 are not using either.

The 46% who answered “No” to the first question, were asked the following question and then skipped on to the questions about perceived benefit - see figure xx.

3.3. Why are you not using the apps?

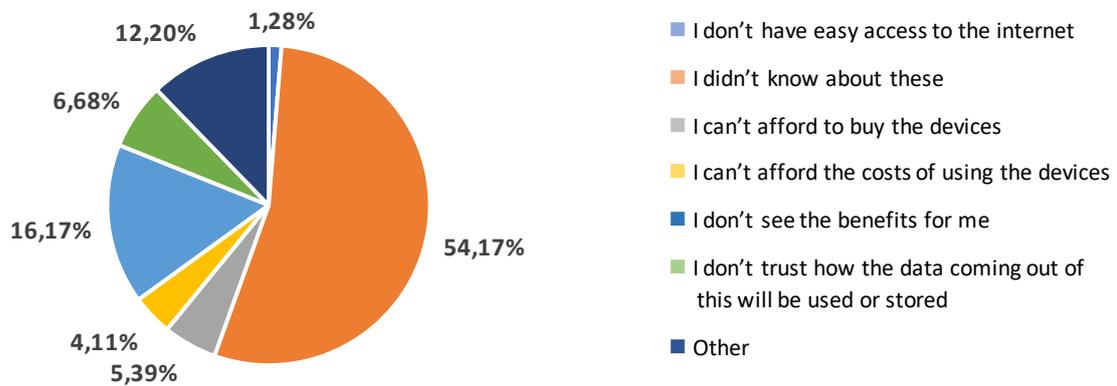


Figure 2. Why I am not using apps: over half say it is because “I don't know about these”.

The balance of women and men who replied that they didn't know about apps was the same as the overall balance (85% and 13%).

The 46% who answered “Yes” to the first question, were asked various questions about what they use these technologies for. [and if they share the data]

3.4. Why I use these apps:

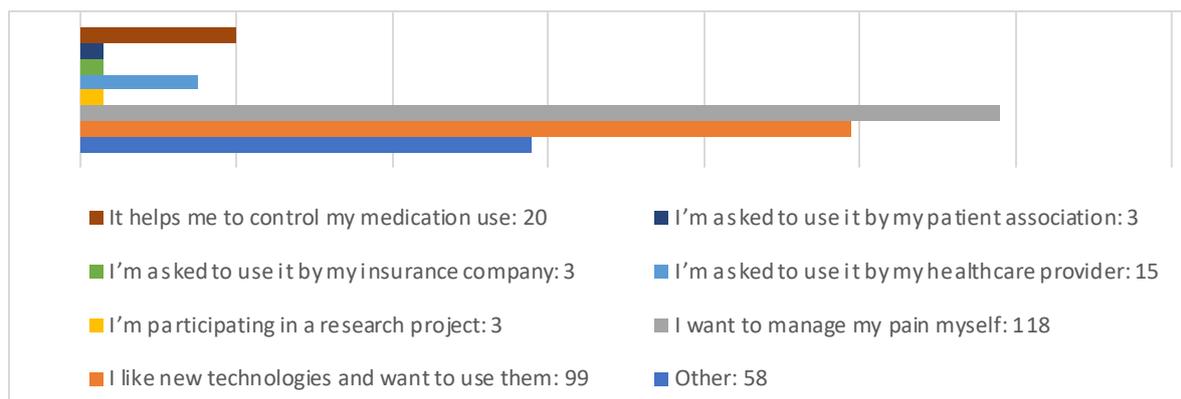


Figure 3: The most common use of apps is “to manage my pain”, however “I like new technologies” was also chosen.

Women were more likely to say that “I like using new technology” (90%) than the men (10%)! And women were very much for likely to respond “I can manage my pain condition by myself” (93% wen and 7% men).

3.5. What do you use the data to help with?

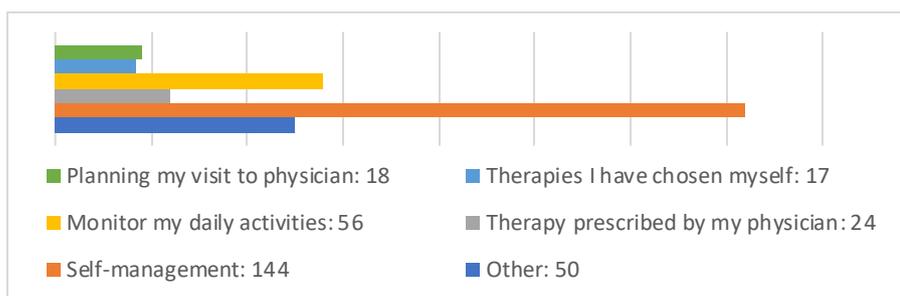


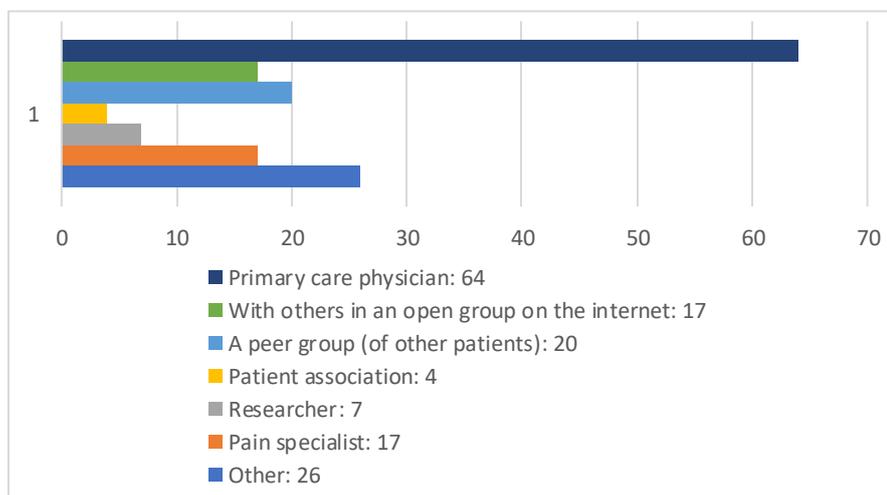
Figure 4: Self management was the most popular usage (nearly half)

Of the 139 respondents who responded to this question, 27 (12%) record prescribed medication, 19 (11%) record the distance of their walks/runs, 19 (11%) record pain level, pain intensity and “overall quality of life”, and 9 (6%) record pain level and pain intensity.

3.6. If you share data from the apps, with whom do you share?

67% do not share their data at all.

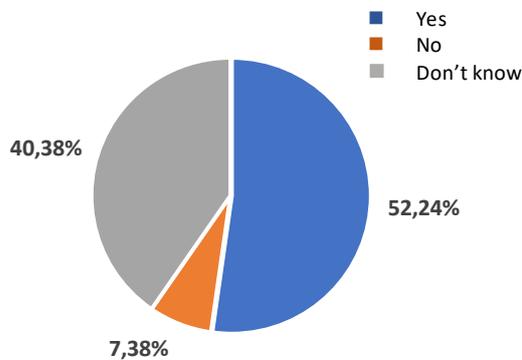
Figure 5: With whom the 33% who do share data, are sharing.



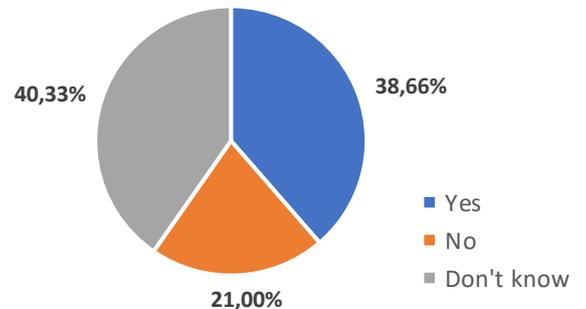
Of these, only 49% know what the data will be used for. 38% of those sharing get feedback from their physicians.

3.7. Everyone was invited to answer the following questions - but they were not compulsory. People often chose not to answer so the numbers of responses for each question varies.

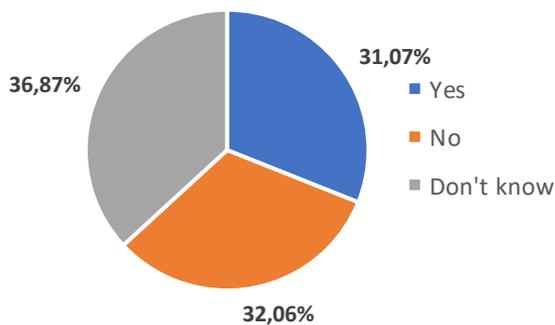
Would/Do these apps benefit your health?



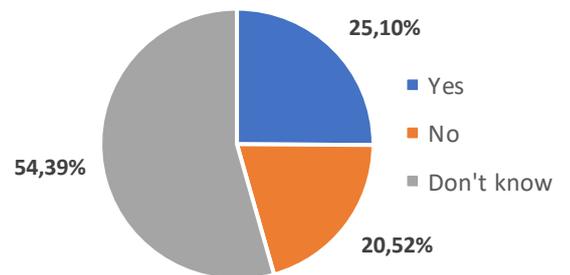
Will/Would using apps improve your relationship with your physician?



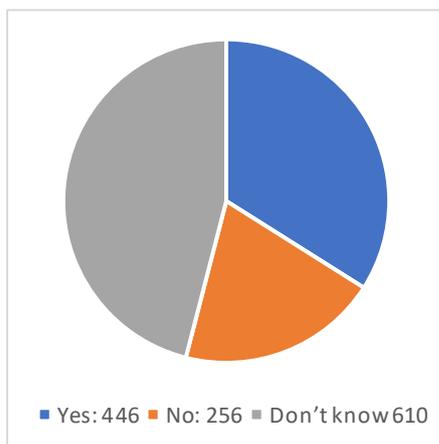
Will/would using app data reduce your visits to doctors?



Will/would your physician encourage use of apps?



Do you think the data from the app you share with your physician will improve your health outcomes?



Do you share the information with anyone?

No one: 49%
Primary care physician: 10%

If you share data from the apps - do you know what it is used for?

Yes: 49%
No: 25%
Not relevant: 25%

4. Discussion

1789 citizens from 28 European countries completed the questionnaire. After the validation of the questionnaires, skipped answers were excluded from the analysis of certain questions, resulting in a varying number of complete answers for each question.

The countries returning most responses were Denmark, Finland, France, Ireland, Netherlands, Portugal, Sweden, UK: together supplying 67% of the answers.

The best represented age group was between 51 and 65, 31.70% of the respondents. However, the survey appealed to all ages: 9.07% of the total were between 18 and 35 years old. Over 75s provided 11.44% of the total. There is an important difference in the gender of the respondents, 86.36% females and only 13.15% males.

Nearly half of the respondents, 827 (46.28%), do not use either of these apps whilst 575 (32.18%) are using both type of apps.

Reasons given for not using apps:

422 respondents do not know about them (54.17%)

Women more likely to know about these apps (45.49% of the female respondents) than the men (39.74% of male respondents).

The people who were not using apps, were directed immediately to Question 10 (see Appendix below for list of questions)

391 explained why they were using apps

Personal use - the main uses are:

To better manage the pain condition by themselves: 118 (37%)

Because they like new technologies: 99 (31%)

It helps control medication use: 20 (6%)

Their healthcare provider has asked them to: 15 (5%)

Other: 58 (17%)

What do you use the data for? The main uses are:

Self management: 47%

Monitor my daily activity: 18%

Therapy provided by my physician: 8%

Planning my visit to the physician: 6%

Other: 16%

Sharing data - mostly with whom?

No one: 49%

Primary care physician: 10%

If you share data from the apps - do you know what it is used for?

Yes: 49%

No: 25%

Not relevant: 25%

All respondents were invited to answer the next set of questions, starting at question 10 - for list of questions see Annex 1.

How it affects or the patient/physician relationship:

Will/Would using apps improve your relationship with your physician?

Yes: 39%

No: 21%

Don't know: 40%

Do you think the data from the app you share with your physician will improve your health outcomes?

Yes: 34%

No: 20%

Don't know: 46%

Will using app data reduce your visits to doctors?

Yes: 31%

No: 32%

Don't know: 37%

Will/Would your physician encourage use of apps?

Yes: 25%

No: 21%

Don't know: 54%

What they feel about cost:

If it were free 74% of respondents would use apps.

38% said they were happy to pay

But 28% say they could not afford to pay for apps

No, I would not pay: 33%

When we asked in more detail, about how much they were willing to pay, it turned out that

70% were willing to pay up to 5 euros a month

23% willing to pay 5-10

7% prepared to pay 10-20 a month.

5. Conclusion

The annual surveys sent out Europe-wide have been producing higher numbers each year since 2017. However, this topic “patients’ knowledge and use of electronic devices to assist in their health’ was less popular, although the female/male ratio of respondents changed only by 3% (fewer women)

Using electronic methods of supporting their health is not well known amongst people living with chronic pain.

Nearly half the respondents were not using apps. The survey skipped these people forward to the section asking more general questions and they showed an interest in possibly using apps in the future, particularly if they were free.

The main conclusion of the survey is that most of the chronic patient population across Europe are not aware of the possibilities offered by electronic healthcare. PAE wants to work together with other patient associations, healthcare professional organisations and government bodies to improve the awareness of eHealth and mHealth applications; to teach them about the benefits, the do’s and don’ts and the safety of these apps. This will help ensure a sustainable healthcare system which works in the best interest of the individual patient.

6. Acknowledgements

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PAE appreciates the work done on creating the report including the statistical analysis and the resulting charts/figures done by Professor Ioan-Cristian Chifu and Lecturer Ionuț-Traian Luca from Babeș-Bolyai University in Cluj-Napoca, Romania.

PAE thanks all the members and peer organisations who helped in translating the questions into 14 different languages and disseminate the survey in their respective countries.

7. Some of the references used:

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5. <https://www.hhs.gov/ash/advisory-committees/pain/reports/2018-12-draft-report-on-updates-gaps-inconsistencies-recommendations/index.html> 10

8. PAE

Pain Alliance Europe is a non-profit organisation based in Belgium, functioning as an umbrella organisation of 44 national and regional associations in 19 European countries, concerned with chronic pain, regardless the underlying condition.

For PAE, quality of life for a chronic pain patient means giving the patient the right to choose the best possible solutions and support to live his life according to his possibilities and wishes. It aims to promote awareness for chronic pain, to promote a European policy on chronic pain and to reduce the impact of chronic pain on the European society on all areas.

9. MEMBERS



The statistical analysis of the results has been performed by
Facultatea de Business, Universitatea Babes-Bolyai,
Cluj-Napoca, Romania



You may find the complete report on the PAE website
<https://pae-eu.eu/surveys/>



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