



Integrative Medicine in the Treatment of Pain

In the inpatient and outpatient treatment of **chronic pain** in Germany, billions of euros are being squandered each year on diagnostic and therapeutic services that are not even remotely addressing the root of the problem.

The causes are manifold:

Current findings on how pain becomes chronic are only slowly finding their way into standard inpatient and outpatient care, and concepts for preventing pain chronicity are still lacking entirely. Even the distinction between what is acute and what is chronic remains anything but clear! No thresholds have been defined for when a pain specialist should be consulted for advice or to provide treatment, and no time frame has been established for initiating coordinated pain therapy so as to lead to the best possible results. Differential treatment strategies based on diagnostics that draw upon an understanding of the etiology and chronicity of pain have not gained any real foothold in the everyday work of general practitioners.

Integrative medicine makes it possible to treat patients with difficult pain problems in an individualized manner. It focuses on interdisciplinary pain diagnostics and treatment planning, as well as on the patients themselves. To improve quality of life and daily functioning in pain patients, the close collaboration of specially qualified pain treatment clinics within an interdisciplinary and multiprofessional team is absolutely essential. Only then will patients return to their jobs earlier and enter disability retirement in fewer numbers, all of which will save health costs.

The **German Pain Association (Deutsche Gesellschaft für Schmerztherapie)** is especially active in this area. In 2004, it was able to negotiate the first integrated-care agreement ever establishing "Interdisciplinary Team Meetings for Pain Treatment" with various social health insurance (SHI) funds, including the Techniker Krankenkasse and numerous Betriebskrankenkassen throughout Germany. This was followed in 2005 by an agreement on "Integrated Care for Acute and Chronic Back Pain," which has been implemented in over twenty centers throughout Germany to date. Most recently, an agreement was reached in 2006 on "Integrated Care in Palliative Care Patients," which is currently being expanded to the entire state of Hesse.

Conclusion: Coordinated interdisciplinary care in pain therapy and palliative medicine leads to a win-win situation for patients, SHI funds, welfare systems, and service providers alike. This is the concept of the future, helping address increasingly complex medical questions, as well as patients' need for a holistic approach. The 1st European Congress for Integrative Medicine will make a substantial contribution to this field of inquiry.

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