

## International CHANGE PAIN Expert Summit

20-21 June 2010

Ergife Palace Hotel, Via Aurelia, Rome, Italy

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Developing solutions for an improved management of chronic pain

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**New solutions to optimise pain management presented by  
CHANGE PAIN Initiative**

**Over 200 pain specialists attended International Expert Summit**

**Aachen/Rome, 21 June 2010. Pain specialists from across Europe recently met in Rome at the CHANGE PAIN Expert Summit to discuss current needs and latest insights in chronic pain management. At the scientific event organised by Grünenthal, experts from the international CHANGE PAIN Advisory Board presented the most important results of their first three meetings for the first time. Highlights were presentations of the PAIN EDUCATION programme and the CHANGE PAIN Scale – two new tools supported by the expert group to improve chronic pain management in daily practice. The first PAIN EDUCATION eCME module is now available and can be accessed via [www.change-pain.com](http://www.change-pain.com).**

CHANGE PAIN is an initiative by German pain specialist Grünenthal which is endorsed by the European Federation of the IASP<sup>®</sup> Chapters (EFIC). It aims to enhance the understanding of the needs of patients with severe chronic pain and to develop solutions to improve pain management. At the International Expert Summit on 20-21 June 2010 more than 200 pain specialists came together to learn more about the CHANGE PAIN group's findings and activities. These include a tool for a better physician-patient communication and a new pain education programme for healthcare professionals.

**PAIN EDUCATION – modular learning with comprehensive eCME modules**

“Current pain management is often driven by tradition and personal experience, focusing mainly on symptom control,” explained Professor Giustino Varrassi, President of EFIC and Chairman of the CHANGE PAIN Initiative. “In order to improve the treatment of chronic pain patients a better education of healthcare professionals on underlying pain mechanisms and appropriate use of pharmacological substances is important. The new training programme PAIN EDUCATION will help to meet this need.”

The programme is currently under development on the basis of the insights from the discussions of the CHANGE PAIN group. It follows a new pain education approach aiming to move treatment from symptom control to multi-modal mechanism-

orientated pain management.<sup>1</sup> Implementation is supported by an educational grant by Grünenthal.

The programme consists of three comprehensive interactive e-learning modules which will meet the criteria for accreditation by the Union Européenne Des Médecins Spécialistes (UEMS). Thus, PAIN EDUCATION will offer a basis for a structured and lasting educational approach covering the following topics: assessing pain and patient/physician communication, multi-modal management of chronic pain, and mechanism-orientated pharmacological pain therapy. The first module can now be accessed via the CHANGE PAIN website [www.change-pain.com](http://www.change-pain.com). Further online-modules will follow.

### **CHANGE PAIN Scale – a new tool to improve physician-patient communication**

Another important objective discussed at the Expert Summit was the improvement of physician-patient communication. Many instruments are available to support this communication and to assess pain intensity and quality of life impairment. However, these are usually time-consuming and more suited for pain specialists but not often used by general practitioners. Therefore the CHANGE PAIN Advisory Board has adapted a new scale based on the Individual Treatment Target, defined by Müller-Schwefe and Überall<sup>1</sup>.

“The new CHANGE PAIN Scale is a quick, and user-friendly instrument to enhance communication between physicians and patients. It allows the physician to assess the pain intensity perceived by a particular patient and also to evaluate other areas of impairment,” said Dr Gerhard H. H. Müller-Schwefe, MD, President of the German Pain Association (DGS) and Chairman of the CHANGE PAIN Initiative. “Healthcare professionals can use it initially to identify the key elements of successful pain management, communicate on treatment expectations, and subsequently to record patient-centred perception of changes in well-being.”

A major design criterion for the CHANGE PAIN scale was ease of use. Two combined 11-point NRS on the front enable the physician to quickly assess the patient's current pain intensity and to set realistic targets together with the patient. Six key parameters that affect patients' quality of life, e.g. sleep quality, general activity and mood, are given on the back of the scale and physicians simply need to agree with patients whether improvement is needed in each of these. Results at subsequent appointments can be compared to establish the efficacy and tolerability of the chosen pain therapy and the progress towards the agreed treatment goals.

### **About CHANGE PAIN**

CHANGE PAIN<sup>®</sup> aims to enhance the understanding of the needs of patients with severe chronic pain and to develop solutions to improve chronic pain management.

Initiated by German pain expert Grünenthal and endorsed by the European Federation of the IASP® Chapters (EFIC), the initiative involves pain experts from across Europe. The international Advisory Board is chaired by Professor Giustino Varrassi, MD, President of the EFIC, and Dr Gerhard H. H. Müller-Schwefe, MD, President of the German Pain Association (DGS). Key objectives of CHANGE PAIN® are to generate a better understanding of physicians' and patients' perspectives, publish the results of research projects and communicate findings in scientific publications, as well as to increase knowledge of pain physiology to facilitate individual treatment decisions. More information: [www.change-pain.com](http://www.change-pain.com)

### **About EFIC**

The European Federation of IASP chapters (EFIC) is a multidisciplinary professional organisation in the field of pain science and medicine, made up of the most important European scientific societies for the study of pain. Established in 1993, by Prof. Ulf Lindblom, EFIC represents 31 countries and close to 20,000 scientists, physicians, nurses, physiotherapists, psychologists and other healthcare professionals across Europe, who study pain and treat patients in pain. More information: [www.efic.org](http://www.efic.org)

### **About Grünenthal**

Grünenthal is passionate about globally being the preferred partner in pain management for patients, health care professionals and payors. The corporation drives innovation to expand European market leadership in moderate to severe pain. Grünenthal is an independent, family-owned German corporation with companies in 34 countries all over the world. Founded in 1946, the corporation employs 2,000 people in Germany and 5,200 worldwide. In 2008, Grünenthal achieved revenues of about 864 million Euros. More information: [www.grunenthal.com](http://www.grunenthal.com)

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<sup>1</sup> Müller-Schwefe GHH, Überall MA. Individual Treatment Targets in Chronic Pain Management, Proceedings of EFIC, 2006. Istanbul.

## P R E S S   R E L E A S E

### **Developing solutions for an improved management of chronic pain**

#### **Conclusions from the CHANGE PAIN<sup>®</sup> Advisory Board**

**Aachen, 20 May 2010. Although chronic pain affects around 20% of adults in Europe and the USA, there is substantial evidence that this debilitating condition is often inadequately treated. A group of international pain experts has now published a first commentary calling for a CHANGE in the pharmacological management of severe chronic pain.<sup>1</sup> The publication represents a consensus reached by the international Advisory Board of CHANGE PAIN<sup>®</sup> – an initiative by German pain expert Grünenthal, which is endorsed by the European Federation of IASP<sup>®</sup> Chapters (EFIC<sup>®</sup>). To improve patient outcomes, a thorough understanding of underlying pain mechanisms and a multi-mechanistic treatment approach is required. The experts call for user-friendly educational tools for physicians and for a better communication between physicians and pain patients in order to agree on individual treatment objectives.**

“A change in severe chronic pain management is clearly needed,” explains Professor Giustino Varrassi, President of EFIC and one of two chairmen of the CHANGE PAIN initiative. “The unmet needs of patients with severe chronic pain are evident; the prevalence and duration of suffering are too high and too few patients are satisfactorily treated.”

According to the group’s findings, guideline recommendations are not universally accepted by those involved in pain management, and pain treatment often seems to be driven mainly by traditional practice and experience. Therefore a greater agreement about the best treatment strategy for chronic pain is needed and should be applied more consistently, while focusing on the individual patient. Specifically, the experts call for a change in the following aspects of current practice:

- Assessment of pain and its impact (e.g. through better communication)
- Education of healthcare professionals regarding pain management
- Comprehension of underlying mechanisms in chronic pain and the relevant pharmacological principles

The experts pointed out that pain with a neuropathic component is often more severe and more difficult to treat. A condition which often manifests both nociceptive and neuropathic components is chronic low back pain. It is estimated that there is a

neuropathic component in up to two thirds of back pain patients. Pain control in these patients is often insufficient, due to the limited awareness of the physiological difference between neuropathic and nociceptive pain and the respective pharmacological options.

The publication also highlights the fact that pharmacological treatment of severe chronic pain is often inefficient because patients struggle to maintain the balance between adequate pain relief and their ability to tolerate prescribed medication. This often results in a Vicious Circle of insufficient analgesia and debilitating side effects that lead patients to discontinue treatment. The experts agree that increasing awareness of the Vicious Circle among the medical community can promote adherence to treatment regimens.

Educational modules addressing these issues are currently under development. First draft versions were discussed at the third CHANGE PAIN<sup>®</sup> Advisory Board meeting, which was held on March 27-28 2010. In addition, the group is proposing a new pain scale that combines pain rating assessment with individually set treatment goals, and which does not focus on pain intensity as an outcome parameter alone but takes into account the situation of patients in a more holistic way. These tools and highlights from meetings of the CHANGE PAIN<sup>®</sup> group will be presented to more than 200 pain specialists from across Europe at an Expert Summit in Rome in June 2010. Further research supported by the CHANGE PAIN<sup>®</sup> group to generate more insights on unmet medical needs and best practice in the management of chronic pain is still underway and findings will be communicated in future scientific publications and at congresses.

### **About CHANGE PAIN<sup>®</sup>**

CHANGE PAIN<sup>®</sup> aims to enhance the understanding of the needs of patients with severe chronic pain and to develop solutions to improve pain management. Initiated by German pain expert Grünenthal and endorsed by the European Federation of the IASP<sup>®</sup> Chapters (EFIC<sup>®</sup>), the initiative involves pain experts from across Europe. The international Advisory Board is chaired by Professor Giustino Varrassi, MD, President of the EFIC, and Dr Gerhard H. H. Müller-Schwefe, MD, President of the German Pain Association (DGS). Key objectives of CHANGE PAIN<sup>®</sup> are to generate a better understanding of physicians' and patients' perspectives, publish the results of research projects and communicate findings in scientific publications, as well as to increase knowledge of pain physiology to facilitate individual treatment decisions. More information: [www.change-pain.com](http://www.change-pain.com)

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Established in 1993, by Prof. Ulf Lindblom, EFIC represents 31 countries and close to 20.000 scientists, physicians, nurses, physiotherapists, psychologists and other healthcare professionals across Europe, who study pain and treat patients in pain.

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Grünenthal is passionate about globally being the preferred partner in pain management for patients, health care professionals and payors. The corporation drives innovation to expand European market leadership in moderate to severe pain. Grünenthal is an independent, family-owned German corporation with companies in 34 countries all over the world. Founded in 1946, the corporation employs 2,000 people in Germany and 5,200 worldwide. In 2008, Grünenthal achieved revenues of about 864 million Euros. More information:

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<sup>1</sup> Varrassi G et al. Commentary. Pharmacological treatment of chronic pain – the need for CHANGE. *Current Medical Research & Opinion*. May 2010, Vol. 26, No. 5, 1231-1245

# CURRICULUM VITAE

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**Professor Giustino Varrassi, MD, PhD, FIPP**

# CURRICULUM VITAE

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## **Professor Giustino Varrassi, MD, PhD, FIPP**

Professor and Chairman, Department of Anaesthesiology and Pain Medicine, L'Aquila University, Medical School, Italy

President of the European Federation of IASP® Chapters (EFIC®)

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Since 2008	President of the European Federation of IASP® Chapters (EFIC®)
Since 2008	President and Founding Member of the Fondazione Paolo Procacci (FPP)
2003-2009	President of the Italian IASP Chapter (Associazione Italiana per lo Studio del Dolore – AISD)
2001-2007	President of the European Society of Obstetric Anaesthesia (ESOA)
Since 1985	Professor and Chairman of the Department of Anaesthesiology, L'Aquila University, Medical School, Italy
Oct 1995	Invited Professor at the University of Barcelona, Spain, Department of Anaesthesiology
1989-1991	Invited Professor at the University of Tel-Aviv, Israel, Department of Anaesthesiology and Pain Centre, Aug-Oct 1989, 1990, 1991
1985-1987	Invited Professor at the Massachusetts University, Worcester, MA, Department of Anaesthesiology and Pain Centre, Sept-Oct 1985, 1986, 1987
1976-1985	Assistant Professor and Head of the Pain Centre at the Department of Anaesthesiology, L'Aquila University, Medical School
1976	Completed residency in Anaesthesia and Intensive Care
1973	Graduated in Roma, "La Sapienza" University, Medical School

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Professor Giustino Varrassi is founder of the European Society of Obstetric Anaesthesia (ESOA) and a founding member and current President of the European Federation of IASP Chapters (EFIC), as well as a member of the International Association for the Study of Pain (IASP) and other medical societies. He is a Fellow of Interventional Pain Practice (FIPP) and a member of the Board of the World Institute of Pain.

His major fields of interest include obstetric anaesthesia and pain management. He has authored about 400 papers published in international and national scientific journals, as well

# CURRICULUM VITAE

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as 43 chapters of books, mainly on obstetric anaesthesia and pain management. Furthermore he is editor of 28 books and congress proceedings, including one textbook on obstetric anaesthesia.

Professor Varrassi has organized more than 40 congresses, including the 1<sup>st</sup> ESOA Congress, Florence, 1994; 1<sup>st</sup> EFIC Congress, Verona, 1995; and the 10<sup>th</sup> Congress of the World Society of Pain Clinicians, Sardinia, 2002. He is also frequently invited as a guest speaker and has held talks at over 400 national and international congresses.

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**Gerhard H. H. Mueller-Schwefe, MD**

# CURRICULUM VITAE

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## **Gerhard H. H. Mueller-Schwefe, MD**

Head of Pain Relief Unit at the Interdisciplinary Pain Clinic Goepingen, Germany

President of the German Pain Association (DGS)

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Since 2004	Vice President of Hospiz Landkreis Goepingen e.V.
Since 1997	President of the German Pain Association (DGS)
Since 1985	Head of the Pain Relief Unit at the Interdisciplinary Pain Clinic Goepingen, Germany
2008	Qualification in Acupuncture
1998	Qualification in Pain Relief
1996	Specialist in General Medicine
1993-1997	Vice President of SCHMERZtherapeutisches Kolloquium e.V.
1987	Qualification in Algesiology
1984	Specialist in Anaesthesiology
1983-1984	Senior registrar at Klinik am Eichert, Germany, Department of Anaesthesiology
1980-1983	Assistant at Klinik am Eichert, Germany, Department of Anaesthesiology
1978-1979	Assistant at University Ulm, Germany, Department of Anaesthesiology
1977-1978	Assistant at county hospital Niedermarsberg, Germany, Department of Internal Medicine
1977	Assistant at county hospital Niedermarsberg, Germany, Department of Surgery
1976	MD at Eberhard Karls Universitaet Tuebingen, Germany

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Dr Gerhard H. H. Mueller-Schwefe has extensive experience in the use of systemic and intrathecal opioids and triptanes. He is involved in clinical trials ranging from Phase II to Phase IV studies and authored 95 publications on management of chronic pain syndromes.

# CURRICULUM VITAE

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Dr Mueller-Schwefe is President of the German Pain Association (DGS) and a member of 17 medical societies that focus on pain relief, including the International Association for the Study of Pain (IASP) and Euro Pain. He has presented his work at numerous national and international conferences.

## B A C K G R O U N D

### **CHANGE PAIN**

#### **Improving management of severe chronic pain**

CHANGE PAIN® is an initiative aiming to enhance the understanding of the needs of patients with severe chronic pain and to develop solutions to improve pain management. Initiated by German pain expert Grünenthal and endorsed by the European Federation of Chapters of the International Association for the Study of Pain (EFIC), CHANGE PAIN® involves pain experts from across Europe. The international Advisory Board is chaired by Professor Giustino Varrassi, President of the EFIC, and Dr Gerhard H. H. Müller-Schwefe, MD, President of the German Pain Association (DGS).

Key objectives of the initiative are to generate a better understanding of physicians' and patients' perspectives, publish the results of research projects and communicate findings in scientific publications, as well as to increase knowledge of pain physiology to facilitate individual treatment decisions.

#### **Multifactorial treatment of severe chronic pain**

Severe chronic pain is multifactorial in nature, but this fact may not be fully appreciated within the medical community. Because of this, treatment seems to be driven mainly by tradition and personal experience. An important challenge for improving the management of severe chronic pain is the limited awareness of the physiological difference between neuropathic and nociceptive pain and their specific pharmacological options.<sup>1</sup> Pain which has a neuropathic component is often more severe and more difficult to treat.<sup>1</sup> A neuropathic component is present in many pain conditions; chronic low back pain is a typical example. In severe chronic low back pain, there tends to be a neuropathic component which may require the use of classical strong opioids, and combination therapy is often applied.

#### **Challenges in the treatment of severe chronic pain**

Severe chronic pain is often managed insufficiently. Many patients are unidentified or do not receive appropriate treatment. Even with treatment, patients often find themselves in a Vicious Circle of insufficient analgesia and debilitating side effects associated with their medication. This circle often results in low patient compliance and in many cases treatment discontinuation, especially with patients receiving classical strong opioids.<sup>2,3</sup> Thus successfully treating severe chronic pain requires balancing analgesia with acceptable tolerability. Increasing awareness of the Vicious Circle among the medical community could reduce treatment discontinuation.<sup>1</sup>

### **Education of physicians**

Currently the education of physicians who do not specialise in pain does not cover pain management sufficiently. Current pain management focuses mainly on symptom control. A better understanding of the pain pathways and the mechanisms of pain will enable physicians to treat their pain patients more rationally.

In order to improve the treatment of chronic pain patients, a better education of healthcare professionals on the pathophysiology and appropriate use of pharmacological agents is of high relevance. PAIN EDUCATION is a new educational programme based on the insights resulting from the discussions of the CHANGE PAIN group so far. The first module can be accessed via [www.change-pain.com/](http://www.change-pain.com/)“How to change”.

### **Communication between physicians and patients**

One further objective of the CHANGE PAIN initiative is to encourage communication between physicians and patients. Efficient communication between physicians and patients is very important, as it is the only way to assess the level of pain and its consequences for the quality of life a patient is experiencing; however, in many cases this communication is too limited to guide optimal treatment.

Owing to the lack of communication between physicians and patients, pain treatment is less likely to be effective if individual targets are not set.<sup>1</sup> To address this problem the CHANGE PAIN group has developed the CHANGE PAIN Scale. This is a new, simple tool suitable for enhancing communication between healthcare professionals and patients. By assessing the pain intensity perceived by a particular patient in relation to desired pain reduction and by evaluating the impact of pain on everyday living and quality of life, physicians and patients can easily establish individual treatment goals.

### **Perspective**

As part of the CHANGE PAIN initiative the group of international experts will continue to generate more insight on the unmet medical needs in severe chronic pain management. Findings of this research will be published in scientific publications. Furthermore, additional modules of the PAIN EDUCATION programme are currently under development.

For further information on CHANGE PAIN please visit [www.change-pain.com](http://www.change-pain.com).

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<sup>1</sup> Varrassi G et al. Commentary. Pharmacological treatment of chronic pain – the need for CHANGE. *Current Medical Research & Opinion*. Vol. 26, No. 5. 2010. 1231-1245

<sup>2</sup> Kalso E et al: Opioids in chronic non-cancer pain: systematic review of efficacy and safety. *Pain*. 2004;112(3):372-380

<sup>3</sup> Moore RA, McQuay HJ: Prevalence of opioid adverse events in chronic non-malignant pain: systematic review of randomised trials of oral opioids. *Arthritis Research & Therapy*. 2005;7: R1046-1051

## Spreading New Rules for Fighting Pain

Pain as an issue is still barely considered in Europe. A Recent study has shown that approximately 20% of the population suffer from pain. Some countries are making steps forward, like Italy whose Parliament recently approved Law 38/2010

### **What is there such a wide spread in the incidence of pain in Europe?**

One reason is the variation in the models that health systems use for chronic and acute pain treatment. The Italian context, for example, has long been characterized by a low interest in pain within the medical community. Pain had usually been understood as an inevitable symptom of many pathologies where tissue damage produced pain as a physical response. The medical community thought therefore that solving the root problem would have consequently eliminated pain. This cultural attitude did not allow for the recognition and understanding of how pain became chronic or could occur in the complete absence of tissue damage. Today many studies have shown, although non exhaustively, that the human brain is a complex system in which pain results from two apparently conflicting factors, one that favors perception and one that inhibits it, and that the pain humans experience are the result of a mechanism with multiple influencing factors.

### **How did we reach this “attitude change” regarding chronic pain?**

Thanks to the advancement of scientific knowledge on the subject, pain has been accepted as a chronic disease in its own right and has started to be treated as such. One of the more immediate consequences of this cultural shift is that measuring pain has become fundamentally important.

In the treatment of many chronic diseases measurement is standard practice. Just think about the frequent monitoring that patients suffering from diabetes and hypertension go through. This is becoming standard practice for patients who suffer from pain as well, be it chronic or acute. Only by regularly measuring pain and keeping record of it in a patient's clinical files can we evaluate (and record) the evolution of a disease as important as is pain.

### **And from a healthcare service perspective?**

Chronic pain patients in many countries have been able to receive medical assistance in centers dedicated to the treatment of chronic pain and, thanks to this, the evolution of their suffering was closely followed. This has, for example, allowed for the prevention as well as early treatment of the frequent “relapses” typical of chronic disease. In many European countries this has helped create a precise healthcare network in which patients are able to find specialists able to effectively reduce their suffering.

### **And how are things here in Italy**

The real problem that has slowed the spread of knowledge and understanding of pain is lateness with which the Italian educational system has incorporated the new understanding of pain and transmitted it to the next generation of healthcare professionals.

The teaching of pain physiopathology has been confined to a few isolated universities in which professors passionate about the subject passed their knowledge on to medical students and specialists. What had been part of the educational system in many European countries where medical students received precise education on what was considered an important disease. Even though Italy hosted many important initial experiences, the systematic teaching of this subject has not yet taken off.

As a consequence our system still has not decided who should teach the subject while countries like Ireland, Sweden and Turkey, pain medicine is an established specialization.

### **What is EFIC doing to solve this problem?**

Since its very beginning, EFIC has supported important communication and educational campaigns on pain with the goal of harmonizing the situation in Europe. EFIC's support for the very important campaign that is "Change Pain" is part of this effort of change cultural and healthcare attitudes in those nations - including Italy - where a new culture for the care and prevention of suffering are having trouble taking off.

This document was liberally adapted from Prof. Giustino Varrassi's statements as they appeared in an interview with Andrea Sermonti in Previdenza, number 5, 2010

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## Grünenthal GmbH – Facts & Figures

Year of foundation	1946
Shareholder structure	Privately owned by the Wirtz family
Corporate Executive Board	Harald F. Stock, PhD: Chief Executive Officer (CEO) of the corporation Grünenthal  Wolfgang Becker: Global Commercial Operations  Stefan Genten: Chief Financial Officer & Chief Operating Officer  Prof. Eric-Paul Pâques, PhD: Global Products
International presence	Companies in 34 countries all over the world, 6 production sites
Contribution of international business to sales	79,5 percent
Global work force	5,200
Employees in Germany	2,000
2008 sales	EUR 864 million

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## GRÜNENTHAL GMBH BACKGROUND



R&D ratio 2008 (R&D spending as percentage of sales) 18,8 percent

### **About Grünenthal**

Grünenthal is passionate about globally being the preferred partner in pain management for patients, health care professionals, and payors. The corporation drives innovation to expand European market leadership in moderate to severe pain. Grünenthal is an independent, family-owned German corporation with companies in 34 countries all over the world. Founded in 1946, the corporation employs 2,000 people in Germany and 5,200 worldwide. In 2008, Grünenthal achieved revenues of about 864 million Euros. More information: [www.grunenthal.com](http://www.grunenthal.com).

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## **Company Profile of Grünenthal**

### **A company on the move between tradition and innovation**

Grünenthal GmbH is a family-owned, research-based, global manufacturing pharmaceutical company. The company was founded in 1946 and has its head office in Germany. In 1948 Grünenthal was the first German company to manufacture and market penicillin. Grünenthal is passionate about globally being the preferred partner in pain management for patients, health care professionals, and payors. The corporation drives innovation to expand European market leadership in moderate to severe pain.

### **Research and Development**

In recent years Grünenthal has made considerable investments in research and development. Our research and development strategy is aimed at selected indications and the latest technological developments. We are intensively searching for new ways of improving pain relief and reducing side-effects.

### **Cooperation**

International cooperation with other companies and institutions enhances Grünenthal's continuous success. Together with highly specialised partners we are pressing on with the development, production and marketing of our products. One of our special fields of competence is improving known effective analgesics (pain-killers) by modifying the formulation. One result of these intensive development activities is the matrix patch for the treatment of moderate to severe pain.

### **Growth**

Grünenthal has companies in 34 countries and is seeking to expand its presence in Europe by means of further internationalisation. We have production sites in six countries to supply the world market. In this way Grünenthal markets its products all over the world. At the same time we in-license products in traditional indications and out-license our own successful developments. In 2008 Grünenthal employs more than 2,000 people in Germany and more than 5,200 people world-wide. Grünenthal products are available in more than 100 countries.

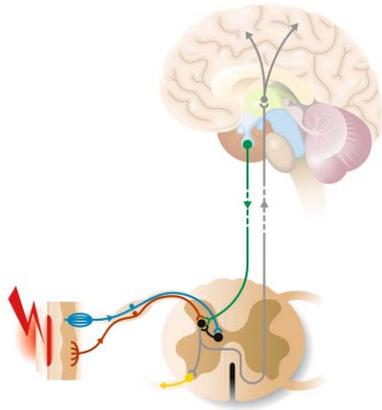
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# CHANGE PAIN Expert Summit

The following photos and graphics are available on the enclosed memory stick within your press kit.

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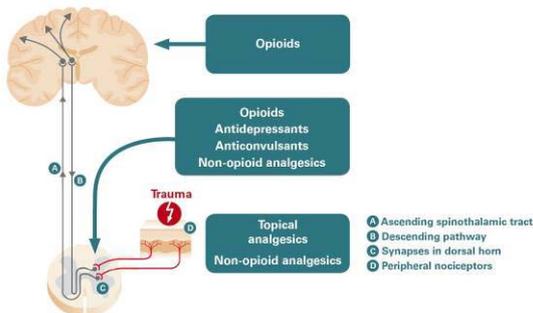


## Pain Pathways I

**Ascending pathway:** transmits the pain signal to the brain.

**Descending pathway:** can act in an inhibitory or facilitatory manner on the pain signal transmission and may thus either reduce or increase pain sensation.

File name: CHANGE PAIN\_Expert Summit\_Pain Pathways I.jpg



## Pain Pathways II

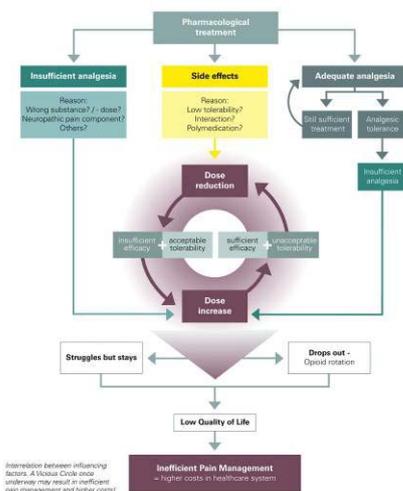
A: Ascending spinothalamic tract

B: Descending pathway

C: Synapses in dorsal horn

D: Peripheral nociceptors

File name: CHANGE PAIN\_Expert Summit\_Pain Pathways II.jpg

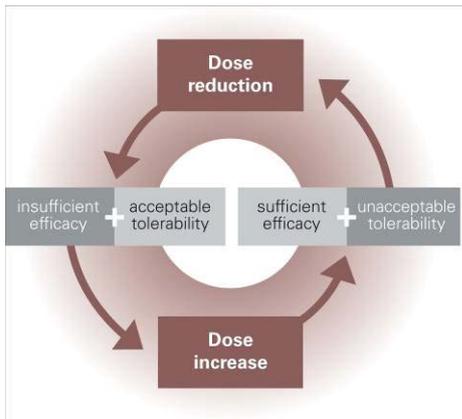


## Vicious Circle I

Pharmacological treatment of chronic pain is often limited by the side effects of the drugs used; treatment with strong analgesics is often limited by the Vicious Circle, because side effects often limit the effective analgesic dose that can be achieved.

File name: CHANGE PAIN\_Expert Summit\_Vicious Circle I.jpg

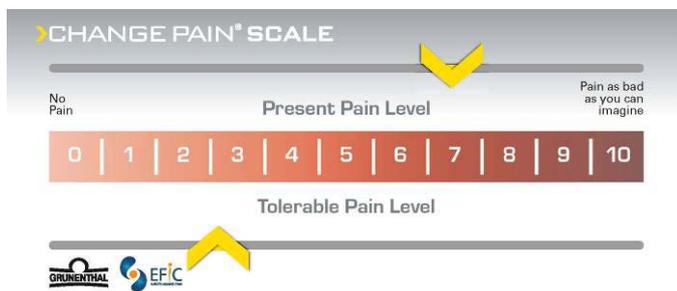
# CHANGE PAIN Expert Summit



## Vicious Circle II

Contributing factors that drive the Vicious Circle include side effects, lack of efficacy and analgesic tolerance, which may all lead to treatment discontinuation.

File name: CHANGE PAIN\_Expert Summit\_Vicious Circle II.jpg



## CHANGE PAIN Scale I (front)

The new CHANGE PAIN Scale is a quick, user-friendly instrument to enhance communication between physicians and patients. It contains two Numeric Rating Scales (NRS) for pain assessment and setting of treatment goals.

File name: CHANGE PAIN\_Expert Summit\_CP scale I.jpg



## CHANGE PAIN Scale II

With a set of simple questions on the CHANGE PAIN Scale, patient needs in terms of quality of life improvements can also be assessed.

File name: CHANGE PAIN\_Expert Summit\_CP scale II.jpg



## Logo Grünenthal

File name: CHANGE PAIN\_Expert Summit\_Logo GRT.jpg



## Logo CHANGE PAIN®

File name: CHANGE PAIN\_Expert Summit\_Logo CP.jpg



## Logo PAIN EDUCATION

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