

Volume 43, Issue 2, March 2023

Australian Pain Society Newsletter



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THE
AUSTRALIAN
PAIN SOCIETY

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Editor's Note

Dr Lincoln Tracy



This month's edition of the APS eNewsletter kicks off with the final report from our soon-to-be-outgoing President, Trudy Maunsell. It would be remiss of me to not use this opportunity to thank Trudy for all of her hard work and dedication to the Society over the years. It has been a pleasure to work with you during your time at the helm, and I look forward to your ongoing involvement as you transition to Immediate Past President over the coming weeks.

We have another bumper crop of recent publications from APS members and their colleagues in the March edition of the eNewsletter. I'd particularly like to highlight the publication from Rodrigo Rizzo and the team who worked on the RESOLVE trial for people with chronic low back pain. This publication focuses on a qualitative study that was performed alongside the RESOLVE randomised controlled trial.

Specifically, Rizzo et al. interviewed trial participants assigned to the active (interventional) arm after they completed the 12-week program, seeking to better understand their experiences with the treatment, as well as to identify facilitators and barriers to the acceptability of the program.

If you'll indulge me, I'd like to share some of the quotes from this study that really stood out.

"[the therapist's] comment about clenching the fist, I'm not sure that was an intentional part of the program. I think that may have just come out as part of the conversation and that was one thing that I found really, really beneficial."

"One test that they did on me where they had a sharp pencil. . . that was probably the most important one for me because I realised that there were areas of my back that I couldn't register."

"It's a way of thinking and a way of dealing with it. Saying, God, no, pain, how am I going to cope. It's just saying, oh, okay, the pain is back now, this is not necessarily indicating anything, it's just a pain. I cannot so much send it away, but part of the way I can deal with it is to say, this is my body trying to protect me."

These quotes highlight the benefits of supporting and empowering patients about their bodies and their pain, and that teaching people about pain doesn't always need to be done in a structured and official manner. I know many people in the (inter)national pain community who will be watching the next steps of this group very closely, seeing how the learnings of this paper are integrated into the multimodal treatment program for chronic low back pain moving forward.

Take care,

Lincoln

President's Report

Trudy Maunsell



Hi Team Pain,

Welcome to my latest and last President's Report. I hope this message finds you and yours well and safe.

I mentioned in my last report that time has certainly flown (a sign of my advancing years!) and the two years I have spent as your President has been no exception. It has been an honour to serve as your President, and I thank you all for the opportunity to have done so. As I will give a more detailed report at our online AGM in March, I'll keep this brief.

It's not long now until we get together again in Canberra for our 43rd Annual Scientific Meeting (ASM), and, at the risk of being repetitious, what a great job our Scientific Program Committee (SPC) and Local Organising Committees (LOC) have done organising everything. There's some great speakers and a wide range of topics. From long COVID and pain, leveraging digital health solutions to improve access to care, preventing the development of chronic pain, using light (optogenetics) to study and treat pain, mentorship, caring for our vulnerable populations, and our international speakers Dr Ted Price and Dr Melanie Noel speaking on molecular mechanisms driving the transition to chronic pain and exploring the memories of pain and mental health issues with children with chronic pain. If you've not registered yet, take the mouse for a walk and head to the conference [webpage](#) and register now! An extra special mention also needs to be made of the diligence and professionalism of our conference manager from DCC&A, Alex Robertson. Thanks to Alex and the team - you're legends!

Speaking of the SPC, I hope you've taken the opportunity to apply for the role of SPC scholar. These opportunities come up every 12 months and give the participant the chance to broaden their skills and experience by being a part of a dynamic, friendly, and diverse group of senior pain researchers and clinicians who arrange our scientific meetings.

Thanks to all our members who have completed the 2023 membership survey – we've had a great response rate and your feedback and suggestions will be a great help for our incoming president, Joyce McSwan, and the development of our strategic plan for 2023-2025.

Thanks, too, to those who joined us at APS social events around the country. We recently held events in Victoria and South Australia, and Cindy is plotting and scheming for the NT – please attend if you can and meet up with colleagues for a chat, some friendly company, and valuable networking.

The IASP has launched the latest Global Year initiative: The Global Year for Integrative Pain Care. You can find a copy of the poster prepared with our colleagues at the New Zealand Pain Society and the Faculty of Pain Medicine on our [website](#). Please promote this initiative and don't forget to access the fact sheets as they become available on the [IASP website](#). I'd strongly suggest you re-read Dr Laura Prendergast's 12 Days of Pain Knowledge Translation which featured in a previous eNewsletter – priceless!

Our best wishes and thanks are extended to Dr Tim Ho (NSW) and Dr Michelle Harris (SA) who are taking a break or have completed their term as state directors. Both have been quiet achievers on the board and have offered the benefit of their knowledge and skills on many occasions. Bernadette Smith moves from Tasmanian State Director to the role of President-Elect at our next AGM, so we look forward to welcoming new faces to the Board and welcome their participation. Welcome, too, to Fiona Blyth, who has taken on the role of IASP liaison for the board, following on from Michele Sterling, another quiet achiever in our ranks – thanks so much for all of your input and help.

That's all for now – stay well and look out for each other and thanks again.

Trudy



FOUR WEEKS TO GO! Register Today!

Have you secured your place at Australia's only multidisciplinary conference? The conference offers insights into the complex nature of pain management from a variety of medical, nursing, research, and allied health perspectives. Don't miss out on your opportunity to join us this April in Canberra.

Make sure you're a current APS Member to save on your APS 2023 registration fee.

	Standard 23 March 2023
Non-Member Registration Price VS Becoming an APS Member	\$1,425 OR Being a member saves you up to \$310 after membership fees!
APS Student Member Registration Price	Only \$325 Being a member saves you up to \$1,035 after membership fees!

Tell your colleagues who are interested in attending APS 2023 so they can save on their registration too!

Registration fees increase from Thursday 30 March, don't register late and pay more – get in now!

Become an APS Member [here](#)

Should you have any queries about the conference, please contact the [Conference Secretariat](#).

We look forward to welcoming you to Canberra, ACT!





2023 Program Update

The Australian Pain Society 43rd Annual Scientific Meeting will be held from 2 - 5 April at the National Convention Centre Canberra, ACT.

We are only four weeks away, and are so excited to see you again!

Here are just a few things we are looking forward to:

View the full program here: [Program Overview](#)

International Speakers

Professor Ted Price

Monday 3 April, 9.30am – 10.00am

Human nociceptors: Identifying their subtypes, molecular profiles, and potential therapeutic targets

Tuesday 4 April, 3.55pm – 4.25pm

The quest to identify human dorsal horn projection neurons of the spinothalamic tract

Dr Melanie Noel

Monday 3 April, 3.30pm – 4.00pm

Sunderland Lecture - Remembering the Pain of Childhood

Tuesday 4 April, 8.30am – 9.00am

Trauma and Chronic Pain: An Intergenerational Problem

Pain in the Media

Navigating 'pain in the media' from the perspectives of a journo, a researcher, and a social media guru

Monday 3 April 2023, 4:10pm - 5:15pm

This session will explore all things media and pain.

First, renowned journalist Liam Mannix (The Age, Sydney Morning Herald) will discuss the opportunities and challenges that occur in media representation of pain, exploring how we can optimise accurate translation of our own work. Then, Professor Giandomenico Iannetti (University College London) will share his experiences of pain media challenges, discussing a recent situation where his research was misrepresented and used as evidence to support revocation of Roe vs Wade in the USA. He will discuss what actions he took and provide tips for others that may find themselves in a similar situation. Last, Dr Edel O'Hagan (University of Sydney, Westmead Applied Research Centre) will explore opportunities existing in pain and media, most notably outlining her work using social media as a medium to research pain conditions in an innovative manner. These talks will be followed by a facilitated panel Q&A for the final 15 minutes of the session.





Pre-Conference Workshops

Sunday 02 April 2023

The APS's Pre-Conference Workshop Day provides delegates with a flexible approach when it comes to choosing what they attend. All workshops are offered as half days, giving delegates the opportunity to personalise their own learning.

Customise your conference experience, for example, by attending the Acute Pain Workshop in the morning, before heading over to the Pharmacology in Pain Management afternoon session.

APS Members who attend the conference are rewarded with more competitive workshop registration fees, so start planning your week in Canberra today by becoming an [APS Member](#) and joining us at the only conference in Australia offering multidisciplinary insights into the complex nature of pain management from a variety of medical, nursing, research, and allied health perspectives.

Trainee Session

Pick the Brain of a Pain Researcher!

Monday 03 April 2023, 5:30pm - 6:30pm

Have you ever wanted to ask a well-known researcher – how did you know this was for you? How did you know what opportunities to say yes to and what to say no to? If you have wanted to ask, now is your chance!

This session is for higher degree and early career researchers (HDRs & ECRs) as well as those who are considering research careers in the future and includes networking opportunities with several plenary speakers.

Don't miss out, register today!

For more information, visit the [conference website](#).





Trainee Session

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“How did you know this was for you?”
“How did you know what opportunities to say yes to and what to say no to?”
If you have wanted to ask, now is your chance!

This session is for higher degree and early career researchers (HDRs & ECRs) as well as those who are considering research careers in the future and includes networking opportunities with a number of the plenary speakers.

Professor Ian Harris, University of NSW, NSW

Professor Denise Harrison, University of Melbourne, VIC

Professor Richelle Myschasiuk, Monash University, VIC

Dr Melanie Noel, University of Calgary, Canada

Professor Theodore Price, University of Texas, USA

Date: Monday 03 April 2023

Time: 5:30pm - 6:30pm

Cost: \$10 per person, includes a drink on arrival

When registering for the conference, don't forget to add in a ticket to the Trainee Session! To register click [here](#).





2023 Social Program Update

Network, socialise, relax, enjoy!

There's an exciting social program available to delegates with multiple opportunities to meet and connect with peers and build upon professional networks.

Sunday 02 April

Welcome Reception

Exhibition Hall, NCCC

Time: 6.00pm – 7.30pm

Cost: Included in registration fee for full delegates

Join us for a first look at the exhibition hall and a chance to catch up with colleagues and delegates you haven't seen since Hobart!

Basic Pain Research & Pain in Childhood SIG Dinners

Time: From 7.45pm

Cost: \$90 per person, guests welcome

Locals will know Briscola, and out-of-towners will welcome the chance to enjoy some of the most authentic Italian food Canberra has to offer. Enjoy a shared feast of wholesome, and traditional Italian food - just make sure you leave room for dessert!

Enjoy a few drinks with friends and colleagues interested in Basic Pain Research and Pain in Childhood. Delegates don't have to be a member of the SIGs to join; everyone is welcome.

Monday 03 April & Tuesday 04 April

Social Activity

Our Place on London, 197 London Circuit

Time: From 5.30pm

Cost: Delegates will receive a complimentary drink card in their registration pack, no reservation is required.

Tucked into The Sebel, consider [Our Place on London](#) your home away from home while you're in Canberra. A cocktail and coffee bar that focuses on high quality, ethically sourced products, they provide a safe and fun space full of the best vibes and good times no matter what the occasion is!

Enjoy a complimentary selection of Malfy Gin and Tonic or homemade Sangria at the end of the first day of conference. Stay on and share a meal with colleagues or new friends.

Stay Active with Andrew!

Departing The Sebel Foyer at 7.00am sharp on Monday 03 April and Tuesday 04 April

Join the Local Organising Committee Chair and ACT Board Member, Dr Andrew Watson for some crisp, fresh Canberra air! Open to runners AND walkers, join us for a 40-minute circuit around Lake Burley Griffith.

Registrations not required, just turn up and don't forget your sneakers!





Tuesday 04 April

Gala Dinner

Ballroom, NCCC

Time: 7.00pm – 11.00pm

Cost: \$150 per person, guests welcome

Known as the Gala Dinner to beat all Gala Dinners, join us for a three-course meal and drinks - with plenty of time for dancing (of course!). The Gala Dinner is always considered a highlight of the conference, don't miss out!

Wednesday 05 April

Wine Tasting: Mount Majura Vineyard

Mount Majura Vineyard

Time: 1.00pm – 3.30pm

Cost: \$50 per person, includes coach transfers to and from the vineyard. Guests welcome (over 18 only), tickets are limited.

For those with some free time after the conference, join us on a trip to Mount Majura Vineyard. The seated wine tasting includes a range of wines accompanied by a small individual produce platter. A delightful way to finish off your APS 2023 experience.

For full details on the APS 2023 social program, visit the [conference website](#).

Secure your place at these enjoyable and entertaining social functions by [registering today!](#)

Should you have any queries about the conference, please contact the [Conference Secretariat](#).



APS2023

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43RD ANNUAL SCIENTIFIC MEETING

In the IASP Global Year for Integrative Pain Care

2 - 5 April 2023 • National Convention Centre Canberra, ACT



PAIN IN CHILDHOOD PRE-CONFERENCE WORKSHOP

8.30am - 12.30pm, Sunday 2 April 2023
National Convention Centre Canberra, ACT

Registration Fees starting from \$160

Workshop Overview

This workshop will explore the use of lignocaine infusions in acute and chronic pain conditions, discussion and findings from the recent RAPID study - looking at the effectiveness and adverse effects of medications used in palliative care and pain management.

Finally, enjoy a deep dive into chronic lower limb pain conditions in children and adolescents. Join researchers for an interactive session as they develop guidelines and priorities for this condition.

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ACUTE PAIN PRE-CONFERENCE WORKSHOP

8.30am - 5.00pm, Sunday 2 April 2023
National Convention Centre Canberra, ACT

Registration Fees starting from \$160

Workshop Overview

Join us in this broad-based workshop to suit all knowledge levels and a variety of specialist areas with a multi-disciplinary focus in the field of Acute Pain Management. The aim is to share information, evidence, and our experiences with a focus on a pragmatic approach to optimise our practice. Issues pertinent to today's challenges will be presented with opportunities to discuss and propose solutions to our greatest problems. It will help update our core knowledge, as well as find ways to move forward in this constantly challenging and vital area of medical care.

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FUNDAMENTALS OF PAIN PRE-CONFERENCE WORKSHOP

8.30am - 12.30pm, Sunday 2 April 2023
National Convention Centre Canberra, ACT

Registration Fees starting from \$160

Workshop Overview

The Foundations of Pain pre-conference workshop is a succinct overview of the physiology, clinical assessment, and clinical management of pain. The workshop is aimed at the general practitioner, specialist, allied health clinician or psychologist looking for an introduction to, or update on, persistent pain management.

This workshop is grounded in a biopsychosocial understanding of pain mechanisms and developing a mechanism-based approach to pain assessment and management. This workshop will complement those with an interest in attending an afternoon session of pharmacology, acute pain or physiotherapy topics.



For further information, visit: www.dccconferences.com.au/aps2023

Questions? Please email us at apsasm@dccconferences.com.au

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BASIC PAIN RESEARCH PRE-CONFERENCE WORKSHOP

NEW START TIME

11.00am - 5.00pm, Sunday 2 April 2023
National Convention Centre Canberra, ACT

Registration Fees starting from \$180

This workshop will showcase the latest in Australian basic pain research from early career and senior researchers, and provide a forum to discuss mechanisms of nociception and pain across all levels of investigation: from molecular and cellular analyses, to studies in animals and humans (pre-clinical or clinical).

The workshop is open to all interested in mechanisms of nociception and pain, including basic and clinical researchers, health professionals and students at all levels.

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PHYSIOTHERAPY IN PAIN MANAGEMENT PRE-CONFERENCE WORKSHOP

STRESSMODEX: CLINICAL APPLICATIONS & TRAINING

1.30pm - 5.00pm, Sunday 2 April 2023
National Convention Centre Canberra, ACT

Registration Fees starting from \$160

Workshop Overview

StressModex is an integrated psychological and exercise treatment approach targeting stress and pain after injury, and can be applied to all acute and chronic pain conditions.

This highly practical workshop will provide training in the specific skills involved in StressModex.

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PHARMACOLOGY IN PAIN MANAGEMENT PRE-CONFERENCE WORKSHOP

1.30pm - 5.00pm, Sunday 2 April 2023
National Convention Centre Canberra, ACT
Registration Fees starting from \$160

This interactive workshop embraces the IASP Global Year Campaign for Integrative Pain Care and pharmacology by exploring the role of analgesic adjuvants, including emerging possibilities through the use of unusual suspects such as low dose naltrexone and the NMDA effects of memantine. We will explore the complex interplay of genetic variation in pharmacokinetic and pharmacodynamic pathways affecting opioid efficacy, and discuss the challenges opioid weaning and appropriate strategies through opioid substitution.

We will also take a fascinating look at how food can be medicine and where dietitians play a vital role in pain management and its application in clinical practice. There will be opportunities for questions and networking with peers, so that current evidence-based knowledge can be optimised and translated in everyday practice.



For further information, visit: www.dconferences.com.au/aps2023

Questions? Please email us at apsasm@dconferences.com.au

APS2023

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Surgeon, Researcher, Author, and Hobby Data Scientist: A Chat with Professor Ian Harris



Professor Ian Harris AM is a Sydney-based orthopaedic surgeon, researcher, and author. In addition to his clinical qualifications, Harris has also completed a Master of Medicine in clinical epidemiology, a PhD, and a Master of Science in Health Data Science. He is interested in trauma care from a clinical perspective, while his diverse research interests primarily relate to surgical outcomes and the appropriateness of medical care. Harris is a national keynote speaker at the upcoming 43rd Annual Scientific Meeting (ASM) of the Australian Pain Society, which will be held in Canberra from 2 - 5 April, 2023. In the lead-up to the ASM, Harris spoke with Lincoln Tracy, a researcher and writer from Melbourne, Australia, about his path to becoming an orthopaedic surgeon, how a teaching job led to a career in research, and his desire to help inform both professionals and the public about how more medicine is not always better. Below is an edited transcript of their conversation.

What was your path to orthopaedic surgery?

I didn't want to do medicine when I was at school – my interests and talents laid in maths, physics, and science. My parents encouraged me to apply for medicine as my first preference, as it was the hardest course to get into, which made sense to me. I still wasn't sure about medicine when I got the offer, my parents encouragement continued with "well, you don't know until you try." So, off I went. Then when I was doing medicine, I was always interested in the surgical side of things. For me, it was more a matter of what kind of surgery I was going to do. I've always had an attraction towards mechanical and architectural things with a lot of structure and function, which orthopaedic surgery offers.

I was also strongly influenced by an elective I did when I was a student, where I worked with a European orthopaedic surgeon in Samoa. This guy was a workaholic, but he was an absolute dynamo. He ran huge clinics and

theatres where there was very little equipment in an incredibly creative way, using a hammer and chisel to remove a piece of bone, and then use that as a peg to fix another piece of bone – normally you would need a metal screw and a power saw to do something like that. His skills were quite inspiring to witness, so I was locked into orthopaedics basically as soon as I graduated.

How did you develop an interest in research?

Although I was never formally trained in it, I've long been interested in science and the scientific method – how it cuts through the crap and leads to logical and rational conclusions. After I was established as an orthopaedic surgeon, I would attend lectures and see people talk very knowledgeably about publications, critically appraising whether it was a good paper or not. I didn't have those skills, nor did I know what that was called, as I got virtually no formal training in the scientific method in my medical degree, but I wanted to be one of those people who could do that.

I got a job teaching critical literature appraisal with the College of Surgeons, and quickly found that everyone on the faculty had done, or was doing, a Masters of Clinical Epidemiology. So, I figured that's what I also needed to do. And doing the Masters was like having the blinkers lifted from my eyes. I realised how poor the evidence was for a lot of what we do, and how good the evidence was that a lot of what we do didn't work. This just fascinated me, because there was a complete separation between what the science was telling us and what we were doing as doctors. And from that point on, I was hooked.

How did this interest in research lead to you working with clinical registries?

About ten years ago I joined forces with Professor Jacqueline Close to start the Australian and New Zealand Hip Fracture Registry, because I thought that was long

overdue. Everywhere I travelled around the world I'd seen how poorly neck of femur fractures were treated. And in Australia, they were always the ones that were bumped, always put off, repeatedly fasted, inconvenienced – and I thought they were the ones that this should be occurring to least. I really felt we needed to do a better job of treating hip fractures, and that's what started me off there. So, that's what started me off with the Hip Fracture Registry.

You've authored two books (*Surgery, the Ultimate Placebo*, in 2016 and *Hipocrisy: How Doctors Are Betraying Their Oath*, in 2021); how did you make the jump from surgeon and researcher to author?

Writing the books came from my awareness that the public perception of medicine was inaccurate. I'd spent a lot of time trying to educate medical practitioners to be more science based. But regardless of what they did, the patients never really had a say in their treatment – what the doctor said went. And the general feeling in the broader community was that medicine is a good thing: we need more medicine, more doctors, and more tests.

But through my studies I came to realise that more medicine wasn't necessarily better – in many cases it was bad. And it's very difficult to get such a counterintuitive message like this across. I was fascinated by these huge, randomised trials I'd see from places like Sweden about mammography screening, that showed either no difference or a slight increase in mortality in the screened group compared to the non-screened group, even though they detected more cancers. But they identified more cancers because they were looking for them – it's then just a question of whether that's helpful or not. However, no one was reporting this – they were just saying, "Oh look, we've diagnosed all these cancers, isn't it fantastic?"

So, I wanted to put a message about overtreatment out there. And there are a lot of times where modern medicine gets it wrong, and what we do is either ineffective or harmful. The first book had a lot of surgical examples, but I wanted to write something bigger and broader about modern medicine in general.

So, for the second book, I got together with Professor Rachelle Buchbinder, a physician, and we wrote it together.

Given much of your research focuses on exploring the true versus perceived effectiveness of different surgical procedures, is there a procedure you're particularly suspicious of and would like to see investigated further?

I'd really like to take on spinal fusion surgery, particularly for back pain and degenerative conditions – I think that procedure is definitely overdone. In a lot of countries, including Australia, there are significant disparities between rates of surgeries between insurance systems. For example, about two thirds of joint replacement surgeries are done in the private sector and the remainder are done publicly. While this reflects availability, waiting lists, and the like, there is some evidence that people who have a joint replacement in the private sector will have the surgery a little bit sooner and with fewer symptoms than someone in the public sector. So, you could argue there's a bit of a mismatch in the servicing of the two sectors.

But the rates of spinal fusion surgery are something completely different. There's something like a tenfold difference between the private sector and the public sector, where it's rarely offered in the latter. And it's not like there's a huge waitlist in the public sector – the surgeons just don't think it's a worthwhile procedure in public patients, but they do in private patients. Such an overservicing in the private sector tells me something is wrong. Admittedly, there could also be some underservicing in the public sector, but the evidence for spinal fusion isn't great. We need to study it further, get more evidence, and be doing fewer of these surgeries in the meantime. But the rates of spinal fusion in the private sector have been increasing steadily over the last 20 years.

It seems that because some surgeons have had experiences where they have operated and people have gotten better – and for what they get paid for it – that it's worth a go. But for me, that's a very bad level of evidence. That's what surgeons, and medicine more broadly,

have lived on for thousands of years: “I did something to somebody, they said they felt better afterwards, so therefore what I did to them made them better.” This is the kind of thinking that kept bloodletting going for 2000 years, despite there being no science behind it. It’s a very human, but unscientific, thing.

What’s one of the more interesting research studies you’ve been involved in?

We recently had a paper published in PLoS, looking at the reported treatment effects of pregabalin in clinical trials over time. This paper was somewhat of a follow-up to an earlier paper from the New England Journal of Medicine I had been involved in that showed pregabalin was no better than placebo in the treatment of sciatica. I wanted to investigate the effects of this drug because while it was very commonly prescribed, there were some studies questioning its effectiveness, which led me to question whether it really worked.

I wondered if this was an example of what people called the decline effect. This can occur when a new drug comes along and gets a lot of hype because it seems to work well and have a meaningful effect, but then as time passes there is a change in mindset to ‘it never really worked’ because another new drug comes along. So, we examined the decline effect across a wide range of studies for different

conditions using pregabalin and found that irrespective of the condition, irrespective of the dose, irrespective of all the different parameters, that the effectiveness compared to placebo has been steadily decreasing. It was marginal to start with, and now it’s become almost non-existent over a period of 20 years. It’s quite fascinating – I like doing fun things like that.

If you could offer one piece of advice to a younger you, what would it be?

My path to academia was very slow. Many of my surgical or clinical colleagues would go into academia early and get a PhD during or prior to their specialist training. But I had no idea what I was doing, and it wasn’t until after I had been practicing for several years and graduated from orthopaedics that I started my PhD. And because of this, my advice would be to do it all earlier – study clinical epidemiology, evidence-based medicine, the scientific method – than what I had, which would have probably given me a ten-year head start on where I am now.

Lincoln Tracy is a postdoctoral research fellow at Monash University and freelance writer from Melbourne, Australia. He is a member of the Australian Pain Society and enthusiastic conference attendee. You can follow him on Twitter (@lincolintracy) or check out some of his other writing on his [website](#).

Annual General Meeting

The 2023 Australian Pain Society (APS) Annual General Meeting (AGM) will be held on Wednesday 15 March 2023 from 5:30 – 6:30pm AEDT, via Zoom.

A General Business Meeting (GBM) will immediately follow the AGM.

If you are unable to attend the AGM, your apology would be most appreciated.

Only APS members who are current at 5.30pm on 13 March 2023 may [RSVP](#) to attend the AGM.

A formal Notice of the AGM along with the 2023 Agenda, Proxy form, Minutes from the 2022 AGM and GBM, and other documents have now been distributed.



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Annual General Meeting

The Australian Pain Society (APS) Basic Pain Research Special Interest Group (BPR SIG) 2023 Annual General Meeting (AGM) will be held on Sunday 2 April 2023 from 3:30 - 4:00pm AEST at the National Convention Centre Canberra, ACT, during the BPR SIG Pre-Conference Workshop.

A General Business Meeting (GBM) will immediately follow the AGM.

Reminder: Only current APS BPR SIG members have the right to nominate and vote.

Formal notice of the APS Basic Pain Research SIG AGM along with the 2023 Agenda, Proxy form, and Minutes from the 2022 AGM and GBM will be distributed mid-March 2023.

We hope to see our BPR SIG members there!

Basic Pain Research



AUSTRALIAN PAIN SOCIETY
SPECIAL INTEREST GROUP

Annual General Meeting

The Australian Pain Society (APS) Pain in Childhood Special Interest Group (PinC SIG) 2023 Annual General Meeting (AGM) will be held on Sunday 2 April 2023 from 12:00 - 12:30pm AEST at the National Convention Centre Canberra, ACT, during the PinC Pre-Conference Workshop.

A General Business Meeting (GBM) will immediately follow the AGM.

Reminder: Only current APS PinC SIG members have the right to nominate and vote.

Formal notice of the APS Pain in Childhood SIG AGM along with the 2023 Agenda, Proxy form, and Minutes from the 2022 AGM and GBM will be distributed mid-March 2023.

We hope to see our PinC SIG members there!



Vale Helen Rowe,
 B OccThy, M Couns, PGDip Couns, PGCert
 Clinical Hypnosis, Churchill Fellow, Distinguished
 Member Australian Pain Society

Remembering Helen Janet Rowe (1956 – 2023)



It is with sadness that the Australian Pain Society acknowledges the passing of Helen Rowe on 17 January 2023. We offer our condolences to her husband Geoff, her sons Ben and Callum and family.

Helen was a wonderful and gifted clinician who made an important contribution to the care of patients living with complex chronic pain conditions. Her work with clients extended from the Commonwealth Rehabilitation Service, the Professor Tess Cramond Multidisciplinary Pain Service at the Royal Brisbane and Women's Hospital, and latterly in her thriving private occupational therapy practice - The Therapy Space.

We appreciate the enormous contribution Helen made to easing the burden of pain suffered by individuals.

Helen was raised in Nambour on Queensland's Sunshine Coast hinterland. As a young woman in the 1970s, she developed an interest in meditation and in the connection between the mind and the body. She also possessed artistic flair, and it was her passion for all things creative that directed her to tertiary study in visual and fine arts. This combination of creativity and a yearning to understand and help people led her to undertake further studies in health and wellbeing from a holistic perspective and occupational therapy became her calling. She graduated from The University of Queensland with a Bachelor of Occupational Therapy in 1979 and was a member of Occupational Therapy Australia.

At the Commonwealth Rehabilitation Service, Helen worked with her multidisciplinary colleagues running pain management programs for injured workers. Helping participants navigate their way back to a

productive and healthy lifestyle led Helen to develop an appreciation for the complex nature of persistent pain and the benefit of individualised, multi-modal treatment approaches

During this time she became keenly interested in assisting people to identify vocational aspirations and engage meaningfully in the workforce and so her parallel career as a rehabilitation counsellor evolved.

Helen's search for a deeper understanding of the array of management approaches for persistent pain and an opportunity to focus her clinical skills led her to the Multidisciplinary Pain Centre at Royal Brisbane Hospital where she worked as a senior occupational therapist for over a decade. It was here that she worked closely with colleagues who inspired and mentored her, especially Professor Tess Cramond.

At the Professor Tess Cramond Multidisciplinary Pain Centre, Helen practiced in both the inpatient and outpatient treatment programs, especially focusing on mind-body techniques such as relaxation and mindfulness. Frequent phrases included "Just Breathe" or "Settle Petal". She developed and established the Mind/ Body program to further embed these strategies for the management of pain.

During this time, Helen began a private practice providing occupational therapy, rehabilitation and clinical counselling, and clinical hypnosis services specialising in pain management. Helen relished the challenge and complexity of assisting people who experience persistent pain to identify and implement a broad range of strategies which will empower them to help themselves.

Treatment may have included psychoeducation in the neurophysiology of chronic pain, practical strategies that assisted people to perform roles and activities they valued in life and mind-body approaches such as mindfulness based cognitive behavioural therapy, meditation practices and clinical hypnosis.

Helen aimed to provide a menu of interventions to ensure that clients' functional and emotional needs were discussed and addressed.

She was renowned amongst her colleagues for the authenticity that she demonstrated in her clinical interactions and her clients were aware that she truly cared about their wellbeing.

She was dedicated to providing holistic, evidence-based pain management.

Helen was a keen participant in courses and conferences in her fields of expertise. She devoted much energy to further develop her knowledge and practice so that she was able to provide the most appropriate interventions to help her clients. She attended many APS conferences and gala dinners and enjoyed sharing a glass of Verdelho or two.

In 2008, she was awarded a prestigious Churchill Fellowship to study the clinical practice of allied health team members within multidisciplinary pain centres around the world. During her time overseas Helen observed models of care in Auckland, New Zealand, Calgary, Canada, Maastricht, The

Netherlands and Bath, UK. Key learnings from these overseas services have made a significant contribution to the development of persistent pain management services across Queensland.

Helen consistently supported the progress of multidisciplinary clinicians new to the area of persistent pain management and nurtured and mentored other colleagues, occupational therapists, and students. This included running several workshops for Occupational Therapy Australia and lectures for the Faculty of Pain Medicine. She also championed research in the field, supporting undergraduate as well as Masters and PhD research students. Helen was a devoted and passionate clinician who tirelessly enabled the development of clients and colleagues alike. She was honoured with a [Distinguished Member Award of the Australian Pain Society in 2015](#).

Those of us who had the privilege of working with Helen as a colleague, and those who were recipients of her care and treatment, remember her kindness, curiosity, enthusiasm, and persistence. She gave her time and expertise freely to others. Each of us has precious memories of how Helen inspired and supported us in our journeys. She will be sorely missed by all, including her beloved dogs.

Authors: Emeritus Professor Jenny Strong & Linda Atkinson

VIC Social Networking Event

Esther Dube, VIC Director

On Thursday 16 February the Victoria APS community met up for a social event at the beautiful Arbory Afloat on the Yarra River. It was the first social networking event since the Covid pandemic which allowed discussion around how people and the pain world has been faring after the prolonged lockdowns experienced in Victoria. It was a group of about 20 that included researchers, nurses, physiotherapist, psychologists, exercise physiologists, pharmacists and doctors. The APS provided chargrilled pizzas and the attendees bought themselves cocktails which helped cool the group down on a scorching 38 degree day. There was a varied range of discussion in the group, this included sleep research in pain medicine, the challenges of managing paediatric pain, how to access community services for our disadvantaged clients and how to continue to serve the community. There was significant interest in the APS ASM in Canberra and we look forward to continuing to foster these networks in the pain space in Victoria.



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Applications close Friday 17 March 2023 unless allocated prior. Find out more [here](#).

How does pain work? A qualitative analysis of how young adults with chronic pain conceptualise the biology of pain

Thank you to APS members Hayley Leake and Lorimer Moseley as well as their colleagues Lexa Murphy, Caitlin Murray, Tonya Palermo, and Lauren Heathcote for sharing the following recent publication.

Article first published online: 17 December 2022

Journal Reference: European Journal of Pain

DOI: <https://doi.org/10.1002/ejp.2069>

Abstract

Introduction

Pain science education is commonly integrated into treatments for childhood-onset chronic pain. A core component of pain science education is learning about, and often reconceptualising, the biology of chronic pain. Yet, few interventions have been developed specifically for young adults and little is known about how young adults conceptualise the biology of pain. This study used a qualitative methodology to examine how young adults with childhood-onset chronic pain understand the biology of pain, and the language they use in this meaning-making process.

Subjects

From a cohort of young adults with childhood onset chronic pain, we identified a subset of 17 young adults with continuing chronic pain. These 17 young adults were primarily female (13 female; mean age = 20.7 years; range = 18–24 years) and reported mixed pain types, and an average pain duration of 11.4 years.

Methods

We completed individual, semi-structured interviews exploring youth's understanding of the biology of pain. Telephone interviews were audio recorded, transcribed verbatim, and analysed using reflexive thematic analysis.

Results

We generated four themes to capture participants' conceptualisation of the biology of pain: 1) Something is wrong with the body, 2) An injury hasn't healed, 3) Nerves fire when they should not, 4) An overactive stress system. These themes suggest that young adults with childhood-onset chronic pain conceptualise the biology of pain in a variety of ways. Some themes represent an

alignment of youth's concept of pain with modern pain science – including 'nerves fire when they shouldn't' and 'an overactive stress system'. This may reflect that these messages are more readily acceptable by this cohort. Indeed, some young adults described that learning about the biological links between stress and pain equipped them with a wider range of options to manage their pain. However, the theme 'an injury hasn't healed' conflicts with modern pain science principles and offers a potential treatment target for pain science education (PSE) for young adults.

Conclusions

This study provides new qualitative insights reflecting a variety of ways that young adults with childhood-onset chronic pain conceptualise pain. Some conceptualisations of pain align with modern pain science principles (altered function of nervous and endocrine systems) while others conflict (unhealed injury). Health professionals can use these findings to tailor their pain education interventions by leveraging concepts that 'stick' for youth, being aware of, and interrogating, common misconceptions, and offering language and metaphors familiar to youth.

Disclosures

GLM has received support from: Reality Health, ConnectHealth UK, Seqirus, Kaiser Permanente, Workers' Compensation Boards in Australia, Europe and North America, AIA Australia, the International Olympic Committee, Port Adelaide Football Club, and Arsenal Football Club. Professional and scientific bodies have reimbursed him for travel costs related to presentation of research on pain at scientific conferences/symposia. He has received speaker fees for lectures on pain and rehabilitation. He receives book royalties from NOIgroup publications, Dancing Giraffe Press, & OPTP for books on pain and rehabilitation. LCH has received support from BlueNote Therapeutics. All other authors report no conflicts to disclose.

Funding

HLB was supported by an Australian Government post-graduate award. GLM was supported by a NHMRC Leadership Investigator Grant (ID1178444). LCH was supported by a postdoctoral support award from the Stanford Maternal and Child Health Research Institute.

My back is fit for Movement': A Qualitative Study alongside a randomized controlled trial for chronic low back pain

Thank you to APS members Rodrigo Rizzo, Benedict Wand, Hayley Leake, Edel O'Hagan, Matthew Bagg, Adrian Traeger, Lorimer Moseley, Aidan Cashin and James H. McAuley as well as their colleagues Samantha Bunzli, Sylvia Gustin and Saurab Sharma for sharing the following recent publication.

Article first published online: 25 December 2022

Journal Reference: Rizzo RRN, Wand BM, Leake HB, O'Hagan ET, Bagg MK, Bunzli S, Traeger AC, Gustin SM, Moseley GL, Sharma S, Cashin AG, McAuley JH. "My Back is Fit for Movement": A Qualitative Study Alongside a Randomized Controlled Trial for Chronic Low Back Pain. *J Pain*. 2022 Dec 26:S1526-5900(22)00478-3.

DOI: [10.1016/j.jpain.2022.12.009](https://doi.org/10.1016/j.jpain.2022.12.009)

Abstract

Background

A new wave of treatments has emerged to target nervous system alterations and maladaptive conceptualisations about pain for chronic low back pain. The acceptability of these treatments is still uncertain. We aimed to identify perceptions of facilitators or barriers to participation in a non-pharmacological intervention that resulted in clinically meaningful reductions across 12 months for disability compared to a sham intervention.

Design

We conducted a qualitative study alongside a randomised controlled trial. Semi-structured interviews were conducted after one year of follow-up data had been collected to maintain masking and capture the treatment's long-term impact – a critical assumption for the long-term effect of biopsychosocial interventions for pain management.

Subjects

In the trial, participants were recruited in Sydney, Australia, by referral from local primary care clinicians and by advertisements in the community using local and online media. We

interviewed people from the active arm of the RESOLVE trial with chronic low back pain. We recruited a diverse sample in terms of sex, age, and changes in pain intensity from baseline to the trials' primary time point (18-week follow-up).

Methods

We used reflexive thematic analysis informed by the Theoretical Framework of Acceptability for health care interventions. The first author was blind to the participants' clinical characteristics during the recruitment, interviews, and analyses. The interviews were conducted via telephone. The first author derived inductive codes through reading transcripts. Once the inductive coding of transcripts had been completed, a deductive coding approach was used to map the inductive codes across the seven domains of the Theoretical Framework of Acceptability. We used an interactive process of analysis, in which the first author shared and discussed the inductive and deductive coding with co-authors.

Results

We identified positive and negative emotional/cognitive responses associated with treatment acceptability and potential efficacy. As facilitators, we found that individuals felt encouraged and safe to share their experiences, developed active participation for recovery, understood the rationale of targeting the brain to treat back pain, appreciated the combination between face-to-face and online treatment components and developed a positive attitude toward movement and social participation. As facilitators, we found that individuals have remaining concerns about missing possible biomechanical influences and reported that conflicting information from people (e.g., family members and health professionals) outside the trial interfered with treatment acceptability. Some participants expressed a lack of confidence in managing the condition in the long term.

Conclusions

We concluded that participants accepted the treatment designed to target nervous system alterations and maladaptive conceptualisations about pain. We provide recommendations to reinforce facilitators and address barriers that might optimise treatment acceptability and effectiveness.

Implications/Discussion

The findings suggest the importance of psychoeducation and behaviour change techniques to create a positive attitude towards movement and increase the perception of pain control; systematic approaches to monitor and target misconceptions about the interventions during treatment; and psychoeducation and behaviour change techniques to maintain the improvements after the cessation of formal care. The optimisation of these treatment components might improve acceptability of the RESOLVE intervention and potentially other biopsychosocial interventions.

Declaration

The authors have no conflicts of interest to disclose. Professor Lorimer Moseley receives royalties for books on pain and pain education directly relevant to the RESOLVE intervention, but he did not participate in the data analysis of the qualitative study.

The trial was funded by the National Health and Medical Research Council of Australia (ID1087045).

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 Fit-for-Purpose Model: Conceptualizing and Managing Chronic Nonspecific Low Back Pain as an Information Problem

Thank you to APS members Benedict Wand, Aidan Cashin, James McAuley, Matthew Bagg, and Lorimer Moseley, as well as their colleague Gemma Orange for sharing the following recent publication.

Article first published online: 1 November 2022

Journal Reference: Benedict M Wand, PhD, Aidan G Cashin, PhD, James H McAuley, PhD, Matthew K Bagg, PhD, Gemma M Orange, MSc, G Lorimer Moseley, PhD, The Fit-for-Purpose Model: Conceptualizing and Managing Chronic Nonspecific Low Back Pain as an Information Problem, *Physical Therapy*, 2022; pzac151

DOI: <https://doi.org/10.1093/ptj/pzac151>

Abstract

Introduction

Chronic nonspecific low back pain (CNSLBP) is a complex and multifaceted problem. Despite a vast range of potential treatment approaches, an optimal form of care has not yet been identified. Optimisation of care and further improvements in treatment outcomes may come from a richer understanding of the interactions between modifiable contributing factors that exist across the biopsychosocial spectrum and how these issues coalesce to shape the chronic pain experience and trajectory.

Methods

This Perspective Piece describes the Fit-for-Purpose Model (FFPM) which attempts to explain the development and maintenance of CNSLBP through the interaction of modifiable factors across the biopsychosocial spectrum. What sets the FFPM apart from other models is the integration of, and weighting given to: foundational cognitions about the body in pain; the impact on information processing, cognitions, and clinical symptoms of a plastic and adaptive neuroimmune system; and incorporation of contemporary models of learning, not least predictive processing,

into explaining the persistence of pain and disability. Ultimately, the aim of the FFPM is to provide a framework that will help clinicians to make sense of the complexity of CNSLBP and help them provide contemporary, coherent, biopsychosocially informed management.

Results

The FFPM posits the view that CNSLBP represents a state in which the person in pain holds strong and relatively intransigent internal models of an immutably damaged, fragile, and unhealthy back, and information from the body (and the world) that supports these models is more available and trustworthy than information that counters them. Management strategies aligned with the FFPM aim to shift meta-cognitive, cognitive and bodily-related internal models that are consistent with a fragile, damaged, unhealthy and unchangeable self, towards the formulation of the back as healthy, strong, fit-for-purpose and able to adaptively respond to progressive movement and loading. Information sources from the body, as well as information sources external to the person, can be used to drive change. A coherent treatment approach that aims to foster fitness-for-purpose can be organised according to four therapeutic targets that seek to help the person understand that it is safe and helpful to move, refine neural representations so the back feels safe to move, gradually and skilfully load the back to promote positive tissue adaptations and allow the person the experience safety with movement and consolidate safety under load through targeted self-management strategies orientated towards patient-derived goals.

Conclusions

CNSLBP is a complex problem that is best understood through a biopsychosocial lens, particularly one that incorporates a contemporary understanding of the neurobiology of the pain experience. The FFPM regards CNSLBP as a dynamic interplay between beliefs about the body in pain, neural

representations that impact on how the painful area feels and moves, the information available as the back is moved and loaded, and the capacity of the musculoskeletal system to tolerate load. Based on this premise we propose a theoretically justified, coherent, progressive complex care approach that targets modifiable factors to help shift internal models of a fragile, damaged, unhealthy, and unchangeable self towards the formulation of the back as healthy, strong, adaptable and fit-for-purpose.

Declaration

BW has received fees to speak about pain neuroscience and low back pain rehabilitation and is an investigator on the RESOLVE trial, which was funded by the National Health and Medical Research Council (NHMRC) of Australia, ID1087045. AC is supported by an Emerging Leadership Investigator grant from the NHMRC of Australia. MB received conference travel support from the Chiropractor's Association of Australia to speak about pain neuroscience and rehabilitation and Memorial University of Newfoundland to speak about engagement with research evidence. JM is supported by a Leadership Investigator Grant from the NHMRC of Australia; has received other research

funding from the Australian Commonwealth National Health and Medical Research Council (NHMRC) and the Australian Medical Research Future Fund (MRFF); and is an investigator on the RESOLVE trial. LM is supported by a Leadership Investigator grant from the NHMRC of Australia (ID 1178444), has received other research funding from NHMRC, the Australian Medical Research Future Fund (MRFF), and is an investigator on the RESOLVE trial (NHMRC ID1087045), other Australian and overseas governments, and not for profit agencies. LM also has received support from Reality Health; ConnectHealth UK; Seqirus; Kaiser Permanente; Workers' Compensation Boards in Australia, Europe, and North America; AIA Australia; the International Olympic Committee; Western Australia Cricket Association; Arsenal Football Club; Brighton and Hove Albion Football Club; and Melbourne Football Club. Professional and scientific bodies have reimbursed LM for travel costs related to presentation of research on pain at scientific conferences/symposia. LM has received speaker fees for lectures on pain and rehabilitation and receives book royalties from NOIgroup Publications and Dancing Giraffe Press, including key texts involved in the education component of the FFPM.

Patterns of patient outcomes following specialist pain management in Australasia: a latent class analysis using the ePPOC database

Thank you to APS members Anne Daly, Hilarie Tardif, Samuel Allingham and their colleague Mijanur Rahman for sharing the following recent publication and associated commentary.

Article first published online: 18 October 2022

Journal Reference: Tardif H, Allingham S F, Rahman M and Daly A (2022). *Patterns of patient outcomes following specialist pain management in Australasia: a latent class analysis using the ePPOC database*. PAIN.

DOI: [10.1097/j.pain.0000000000002799](https://doi.org/10.1097/j.pain.0000000000002799)

Abstract

Introduction

The increasing demand for pain management and limited resources available highlight the need to measure treatment effectiveness - for the individual (does it work) and society (is it cost effective). Treatment outcomes are generally measured and reported over a number of clinical domains such as pain, physical functioning, depression, and pain cognitions. While this allows assessment of group outcomes on a range of clinical domains, it is not able to tell us whether there are 'patterns' of outcomes within individuals across these domains. That is, do some individuals report low severity on all clinical domains at the end of treatment, experiencing a 'good' overall outcome? Is there another subgroup of patients who report a 'poor' treatment outcome, with scores indicating high severity on all domains? The primary aim of this study therefore was to determine whether patterns of treatment outcomes were evident in a large group of patients receiving specialist pain management. If patterns did exist, secondary aims were to report the prevalence of these outcomes, and to identify patient characteristics common to each.

Methods

We analysed data collected at 75 specialist persistent pain services located in Australia and New Zealand to calculate the overall treatment outcome for patients receiving care during 2014 to 2020. Sociodemographic and clinical information was provided for 23,915 patients, along with patient-reported measures assessing pain, pain interference, depression, anxiety, stress, pain catastrophising, and pain self-efficacy.

Results

Latent class analysis identified 4 distinct outcomes based on patients' pattern of responses across the assessment tools at treatment end. Group 1 (n = 8369, 35%) reported low/mild severity across all clinical domains at the end of care, while group 4 (n = 7081, 30%) were more likely to report moderate/high severity on all domains. Group 2 (n = 1991, 8%) reported low/mild pain with moderate/high psychological distress at treatment end, and group 3 (n = 6474, 27%) reported moderate/high pain with low/mild psychological distress.

Multivariable logistic regression identified those factors associated with the different groups. In particular, factors most predictive of a poor (group 4) vs good outcome (group 1) were unemployment (due to pain or other reasons), requiring an interpreter, widespread pain, pain of longer duration, and attributing the pain to an injury at work.

Conclusions

The results of this study may help to prioritise, target and modify health care resources to maximise effectiveness. Knowing which factors increase the likelihood of a good outcome may help pain services identify the individuals most likely to benefit from the services they currently offer. It should also help services to identify those patients at risk of a poor treatment outcome. Admittedly,

many of the factors predicting a poor outcome are difficult to address with the resources available to most pain management services. However, given approximately one in three individuals did not benefit from specialist pain management, it may be financially prudent for governments and stakeholders to ensure that pain services are resourced to provide culturally and linguistically appropriate information and programs, early intervention for injured workers, and appropriate waiting times.

Declaration

Hilarie Tardif, Samuel Allingham, Mijanur Rahman and Anne Daly have nothing to declare.

Associated Commentary

Title: Insights from studying a large cohort of patients: Commentary on Tardif and co-workers.

Journal Reference: Zaslansky R, Meissner W and Stamer U M (2022). Insights from studying a large cohort of patients: Commentary on Tardif and co-workers. PAIN.

DOI: [10.1097/j.pain.0000000000002812](https://doi.org/10.1097/j.pain.0000000000002812)

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.

Time-dependent and selective microglia-mediated removal of spinal synapses in neuropathic pain

Reviewer: Dr Ernie Jennings, Director of Preclinical Studies (Dentistry), College of Medicine and Dentistry, James Cook University

Yousefpour N, Locke S, Deamond H, Wang C, Marques L, St-Louis M, et al. Time-dependent and selective microglia-mediated removal of spinal synapses in neuropathic pain. *Cell Reports*. 2023;42(1):112010.

DOI: <https://doi.org/10.1016/j.celrep.2023.112010>

Review of article

To ascertain whether microglia (a brain glial cell with immune functions) actively contribute to the neural circuit changes seen in several neurological conditions using an animal model of neuropathic pain. It went on to investigate the underlying mechanisms.

Study group

This was a preclinical study examining behavioural and histological changes in response to an experimentally induced peripheral nerve injury (chronic constriction model). Groups of eight to 10 rats per treatment were studied.

Method

Experimental data were collected 20 days after induction of peripheral nerve injury or a sham control operation. Behavioural testing showed effective nerve injury. Light microscopy and transmission electron microscopy, coupled with immunohistochemistry, allowed for the identification and visualisation of specific neuronal pathways and synapses in the spinal dorsal horn.

Results

Following induction of peripheral nerve injury there was significant synapse loss in the spinal dorsal horn. Microglia removed synapses in the dorsal horn formed by central neurons but spared peripheral neuron synapses. In addition, the study indicated loss of inhibitory synapses before excitatory synapse – meaning early loss of endogenous descending and local circuit inhibitory inputs to the dorsal horn. Microglia

were clearly implicated in this process as it could be blocked by minocycline, a drug that inhibits microglia and has been shown to have antinociceptive properties in a preclinical setting. Finally, the researchers showed which phagocytic markers were involved in attracting microglia. These markers, many of which were complement factors, were deposited on spinal synapses at different time points after injury induction.

Conclusions

Taken together, these results indicate microglia activation selectively targets specific neural pathways in the spinal dorsal horn following peripheral nerve injury. This leads to permanent changes in the spinal cord circuitry, contributing to pathophysiology.

Reviewer's critique & take home message

This is a comprehensive study that elegantly addresses its aims. The relative imbalance between excitatory and inhibitory neural circuits has been established in several neurological conditions. The study provides some evidence that a similar pathophysiology contributes to neuropathic pain. Microglia have previously been implicated in the pathophysiology of neuropathic pain, also affecting inhibitory pathways by targeting a specific protein (the potassium chloride co-transporter KCC2). The relative contribution of these two processes remains to be fully elucidated. The importance of inhibitory pathways in neuropathic pain is highlighted by a study showing transplantation of immature GABAergic neurons into rodents with established peripheral neuropathy reverses the mechanical hypersensitivity. Clearly, better understanding of the mechanisms contributing to this pain condition may open the door to the development of future therapeutics.

Declaration

The reviewer has no conflicts of interest to declare.

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A/Prof Anne Powell & A/Prof Alberta Hoi
Co-Convenors, 2023 ARA ASM

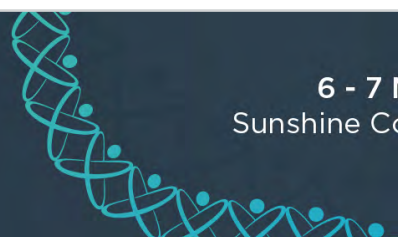
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Rehabilitation Medicine Society of Australia and New Zealand
6TH ANNUAL SCIENTIFIC MEETING
Hotel Grand Chancellor Hobart, TAS | 10-13 September 2023

For sponsorship and exhibition opportunities or more information
please contact the RMSANZ Conference Secretariat
DC Conference & Association Management (DCC&A)

**P +61 2 9954 4400 | E rmsanzconf@dcconferences.com.au
W dcconferences.com.au/rmsanz2023**

SAVE THE DATE | 10 - 13 SEPTEMBER 2023

IMPORTANT DATES

All Submissions Open	14 February 2023
Concurrent Workshops Deadline	16 May 2023
Online Registration Opens	16 May 2023
Abstract Submissions Deadline	13 June 2023
Early Bird Registration Deadline	31 July 2023



SEE YOU IN **BUDAPEST 2023** **PAIN IN EUROPE XIII**



**PERSONALISED PAIN MANAGEMENT:
THE FUTURE IS NOW**



**13th CONGRESS OF THE
EUROPEAN PAIN FEDERATION EFIC®**



NATIONAL TRAUMA SYMPOSIUM

NTS²³

TOWARDS EXCELLENCE

14 NOVEMBER 2023

Te Papa Tongarewa, Wellington, New Zealand

 Te Hononga Whētuki ā-Motu
National Trauma Network

www.traumasymposium.nz

NEW!

- > **The complete Medicare Benefits Schedule is now available on MBS Online (effective 01MAR23):** <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Downloads-230301>

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.pennington.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.pinaustralia.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>

APS Membership Renewals 2023

Ensure you renew to receive the member's discount for the conference!

Thank you for your continued support and membership of the APS.



THE
AUSTRALIAN
PAIN SOCIETY

Please note:

1. We understand that circumstances change, so each year we ask you to select your appropriate level of membership.
2. This system of self-reporting subscription levels was implemented in 2009 for the benefit and fairness of all members.
3. There has been a small increase applied to the 2023 membership fees.

Please refer to the rates below for your 2023 membership fee:

- | | |
|---------------------|-------------------------------|
| a. Regular A | \$120 (was \$110) |
| b. Regular B | \$230 (was \$205) |
| c. Regular C | \$370 (was \$310) |
| d. Retired | \$65 Concessional Rate |
| e. Student | \$65 Concessional Rate |

Before renewing, please ensure you [review and update your member profile online](#).

Payments can be made by Credit Card, BPAY, or Cheque.

Did you know that the Australian Pain Society is a registered charity with ACNC? Your donation will help the Society to promote the prevention and control of diseases in human beings associated with pain.

All donations of \$2 or more to APS are tax-deductible.

New Members

New Members as at 21 February 2023:

Miss Lydia Bastas	Anaesthesia
Ms Haya Albabbili	Science Research
Mr Samuel Allingham	Science Research
Mrs Cynthia Ashley	Physiotherapy
Dr Karin Aubrey	Science Research
Mr Kexun Kenneth Chen	Exercise Physiologist
Ms Sze Yan Cheung	Psychology
Ms Catherine Cotching	Nursing
Ms Lil Cox	Occupational Therapy
Miss Olivia Davanzo	Science Research
Ms Angela Doshen	Science Research
Miss Colleen Faul	Nursing
Miss Caitlin Fenech	Science Research
Mr Jonathan Ford	Occupational Therapy
Mr Xiong Gao	Anaesthesia
Miss Sarscha Gardner	Psychology
Mr Yannick Gilanyi	Exercise Physiologist
Mr Harrison Hansford	Exercise Physiologist
Ms Lisa Hardwick	Science Research
Mr Mark Hoffmann	Neurology
Miss Yun Huang	Neurology
Mrs Michelle Hurn	Psychology
Dr Michael Hurn	General Practice
Mr Jackson Karrasch	Science Research
Ms Hyunsol Lim	Science Research
Prof Christine Lin	Physiotherapy
Ms Matilda Linden	Science Research
Mr Nicholas Lindqvist	Science Research
Mr Emil Linner	Science Research
Dr Lipin Loo	Science Research
Miss Margaret Jane Peirce	Nursing
Ms Bree Queitzsch	Exercise Physiologist
Mr Louis Robinson	Exercise Physiologist
Mrs Shima Rouhi	Psychology
Miss Claire Samanna	Exercise Physiologist
Ms Leana Sattarov	Science Research
Ms Anna Scanes	Physiotherapy
Miss Anastasia Serafimovska	Psychology
Miss Brishna Shah	Exercise Physiologist
Miss Lily Shilkin	Psychology
Mr Luis Fernando Sousa Filho	Physiotherapy
Mr Sinan Tejani	Physiotherapy
Miss Martjie Venter	Physiotherapy
Ms Marina Vygonskaya	Science Research
Miss Ashleigh Wake	Science Research
Miss Monique Wilson	Physiotherapy
Ms Carole Young	Physiotherapy

Calendar of Events

23-26 March 2023

New Zealand Pain Society

NZPS 2023 "Designing a Better Future"

The Cordis Hotel, Auckland, NZ

<https://www.nzps2023.nz/>

2-5 April 2023

Australian Pain Society

APS 2023 43rd Annual Scientific Meeting

In the IASP Global Year for Integrative Pain Care

National Convention Centre, Canberra, ACT

<https://www.dccconferences.com.au/aps2023/>

5 May 2023

Australian and New Zealand College of Anaesthetists & Faculty of Pain Medicine

2023 FPM Symposium - Moving Forward

International Convention Centre (ICC),
Sydney, NSW

[https://www.anzca.edu.au/events-courses/
events/major-events/fpm-national-events/2023-
faculty-of-pain-medicine-symposium-\(1\)](https://www.anzca.edu.au/events-courses/events/major-events/fpm-national-events/2023-faculty-of-pain-medicine-symposium-(1))

5-9 May 2023

Australian and New Zealand College of Anaesthetists (ANZCA)

ANZCA 2023 Annual Scientific Meeting - Be connected

International Convention Centre (ICC),
Sydney, NSW

[https://www.anzca.edu.au/events-courses/
events/major-events/2023-anzca-asm](https://www.anzca.edu.au/events-courses/events/major-events/2023-anzca-asm)

6-7 May 2023

Exercise & Sports Science Australia (ESSA)

2023 ESSA - Innovation & Practice Forum

Novotel Sunshine Coast Resort, Sunshine Coast
Twin Waters, QLD

<https://www.essaforum.com.au/>

6-9 May 2023

Australian Rheumatology Association (ARA)

ARA ASM 2023

Hotel Grand Chancellor, Hobart, TAS

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

21-23 June 2023

Occupational Therapy Australia (OTA)

OTAUS2023 - 30th National Conference & Exhibition

Cairns Convention Centre, Cairns, QLD

<https://www.otausevents.com.au/otaus2023/>

22 - 24 June 2023

MASCC/JASCC/ISOO

2023 NARA

Nara Prefectural Convention Centre,
Nara, Japan

<https://mascc.org/annualmeeting2023/>

11 August 2023

Neuromodulation Society of Australia and New Zealand (NSANZ)

NSZANZ Pre-Conference Cadaver Workshop 2023

Sofitel Brisbane Central, Brisbane, QLD

[https://www.dccconferences.com.au/nsanz2023/
Cadaver_Workshop](https://www.dccconferences.com.au/nsanz2023/Cadaver_Workshop)

11-13 August 2023

Neuromodulation Society of Australia and New Zealand

NSANZ 2023 16th Annual Scientific Meeting - Neuromodulation: From Niche Practice to Mainstream Medicine

Sofitel Brisbane Central,
Brisbane, QLD

<http://www.dccconferences.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
Neurpathic Pain*

The Lisbon Congress Centre, Lisbon, Portugal

<https://neupsig.joyn-us.app/>

10-13 September 2023**Rehabilitation Medicine Society of Australia & New Zealand**

*RMSANZ2023 6th Annual Scientific Meeting -
Diversity and Leadership*

Hotel Grand Chancellor, Hobart, TAS

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

20-22 September 2023**European Pain Federation EFIC 13th Congress**

Personalised Pain Management: The future is now

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.joyn-us.app/>

14 November 2023**National Trauma Network**

NTS23 "Towards Excellence"

Te Papa Tongarewa, Wellington, NZ

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

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

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THE
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