Participants overview – Time period 01/2009-11/2014

Full survey
n = 4,398

- **Pain specialists**
  n = 1,658 (37.7%)
  (Pain medicine/Anaesthesiology)

- **Primary care physicians**
  n = 1,189 (27%)
  (Primary care/Internal medicine/General physician)

- **Other specialities**
  n = 1,551 (35.3%)
  (Neurology/Rheumatology/Palliative care etc.)
Question 1: On a numerical rating scale (NRS) from where on do you perceive chronic non-cancer pain to be severe?

Majority of healthcare professionals rates the threshold of severe pain in a range of 5 to 8

Physicians %

Majority of healthcare professionals rates the threshold of severe pain in a range of 5 to 8
Question 2: What is your objective in pain reduction on a numerical rating scale (NRS) in severe chronic non-cancer pain?

Pain reduction down to a score of 2 to 4 on a NRS is the objective for the majority of HCPs
Question 3: What are the main treatment goals for your severe chronic non-cancer patients?

Pain reduction is ranked highest followed by quality of life by all HCPs.
Question 3: What are the main treatment goals for your severe chronic non-cancer patients?

<table>
<thead>
<tr>
<th>Treatment goal</th>
<th>Pain specialists</th>
<th>Primary care</th>
<th>Other specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank 1: Reduction of pain</td>
<td>1,064 (64,2%)</td>
<td>889 (74,8%)</td>
<td>972 (62,7%)</td>
</tr>
<tr>
<td>Rank 2: Quality of life</td>
<td>552 (33,3%)</td>
<td>591 (49,7%)</td>
<td>589 (37,9%)</td>
</tr>
<tr>
<td>Rank 3: Quality of life</td>
<td>419 (25,3%)</td>
<td></td>
<td>363 (23,4%)</td>
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<tr>
<td></td>
<td>Social functioning</td>
<td>250 (21,0%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical function</td>
<td>244 (20,5%)</td>
<td></td>
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</table>

Almost ¼ of primary care physicians see social functioning and physical function on rank 3
Question 4: When you choose an analgesic for managing severe chronic non-cancer pain – what are the main characteristics for your treatment decision?

<table>
<thead>
<tr>
<th>Treatment choice</th>
<th>Pain specialists</th>
<th>Primary care</th>
<th>Other specialties</th>
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<tbody>
<tr>
<td>Rank 1</td>
<td>Efficacy</td>
<td>859 (51.8%)</td>
<td>769 (64.7%)</td>
</tr>
<tr>
<td>Rank 2</td>
<td>Tolerability</td>
<td>686 (41.4%)</td>
<td>588 (49.5%)</td>
</tr>
<tr>
<td>Rank 3</td>
<td>Quality of life</td>
<td>522 (31.5%)</td>
<td>462 (38.9%)</td>
</tr>
</tbody>
</table>

Efficacy mostly determines the choice of analgesic treatment in severe non-cancer pain followed by tolerability and quality of life.
Question 5: How often do you prescribe classical strong opioids (e.g. morphine, oxycodone) for severe chronic non-cancer pain?

Pain specialists

- Very often: 14%
- Often: 34%
- Sometimes: 43%
- Never: 10%

Primary care

- Very often: 4%
- Often: 22%
- Sometimes: 54%
- Never: 20%

74% of the primary care physicians and 53% of the specialists use classical strong opioids never or only sometimes.
Question 6: What are the main reasons limiting treatment success with classical strong opioids in your severe chronic non-cancer patients?

All HCPs stated GI side effects as main reason for treatment failure
Question 7: How long do your severe chronic non-cancer pain patients stay on average on a specific opioid?

Pain specialists
- < 1 week: 5%
- 1-4 weeks: 14%
- 1-3 months: 25%
- 3-6 months: 23%
- > 6 months: 34%

Primary care
- < 1 week: 7%
- 1-4 weeks: 19%
- 1-3 months: 20%
- 3-6 months: 26%
- > 6 months: 28%

n = 1,658
n = 1,189

59% of pain specialists and 54% of primary care physicians use a specific opioid for > 3 months
Question 8: To what extent do you agree to the following statements (1 = I do not agree – 5 = I totally agree)

**All**

- There is little knowledge on the pharmacological characteristics of different analgesic treatment options within the broad medical community.
- There is limited awareness on the physiological difference between neuropathic and nociceptive pain within the broad medical community.
- Pain where a neuropathic component is involved is often more severe and more difficult to treat.
- In severe chronic pain patients a neuropathic component is often not clearly diagnosed.

The majority of HCPs answered that a neuropathic component in severe chronic low back pain is often not clearly diagnosed and pain with a neuropathic component is more difficult to treat.
Question 9: What is your main pharmacological approach for treating your severe chronic low back pain patients?

Majority of HCPs relies on combination therapies for treatment of severe chronic low back pain

All

- 90.7% Combination therapy
- 9.3% Monotherapy

- 19% Classical Weak Opioids
- 24% Topical Analgesics
- 14% Classical Strong Oral Opioids
- 11% Classical Strong Transdermal Opioids
- 11% NSAIDS
- 14% Paracetamol
- 6% Fixed Combinations Weak Opioids
- 4% Fixed Combinations Strong Opioids
- 10% Antidepressants
- 6% Anticonvulsants

n = 4,398
The top 10 mentioned drug combinations show different preferences among the HCPS:

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<td>1</td>
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<tr>
<td>2</td>
<td>Anticonvulsants, Antidepressants, Fixed Combinations Weak Opioids</td>
<td>Antidepressants, NSAIDS, Classical Weak Opioids</td>
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<tr>
<td>3</td>
<td>Anticonvulsants, Antidepressants, Classical Weak Opioids</td>
<td>Fixed Combinations Weak Opioids, NSAIDS, Paracetamol</td>
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<td>Anticonvulsants, Antidepressants, Classical Strong Transdermal Opioids</td>
<td>Antidepressants, Paracetamol, Classical Weak Opioids</td>
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<td>7</td>
<td>Anticonvulsants, Antidepressants, Classical Strong Oral Opioids</td>
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