



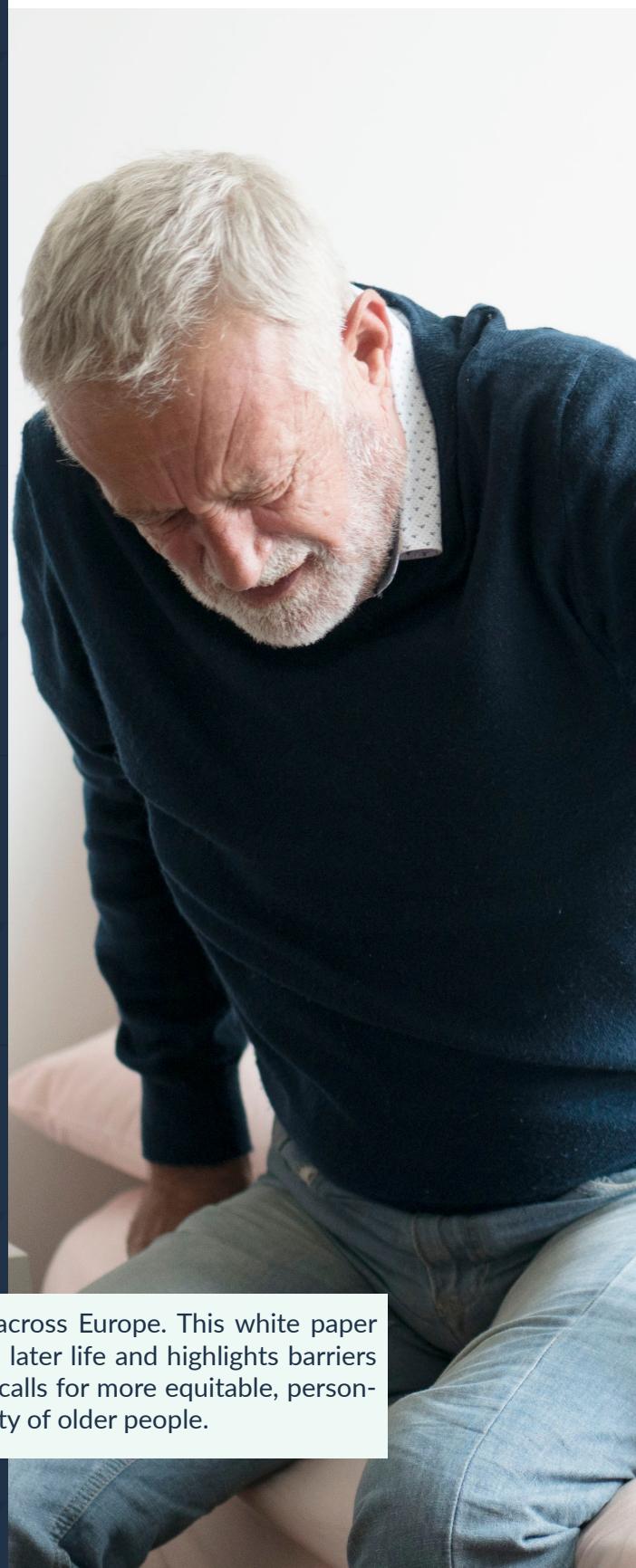
International  
Federation on  
Ageing

# Advocating for Accessible Pain Relief for Older Adults in the European Union (EU)

## White Paper

Pain is a growing public health challenge for older adults across Europe. This white paper explores the impact of acute, chronic, and recurring pain in later life and highlights barriers to accessing effective, age-responsive pain management. It calls for more equitable, person-centred approaches that protect the health, rights, and dignity of older people.

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# Executive Summary

Pain is a significant public health issue affecting a growing number of older adults across Europe. As populations age, many people spend an increasing proportion of later life managing persistent or recurring pain, which limits mobility, affects mental and physical well-being, and reduces opportunities for social and economic participation. Despite its prevalence, access to effective pain management remains inconsistent, with many older adults facing financial, structural, and informational barriers that restrict their ability to obtain appropriate therapies, management options, and support. Ensuring equitable access to pain management is essential to supporting healthy ageing and upholding the rights and dignity of older people.

In light of this, the study, *Advocating for Accessible Pain Relief for Older Adults in the European Union (EU)*, aims to examine the person-centered burden of pain in older adults and highlight the importance of accessibility to pain management options in protecting the health, well-being, and rights of older people. This work also seeks to catalyze continued dialogue with stakeholders across sectors towards coordinated efforts that advance more equitable, accessible, and age-responsive pain management.

To inform this work, the study used a two-part data collection approach, guided by strategic oversight from an advisory committee comprising experts in pain, ageing, and health systems. A multinational survey captured the experiences of adults aged 55-95+ living with acute, chronic, or recurring pain across six EU countries. The survey explored the impact of pain on daily activities, mobility, mental health, and reliance on self-care, as well as barriers to accessing treatment and the anticipated consequences of reduced access to pain management options. A roundtable discussion with healthcare professionals, academics, and experts in ageing and pain provided additional context, offering insight into clinical challenges, systemic gaps, and opportunities to improve care.

Taken together, the findings reveal several consistent themes. Pain significantly affects functional ability, quality of life, and participation in social, work, and family roles. Older adults commonly rely on a mix of self-management strategies, informal caregivers, and over-the-counter medications to cope with ongoing symptoms. Across all participating countries, long wait times, limited access to specialists, and financial constraints emerged as major barriers to receiving appropriate care. Gaps in provider training, inconsistent assessment practices, and limited public awareness and education further exacerbate these challenges.

Despite these barriers, the findings also point to important opportunities to strengthen access to pain management for older adults. These include improving patient education and provider training on age-responsive and person-centered pain care; addressing structural and financial barriers through policy and system investment; and advancing interdisciplinary and multi-sectoral approaches that bring together clinical, rehabilitative, psychosocial, and community supports. With continued collaboration among key stakeholders, these actions can help ensure that pain management is accessible, person-centered, and aligned with the needs and rights of older adults across the EU.



# Background

The global older adult population is rapidly growing. The number of people aged 60 years and older is expected to double by 2050, and the number of those aged 80 and above is anticipated to triple over the same period.<sup>(1)</sup> As societies age, health and social challenges become more complex, placing added pressure on individuals, families, economies, and national systems.

Although life expectancy has increased significantly over the past century, many of these additional years are not lived in good health. A growing share of later life is spent managing various health-related conditions – including pain, which disproportionately affects people in the latter half of their lives.<sup>(2)</sup>

Pain is a leading contributor to disability and health system use. Globally, 93% of people report experiencing ‘everyday’ pain within the past year.<sup>(3)</sup> Evidence shows that prevalence is highest amongst older adults.<sup>(2)</sup> A survey of adults aged 50 and over in Europe found that pain affects between 30% and 60% of respondents, with rates rising steadily with age, meaning that roughly one-third to two-thirds of older adults live with pain.<sup>(4)</sup> Musculoskeletal pain is among the most common forms, often linked to arthritis or osteoarthritis, although joint pain, headaches, and back pain are also frequently reported.<sup>(3,4)</sup>

The intersection of pain with the higher prevalence of non-communicable diseases (NCDs) and multimorbidity in older age creates additional complexity. While NCDs affects people across the life course, their prevalence increases over time, and they remain leading contributors to mortality, hospitalization, frailty, and pressure on health systems.<sup>(5)</sup> Multimorbidity, the presence of two or more chronic conditions, also rises with age and contributes to the global burden of NCDs. For older adults, pain represents a form of “double jeopardy”: they are more likely to experience pain, and pain further heightens their vulnerability.<sup>(6)</sup>

Alongside NCDs and multimorbidity, pain affects biological, psychological, and social wellbeing.<sup>(7)</sup> Biological contributors to pain include genetic and epigenetic factors, as well as neural, endocrine, and immune pathways that influence sleep, physical activity, stress, mood, and diet, amongst others. The broader impacts are also substantial, limiting participation in work, family life, and community activities – issues of particular importance for older adults and for supporting economic participation in ageing societies.<sup>(7)</sup>

## Impacts of Pain for Older Adults

Pain has wide-reaching consequences that accumulate over time, particularly for older adults. Older adults living with pain experience worse sleep, are less physically active, have worse functional mobility, and are more frail compared to their peers without pain.<sup>(11)</sup> Beyond the clinical aspects, it shapes how people live day to day – limiting independence, reducing quality of life, and restricting social participation.<sup>(7,12)</sup>

From a societal perspective, inadequate pain management restricts economic participation by increasing absenteeism, early and involuntary retirement, and job loss. It can also create substantial financial and emotional strain for families and caregivers, further contributing to pressures across health and social systems. For example, 21% of Europeans with chronic pain report being unable to work due to their condition, and among those who remain employed, 61% state their employment status is directly affected.<sup>(13)</sup>



Across the European Union (EU) countries, this cumulative impact is reflected in direct and indirect costs. Healthcare expenditures and productivity losses related to pain are estimated to reach as high as USD \$635 billion annually – higher than the average annual costs of heart disease, cancer, and diabetes individually.<sup>(14)</sup>

## Access to Pain Management and Therapies

Despite the wide-ranging impacts from all levels of healthcare and social systems, pain is often minimized or viewed as an 'expected' or 'normal' part of ageing.<sup>(6)</sup> Advancing equitable access to pain management and treatment is therefore a critical human rights issue, aligned with the goals of the [United Nations \(UN\) Decade of Healthy Ageing 2021-2030](#) (the 'Decade').<sup>(15)</sup>

Access to appropriate treatment depends on multiple factors that can create substantial barriers. Referral pathways, the availability and distribution of healthcare providers, education and awareness, stigma, out-of-pocket costs, and broader socio-economic disparities all influence who receives timely and appropriate care.<sup>(16)</sup>

Emerging challenges may further restrict access. For example, regulatory reviews of pharmaceutical ingredients for environmental impact (if conducted without adequate consideration of implications for patients and health systems) could limit access to commonly used pain management options.

Over-the-counter medications enable individuals to manage pain in an accessible and convenient way and often represent a first-line treatment option for common pain indications. This is particularly important for older adults and for age-friendly environments, where ease of access supports health, independence, and continuity of care.<sup>(17)</sup> Reduced access risks worsening pain among older adults and therefore, places additional strain on already overstretched health and social care systems.

With this backdrop, it is important to highlight the everyday impact of pain on older adults and the need to maintain access to appropriate therapies. Ensuring reliable access to pain management supports functional ability, independence, and the meaningful contributions older adults make to families, communities, and societies – contributions that are placed at risk when pain remains unmanaged.

## Supporting a Life Course Approach to Pain Management

Global agendas, such as the [Decade](#) emphasize the need for a life course approach to public health practice and care.<sup>(18)</sup> The [World Health Organization's \(WHO\) framework to implement a life course approach](#) explicitly identifies freedom from pain as part of the right to health and emphasizes pain as a major factor in measuring disability-adjusted life years, or DALYs, which reflect the number of healthy life years lost due to disease or disability.<sup>(19)</sup> Taken together, the narrative is clear: relief from pain, and access to appropriate pain management are recognized components of the right to health.

By linking empirical survey data with expert deliberation, the study *Advocating for Accessible Pain Relief for Older Adults in the EU* seeks to better understand the impacts of pain among older adults and advocate for equitable pain relief access. This paper highlights the importance of accessible pain management and therapies through survey findings across six countries, complemented by insights from subject matter experts (SMEs).

Table 1: Survey Response Rate

Country	Respondents
France	300
Italy	303
Germany	303
Poland	304
Spain	300
Sweden	301



# Methodology

This study employs a mixed methods research approach to gather in-depth insights into the status, challenges, and opportunities related to accessible therapies and medications for pain relief among older adults. Findings draw on survey data and qualitative input from SMEs.

To provide strategic oversight, an advisory committee was convened with representation from key stakeholder groups, including leaders in gerontology, pain management, and healthcare practice. The committee offered strategic guidance on the broader direction of the initiative.

## Survey

To gather lived experiences insights, a survey was developed to capture perspectives on the impact and burden of pain, including how pain affects the daily lives of older adults and the importance of accessible therapies and medications for pain relief. Survey data were collected across six countries: France, Italy, Germany, Poland, Spain, and Sweden.

The survey consisted of 33 questions (available [here](#)) and captured information such as demographic data; individuals' experiences of pain and pain management; the impacts of pain on daily life; personal perspectives and preferences; and barriers to accessing pain management options at both individual and systemic levels. The survey was translated into six languages (French, Italian, German, Polish, Spanish, and Swedish) and virtually disseminated respectively across each region. Approximately 300 responses were received per country, for a total of 1,811 responses (Table 1).

## Survey Participants

Respondents included individuals experiencing acute pain (lasting less than 3 months), chronic pain (lasting longer than 3 months), and/or recurring pain (pain that comes and goes). Participants were grouped into the following age ranges: 45–54 (reference group), 55–64, 65–74, 75–84, 85–94, and 95 years and above (see Appendix A for the age-distribution breakdown by country). Findings from this study are disaggregated by age, in line with the WHO's definition of older adults (60+).<sup>(20)</sup> Exclusion criteria included individuals who did not experience pain or who fell outside the specified age range.

## Data Collection and Analysis

Survey data were analyzed at the aggregate level and disaggregated by age group and by country using QuestionPro software. Quantitative data were further examined manually using Microsoft Excel. Emerging patterns were identified and examined using a thematic approach. Key themes were then organized into the following categories:

- 1) *reported impact of pain on everyday life;*
- 2) *challenges and barriers in accessing pain management;*
- 3) *impact of reducing access to pain relief options on individuals;*
- 4) *impact of reducing access to pain relief options on systems.*



## Roundtable

To complement the survey findings, a virtual roundtable was convened to explore anecdotal evidence and contextualize quantitative results. Participants included healthcare professionals, academics, and experts in ageing and pain. The discussion focused on the burden and impact of pain, its influence on the daily lives of older adults, and the importance of accessible therapies and management options for pain relief. Insights from the roundtable served as an additional data source and were used to validate and deepen interpretation of the survey findings.

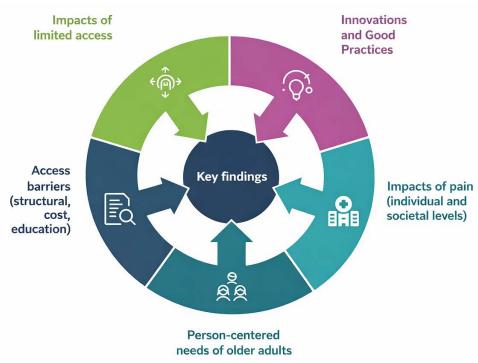
## Findings

Findings from the survey depict diverse and nuanced experiences of pain and accessing pain management treatment across the EU. In terms of respondents' health profiles, participants reported a high prevalence of comorbid conditions, particularly among older cohorts and subgroups of older adults. Most participants reported at least one condition that may contribute to chronic pain, while no more than 19% across all countries reported having none. Those without reported conditions were largely concentrated among younger older adults – such as the reference group and those aged 55-64 – compared with older cohorts, including respondents aged 75-84.

Across all countries, joint pain emerged as the most reported type of pain, ranging from 52% of respondents in Italy to 68% in Germany. Muscle aches were the second most frequently reported, with prevalence ranging from 11% in Germany to 45% in France. Respondents also frequently identified tendon, ligament, or bone pain; arthritis-related pain; and headaches. As a result, many older adults relied on self-care and self-management strategies, including over-the-counter pain medications (40% in Spain, 43% in France and Germany, 50% in Italy, 56% in Poland, and 59% in Sweden).

Use of topical pain relief was also significant. Between 23% (France) and 54% (Poland) of respondents reported using medicated topical products such as creams, gels, or patches containing diclofenac or ibuprofen. Among those using topical products in France, 53% indicated they chose topical pain relief because they "works better for my pain," with similar responses observed in Italy (41%), Spain (46%), and Poland (48%).

Figure 1: Overview of key themes



For some older adults with multiple chronic conditions and several prescribed medications, topical treatments were preferred specifically because they "do not wish to take any additional oral medication on top of [their] existing medication," reported by 14% of respondents in France and up to 29% in Italy.

Overall, the findings revealed several overlapping themes (Figure 1) related to barriers in accessing pain management options, as well as the broader impacts of pain on older adults. See Appendix B for a country-breakdown overview of findings.

## Impact of Pain

Pain was consistently described as substantial across the study population, with consequences ranging from individual limitations to broader societal effects that influence work, informal caregiving, and family dynamics. Respondents emphasized the financial burden of prescription and/or uninsured medications, the emotional and mental strain associated with ongoing pain, and reduced physical mobility as key concerns.

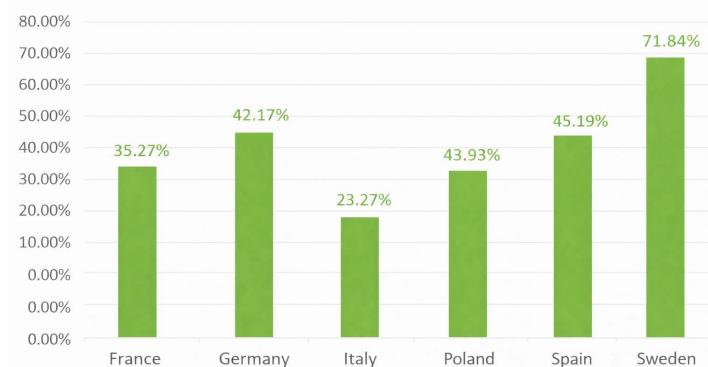
### Individual-level impacts

Consistent with findings from previous studies<sup>(6,7,9,16)</sup>, respondents reported that pain affected mobility, fatigue, mental health, and their ability to engage in everyday activities. From an individual perspective, pain limits functional ability, reduces independence, and affects day-to-day routines that are essential for healthy ageing.

Across all countries, survey results (Figure 2) show that reduced mobility is one of the most significant individual impacts of pain, reported by as high as approximately 72% of respondents in Sweden.

Many older adults also reported that pain limits their ability to carry out daily tasks such as cooking, cleaning, or shopping, with findings ranging from 24% in Italy to 46% in Germany. Fatigue was widely reported as well, ranging from 33% in Germany and Spain to 62% in Poland. Respondents further described reduced sleep quality and negative effects on mental health as ongoing consequences of pain.

Figure 2: Reported individual impacts of pain: reduced mobility



While many respondents indicated that they could manage personal care tasks independently – such as bathing, walking, and continence – a substantial portion (up to 54%) reported that pain sometimes limits their ability to do so. Some respondents also noted that pain affects their day-to-day tasks to the extent that it interferes with participation in family roles, including grandparent responsibilities, reported by 13% of respondents in Sweden and 12% in Spain. These findings reflect the fluctuating and unpredictable nature of pain and its potential to disrupt essential daily activities, autonomy, and overall quality of life.

### Societal-level impacts

From a societal perspective, poorly managed pain disrupts family dynamics and community cohesion. Survey findings show that many older adults rely more heavily on informal caregivers, such as friends or family, with rates ranging across countries from 9% (Italy) to 32% (Poland). Pain also increases use of walk-in clinics or primary care providers (from 9% in France to 28% in Spain), and, for some individuals, emergency care or hospital visits, reported by up to 15% of respondents in Italy, for example.

Pain was reported to limit participation in work, volunteering, and other meaningful activities. Across countries, approximately 30% of older adults (Italy) to 53% (Poland) of respondents indicated that pain sometimes requires them to seek assistance to take part in volunteering, work, or social activities – often noting, “I reduced my involvement” (Table 2). Among those who reported limiting or stopping participation in work or volunteering, up to 64% (Poland) identified pain as the primary reason.

Table 2: Reported limitation in ability to participate in work, volunteering, or other activities due to pain

Country	France	Germany	Italy	Poland	Spain	Sweden
Response rate (%)	33.52	37.09	29.67	52.85	37.88	46.40

When disaggregated by age, the impact of pain on participation in meaningful activities (such as work, volunteering, or social engagement) becomes more pronounced (Figure 3). Among the reference group (45–54 years), the range of approximately 34% (Poland) to 55% (Sweden) reported limitations in daily activities. In comparison, 50% or more of respondents aged 75–84 in most participating countries (four out of six: France, Germany, Spain, and Sweden) reported limitations in participation, with the highest proportion observed in Germany (65%). Italy and Poland reported lower levels among this age group.

Figure 3: Age-disaggregated reported limitation on daily activities due to pain



## Person-Centered Needs of Older Adults

Across both survey findings and expert deliberations, the need for person-centered pain management for older adults was clear. The data outlined gaps in healthcare providers' awareness and knowledge, particularly regarding whether providers understand the distinct and varied needs of older adults. Findings also emphasized that older adults are not a homogeneous population, and that assumptions or stigma related to age and pain can influence assessment, treatment decisions, and overall quality of care.

### Healthcare providers awareness and knowledge

Education and awareness gaps emerged as significant barriers to effective pain management across all participating countries. Anecdotal evidence from the roundtable raised concerns that many healthcare professionals lack training in assessing and treating pain in older adults – particularly those with complex health needs or cognitive impairments.

A majority of survey respondents reported relying on their healthcare providers (e.g., family physicians, pharmacists, physiotherapists, occupational therapists, rheumatologist) and believed their provider understands their pain management needs. However, insights from SMEs and healthcare professional groups highlighted notable gaps in practice, particularly inconsistent or inadequate pain assessment. These issues were noted most frequently in long-term care and other congregate living settings, where missed or delayed recognition of pain is common.



This disconnect between patient perception and provider practice points to a need for stronger, age-informed training for healthcare professionals to ensure consistent, accurate, and person-centered pain assessment and management across settings.

### *Intersection of pain management and ageism*

Survey findings and expert discussions highlight the role of stigma and ageism in how older adults' pain is perceived and managed. When asked whether older adults are more or less likely to be dismissed when reporting pain symptoms to healthcare professionals, respondents most commonly selected "more likely to be dismissed" (34% in Germany to 49% in Sweden) or "no difference" (31% in Sweden to 49% in Germany). However, when combining responses of "much more likely" and "more likely," between 45% (Germany) and 64% (Sweden) of respondents believed pain symptoms are more often dismissed because of age.

Experts noted that assumptions (such as viewing pain as an expected part of ageing) can lead to underassessment and under-prioritization of pain. Limited age-specific training among healthcare providers contributes to inconsistent recognition and management of pain, particularly for older adults with complex health needs. The shortage of geriatricians across EU countries further compounds these issues, reducing access to age-informed care and placing greater responsibility on non-specialist providers who may have limited preparation to address the complex care needs of older adults.

## **Barriers to Accessing Pain Management**

Across all participating countries, several common barriers to accessing pain management therapies and options emerged. These included long wait times; limited access to specialists or multidisciplinary clinics; insufficient information or support regarding treatment options; limited information/awareness of pain needs from healthcare providers, and the financial burden associated with managing pain. Regardless of region, most participants reported a strong reliance on healthcare providers for guidance and decision-making in their pain management.

### *Structural Access Barriers*

Survey responses and expert insights reflect a multifaceted landscape of structural challenges in accessing pain management options. While several reported structural barriers were identified, the topmost frequently cited across countries included:

- Long wait times or limited availability of services (reported by nearly half of respondents in Poland, and ranging from 30% to 38% in other countries);
- Provider unwillingness to prescribe certain treatments, identified by up to 22% of respondents in Sweden; and
- Cost or lack of insurance, reported by 10% of respondents in Germany and up to 18% in Italy.

Anecdotal insights from the roundtable further highlighted limited access to pain clinics and general practitioners for older adults. Experts emphasized the need for routine pain assessments in healthcare settings and noted that shortages of geriatricians and pain specialists hinder access to appropriate and timely care. Physically accessing appointments with care providers may be further inhibited by transportation or mobility challenges, which was reported as another notable barrier.



## Financial and cost implications

Across EU countries, pain management medicines are provided within regulated health systems, with the scope of public coverage and available government subsidies for eligible patients varying by treatment type (e.g. prescription versus over-the-counter) and by country.<sup>(21)</sup>

As highlighted above, financial barriers were commonly reported across survey participants. The most frequently cited issues related to cost and lack of insurance coverage. Across all six countries, respondents most frequently identified the need for more affordable treatments and reduced out-of-pocket costs, with 38% of respondents in France and up to 52% in Sweden stating that lower-cost options would improve their ability to manage pain. Expanded insurance coverage for pain management services was another priority, noted by 18% of respondents in Germany and Sweden and up to 29% in France.

## Patient-Level Education and awareness

For patients and families, limited accessible information concerning pain management also poses a substantial barrier. Many survey respondents reported difficulty understanding their pain, communicating it to providers, or knowing which treatment options are available. Concerns about the effectiveness or side effects of treatments were frequently cited. In Sweden, 23% of respondents reported being unaware of, or lacking information about, different pain management options. These gaps directly influence treatment choices and confidence in available pain relief options.

These findings align with broader themes of limited provider engagement, including provider unwillingness to prescribe certain treatments – most commonly reported in Sweden (22%) and Poland (17%). Together, these findings illustrate the need to strengthen education and awareness among not only healthcare professionals – but also patients – to support informed decision-making and equitable access to effective pain management.

## Impact of Limiting Access to Pain Management Treatment Options

Survey responses indicate that reduced access to pain management options – defined as limitations related to cost, coverage, availability, or prescribing practices – would have significant consequences for respondents as older adults. When asked about the potential impact of topical pain relief products no longer being available over the counter (and instead requiring a prescription), respondents anticipated increased difficulty managing pain independently, greater financial burden, and a higher need to consult with physicians (Table 3).

Separately, and across all participating countries, seeking medical advice for an alternative treatment was the most common anticipated response if current pain options were no longer available, reported by 54% (Poland) to 67% (Spain) of respondents.

*Table 3: Reported impacts on life if topical pain relief options were no longer available over the counter and required prescription.*

Response	France	Germany	Italy	Poland	Spain	Sweden
It would become more difficult to manage my pain effectively (%)	22	19	20	34	23	37
I would experience increased financial burden due to more frequent doctor visits or prescription costs (%)	18	21	27	21	17	20
I would need to consult my doctor and healthcare specialists more frequently (%)	35	33	26	25	31	22



Additionally, up to 32% of respondents in both Spain and Sweden anticipated increased reliance on emergency services and walk-in clinics – adding further pressure to already strained health and social care systems. Participants also expected negative impacts on physical and mental well-being. Consistent with existing literature<sup>(7,10,22)</sup>, respondents anticipated increases in anxiety and declines in mood and mental health. Overall, reduced access to treatment options was associated with a projected loss of independence, particularly among those aged 75 and over, who are more likely to experience multiple comorbid conditions.

## Opportunities and Innovative Practices

Despite notable gaps in access to pain management for older adults, survey findings and qualitative insights also pointed to several promising practices and areas for innovation. These opportunities were most apparent in efforts to expand access and to strengthen the mobilization and translation of knowledge and evidence.

At the system level, respondents emphasized the value of greater access to over-the-counter pain relief options, reported by 23% of respondents in France and up to 41% in Sweden. Over-the-counter pain treatment options were highlighted as important for their ease of access, timely symptom relief, and ability to support self-management – particularly in the context of mobility limitations, appointment wait times, and the need for day-to-day pain control. Many respondents also identified more regular consultations with healthcare providers (e.g., family physicians, pharmacists, physiotherapists, occupational therapists, and rheumatologists) as beneficial and needed, with 23% in Italy and up to 33% in Spain reporting this need.

Respondents additionally highlighted the importance of multidisciplinary approaches – including physical therapy, counselling, and other non-pharmacological supports. Between 24% of respondents in France and 46% in Poland indicated that expanding access to these services would enhance their ability to manage pain effectively. Anecdotal insights from the roundtable reinforced these opportunities, highlighting the need for coordinated, multi-sectoral approaches that reflect the complex and intersecting needs of older adults.

## Discussion

Despite clear evidence on the significant impact of pain on healthy ageing, functional ability, and participation – and in spite of longstanding recognition of the need for age-responsive, person-centered care – pain in older adults remains under-recognized, under-assessed, and insufficiently prioritized across health and social systems. This gap persists even as countries commit to advancing integrated, equitable care in line with the Decade of Healthy Ageing and European strategies on chronic disease, multimorbidity, and person-centered care.<sup>(23)</sup>

Survey findings and qualitative insights highlight the substantial individual and societal consequences of pain for older adults. While pain is often viewed as an expected part of ageing, the evidence from this study clearly demonstrates that its effects extend far beyond discomfort. Reduced mobility, limited participation in meaningful activities, interruptions to work and caregiving roles, and increased reliance on emergency and primary care services all reflect the broader impact of inadequately managed pain.<sup>(7,12,16,22)</sup> Across countries, a consistent finding was older adults' reliance on over-the-counter pain medicines and topical products as first-line options for day-to-day symptom control, illustrating that restrictions on access risk reduced independence, higher out-of-pocket costs, and avoidable use of primary care and emergency services.



At the same time, older adults' pain management needs are not fully recognized or met within current care systems.<sup>(24-26)</sup> Inconsistent assessment practices, limited awareness of age-specific considerations, and structural constraints, particularly in long-term care and other congregate settings, were raised repeatedly, as part of this study's findings. Therefore, strengthening age-responsive approaches is essential to improving quality of care and ensuring equitable access.

Financial and structural barriers also further limit access to appropriate care. Across countries, older adults reported long wait times, transportation challenges, and difficulties navigating fragmented care pathways, and provider-level barriers to accessing pain management treatments. Financial constraints, including out-of-pocket costs and limited insurance coverage further restrict access for many.<sup>(26)</sup> These barriers demonstrate the importance of policy approaches that improve affordability, expand coverage, and reduce inequities in access to pain management services and therapies.

Survey and SME insights additionally highlighted persistent education and awareness gaps. Older adults and families often lack accessible information to understand or communicate their pain, while healthcare professionals may have limited training in assessing and managing pain in later life.<sup>(24,25)</sup> Strengthening provider education, improving information for patients, and updating clinical guidelines were therefore identified as key opportunities to advance more person-centered and age-responsive pain management. While multiple barriers were identified, findings also point to clear opportunities for progress, including improved access to care – particularly first-line options – and more integrated, multidisciplinary approaches to pain management. Together, these reflect the need for coordinated care models that better address the complex and intersecting needs of older adults.

Despite strong evidence supporting the role of pain management in individual, social, and economic productivity – older adults remain underprioritized.<sup>(6)</sup> Aligning with the goals of the [Decade of Healthy Ageing 2021-2030](#)<sup>(15,18)</sup>, uplifting and advocating for equitable access to pain management treatment options is a critical human rights issue to champion the health and well-being of older adult populations.

## Framework and Recommendations

The findings from this study shed a powerful light on both the progress made and the persistent gaps in pain management for older adults. They reveal where health and social systems are falling short and where targeted action can make a meaningful difference. Critically, this study demonstrates the need for continued engagement with governments, healthcare providers, civil society, and older adults themselves to shape concrete actions and implementation pathways.

Advancing healthy ageing and preserving functional ability requires deliberate improvements across education, policy, and service delivery. Strengthening provider capacity, improving affordability and access through policies, and improving interdisciplinary approaches to pain management are not incremental enhancements – they are essential steps to ensuring that pain management is comprehensive, person-centered, and responsive to the realities of ageing populations.

The recommendations that follow are grounded in survey findings and expert consultation. They provide a foundation for collective action and are intended to catalyze dialogue with stakeholders across sectors to refine priorities, clarify roles, and mobilize coordinated efforts toward more equitable and age-responsive pain management.



## **Recommendation 1: Strengthen Age-Specific Education and Training for Healthcare Providers and Older Adults**

Improving pain management for older adults requires meaningful investment in age-specific (e.g., geriatric) education for healthcare providers, caregivers, and older adults themselves. Findings from this study show that pain in later life is often minimized, under-assessed, or misinterpreted due to limited training and inconsistent clinical practices – especially regarding the distinct needs of older adults. Strengthening provider capacity, particularly in primary care, long-term care, and community settings, to recognize, assess, and manage pain of older adults is essential to delivering person-centered and age-responsive care.

At the same time, many older adults rely heavily on healthcare providers for guidance yet report limited understanding of their pain or how to communicate it effectively. Ensuring that older adults and their families have accessible, clear information to understand, describe, and manage pain is therefore critical. Investing in education for both providers and patients will help reduce under-treatment, support earlier recognition of pain, and promote care that reflects older adults' specific needs and circumstances.

## **Recommendation 2: Enhance the Rights of Older People Requiring Pain Management by Improving Funding, Affordability, and Access through Policy**

This study highlights that older adults across Europe face significant financial and structural barriers to accessing effective pain management. Long wait times were reported by 30-49% of respondents, and affordability remains a concern, with out-of-pocket costs identified as a barrier by up to 18% of participants.

Stronger policies are needed to ensure that older adults can access affordable pain management options – including non-pharmacological supports such as physiotherapy and counselling, as well as essential medications and over-the-counter products – without financial hardship.

Improving funding through policy and expanding coverage for pain management, alongside system-level investments to increase service capacity, will reduce avoidable decline, prevent unnecessary emergency and hospital use, and support older adults to maintain independence and participation in society.

## **Recommendation 3: Expand Interdisciplinary and Multi-Sectoral Approaches to Pain Management**

Pain in older adults is shaped by intersecting medical, psychological, and social factors. Addressing it effectively, in turn, requires approaches that extend beyond isolated clinical interventions. High reliance on informal caregivers – up to 32% in some countries – and widespread reports of limitations in daily activities further demonstrate the need for coordinated, interdisciplinary, and comprehensive support.

Expanding interdisciplinary and multi-sectoral models is therefore essential to meeting the complexity of pain in later life. Integrated approaches that bring together clinical teams, caregivers and long-term care staff, pharmacists, and civil society, advocacy, and community organizations can improve early identification of pain, strengthen coordination across the care pathway, and ensure that management strategies reflect the needs and lived experiences of older adults.

These collaborations can increase awareness of available options, improve navigation, and help align services with broader efforts to deliver person-centered, age-responsive care. Strengthening these interdisciplinary and cross-sector practices will improve continuity of care, enhance quality of life, and better align pain management with the goals of the UN Decade of Healthy Ageing.



# Conclusion

This study, *Advocating for Accessible Pain Relief for Older Adults in the EU*, clearly outlines that the impact of pain on older adults is substantial at both individual and societal levels. Addressing this burden requires coordinated action across health and social systems, supported by policies, services, and training that recognize the specific needs of older people. Improvements in education, access, and interdisciplinary practice are essential to strengthening pain management and ensuring that care is consistent, equitable, and age responsive.

This report is intended to contribute to ongoing dialogue with stakeholders across sectors, helping to align shared priorities and shape practical calls to action that can advance meaningful change. Continued collaboration will be critical to supporting older adults in maintaining their health, functional ability, and participation in society.



# Appendices

## Appendix A: Age-Distribution Survey Breakdown by Country

Age	France	Italy	Germany	Poland	Spain	Sweeden	Total
45-54 (reference)	59	101	54	65	61	56	396
55-64	119	157	114	140	143	151	824
65-74	101	39	112	87	79	74	492
75-84	18	5	23	12	17	18	93
85-94	1	0	0	0	0	2	3
95+	2	1	0	0	0	0	3
<b>Total</b>	<b>300</b>	<b>303</b>	<b>303</b>	<b>304</b>	<b>300</b>	<b>301</b>	<b>1811</b>

## Appendix B: Country-Summary Findings Overview

The responses presented under each theme reflect the most frequently reported answers to the relevant survey questions. For the question on how pain has affected respondents' lives, the two most common responses are shown in order of frequency, followed by the single most common response related to overall quality of life. Education-related barriers are drawn from responses to questions on access challenges beyond structural constraints, highlighting gaps in knowledge and information relevant to pain management. The most commonly reported challenges in accessing preferred or needed pain management options are summarized to capture system-level and service-related constraints. The two most common healthcare-related responses are synthesized from questions examining the impact of potential restrictions on over-the-counter topical pain relief and the actions respondents indicated they would take if current pain management options became unavailable due to cost, policy changes, or provider limitations.



Country	Individual level impacts of pain	Patient and professional awareness, education, and knowledge	Access barriers	Access barriers – perceived impacts if access were restricted	Reported opportunities to improve access to pain management options.
France	Caused fatigue; Limited ability to do daily activities (e.g., work, social life); Reported worsening of quality of life due to pain.	Self-reported lack of information about pain management, including effectiveness and related outcomes (e.g. side effects and safety); Perception and concern that pain in older adults is more likely to be dismissed by healthcare professionals.	Long wait times or limited availability of services; Cost or lack of insurance coverage	Increased reliance on healthcare providers for advice; Lack of direction on what to do if access to pain management options were restricted.	More affordable pain treatments and reduction of out-of-pocket expenses.
Italy	Caused fatigue; Reduced quality of sleep; Reported worsening of quality of life due to pain.	Self-reported lack of information about pain management, including effectiveness and related outcomes (e.g. side effects and safety); Perception and concern that pain in older adults is more likely to be dismissed by healthcare professionals.	Long wait times or limited availability of services; Cost or lack of insurance coverage.	Increased reliance on healthcare providers for advice; Increased financial burden.	More affordable pain treatments and reduction of out-of-pocket expenses; Better access to over the counter (e.g., medicines you can buy in pharmacies and stores) options.
Germany	Limited ability to do daily activities (e.g., work, social life); Reduced quality of sleep; Reported worsening of quality of life due to pain.	Self-reported lack of information about pain management, including effectiveness and related outcomes (e.g. side effects and safety).	Long wait times or limited availability of services; Provider unwillingness to prescribe certain treatments (e.g., pain medications).	Increased reliance on healthcare providers for advice; Increased likelihood of going to walk-in clinics or emergency departments.	More affordable pain treatments and reduction of out-of-pocket expenses; Better access to over the counter (e.g., medicines you can buy in pharmacies and stores) options.
Poland	Caused fatigue; Reduced quality of sleep; Reported worsening of quality of life due to pain.	Self-reported lack of information about pain management, including effectiveness and related outcomes (e.g. side effects and safety).	Long wait times or limited availability of services; Provider unwillingness to prescribe certain treatments (e.g., pain medications).	Increased reliance on healthcare providers for advice; Increased likelihood of going to walk-in clinics or emergency departments.	More affordable pain treatments and reduction of out-of-pocket expenses; Improved interdisciplinary approaches, including increased access to multidisciplinary pain clinics.
Spain	Limited ability to do daily activities (e.g., work, social life); Impacted mental health (e.g., increased anxiety, depression); Reported worsening of quality of life due to pain.	Self-reported lack of information about pain management, including effectiveness and related outcomes (e.g. side effects and safety); Pain management treatment options are not commonly recommended by HCP; Perception and concern that pain in older adults is more likely to be dismissed by healthcare professionals.	Long wait times or limited availability of services; Lack of information or support about treatment options.	Increased reliance on healthcare providers for advice; Increased likelihood of going to walk-in clinics or emergency departments.	More affordable pain treatments and reduction of out-of-pocket expenses; Improved interdisciplinary approaches, including increased access to multidisciplinary pain clinics.
Sweden	Impacted mental health (e.g., increased anxiety, depression); Limited ability to do daily activities (e.g., work, social life); Reported worsening of quality of life due to pain.	Pain management treatment options are not commonly recommended by HCP; Perception and concern that pain in older adults is more likely to be dismissed by healthcare professionals.	Long wait times or limited availability of services; Provider unwillingness to prescribe certain treatments (e.g., pain medications).	Increased reliance on healthcare providers for advice; Increased likelihood of going to walk-in clinics or emergency departments.	More affordable pain treatments and reduction of out-of-pocket expenses; Better access to over the counter (e.g., medicines you can buy in pharmacies and stores) options.



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