

Volume 43, Issue 6, August 2023

Australian Pain Society Newsletter



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THE
AUSTRALIAN
PAIN SOCIETY

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Editor's Note

Dr Lincoln Tracy



One of the many great pieces of content that stood out to me in this edition of the eNewsletter was the Pain in Childhood SIG journal watch submission by Jo Theodoros, from the Queensland Interdisciplinary Paediatric Persistent Pain Service at the Queensland Children's Hospital.

Jo reviews and shares some thoughts on a recent paper exploring the acceptability of assessing adverse childhood experiences and current sources of distress in caregivers of children presenting to a paediatric chronic pain or sickle cell disease clinic.

This review is timely, following the fantastic plenary presentations on this topic from Professor Melanie Noel at the ASM earlier this year. I feel it's safe to say the passion with which Melanie spoke about her work in this area would have left few, if any, unconvinced of its importance.

But Jo's review also made me consider something that I previously hadn't – how do caregivers feel talking about potentially traumatic events, particularly when you consider they may (or more likely, may not) be aware of how their experiences can influence those of their child(ren)?

Now, this may just be a me thing, speaking as an academic who spends most of my days looking at data and lacks the clinical experience many APS members may have, but it's something that really has me thinking.

A very clever former colleague and collaborator has spent much of their research career exploring long-term recovery after traumatic injury, with a particular focus on health literacy and helping people navigate health information and services to improve their recovery experiences and outcomes.

They recently showed providing major trauma patients with a custom-made recovery information booklet was a useful and acceptable means of providing quality information and encouraging patient-health professional interactions on the ward.

So, I'm curious to know what kind of information (if any) is provided to caregivers when they are asked about their own adverse experiences and stressors, like what happened in the study Jo reviewed, and as part of routine practice?

I know things like these can be difficult to talk about at times but wonder if the caregivers knowing *why* researchers and clinicians are asking these questions would help facilitate the sharing of relevant information that could help with their child(ren)s treatment and recovery.

Until next time,

Lincoln



Important Dates for Your Diary

Tuesday 10 October 2023

Rising Star Award Applications Close
Topical Session Submissions Close

Monday 23 October 2023

Free Paper/Poster Abstract Submissions Close

Tuesday 21 November 2023

Registrations Open!

Save the Date

APS 2024 will be held from 21 – 24 April 2024 at the
Darwin Convention Centre, NT

Visit the conference website here: www.dccconferences.com.au/aps2024

If you have any questions, please contact the
APS Conference Secretariat: apsasm@dccconferences.com.au





2024 AUSTRALIAN PAIN SOCIETY
44TH ANNUAL SCIENTIFIC MEETING
DARWIN CONVENTION CENTRE, NT

Topical Session Submissions Now Open!

Submissions Deadline: Tuesday 10 October 2023

On behalf of the Scientific Program Committee and the Local Organising Committee, we are pleased to advise topical session submissions for APS 2024 are now open.

The deadline for Topical Session submissions is:

Tuesday 10 October 2023

Put on your creative thinking caps and consider proposing ideas beyond the traditional and formal three speaker format. We are looking for innovation – your session can be a healthy debate or an in-depth discussion. We encourage sessions to be interactive, like including an audience poll or awarding prizes. This is your chance to tackle big topics like pain philosophy, ethics in research and pain, controversial conversations in pain, or go niche, exploring one area from numerous perspectives.

Proposed symposia that include a range of experience (early career to senior) and professional expertise will be prioritised.

View the topical session submission guidelines and submit via the [conference website](#).

We look forward to receiving your submissions. Should you have any queries regarding your submission or the process, please contact the [Conference Secretariat](#).





Abstract Submissions Now Open!

Submissions closing: Monday 23 October 2023

On behalf of the Scientific Program Committee and the Local Organising Committee, we are pleased to advise that abstract submissions for APS 2024 are now open.

Please note the following points regarding the submission process:

If your abstract is accepted, either as a free paper or poster, there is an expectation you will attend the conference to present this abstract.

Expressions of Interest (EOI) for travel grant applications are also being collected as part of the submission process.

The submitting author MUST be the main author and the person who will present the work at the ASM.

To view the abstract submission guidelines please click [here](#).

There are THREE categories for Abstract Submissions.

Please visit the links below

[Experimental Studies & Clinical Trials Abstracts](#)

[Clinical Practice & Services Delivery Abstracts](#)

[Case Reports Abstracts](#)

We look forward to receiving your submissions. Should you have any queries regarding your submission or the process, please contact the [Conference Secretariat](#).





2024 AUSTRALIAN PAIN SOCIETY
44TH ANNUAL SCIENTIFIC MEETING
DARWIN CONVENTION CENTRE, NT

Rising Star Award Now accepting applications!

Submission Deadline: Tuesday 10 October 2023

This award showcases rising star pain researchers in Australia and may be awarded annually subject to the application of suitable candidates. The Rising Star Winner will receive a return domestic airfare, accommodation, and complimentary registration to attend the 2024 APS 44th ASM where they will give a plenary presentation to showcase their work and ideas.

Applications are now open. For further information and to apply, please click [here](#).

Selection Criteria

This award will be based on excellence in pain research achievements. Applicants are asked to self-nominate and provide a one-page personal statement addressing the following criteria, with evidence:

- Track record, relative to opportunity (i.e., achievements rather than aspirations)
- Research Impact
- Leadership

Along with three (3) selected publications that reflect your most important research-related contributions. These may be from any stage of your research career and should be accompanied by a summary detailing what your contribution was, why you think the publication is important, and what impact it has had.

Eligibility Criteria

- Nominees must hold a PhD and be within five (5) years of conferral by the deadline of this award application
- Applicants can be working in any field of pain research, including basic science, biomedical, clinical, and other applied or cross-disciplinary sciences
- The selection committee will consider personal or extenuating circumstances that might provide grounds for consideration if the above eligibility criteria are not met
- Only individual scientists are eligible (not research teams)
- Applicants must be available to attend APS 2024 in person to deliver the Rising Star presentation
- Applicants must be a current member of the APS
- Applicants must be an Australian citizen/resident, currently working in Australia and have spent at least two (2) post-doctoral years in Australia, or have returned to continue working in Australia

For further information and to apply, please visit the [Rising Star Application Guidelines](#).

We look forward to receiving your submission!



Nomination for Australian Pain Society Distinguished Member Award – 2024

The Board of Directors is seeking nominations from all Australian Pain Society (APS) members for candidates to be considered for the Distinguished Member Award(s) to be presented at the APS 44th Annual Scientific Meeting to be held in Darwin from 21 - 24 April 2024.

Eligibility criteria:

Candidates must be APS members who generally have had a lengthy career in the field of pain and have:

- Made major contribution¹ towards the Society, **and**
- Significantly contributed to the science of pain management, **and/or**
- Played a significant clinical, educational or research role in the field of Pain Management in Australia

¹Major contributions include, but are not limited to:

- Scientific Program Committee involvement
- Pain research
- APS projects
- Subcommittee involvement
- Board liaison
- Contributions to ASM presentations

Nomination Guidelines:

- A 'Nomination for Distinguished Member Award' form must be completed.
- As a guide, it is desirable that nominees have held continuous APS membership for over 10 years.
- Nominations must include an 800-900 word biography of the nominee. The Board will not consider incomplete nomination forms.
- Unsuccessful nominations are not automatically put forward in subsequent years.
- The nominator must be prepared to present a brief summary of the Distinguished Member biography in the ASM program, or arrange a suitable alternate for the presentation segment.

Submission:

- All nominations to be submitted to the [APS Secretariat](#) by **31 October 2023**.

Notification:

- The APS Board will notify successful nominees by **31 December 2023**.
- Distinguished Member recipients are actively encouraged to attend the Annual Scientific Meeting in order to receive their award in person from the APS President.

The nomination form and a listing of past recipients of the [Distinguished Member Award](#), including their biographies, can be found on the APS website.

APS 2024: Spend the ANZAC Day Long Weekend in Darwin

Written by Alex Robertson, APS Conference Manager,
DC Conference & Association Management

While the highlight of my role as the Australian Pain Society (APS) Conference Manager is watching everyone come together each April at the Annual Scientific Meeting (ASM), a close second is being invited to the upcoming host city to ensure I can put together a customised and personal APS ASM to make sure your experience as a delegate is unforgettable.

In May I was lucky enough to be hosted by the [Darwin Convention Centre \(DCC\)](#) and [NT Business Events](#) to visit and explore Darwin for four magical days. Having worked at DC Conference & Association Management (DCC&A) since 2011, it is hard to believe this was my first trip to Darwin. It certainly won't be the last!

APS 2024 will be held at the Darwin Convention Centre on Larrakia country from 21 – 24 April 2024. While the APS ASM normally runs the week before Easter, the decision was made to push APS 2024 as close to May – and the dry season, as possible. APS 2024 will finish on the afternoon of Wednesday 24 April, and having spent a long weekend in Darwin, I strongly encourage those that can, to do the same!

There were many stand out moments and places from my recent trip, and the Scientific Program Committee (SPC) are keen to include some additional activities outside of the conference program to ensure delegates get to experience the magic of Larrakia country.

Shortly after we arrived, we were welcomed by Dr Richard Fejo, local Larrakia and Warramungu man and current Chair of the Larrakia Nation Aboriginal Corporation. He performed a traditional Larrakia Saltwater Ceremony, where we were invited to enter the Waterfront Lagoon, where

our sweat mingles with the saltwater of the sea, connecting us with the Elders so they may recognise and protect us on Larrakia Land. It was deeply moving to be welcomed to such a special part of Australia in this way.

The [Royal Flying Doctor Service Museum](#) is a short stroll from the DCC and includes an eye-opening, immersive Bombing of Darwin experience.

It's hard to go past a visit to [Crococaurus Cove](#). I got to hold a couple of baby crocs, and feed some juvenile ones – the strength of their bite was so strong and had me laughing hysterically.

Considering I had just come from eating crocodile dumplings at [Charlie's of Darwin](#) I did wonder if the moment I almost lost the fishing line to Richard the “hungry & grumpy croc” was a personal vendetta (email me for the video).

Finding Charlie's meant a walk down laneways and through a loading dock, but when we came out of the lift to a jungle oasis where we enjoyed locally produced gins that use uniquely Territory ingredients it was hard not to want to settle in for the afternoon!



*Larrakia Saltwater Ceremony
with Dr Richard Fejo*



*Crococaurus Cove:
“Please don't move...”*



Charlie's of Darwin: Can confirm crocodile in dumpling form is much less scary



Char Restaurant: An absolute feast!



Litchfield National Park: Akubra recommended

Charlie's is the home of [Darwin Distilling Co.](#) Infused with seasonally harvested makrut limes, pineapple, wild passionfruit, and dragon fruit, I am still regretting not purchasing a bottle of the *Tropical Monsoon*.

Fresh and abundant amounts of food seemed to be the theme for the weekend, we enjoyed an unforgettable evening at [Char Restaurant, Admiralty House Darwin](#) where a smorgasbord of food and wines was served in a fairy light filled garden, accompanied by a duo who knew how to get people dancing. A magical evening and a fabulous experience I'd recommend to anyone looking for a special restaurant during their stay.

[Wharf One](#) is a short stroll from the DCC and will be hosting the Pain in Childhood and Basic Pain Research SIG Dinners on the Sunday evening. Dine on Modern Australian food while enjoying sweeping water views across the Waterfront Lagoon (and perhaps a [refreshing swim](#) on the way home?)

The highlight for me had to be our day trip to [Litchfield National Park](#). [Offroad Dreaming's](#) tour guides know their stuff – the 80 minute drive included learning about a variety of topics, from the NT's only castle to how traditional Indigenous back burning methods are used to safely back burn in 30 degree weather.

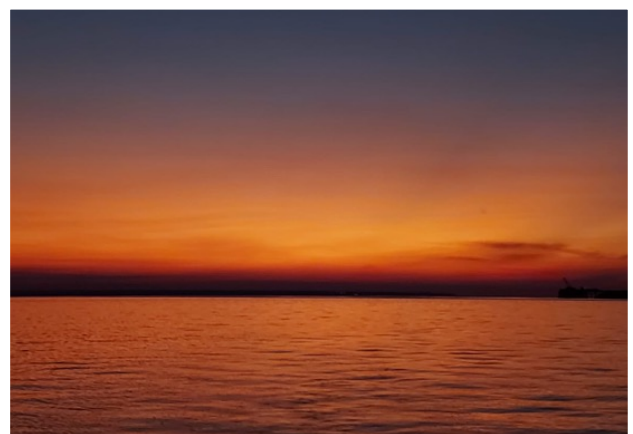
We swam in pristine (croc-free!) fresh waterholes. You know that moment when you dive into water that is such a perfect temperature you can't help but whoop and laugh with joy as you surface?

The feeling of being lucky enough to experience a magical place, landscapes and views that make your jaw drop? Well, that feeling is captured for a full day in the dazzling, spectacular landscape of Litchfield National Park.

The SPC are currently working hard on amending the APS ASM program times to best work with flights in and out of Darwin, so keep an eye on the APS newsletter and your emails over the coming months for any updates.

I can't wait to share the Darwin experience with you all, see you there!

For more on APS 2024 please visit the conference website: www.dconferences.com.au/aps2024



Darwin has the best of both worlds, the most beautiful sunrises and sunsets

2023 Discipline Subgroup Meetings Summary

By Dinah Spratt, APS Secretary and Joyce McSwan, APS President

On Sunday, 2 April 2023, following the Pre-Conference Workshops at the 43rd Annual Scientific Meeting in Canberra, the Australian Pain Society (APS) Discipline Subgroup meetings were convened for the 8th time. Attended by over 120 participants, who largely stayed on after the Pre-Conference Workshops, the subgroup meetings provided an opportunity for each discipline to meet in person, network, and share ideas specific to the discipline's interests and needs after a day of learning together. Each subgroup meeting was led by an APS Board Director, which allowed the Society to update its members on current Society news and activities.

These meetings are a great opportunity for new APS members and first timers to the Pre-Conference Workshops to be welcomed to their discipline subgroups. The six participating disciplines were physiotherapy, psychology, pharmacy & pharmacology, medical, occupational therapy, and nursing.

There was general agreement from all disciplines that the timing of these subgroup meetings was well placed after the Pre-Conference Workshops. However, others suggested they could occur mid-week once the conference has commenced so more ideas could be generated when the Scientific Meeting was in full swing. There was overwhelming support for the Society's mentorship program, which is currently in development. There was also similar appreciation across all disciplines that the variety of research, clinical and specialist expertise within each discipline and in the wider APS community were one of the strengths of why they continued to be part of the APS.

Similar challenges were raised in relation to work force capacity and capability in pain management, and the need to grow competencies in pain management. Remuneration for allied health services and funding allocation for pain management services in general remain an ongoing barrier to adequate access to services despite the growing demand and need in both public and private sectors.

The Society's multidisciplinary approach, welcoming atmosphere, inclusiveness of the APS, quality of the conference, newsletter series, communication touch points (e.g., President video messages and website) and overall reliability of delivering these services were well appreciated by our members.

The feedback is greatly appreciated and is very helpful for planning of our future annual scientific meetings and strategic planning for future APS activities.

We look forward to seeing you in Darwin in 2024 for another exciting meeting!

Annual Scientific Meeting Travel Grant Recipient Report

Let's be specific: The immune cells at play in people with persistent pain



Author name: Jayden O'Brien

Author biography: Jayden is a late-stage PhD candidate at the University of Sydney. His thesis investigates the cellular heterogeneity of the immune system in human chronic pain conditions and rodent models, with a particular focus on neuropathic pain and migraine. His research interests also include the contribution of brain neuron-glia interactions to the emotional-affective dimension of pain.

Author contact details:

jayden.obrien@sydney.edu.au

I am delighted to have been given the opportunity to travel to the bush capital to attend my second APS Annual Scientific Meeting. I presented a poster and rapid communication on our scoping review and literature reappraisal, which investigated the evidence for the involvement of immune cells across human persistent pain conditions.

We found that the definitions typically used by most investigations have been vague, resulting in an evidence base that is difficult to interpret. It was gratifying to advocate to a multidisciplinary audience about the importance of specificity when talking about the immune component of pain. A greater understanding of the heterogeneity of cell types that contribute to the initiation, maintenance, or resolution of pain is sorely needed to improve our understanding of human pain biology.

Thank you to those who attended my poster – I really enjoyed our discussions, and many stimulated new ways of thinking and helped me reframe the work in ways I had not previously considered. The rapid communication presentation was an exhilarating opportunity to present my research in 90 seconds in a plenary session – the pressure was well-balanced by the supportiveness of the delegation.

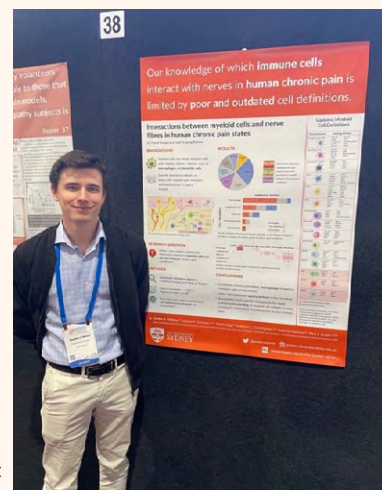
The scientific program was truly multidisciplinary and often thought-provoking. I particularly enjoyed hearing about international keynote speaker Professor Ted Price's work on transcriptional

profiling of human dorsal root ganglia, and the extent to which we can apply our knowledge from rodent models to human pain. I also enjoyed engaging talks from plenary speaker Professor Melanie Noel on intergenerational trauma and chronic pain, and Professor Richelle Mychasiuk on the neurobiological underpinnings of the relationship between sleep and pain. It was also a delight to see so many ECRs, particularly Honours students, doing such a stellar job presenting their work, particularly those for whom APS2023 was their first ever scientific meeting.

I valued again attending the Basic Pain Research Special Interest Group's pre-conference workshop, hearing from both ECRs and established researchers on the latest Australian research into mechanisms of pain. Seeing new BPR SIG chair Professor Gila Moalem-Taylor present on her lab's work in the neuroimmunology of chronic pain was enlightening, and watching three-minute thesis-style presentations from the Chief Investigators (all keeping to time!) was a genuine highlight.

I was excited to catch up with so many alumni from the inaugural painSTAR program held in the Barossa Valley in 2022, many of whom I saw at the gala dinner (my first; the dance floor lived up to the hype!). Being able to chat with delegates and speakers casually over food and drink once the day's sessions were over was always valuable and even generated some interesting ideas for future projects and collaborations.

It was a pleasure to attend the ASM in April and to share the experience with colleagues and friends old and new. Thank you to the APS for their support. I eagerly look forward to seeing everyone next year in Darwin.



Annual Scientific Meeting Travel Grant Recipient Report

Thanks to the Australian Pain Society for another fabulous Annual Scientific Meeting!



Author name: Nicole Pope

Author biography: *Nicole is an RN and a PhD Candidate at the University of Melbourne. Her doctoral research is broadly focused on the use of digital health technologies to care for hospitalised children with pain.*

Author contact details:

Nicole.pope@student.unimelb.edu.au

At the Annual Scientific Meeting, I had the opportunity to present findings from our qualitative study exploring patient and family perspectives about using an inpatient portal linked to the hospital's Electronic Medical Record system to support their engagement in pain care. Findings outlined caregiver and youth recommendations for patient portal configurations that deeply engage and empower children and families in pain care through multidirectional knowledge sharing, supporting caregiver and clinicians' roles without burdening or replacing human interaction implicit in family-centred pain care. Results also helped to direct further research, which should measure the impact of portals on pain-related outcomes and explore the perspectives of clinicians.

These travel funds generously provided by the Australian Pain Society supported my attendance at the Annual Scientific Meeting, which provided invaluable opportunities for my professional learning, engagement, and dissemination of research findings. Facilitating the Pain in Child Health (PICH) Down Under Workshop and presenting study results at the Annual Scientific Meeting helped to establish collaborative nursing, interprofessional, and consumer partnerships and build my professional profile as an internationally recognised nurse researcher in my research field.

The PICH Down Under workshop was well attended and generated meaningful discussion about the future possibilities of establishing an Australian PICH trainee community. Watch this space! Communicating findings from the qualitative study as an oral presentation was

important to share the voices and perspectives of youth and primary caregivers about using an inpatient portal to support their engagement in pain care. The presentation was, therefore, a critical opportunity to translate and disseminate my research to improve pain care practices and outcomes for children and families.

At the same time, and most importantly, attending the Australian Pain Society's Annual Scientific Meeting allowed me to learn about other national and international pain research and collaborate with pain experts and other trainees from around the world. It was a real privilege to meet international paediatric pain researchers, such as Professor Melanie Noel and Dr Jennifer Stinson, and learn about the novel and impactful work they are pioneering to advance the paediatric pain care field. Similarly, it was an honour to hear about the critical work Professor Denise Harrison is leading in Australia, the Be Sweet to Babies program of research, focused on partnering with families and clinicians to improve pain outcomes for infants during needle procedures. Building these connections with the national and international pain community at the Annual Scientific Meeting was possible because of the generous support of the Australian Pain Society. Above all, it was an absolute BLAST! I cannot wait to attend the 2024 ASM in Darwin!

Declaration: Nicole Pope gratefully acknowledges participating parents, youth, and staff who gave their time and support for this study. Nicole is a PhD candidate and the grateful recipient of The Melbourne Research Scholarship and the Be Sweet to Babies studentship supporting her PhD studies. She is also the recipient of the Vera Scantlebury Brown Child Welfare Memorial Trust Scholarship and the Australian Nurses Memorial Centre Prince Henry's Affiliates Scholarship. These funders have no role in the design and conduct of the study.

Announcing the APS/CFK Clinical Research Grant #7



The APS is thrilled to announce our partnership with Cops or Kids is continuing with a seventh [Clinical Research Grant Program](#) offering a generous grant funding of \$40,000 (inclusive of GST).

[Cops for Kids](#) (CFK) is a South Australian based charity focused on supporting initiatives that strive to improve the lives of children in that state. Part of the CFK mandate includes the provision of funds for research to assist in the care of sick children and/or enhance the life quality of a child.

The funded project can be related to any aspect of a childhood pain complaint – including theoretical, mechanistic, diagnostic, treatment, epidemiological, and/or sociological approaches.

In brief, the award is to enable clinical research which meets the following criteria:

- > Approach a meaningful conclusion in one year
- > Conducted in Australia and must be relevant to the South Australian population
- > The applicant must be an Australian citizen or permanent resident
- > The applicant and their supervisor (if applicable) must be members of the Australian Pain Society and its Pain in Childhood Special Interest Group
- > The grant funding of **\$40,000** (inclusive of GST) will be paid quarterly in arrears upon the submission and acceptance of a combined Progress Report-Acquittal Form

Further information about the APS/CFK Grant, including the Conditions of Award, can be found on the [APS website](#).

Application Deadline: 5pm AEST, Tuesday 26 September 2023

APPLY

Would you like to be featured in an APS member spotlight?

Email the APS Secretariat (aps@apsoc.org.au) if you would like to complete a short interview to introduce yourself and your work to the broader membership.



The Pain Revolution Rural Outreach Tour is coming to Queensland

Do you, or someone you love, live with persisting pain?

Are you ready to learn how understanding pain can help you, and your whole community? Join us for a FREE, easy to understand talk about why your body hurts, why it keeps hurting and what you can do to help it.

Are you a health professional working with people living with persisting pain?

Join us for an interactive multidisciplinary lecture and discussion about the challenge of treating persisting pain, and the opportunities for recovery that have emerged from the research lab.

Are you interested in learning more about the science behind why pain persists, and how people can recover from ongoing pain?

Drop into the Brain Bus, our pain science lab on wheels to experience the power of your brain and how it informs a modern understanding of pain.



Townsville

Saturday - September 2

Townsville RSL
139 Charters Road
Hermit Park

Health Professional Seminar

8:30-12:00pm

Public Seminar

1:00-2:30pm

Ingham

Sunday - September 3

Tyto Conference & Event Centre
25 Lannercost St
Ingham

Whole of Community Seminar

3:00-4:30pm

Mission Beach

Monday - September 4

Castaway Resort & Spa
2 Pacific Parade Mission
Beach

Whole of Community Seminar

5:00-6:30pm

Innisfail

Tuesday - September 5

Brothers Leagues Club
Cnr Campbell & Ernest Street
Innisfail

Whole of Community Seminar

5:00-6:30pm

Atherton

Wednesday - September 6

Disaster Coordination Centre
15 Vernon Street
Atherton

Whole of Community Seminar

5:00-6:30PM

Cairns

Thursday - September 7

Brothers Leagues Club
99-107 Anderson Street
Manunda

Public Seminar

3:30-5:00pm

Health Professional Seminar

5:45-7:15pm

Book your FREE ticket at painrevolution.org/tour



The Rural Outreach Tour is sponsored by:



HEALTHIER, LONGER,
BETTER LIVES



University of
South Australia

BPR Pain Hour: Spinal cord involvement in diabetic neuropathy

3-4pm AEST, Tuesday 15 August 2023 (via Zoom)



The purpose of our Basic Pain Research Special Interest Group (BPR SIG) is to share, improve, and promote scientific knowledge and understanding of the mechanisms of nociception and pain across all levels of investigation, from molecular and cellular analyses to preclinical or clinical studies.

This forum will provide an informal platform to promote and share our research and insights, from ECRs (including students) and senior colleagues.

Session 7: Spinal cord involvement in diabetic neuropathy

Summary

This session will explore changes in the spinal cord in diabetic neuropathic pain and will include presentations from Dr Lydia Hardowar and Associate Professor Richard Hulse, Nottingham Trent University, UK. Dr Hardowar will focus on investigating vascular interactions of pericytes and astrocytes within the spinal cord microvasculature during sensory neuropathy in diabetes. Lydia's presentation will also explore the role of the neurovascular unit at the spinal cord level in regulating blood flow and how sensory neuronal dysfunction during neuropathy development arises from alternate vascular interactions in hyperglycaemia. Associate Professor Hulse's talk will explore hypoxia-induced neuronal degeneration at the spinal cord level during diabetic neuropathy. Richard will discuss the impact of hypoxia on sensory neurons in the spinal cord and how this contributes to neuronal maladaptations during the development of sensory neuropathic pain.

The invited speakers:

Dr Lydia Hardowar is a postdoctoral research fellow at Nottingham Trent University. Having defended her PhD thesis titled 'Investigating the Neurovascular Unit in Diabetic Sensory Neuropathy' in June 2022, Lydia will graduate

this summer. She has continued her work exploring microvascular changes at the level of the spinal cord from her PhD into her postdoctoral role. Lydia focuses on investigating the dorsal horn pericyte and astrocytic activation influencing blood flow change in hyperglycemic conditions. Through in vivo behavioural studies in dietary-induced hyperglycaemic animal models, intravital spinal cord blood volume imaging, confocal microscopy, and in vitro modelling Lydia has gained insight into causal effects on capillary deterioration preceding sensory neuronal maladaptations in neuropathic pain development.

Dr Richard Hulse is an Associate Professor in Sensory Neuroscience and theme lead for Integrative Neurophysiology in the Department of Biosciences at Nottingham Trent University. He was awarded his PhD in 2009 in the School of Physiology, Pharmacology, and Neuroscience at the University of Bristol. He continued in Bristol for his postdoctoral research exploring how differing markers of neuronal injury, principally vascular endothelial growth factor-A, influences sensory primary afferent function and transition to chronic pain states. In 2013 he moved to the University of Nottingham to explore how modulation of the vascular network and microenvironmental adaptation within the dorsal horn are implicated in the onset of chronic pain, in particular diabetic and chemotherapy-induced neuropathic pain. His current work continues this focus, exploring vascular remodelling and its role in nociception, as well as investigating the dorsal horn neuronal maladaptation to local hypoxia and HIF1 α dependence to underpin the development of diabetic neuropathic pain.

All are welcome to attend, including postgraduate students.

We look forward to seeing you there, please [register here](#).

BPR Pain Hour: Repurposing Drugs for Treatment of Chronic Pain

3-4 pm AEST, Tuesday 5 September 2023 (via Zoom)



The purpose of our Basic Pain Research Special Interest Group (BPR SIG) is to share, improve, and promote scientific knowledge and understanding of the mechanisms of nociception and pain across all levels of investigation, from molecular and cellular analyses to preclinical or clinical studies.

This forum will provide an informal platform to promote and share our research and insights, from ECRs (including students) and senior colleagues.

Session 8: Repurposing Drugs for Treatment of Chronic Pain

Summary

In recent years, drug repurposing has gained considerable attention in the drug discovery process. It involves establishing new therapeutic uses of already known drugs. This session will consider how we can repurpose existing drugs, with known safety profiles, to treat a variety of conditions that are accompanied by pain. The first speaker, Shane Cronin, will discuss recent work that involved screening of 1000 target-annotated, FDA-approved medications, to identify several drugs that interact with BH4, a metabolite of sensory neurons that is involved in neuropathic and inflammatory pain. The second speaker, Aeson Chang, will discuss work that led to the repurposing of Beta-blockers for the treatment of cancer, and how the effects of chemotherapy on sympathetic nerve

signaling has informed identification of better combinations for drug repurposing in the cancer context. These talks will both inform strategies for maximising the benefits of existing pharmaceutical compounds in the development of novel treatments for chronic pain.

The invited speakers:

Shane Cronin, Assistant Professor, Medical University of Vienna, Austria

Title: Targeting BH4 for pain relief

Aeson Chang, Lecturer and Postdoctoral Researcher, Cancer Neural Immune Laboratory, Monash Institute of Pharmaceutical Sciences

Title: Novel Cancer Neuroscience Mechanism from Drug Repurposing

All are welcome to attend, including postgraduate students.

We look forward to seeing you there, please [register here](#).

The Effect of Exercise on Pain in People with Cancer: A Systematic Review with Meta-analysis

Thank you to APS member Melanie Plinsinga and their colleagues Ben Singh, Grace Rose, Briana Clifford, Tom Bailey, Rosalind Spence, Jemma Turner, Michel Coppieters, Alexandra McCarthy, & Sandra Hayes for sharing the following recent publication.

Article first published online: 22 May 2023

Journal Reference: Plinsinga, M.L., Singh, B., Rose, G.L. et al. The Effect of Exercise on Pain in People with Cancer: A Systematic Review with Meta-analysis. Sports Med (2023).

DOI: <https://doi.org/10.1007/s40279-023-01862-9>

Abstract

Introduction & Objectives

Cancer-related pain is common and undertreated. Exercise is known to have a pain-relieving effect in non-cancer pain. This systematic review aimed to evaluate (1) the effect of exercise on cancer-related pain in all cancers, and (2) whether the effect of exercise differed according to exercise mode, degree of supervision, intervention duration and timing (during or after cancer treatment), pain types, measurement tool and cancer type.

Design

Systematic review with meta-analysis.

Subjects

Studies looking at participants diagnosed with any cancer.

Methods

Electronic searches were undertaken in six databases to identify exercise studies evaluating

pain in people with cancer, published prior to 11 January 2023. All stages of screening and data extraction were conducted independently by two authors. The Cochrane risk of bias tool for randomised trials (RoB 2) was used and overall strength of evidence was assessed using the GRADE approach. Meta-analyses were performed overall and by study design, exercise intervention and pain characteristics.

Results

In total, 71 studies reported in 74 papers were eligible for inclusion. The overall meta-analysis included 5877 participants and showed reductions in pain favouring exercise (standardised mean difference – 0.45; 95% confidence interval – 0.62, – 0.28). For most (>82%) of the subgroup analyses, the direction of effect favoured exercise compared with usual care, with effect sizes ranging from small to large (median effect size – 0.35; range – 0.03 to – 1.17). The overall strength of evidence for the effect of exercise on cancer-related pain was very low.

Conclusions

The findings provide support that exercise participation does not worsen cancer-related pain and that it may be beneficial. Better pain categorisation and inclusion of more diverse cancer populations in future research would improve understanding of the extent of benefit and to whom.

Declaration

Melanie Plinsinga has nothing to declare.

Have you had an article accepted for publication recently?

The Australian Pain Society (APS) is keen to share publications from our members with their colleagues via our eNewsletter. If you've had an article accepted or published recently, please contact our Assistant Editor Joanne Harmon via the APS Secretariat (aps@apsoc.org.au) with the title, authors, and reference (i.e., journal, volume, and DOI) of your article and request the submission template. We would love it if you also supply a short commentary (300 words max) to give our readers the gist of the article.

Meaningful coproduction with clinicians: establishing a practice-based research network with physiotherapists in regional Australia

Thank you to APS members Connor Gleadhill and Steven Kamper, and their colleagues Christopher Williams, Katarzyna Bolsewicz, Andrew Delbridge, Benjamin Mahon, Bruce Donald, Caitlin Delore, Craig Boettcher, David Renfrew, Joshua Manvell, Katherine Dooley, Michael Byren, Toby Watson, Andrew Makaroff, Benedicta Gibbs, Christopher Barnett, Michael Corrigan, Murray Leyland, Nicholas Mullen, Ryan Gallagher, Samuel Zelinski, Steven Lamond, Travis Maude, Simon Davidson, Emma Robson, Priscilla Viana Da Silva, and Nicole Manvell for sharing the following recent publication.

Article first published online: 26 May 2023

Journal Reference: Gleadhill, C., Williams, C.M., Kamper, S.J. et al. Meaningful coproduction with clinicians: establishing a practice-based research network with physiotherapists in regional Australia. *Health Res Policy Sys* 21, 38 (2023).

DOI: <https://doi.org/10.1186/s12961-023-00983-x>

Abstract

Background

The disconnect between research and clinical practice leads to research evidence that is often not useful for clinical practice. Practice-based research networks are collaborations between researchers and clinicians aimed at coproducing more useful research. Such networks are rare in the physiotherapy field.

Objective

We aimed to describe (i) clinicians' motivations behind, and enablers to, participating in a network, (ii) the process of network establishment and (iii) research priorities for a practice-based network of physiotherapists that supports research coproduction.

Design

We used program logic to design key activities and identify outputs in a three-step process.

Setting

Hunter Region of New South Wales (NSW), Australia.

Methods

Step 1 involved consultation with local opinion leaders and a formative evaluation to understand clinicians' motivations behind, and enablers to, participating in a network. Step 2 involved establishment activities to generate a founding membership group and codesign a governance model. Step 3 involved mapping clinical problems through a workshop guided by systems thinking theory with local stakeholders and prioritising research areas.

Results

Through formative evaluation focus groups, we generated five key motivating themes and three key enablers for physiotherapists' involvement in the network. Establishment activities led to a founding membership group (n = 29, 67% from private practice clinics), a network vision and mission statement, and a joint governance group (9/13 [70%] are private practice clinicians). Our problem-mapping and prioritisation process led to three clinically relevant priority research areas with the potential for significant change in practice and patient outcomes: (i) public and patient perception of musculoskeletal conditions and what is effective to manage them, (ii) poor quality of care that patients with musculoskeletal conditions receive, (iii) lack of preventative focus from the health system.

Conclusions

Clinicians are motivated to break down traditional siloed research generation and collaborate with researchers to solve a wide array of issues with the delivery of care. Practice-based research networks have promise for both researchers and clinicians in the common goal of improving patient outcomes.

Declaration

Connor Gleadhill has no conflicts to declare.

Call to focus on digital health technologies in hospitalised children's pain care: clinician experts' qualitative insights on optimising electronic medical records to improve care



Pope, Nicole; Korki de Candido, Ligyana; Crellin, Dianne; Palmer, Greta; South, Mike; Harrison, Denise. Call to focus on digital health technologies in hospitalized children's pain care: clinician experts' qualitative insights on optimizing electronic medical records to improve care. *Pain*. 2023 Jul 1;164(7):1608-1615

DOI: [10.1097/j.pain.0000000000002863](https://doi.org/10.1097/j.pain.0000000000002863)

Reviewer: Dr Mark Alcock, Anaesthetist and Pain Medicine Physician, Queensland Children's Hospital

Review of article

Study group

Fourteen nurses and doctors who work in hospitals using an electronic medical record (EMR) and who were primarily responsible for inpatient care for children with pain.

Aims of study

To explore the perspectives of paediatric clinical pain experts using hospital EMRs on how to capitalise hospital EMR designs to drive optimal child- and family-centered pain care practices in inpatient settings.

Brief methodology

Qualitative exploratory design. Data was collected through individual semi-structured interviews conducted virtually. Audio recordings were transcribed and analysed.

Brief summary of the results

Regarding the use of electronic medical records in caring for hospitalised children with pain, four broad categories emerged from the qualitative content analysis:

- Capturing the pain story
- Working with user friendly systems
- Patient and family engagement and shared decision making
- Augmenting pain knowledge and awareness

Regarding capturing the pain story, participants advocated for designing EMRs with functionality that facilitated assessment and documentation of all domains of the biopsychosocial model of pain. For example, EMRs can integrate pain scales and body maps (to document pain location) which helps their use be developmentally appropriate, consistent, and efficient. EMR design can enable the assessment and documentation of more holistic aspects of the pain experience such as mood/affect, behaviour, activity level, mobility, sleep, and the parent perspective. Making this data accessible for the EMR user through temporal visual representations was identified as important to help provide context to the information. EMR design can also assist delivery and documentation of multimodal interventions. Participants reflected that while EMRs have established an essential role in supporting safe medication practices, there is much room for growth in how they support the delivery and documentation of physical and psychosocial interventions. Integrating physical and psychosocial intervention options into the EMR in a way that can be navigated efficiently could help clinicians consider, provide, and record these interventions.

Prompts and alerts in EMR workflows to guide practice could be both helpful and unhelpful depending on the context. Features such as colour coding alerts (e.g., for pain intensity), templated notes and drop-down menu options, embedding content such as guidelines and policies, and combining alerts with options to make interdisciplinary referrals were considered helpful. However excessive alerts, particularly if more explicit (e.g., pop up alerts) were often perceived as disruptive and frequently ignored. Participants agreed EMRs have an important role in managing safety and optimising care, but do not replace ongoing education, training, and advocacy efforts.

Most participants reported their EMR had the capacity to record patient and family perspectives on pain and interventions. Interfaces to support patient and family engagement and open communication, such as displaying EMR information pages were regarded as important. Participants advocated for advances that enabled patients and families to contribute pain information to the EMR in real time, such as using bedside technologies, and for the potential of these interfaces to be used to deliver education and coping strategies. There were some concerns raised about sharing access to EMR with families, including risk of overwhelming families with information and responsibility, managing expectations about responsiveness of care, and mechanisms for appropriate and timely escalation of care.

The role and further potential EMRs have in leveraging pain data for quality improvement was highlighted, however many participants also described barriers to accessing and using EMR data in meaningful ways. These barriers included time and resource intensive processes that frequently required an IT skillset that clinicians are not taught. There is also room for improvement in customising EMRs to enable structured and consistent data entry, and refining the data that is considered of value and entered. Participants also shared examples of how EMRs were a catalyst for raising awareness of pain and improving pain care practice.

Conclusions

The authors state that to the best of their knowledge, this was the first study to explore paediatric clinical pain experts' perspectives on EMR designs that support optimal pain care for hospitalised children. Analysis of information provided by the 14 clinicians interviewed revealed four broad categories that illustrate the wide-reaching influences EMRs have on the way care is provided to hospitalised children experiencing pain. This article is helpful for us to reflect on how we are currently using EMRs, their strengths and limitations, and how their ongoing evolution has the potential to continuously improve how we partner with patients and families and provide holistic care for hospitalised children experiencing pain. The authors identify that further research to represent the voices of other stakeholders including consumers is needed, and that perspectives from hospital administrators, informatic experts, and human factor designers would also provide valuable insights.

Declaration

The reviewer was one of the 14 health practitioners interviewed for this study.

POSITION VACANT Research Fellow

Employment Status: Part Time, Casual
Remuneration: \$20,000 per year

Please direct enquiries to: Study Leader
Assoc Prof Arun Aggarwal at arun.a@sydney.edu.au and 0418411774

Trigeminal Neuralgia Association Australia (TNAA) offers an exciting opportunity for a Research Fellow to conduct a three-year study. Tegretol (carbamazepine) has been GP's first choice of medication for Trigeminal Neuralgia pain, but it isn't appropriate for many. This study will assess the value of one or more alternative medications as the first choice. Applications will close once a suitable candidate has applied and been accepted.



Music therapy and pediatric chronic pain: A scoping review



Alley, S., Sweeney, A. & Moss, H. Music therapy and pediatric chronic pain: A scoping review. *Music & Medicine*. 2023; 15(2): 90-99.

DOI: <https://doi.org/10.47513/mmd.v15i2.909>

Reviewer: Helen Carrington, Senior Music Therapist, Queensland Interdisciplinary Paediatric Persistent Pain Service and Clare Kildea, Senior Music Therapist, Queensland Interdisciplinary Paediatric Persistent Pain Service

Review of article

Study group

This scoping review investigated studies of paediatric patients (ages 0-18 years) with chronic pain (i.e., pain persisting or recurring for more than three months). The five studies included in the review had a broad range of ages; however, all included young people between the ages of 12-17 years. Due to the descriptive nature of some of the reviewed articles, the number of patients included was not defined.

Aims of study

The reviewers explored the current literature on the use of music therapy as a therapeutic intervention for children with chronic pain. The objectives were to gather sources that implemented music therapy for managing paediatric chronic pain, collating and comparing studies reporting the quality and effectiveness of music therapy for this population and identifying specific interventions used.

Brief methodology

A scoping review protocol was used to identify and summarise relevant sources. Specific inclusion and exclusion criteria filtered for studies in English only from the past 10 years, with paediatric patients experiencing chronic pain (i.e., not acute or procedural pain), and where music interventions were administered by a music therapist (as opposed to Music Medicine).

Brief summary of the results

Of the 255 articles initially identified, five studies met inclusion criteria and were suitable for review, describing services provided in the United States of America and Germany. Two of these studies described the results of music therapy research investigating the effectiveness of specific interventions with specific pain disorders (primary headache disorder and amplified pain syndrome). The remaining three articles describe the use of music therapy alongside other therapies within integrative medicine programs where chronic pain (as a general diagnosis) is seen within paediatric pain clinics and pain rehabilitation programs. A survey of parent feedback was conducted in one study and found that compared to other integrative medicine available, music therapy was the most often received and the most preferred.

The included studies described the aims and/or goals of music therapy to:

- Provide space for emotional exploration and self-expression
- Establish coping mechanisms and encourage externalisation of pain
- Create meaningful relationships through music
- Increase body awareness
- Increase relaxation levels
- Decrease cognitive and somatic anxiety levels
- Reduce the level of pain experienced

Music therapy interventions evaluated as effective within the included studies were:

- Music listening interventions such as guided imagery and relaxation through music, song choice and lyric analysis of patient-selected music, and
- Active music engagement interventions such as improvisation, song singing, song writing, instrumental play, and symptom or role-playing improvisation.

Conclusions

This is the only scoping review investigating the use of music therapy within paediatric chronic pain to date. The authors identify that although limited in number, the included studies report no negative outcomes of music therapy as well as positive and important findings for the value of music therapy as a resource in paediatric chronic pain treatment. The age range of 12 to 17 years was highlighted as consistently receiving music therapy within the included studies, suggesting young adolescence is a favourable developmental stage for engaging in music therapy intervention. Gaps in knowledge and reporting of study characteristics were identified, including a lack of detail around the music therapy interventions used, length and frequency of sessions, details of diagnosis, and lack of clarity of research designs and methodology. Further research is recommended to enhance the evidence-base by supporting the claims of positive benefit and investigate potential negative effects.

Reviewer's critique & take home message

This scoping review into music therapy with the paediatric chronic pain population is a strong beginning for describing and defining this area of work, particularly in the adolescent age group of 12 to 17 years. The literature informing the use of music therapy in paediatric chronic pain is emerging. Although the included publications describe programs in Germany and the USA, the new study provides guidance and inspiration for further research in this promising field. This article demonstrates the challenge of summarising a range of studies (from a cross-sectional review to a randomised controlled trial) within a broad topic. Nevertheless, this scoping review indicates the potential value of music therapy in paediatric chronic pain and a demand from consumers.

Declaration

The reviewers declared that no financial support was given for the writing of this article. The reviewers have no conflict of interest to declare.



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APPLY

Predicting the need for transition from pediatric to adult pain services: a retrospective, longitudinal study using the electronic persistent pain outcome collaboration (ePPOC) databases



Champion, J, Crawford, M., Jaaniste, T. (2023). Predicting the Need for Transition from Pediatric to Adult Pain Services: A Retrospective, Longitudinal Study Using the Electronic Persistent Pain Outcome Collaboration (ePPOC) Databases. *Children*, 10, 357.

DOI: [10.3390/children10020357](https://doi.org/10.3390/children10020357)

Reviewer: Eloise Cowie, Senior Clinical Psychologist, Queensland Interdisciplinary Paediatric Persistent Pain Service

Review of article

Study group

Eighty-six Australian paediatric patients of persistent pain services who had completed the Pediatric electronic Persistent Pain Outcomes Collaboration (PaedePPOC) between 2014 and 2020 who transitioned into adult pain services were compared to 1541 patients who did not transition to adult pain services.

Aims of study

The aims of the study included describing the demographic, clinical, and psychosocial data regarding paediatric patients with chronic pain who then transition to adult pain services. The second aim was to compare the cohort of patients who transitioned to adult pain services from the time of their initial assessment to patients who did not transition. The third aim was to identify factors relevant to patients and carers that may be predictive of the need to transition to an adult pain service.

Brief methodology

This retrospective study used deidentified data linked with prospectively captured adult ePPOC databases. Data collected at the time of initial assessment included demographic data, descriptive data about pain, the Modified Brain Inventory, Functional Disability Inventory, Pediatric Quality of Life Inventory, and the Bath Adolescent Pain Parent Impact Questionnaire. Comparative demographics, clinical characteristics, health care utilisation, medications use, and questionnaire scores were analysed for the transition and comparison groups.

Brief summary of the results

The cohort of patients who transitioned from paediatric to adult pain services experienced significantly worse pain intensity and functional disability, more frequent health care utilisation, and impairment across all functional domains when compared to the comparison group. However, these factors were not significant when predicting the need to transition. Carer-reported catastrophising and helplessness were significantly higher in transitioning patients. Other factors associated with the transition to adult pain services included older age at time of referral, medicolegal compensation status, and daily use of anti-inflammatory medications.

Conclusions

The authors summarise patients who transition from paediatric to adult pain services experience increased vulnerability and disability, with predictive characteristics for referral to adult pain services including compensation status, regular use of NSAIDs, and older age at the time of referral to paediatric services. This research supports the importance of identifying and considering signs that indicate transition might be more likely and engaging early and appropriate supports to facilitate handover.

Reviewer's critique & take home message

The research is strengthened by a quasi-longitudinal approach; however, interpretation of the results should be treated with caution due to the limited significant findings. The discussion of care provision needs, longitudinal health burden, and health outcomes for adolescents given the differences in care provision between child and adult services is a worthy discussion and warrants further investigation, perhaps through a qualitative approach, considering the experiences of young people who do transition into adult persistent pain services following treatment in a paediatric setting.

Declaration

There are no conflicts of interest for the reviewer.

Family Caregiver Acceptability of Assessing Caregiver Adverse Childhood Experiences (ACEs) and Distress in Pediatric Speciality Care



Kapke TL, Karst J, LiaBraaten B, Zhang J, Yan K, Barbeau J, Hainsworth KR. Family Caregiver Acceptability of Assessing Caregiver Adverse Childhood Experiences (ACEs) and Distress in Pediatric Specialty Care. *Children*. 2023; 10(2):382.

DOI: <https://doi.org/10.3390/children10020382>

Reviewer: Jo Theodoros, Allied Health Team Leader and Psychologist, Queensland Interdisciplinary Paediatric Persistent Pain Service (QIPPPS), Queensland Children's Hospital

Review of article

Study group

Participants included 100 caregivers (91% mothers) of youth between the ages of three and 17 years who were accessing either a paediatric chronic pain clinic or a sickle cell disease clinic in the USA.

Aims of study

The aim of the study was to determine the acceptability of assessing caregivers' early adverse childhood experiences (ACEs), caregiver recent emotional distress, and caregiver resilience in paediatric subspecialty care settings.

Brief methodology

Convenience sampling with caregivers of patients across two paediatric subspecialty clinics was used to enrol participants. Caregivers completed a series of self-report measures, including a demographic questionnaire, a 14-item caregiver ACE measure, the 11-point Distress Thermometer, and the nine-point Connor-Davidson Resilience Scale. Additionally, caregivers were also asked two questions to assess the acceptability of asking about their own experiences of childhood and recent emotional distress. The Area Deprivation Index was used to assess socioeconomic disadvantage.

Brief summary of the results

High levels of caregivers reporting acceptability or neutrality in being asked about their childhood experiences (95%) and recent emotional distress (96%). The response rate for the ACEs questionnaire was high, with only one caregiver choosing not to answer the ACEs questions. Results of the ACEs

questionnaire indicate that 38% of caregivers endorsed an ACE score of four or higher. Bivariate correlations revealed caregivers with greater levels of socioeconomic disadvantage reported lower levels of acceptability.

Conclusions

The authors suggest caregivers of patients in paediatric subspecialty clinics were open to being asked about their childhood experiences and recent emotional stress, although ratings of acceptability varied with level of socioeconomic status. The authors highlight the importance of obtaining information on caregivers' childhood experiences and suggest assessing caregiver ACEs and distress may offer opportunities for clinicians to better understand the needs of caregivers and families to support their needs more effectively.

Reviewer's critique & take home message

The article thoughtfully draws on an appreciation for the relationship between a parent and child, and trauma informed care, acknowledging prior research suggesting parent ACEs and distress directly impact children, leading to higher levels of adversity and vulnerability. This study sensitively discusses the ongoing concerns about screening for caregiver ACEs and distress in a paediatric specialty setting whilst clearly messaging the clinical value of doing so in a supportive manner. The results of this study highlight the importance of obtaining information on caregiver's childhood experiences and levels of stress, and may perhaps reassure clinicians that asking these types of questions is acceptable to caregivers. It should be noted, there is an overrepresentation of mothers in the sample, limiting generalisability to other caregivers.

The authors explain caregiver screening enables unique opportunities for clinicians to address families' needs. Further research describing trauma informed parent intervention in paediatric specialty clinics would build informatively on the suggestions of this current study.

Declaration

The author has no conflict of interest to declare in reviewing this article.

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This short online survey includes 5 case vignettes and asks for your views of either surgical or conservative care for each patient. The results will help us to understand clinician decision-making for these example patients and equipoise for the future randomised trial.

Whilst the survey can be completed completely anonymously (we will not know who you are), if you would like to be informed about progress towards the FORENSIC trial in Australia, then there is an opportunity for you to provide your name and preferred contact details in the survey. The survey will take around 10 minutes to complete.

Why you?

The survey is open to all health care professionals who are involved in the clinical management of adults with persistent severe low back pain, including members of all relevant societies and professional disciplines. We welcome in particular responses from orthopaedic surgeons who treat adult spines, spine neurosurgeons, physiotherapists, psychologists, and pain specialists. We are interested in all views.

If there are any questions, please do not hesitate to contact either Dr Peter Window (p.j.window@uq.edu.au) or Professor Nadine Foster (n.foster@uq.edu.au).

The survey link is <https://tinyurl.com/FORENSIC-equipoise-survey>

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INTERNATIONAL KEYNOTE SPEAKERS

Professor Christine Chambers, Dalhousie University, Canada

Dr Christine Chambers is the Canada Research Chair (Tier 1) in Children's Pain, a Professor of Psychology & Neuroscience and Pediatrics at Dalhousie University in Halifax, Nova Scotia, and a clinical psychologist. She also serves as the Scientific Director of the Canadian Institutes of Health Research's Institute of Human Development, Child and Youth Health.

She is also the Scientific Director of Solutions for Kids in Pain - a national knowledge mobilisation network whose mission is to improve children's pain management.

Professor Cheryl L. Stucky, Medical College of Wisconsin, USA

Cheryl Stucky is the Marvin Wagner Endowed Chair at the Medical College of Wisconsin where she is also Director of the Pain Division of the Neuroscience Research Center.

Dr Stucky's lab studies the molecular, cellular and physiological mechanisms of sensation, particularly how we sense touch and pain. The central theme of Dr Stucky's lab is to study the molecular and physiological mechanisms that underlie somatosensory mechanotransduction in the normal, healthy state and in conditions of tissue injury or disease.




LIMITLESS

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NEW!

- > **International Association for the Study of Pain (IASP) launches Early Career Network (ECN):** <https://www.iasp-pain.org/early-career-network/>

Other items of interest for our members:

- > **Latest opioid data from the Australian Bureau of Statistics:** Opioid induced deaths in Australia. <https://www.abs.gov.au/articles/opioid-induced-deaths-australia>
- > **Australia's annual overdose report 2019 from the Pennington institute:** <http://www.penington.org.au/australias-annual-overdose-report-2019/>
- > **The Third Australian Atlas of Healthcare Variation:** This series explores how healthcare use in Australia varies depending on where people live. It investigates reasons for variation that may be unwarranted, and provides specific achievable actions to reduce unwarranted variation. <https://www.safetyandquality.gov.au/atlas>
- > **Painaustralia eNewsletter latest issue, available online at** <http://www.painaustralia.org.au/media/enews>
- > **ePPOC: electronic Persistent Pain Outcomes Collaboration:** The electronic Persistent Pain Outcomes Collaboration (ePPOC) is an Australasian initiative that aims to improve the quality of care and outcomes for people who experience chronic pain. For more information about ePPOC, refer to the website: <http://ahsri.uow.edu.au/eppoc/index.html>
- > **PainHEALTH website:** painHEALTH's aim is to help health consumers with musculoskeletal pain access reliable, evidence-based information and tips to assist in the co-management of musculoskeletal pain. painHEALTH is an initiative of the Department of Health, Western Australia. <http://painhealth.csse.uwa.edu.au/>
- > **Stanford University:** CHOIR Collaborative Health Outcomes Information Registry <https://choir.stanford.edu/>

- > **Opioid Podcasts for GPs:** These podcasts are produced by David Outridge GP, and FACHAM Trainee as a project under the auspices of Dr Steven Kelly Staff Specialist in Addiction Medicine, Kullaroo Clinic Gosford. A 20 week series from the Hunter Postgraduate Medical Institute (University of Newcastle) : <http://www.gptraining.com.au/recent-podcasts>
- > **Airing Pain:** Pain resources via an online radio show produced by Pain Concern, a UK registered Charity: <http://painconcern.org.uk/airing-pain/>
- > **Indigenous Resources:** New webpage on the APS website aggregating Indigenous resources: <https://www.apsoc.org.au/Indigenous-Resources>
- > **Opioids:** Communications videos: <https://www.nps.org.au/opioids-communication-videos>

TGA

- > Codeine information hub: <https://www.tga.gov.au/news/news/codeine-information-hub>

NSW Agency for Clinical Innovation resources:

- > **Brainman and Pain Tool Kit translations, SEP15:** <http://www.aci.health.nsw.gov.au/chronic-pain/translated-resources>
- > **Pain Management Resources:** <https://aci.health.nsw.gov.au/networks/pain-management/resources>
- > **Quicksteps to Manage Chronic Pain in Primary Care:** <http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/quick-steps-to-manage-chronic-pain-in-primary-care>
- > **Built into Quicksteps: "How to de-prescribe and wean opioids in general practice":** <http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/quick-steps-to-manage-chronic-pain-in-primary-care/how-to-de-prescribe-and-wean-opioids-in-general-practice>
- > **A list of helpful apps for consumers and clinicians now available at:** <http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/management-of-chronic-pain>
- > **Chronic Pain in the ED:** <https://www.aci.health.nsw.gov.au/networks/eci/clinical/clinical-resources/clinical-tools/pain-management/chronic-pain-in-the-ed>

Calendar of Events

11 August 2023

Neuromodulation Society of Australia and New Zealand (NSANZ)
NSZANZ Pre-Conference Cadaver Workshop 2023

Sofitel Brisbane Central, Brisbane, QLD

https://www.dconferences.com.au/nsanz2023/Cadaver_Workshop

11-13 August 2023

Neuromodulation Society of Australia and New Zealand (NSANZ)
NSANZ 2023 16th Annual Scientific Meeting - Neuromodulation: From Niche Practice to Mainstream Medicine

Sofitel Brisbane Central, Brisbane, QLD

<http://www.dconferences.com.au/nsanz2023>

31 August-2 September 2023

International Neuromodulation Society (INS)
3rd Joint Congress of the INS European Chapters - Addressing Tomorrow's Challenges Together!

Congress Centre Hamburg, Germany

<https://e-ins.org/>

7-9 September 2023

International Association for the Study of Pain (IASP)
NeuPSIG 2023 International Congress on Neuropathic Pain

The Lisbon Congress Centre, Lisbon, Portugal

<https://neupsig.joy-n-us.app/>

10-13 September 2023

Rehabilitation Medicine Society of Australia & New Zealand (RMSANZ)
RMSANZ 2023 6th Annual Scientific Meeting - Diversity and Leadership

Hotel Grand Chancellor, Hobart, TAS

<https://www.dconferences.com.au/rmsanz2023/home>

13-15 September 2023

Palliative Care Australia
2023 Oceanic Palliative Care Conference

International Convention Centre (ICC), Sydney, NSW

<https://www.oceanicpallcare.com/>

20-22 September 2023

European Pain Federation (EFIC)
EFIC 13th Congress - Personalised Pain Management: The future is now

HUNGEXPO Exhibition Centre, Budapest, Hungary

<https://europeanpainfederation.eu/efic2023/>

1-4 October 2023

International Association for the Study of Pain (IASP)
The International Symposium on Pediatric Pain 2023 (ISPP 2023)

Halifax Convention Centre, Halifax, Canada

<https://ispp.joy-n-us.app/>

6-8 October 2023

Faculty of Pain Medicine (FPM)
2023 FPM Spring Meeting

Pullman Adelaide, Adelaide, SA

<https://www.anzca.edu.au/events-courses/events/anzca-and-fpm-annual-events/fpm-annual-events/2023-fpm-spring-meeting>

13 October 2023

Pain Nurses Australia
2023 Annual Professional Day - Catching Up in Pain Management

Waterview Conference Centre, Bicentennial Park, Sydney Olympic Park, NSW

https://www.painnurses.au/index.cfm?module=event&pagemode=indiv&page_id=1790837

13-14 October 2023**Australian College of PeriAnaesthesia Nurses
ACPAN 2023**

Newcastle Exhibition & Convention Centre
(NEX), Newcastle, NSW

<https://acpan.edu.au/acpan-national-conference-2023-home-page/>

24-25 October 2023**Australia & New Zealand Musculoskeletal
Clinical Trials Network (ANZMUSC)**

*Australia & New Zealand Musculoskeletal
Clinical Trials Network (ANZMUSC)*

Coogee Surf Club, Sydney NSW, Australia

<https://anzmusc.org/annual-meetings/2023-annual-scientific-meeting/>

28-30 October 2023**World Institute of Pain (WIP)**

12th World Congress of World Institute of Pain

Susesi Hotel & Convention Centre,
Antalya, Turkey

<https://www.wip2023.org/>

8 November 2023**Australian Commission on Safety and Quality
in Health Care**

National Medicines Symposium 2023

Online Conference

<https://confirmsubscription.com/h/j/036030FF266D8835>

14 November 2023**National Trauma Network
NTS23 "Towards Excellence"**

Te Papa Tongarewa, Wellington, NZ

<https://www.traumasymposium.nz/>

23-25 November 2023**Australia New Zealand Society of Palliative
Medicine (ANZSPM)**

*ANZSPM 2023 Medical & Surgical Update
Meeting*

Novotel Melbourne on Collins, Melbourne, VIC,
Australia

<https://willorganise.eventsair.com/2023-anzspm-update-meeting/>

21-24 March 2024**New Zealand Pain Society (NZPS)**

*NZPS 2024 - Empowering Pain Management in
New Zealand*

The Dunedin Centre, Dunedin, NZ

<https://www.nzps2024.nz/>

21-24 April 2024**Australian Pain Society (APS)**

*2024 Australian Pain Society 44th Annual
Scientific Meeting*

Darwin Convention Centre, NT

<https://www.dccconferences.com.au/aps2024/>

3-7 May 2024**Australian and New Zealand College of
Anaesthetists (ANZCA)**

*ANZCA 2024 Annual Scientific Meeting -
Limitless*

Brisbane Convention & Exhibition Centre,
Brisbane, QLD

<https://www.anzca.edu.au/events-courses/events/major-events/2024-anzca-asm>

16-18 November 2024**National Rural Health Alliance**

17th National Rural Health Conference

Perth Convention & Exhibition Centre, Perth, WA

<https://www.ruralhealth.org.au/>

Vision, Purpose & Priorities

Vision:

All people will have optimal pain management throughout life.

Purpose:

The Australian Pain Society is a multidisciplinary association whose purpose is to advance pain management through education, research, and advocacy for transformational improvements in clinical care.

Priorities:

In order to achieve our purpose, the Australian Pain Society will provide:

- > Membership
- > Research
- > Education
- > Services and resources
- > Good governance and operations
- > Advocacy



THE
AUSTRALIAN
PAIN SOCIETY

New Members

New Members as at 25 July 2023:

Ms Julie Morriss

Occupational Therapy

Directors



President:

Mrs Joyce McSwan

Gold Coast Primary Health Network
Persistent Pain Program,
QLD and PainWISE
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ACT Director:

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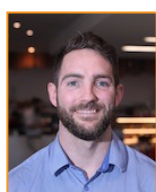
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