Volume 43, Issue 9, November 2023

Australian Pain Society

Newsletter

THE AUSTRALIAN PAIN SOCIETY

BLOG WEB

Contents

Editor's Note

Joanne Harmon

How exciting, as the year draws to a close and many of us are starting to plan for next year, please ensure to note our next APS conference is in Darwin. Not only that, but registrations will open on 21 November. Check out the program - it's extensive and includes seven pre-conference workshops, two international speakers, seven national speakers, 18 topical sessions and ten social functions. Wow, what an event it's going to be! Share and apply for the Travel Grants available to APS members to present their research at the Annual Scientific Meeting (ASM), applications close on 30 November 2023.

As always to keep you all up to date we have an action-packed newsletter, as you all know, this is more than just a publication; it's a community of support. We encourage our readers to reach out, share their stories, and connect with others who understand the challenges of pain. Through this sense of community, we aim to reduce the isolation that often accompanies those who are clinicians, researchers, and educators about pain. Check out our social networking events across all states and territories.

The field of pain management is continually evolving, thanks to dedicated researchers and health care professionals. Our newsletter provides an update on the latest developments, promising research leads, and educational breakthroughs that offer renewed optimism for evidence-based pain care provision. We have book reviews, recent publications, and a thoughtful reflection on integrative pain care in practice. The latest and greatest from the Basic Pain Research Special Interest Group journal watch review is always an interesting read.

In this issue, we share the abstract of the systematic review and synthesis of qualitative research on individuals who have faced chronic pain head-on. This abstract provides a link to the full paper and is essential to provide understanding of the lived experience of chronic pain, which are testament to the strength of the human spirit and the remarkable resilience of those who confront adversity. We hope that you will read the full paper, and the validated summary of the lived experience of those living with the causes and consequences of chronic non-cancer pain will inspire our readers to keep learning and growing.

Dr Joanne Harmon
Associate Editor

21-24 APRIL
APS2024
2024 AUSTRALIAN PAIN SOCIETY
44TH ANNUAL SCIENTIFIC MEETING
In the IASP Global Year about Sex and Gender Disparities in Pain
DARWIN CONVENTION CENTRE, NT

Registrations Open 21 November

Get in early and secure your place at Australia's only multidisciplinary conference offering insights into the complex nature of pain management from a variety of medical, nursing, research and allied health perspectives.

Complete the Expression of Interest form to be kept up to date with conference news as it becomes available.

Become a member and save on your APS 2024 registration fee!

	Early Bird Deadline - Register before 27 February 2024
Non-Member Registration Price VS **Becoming an APS Member**	$1,495 OR **Being a member saves you up to $480 after membership fees!**
APS Student Member Registration Price	Only $275 **Being a member saves you $1,115 after membership fees!**

Tell your colleagues who are interested in becoming members so they can save on their registrations too!

Become an APS Member and start saving straight away!

We look forward to welcoming you to Larrakia Country/Darwin, NT.
Should you have any queries about the conference, please contact the Conference Secretariat.

21-24 APRIL
APS2024
2024 AUSTRALIAN PAIN SOCIETY
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In the IASP Global Year about Sex and Gender Disparities in Pain
DARWIN CONVENTION CENTRE, NT

Program Now Available

Submissions Deadline: Tuesday 10 October 2023

The APS Scientific Program Committee is delighted to bring you an exciting program 'in the IASP Global Year about Sex and Gender Disparities in Pain'.

You can look forward to an extensive program including seven pre-conference workshops, two international speakers, seven national speakers, 18 topical sessions and ten social functions.

Follow the links to start planning your conference experience today!

Program Overview

Keynote Speakers

Pre-Conference Workshops

Topical Concurrent Sessions

Social Program

For information on APS 2024 visit the website

We look forward to welcoming you to Larrakia country/Darwin, NT!

ACUTE PAIN DAY
PRE-CONFERENCE WORKSHOP

8.30am - 5.00pm, Sunday 21 April 2024
Darwin Convention Centre, NT

Registration Fees starting from $160

WORKSHOP OVERVIEW

This workshop aims to be engaging and practical with a focus on managing acute pain and the challenging cohort with co- existing chronic pain.

In keeping with territory strengths we will explore strategies to engage Indigenous Australians. There will be a session focusing on pelvic pain and a third session with world class speakers from physiotherapy and psychology sharing strategies for the acute pain round and finish the day with some topical, cutting edge pharmacology.

The workshop is divided into two half days and we encourage attendance at both.

For further information: www.dcconferences.com.au/aps2024 **Questions?** Please email us at apsasm@dcconferences.com.au

BASIC PAIN RESEARCH
PRE-CONFERENCE WORKSHOP

1.30pm - 5.00pm, Sunday 21 April 2024
Darwin Convention Centre, NT

Registration Fees starting from $160

WORKSHOP OVERVIEW

This workshop will showcase the latest in Australian basic pain research from early to mid-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.

For further information: www.dcconferences.com.au/aps2024 **Questions?** Please email us at apsasm@dcconferences.com.au

FUNDAMENTALS OF PAIN
PRE-CONFERENCE WORKSHOP

8.30am - 12.30pm, Sunday 21 April 2024
Darwin Convention Centre, NT

Registration Fees starting from $160

WORKSHOP OVERVIEW

This will be 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. And will compliment those with an interest in attending one of the afternoon sessions on pharmacology, psychology or physiotherapy.

For further information: www.dcconferences.com.au/aps2024 **Questions?** Please email us at apsasm@dcconferences.com.au

PAIN IN CHILDHOOD

PRE-CONFERENCE WORKSHOP

Managing acute and chronic pain for vulnerable children

8.30am - 12.30pm, Sunday 21 April 2024
Darwin Convention Centre, NT

Registration Fees starting from $160

WORKSHOP OVERVIEW

This multidisciplinary workshop commences with evidence showing links between sensory modulation and pain and treatment options, followed by research focused on pain experiences of children with cerebral palsy and developmental disabilities.

The second section of the workshop explores procedural pain; initially considering improving procedures for children who have experienced medical trauma. Finally, we will open general multidisciplinary discussion of Australian and international procedural pain management experiences to inform the development of future procedural pain guidelines.

For further information: www.dcconferences.com.au/aps2024 **Questions?** Please email us at apsasm@dcconferences.com.au

PHARMACOLOGY IN PAIN MANAGEMENT

PRE-CONFERENCE WORKSHOP

1.30pm - 5.00pm, Sunday 21 April 2024
Darwin Convention Centre, NT

Registration Fees starting from $160

WORKSHOP OVERVIEW

This interactive workshop will focus on the latest pharmacological evidence to manage pain in complex patients with end stage kidney disease and palliative care. Practical tips will be discussed and emerging trends in pain management will be presented. This includes the emerging role of medicinal cannabis for pain management and how real time prescription drug monitoring programs can be used to optimise pain management strategies. Practical cases studies will be presented to ensure members from a variety of healthcare settings can implement the latest principles for pain management.

For further information: www.dcconferences.com.au/aps2024 **Questions?** Please email us at apsasm@dcconferences.com.au

PSYCHOLOGY IN PAIN MANAGEMENT

PRE-CONFERENCE WORKSHOP

Diving into the connections between trauma and complex chronic pain

8.30am - 12.30pm, Sunday 21 April 2024
Darwin Convention Centre, NT

NEW

Registration Fees starting from $160

WORKSHOP OVERVIEW

This workshop provides an opportunity for discussion of the broader psychological issues in pain management, including understanding mechanisms of behavioural change, prevention of chronicity, and the challenges of managing the complexity of mental health comorbidities.

For its inaugural event, the 2024 workshop will focus on the complexity of managing chronic pain and trauma, and will aim to provide a deeper understanding of this relationship to more effectively inform clinical decision-making. It will teach a set of foundational principles from pain neuroscience and a trauma-informed perspective to effectively guide the assessment and management of those with pain and trauma.

For further information: www.dcconferences.com.au/aps2024 **Questions?** Please email us at apsasm@dcconferences.com.au

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ASM Travel Grants

The Australian Pain Society (APS) is pleased to announce the availability of several Travel Grants for members to present their research at our Annual Scientific Meeting (ASM).

Travel Grants are awarded as follows:

- PhD students (up to the value of $500)
- A single dedicated Travel Grant for a Pain in Childhood (PinC) SIG member ($500)
- A single dedicated Travel Grant for a Basic Pain Research (BPR) SIG member ($500)
- If funds permit, further travel grants may be offered to nurses, allied health professionals, and other post-graduate students.

This Travel Grant program is designed to encourage contribution to, and participation in, the ASM, and is made possible through an allocation of a capped pool of APS operating funds.

Full eligibility criteria and Terms and Conditions are available on the Travel Grants webpage.

To be considered for a Travel Grant:

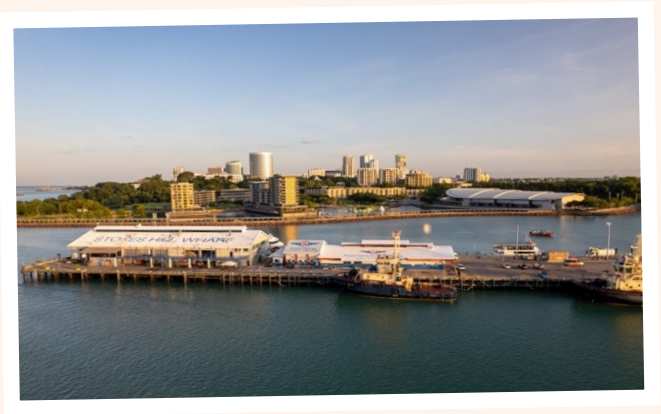
a. an EOI for a Travel Grant must be indicated when your abstract is submitted; **AND**

b. a Travel Grant Application form must be submitted to aps@apsoc.org.au by **5pm on 30 November 2023 – no exceptions**.

Reasons to spend the ANZAC long weekend in Darwin

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

With registrations opening imminently for APS 2024, now is the time to organise your travel to Darwin for APS 2024. The Scientific Program Committee (SPC) have worked hard to put together an incredible array of speakers and topics, there's a program online now if you'd like to peruse that.



Darwin Waterfront: Stroll from the Darwin Convention Centre around to the RFDS Tourist Facility, with a stop at the Waterfront Lagoon on the way back for a refreshing swim.

The SPC have also amended the timings within the program to ensure delegates get to spend time experiencing Larrakia Country. A number of local attractions and experiences have offered discounted rates on their ticket price and these can all be booked through the registration form.

Why not book in a visit to the Royal Flying Doctor Service Museum, a short stroll from the Darwin Convention Centre (DCC) where you can experience an eye-opening, immersive Bombing of Darwin experience. Alternatively, it's hard to go past a visit to Crocosaurus Cove, where you can get up close to some of the largest Saltwater Crocodiles in Australia.

Celebrate the end of the ASM – with a Gin Tasting at Charlie's of Darwin. Charlie's is the home of Darwin Distilling Co. Infused with seasonally harvested makurut limes, pineapple, wild passionfruit, and dragon fruit, you'll find me there after I regretfully did not purchase a bottle of the Tropical Monsoon back in May.

Charlie's of Darwin: Take home a souvenir or two

Litchfield National Park: Refreshingly, glorious Karrimurra/ Florence Falls

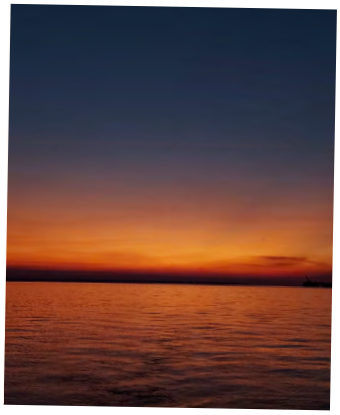
I expect we'll see lots of delegates take a detour on their way back to their hotel from the DCC, via The Precinct Tavern, who have generously donated a complimentary drink voucher for all APS 2024 delegates to use on the Monday evening.

Walk in the other direction and find yourself at Wharf One, where we are hosting the Pain in Childhood and Basic Pain Research SIG Dinner 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 was a day trip out to Litchfield National Park. Offroad Dreaming's tour guides are knowledgeable and friendly. We swam in pristine (croc-free!) fresh waterholes and experienced this magical place with landscapes and views that will make your jaw drop. We have a special rate available for delegates wishing to do this tour on Saturday 20 April, book your spot during the registration process.

All social sessions should be booked via the APS 2024 registration process, guests are welcome. So plan for yourself, family or friends and head north next April – I look forward to seeing you all there!

For more on APS 2024 please visit the conference website.

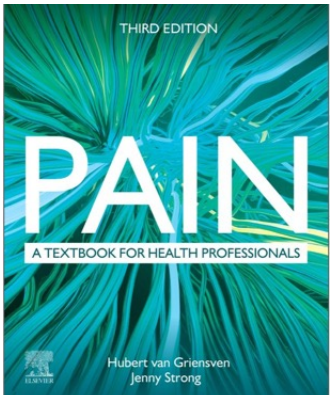


Darwin has the best of both worlds, the most beautiful sunrises and sunsets

PAIN: A textbook for Health Professionals, 3rd Edition

Authors: Hubert van Griensven and Jenny Strong
Date published:2024
Publisher: Elsevier
ISBN:978-0-323-87033-7

Reviewer: Fiona Thomas
Fiona Thomas has over 30 years' experience as an occupational therapist working in a variety of clinical areas initially in hand therapy, industrial musculoskeletal rehabilitation and then specialised in chronic pain management. She has worked in both private and public settings as a clinical OT, programme coordinator, researcher and educator.



This is the third edition of Pain: A textbook for health professionals and reflects the breadth of clinical and research advances in Pain Management by allied health since it was first published in 2001 as a text book for therapists. With a number of new authors as well as previous contributors it provides new perspectives on managing pain.

In the first addition Patrick Wall in his forward described physiotherapy and occupational therapy as the "sleeping giants" and welcomed the increased role allied health had in managing people with persistent pain. By the third edition, despite the challenges from the persisting dogma around pain and pathology, allied health clinicians have truly "woken up" in both the clinical and research areas with exciting new directions for therapy and research within a multidisciplinary lens.

As a result this is a broader interprofessional textbook with contributions from experts locally and internationally and has much to offer to students and any health professional working with people with persistent pain and their carers.

The book is divided into three sections: An introduction and overview of pain, assessment and management of pain and lastly special issues.

In the introduction, the pain experience is explored through the patient's voice, their lived experience of pain and of the associated losses. The value of connection, advocacy and support in order to self-manage pain effectively is examined including how the social context influences the expression and experience of pain along with the communication skill of the clinician as a therapeutic tool.

There is still an in-depth exploration of the complexity of pain from psychological, neuroanatomy and neurophysiological perspectives including the latest evidence.

In assessment and management, the scope of allied health input is on display from the range of methods that can be used to drive clinical reasoning and to the treatment approaches employed. The latter includes the role of pain education as a treatment; physical based approaches around exercise, manual therapy, transcutaneous electrical nerve stimulation (TENS) and acupuncture; psychological management, the role of pharmacology and activity focused approaches around re-engaging in roles and work. This reflects the scope of self-management and the importance of embedding skills into patients' day to day experience to ensure outcomes are maintained over time.

In the last section there is a spotlight on unique areas for consideration when working with patients in pain. This comprises information on how clinicians work as a team for the benefit of the patient and how to gain the most out of assessment and treatment planning. It considers specific client groups such as cancer pain, acute pain, those with psychiatric comorbidities and the changing nature of pain over the lifespan. The latter includes pain in childhood and a reflection of the developmental and social processes on assessment and treatment. Equally for the older adult how age impacts pain processing and the challenges of self-reporting for those with dementia.

There has been a collaborative process in considering patients who experience inequity in accessing health care such as low socio-economic status and among our indigenous peoples. This looks at their vulnerability to receiving more biomedically focussed, low value care that is not culturally informed and how health professionals can start to redress the imbalance.

The final chapter explores the legal aspects and its impact on clinical practice with consideration of Opioid misuse, consent and privacy and being an expert witness.

Chronic pain is complex and challenging to manage for patients and therapists alike, it is multi-dimensional and often resistant to traditional linear approaches. As such there is now a greater awareness of the need to apply a biopsychosocial approach that is more reflective of an open system view with multiple inputs from the body, the senses, past experiences, expectations and context. Moving forward there is a need to develop multi-faceted approaches to complex problems for the benefit of those experiencing chronic pain. To do that we need to share ideas, respect the roles different professions have to play and the importance of the team, that includes the patient, to achieve sustainable and meaningful outcomes.

This is the strength of this textbook in that it brings all these elements together and reflects the knowledge experts in their fields have developed over many years to embolden therapists to think broadly and creatively and achieve the best for their patients.

Declaration

Fiona Thomas has nothing to declare.

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.

APS Social Networking Events

Please join us for an Australian Pain Society (APS) social event!

Come along and catch up with your local APS colleagues and learn more about what other people are doing in your state. In fact, if you have friends/colleagues with an interest in pain management but who are not members of the APS, why not bring them along too, so that they can connect with the APS community and find out more about how the APS can help support them. The evenings will be largely unstructured so you can focus on meeting and connecting with others. Hope you can make it!

Joyce McSwan, APS President

HOBART - THU 2 NOVEMBER 2023
5.30 - 7.30pm
Cascade on Collins, RACV Hotel Hobart
154-156 Collins St, Hobart
RSVP here!

PERTH – THU 2 NOVEMBER 2023
6 – 8pm
Prince Lane Rooftop Bar
356 Murray Street, Perth
RSVP here!

LAUNCESTON - WED 8 NOVEMBER 2023
5.30 - 7.30pm
Peppers Silo Hotel
91 Lindsay Street, Invermay
RSVP here!

ADELAIDE – THU 9 NOVEMBER 2023
5 – 7pm
West Oak Hotel
208 Hindley Street, Adelaide
RSVP here!

MELBOURNE – WED 29 NOVEMBER 2023
5.30 – 7.30pm
Yarra Botanica
Southbank Promenade, Southbank
RSVP here!

WATCH THIS SPACE!

NSW, ACT & QLD events are being organised, more details to follow...

NT Social Networking Event Report

By Adjunct A/Prof Cindy Wall, NT Director

The NT's first social event for 2023 was held in Darwin at the Oyster Bar on Thursday 12 October. The Territory grapevine effectively spread the word and brought together 13 members and colleagues from medicine, rehabilitation, nursing, research, and allied health. There was much lively discussion and genuine interest in connecting and sharing information. We were fortunate to have diverse perspectives from those working in acute through to chronic pain; paediatrics to adulthood; and representing hospital,

L to R: Gavin Chin, Mal Flack, Chrystalla Yianitsaros, Rachel Kovacevic, Lauren Kardash, Julie Cadden

university, community, and private practice settings. Interest in the APS, particularly next year's Annual Scientific Meeting in Darwin 21 – 24 April was high.

L to R: Chrystalla Yiannitaros, Julie Cadden, Alex Lean, Hunter Smalley, Saskia Hensen, Marg Lyon, Cam Tonkin, Gavin Chin and Mal Flack

L to R: Rachel Kovacevic, Kate Shepherd, Alex Lean, Hunter Smalley

Overall, having an opportunity to step away from the workday, enjoy some fabulous plates from the delicious Oyster Bar menu (*located at the Darwin Waterfront across from the Darwin Convention Centre, next year's conference venue*) and chat with colleagues about the challenges and innovations in pain management both locally and more broadly, was appreciated by all who attended. Support is strong for continued open structure catch-ups.

Online information on chronic pain in 3 countries: an assessment of readability, credibility, and accuracy

Thank you to APS member Joshua Pate and colleagues Ritu Basnet, David Ruiz Mendez, Isaías Lugo-González, Edel O'Hagan, Mary O'Keeffe, Saurab Sharma and David S Kennedy for sharing the following recent publication.

Article first published online: 16 June 2023

Journal Reference: Pain Rep. 2023 Jul-Aug; 8(4): e1078

DOI: 10.1097/PR9.0000000000001078

Abstract

Objective

To assess the readability, credibility, and accuracy of online information on chronic pain in Australia, Mexico, and Nepal.

Methods

We assessed Google-based websites and government health websites about chronic pain for readability (using the Flesch Kincaid Readability Ease tool), credibility (using the Journal of American Medical Association [JAMA] benchmark criteria and Health on the Net Code [HONcode]), and accuracy (using 3 core concepts of pain science education: (1) pain does not mean my body is damaged; (2) thoughts, emotions, and experiences affect pain; and (3) I can retrain my overactive pain system).

Results

We assessed 71 Google-based websites and 15 government websites. There were no significant between-country differences in chronic pain information retrieved through Google for readability, credibility, or accuracy. Based on readability scores, the websites were "fairly difficult to read," suitable for ages 15 to 17 years or grades 10 to 12 years. For credibility, less than 30% of all websites met the full JAMA criteria, and more than 60% were not HONcode certified. For accuracy, all 3 core concepts were present in less than 30% of websites. Moreover, we found that the Australian government websites have low readability but are credible, and the majority provided all 3 core concepts in pain science education. A single Mexican government website had low readability without any core concepts but was credible.

Conclusions

The readability, credibility, and accuracy of online information on chronic pain should be improved internationally to support facilitating better management of chronic pain.

Declaration

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

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.

A longitudinal observational study on the epidemiology of painful procedures and sucrose administration in hospitalized preterm neonates

Thank you to APS member Denise Harrison and colleagues Mariana Bueno, Bonnie Stevens and the Sucrose Practices for Pain in Neonates (SPiN) team for sharing the following recent publication.

Article first published online: 22 August 2023

Journal Reference: Bueno M, Ballantyne M, Campbell-Yeo M, et al. Sucrose for procedural pain in neonates in a longitudinal observational study. Front Pain Res. 2023;4:1110502(February):1-6.

DOI: 10.3389/fpain.2023.1110502

Abstract

Background and Objectives

Abundant evidence of analgesic effects of sucrose and glucose during painful procedures for sick and healthy newborns exists and sweet solutions are widely used in many neonatal intensive care units (NICU). However there are few studies reporting actual use of sweet solutions for pain management over the duration of hospitalisation for sick and preterm newborns. The objective of this study was to quantify sucrose administration for preterm newborns during a NICU stay. Specifically, to investigate frequency, nature, and severity of painful procedures, proportion of procedures where sucrose was administered, total volume of sucrose administered for painful procedures and incidence and type of adverse events.

Design

Prospective longitudinal observation study.

Settings

Four level III university-affiliated NICUs in central and eastern Canada.

Participants

Hospitalised infants <32 weeks gestational age (GA) at birth and <10 days of life (DOL) who were in the NICU, were eligible for inclusion. Infants were excluded if they had contraindications for sucrose administration.

Methods

For eligible and consented neonates enrolled, nurses were asked to administer the minimally effective sucrose dose of 0.12 mL (~three drops) of 24% sucrose with all skin breaking (SB) and non-SB painful procedures. They were also asked to document the type of procedure, whether sucrose was accompanied by sucking on a dummy and/or any other nonpharmacologic interventions, and any associated adverse events (eg, coughing, choking, bradycardia, oxygen desaturation). A dummy was offered if part of the infant's normal care. Sucrose rescue doses (0.12 mL) were administered at the nurse's discretion if the infant's pain response was severe and/or the procedure was lengthy.

Data were collected and managed using REDCap electronic data capture tools hosted at SickKids, Toronto. Data monitoring and logistic checks were performed regularly during the data collection.

Sample size: Approximately 40 infants per site were estimated to represent pain practices at the site and meet the study goals with an additional 10% to account for loss to follow-up.

Statistical analysis: The frequency and type of painful procedures and the amount of sucrose administered were summarised using descriptive statistics. Outcomes were compared across sites using chi-squared tests of association for categorical data and ANOVA for continuous data.

Results

172 infants were recruited with 168 available for analyses. There were 7711 patient days of assessment following recruitment and a total of 9093 skin-breaking procedures (mean 54.1 [±65.2] procedures/neonate or 1.1 [±0.9] procedures/day/neonate) during an average NICU stay of 45.9 (±31.4) days were recorded. Type of painful procedures were recorded for 5399/9093 (59.4%) of the procedures; the majority (5051 [93.5%]) were heel lances. Sucrose was administered for 7839/9093 (86.2%) of painful procedures. The total average sucrose volume was 5.5 (±5.4) mL/neonate or 0.11 (±0.08) mL/neonate/day. Infants experienced an average of 7.9 (±12.7) minor adverse events associated with pain and/or sucrose administration that resolved without intervention.

Conclusions

Preterm newborns are exposed to large numbers of painful procedures. However sucrose was used as recommended for most painful procedures, using volumes consistent with recommended minimally effective doses. Adverse events were minor and self-resolving.

Declaration

Denise Harrison has no financial or other conflicts or interests to declare.

Understanding the lived experience of chronic pain: A systematic review and synthesis of qualitative evidence syntheses

Thank you to APS members Simon van Rysewyk and Fiona Hodson and their colleagues Renée Blomkvist, Antony Chuter, Rhea Crighton, David Roomes, Blair H Smith, and Francine Toye for sharing the following recent publication.

Article first published online: 25 August, 2023

Journal Reference: van Rysewyk S, Blomkvist R, Chuter A, Crighton R, Hodson F, Roomes D, Smith BH, Toye F. Understanding the lived experience of chronic pain: A systematic review and synthesis of qualitative evidence syntheses. British Journal of Pain. 2023 Mar 17:20494637231196426.

DOI: https://doi.org/10.1177/20494637231196426

Abstract

Background

Although multiple measures of the causes and consequences of chronic non-cancer pain (CNCP) are available and can inform pain management, no quantitative summary of these measures can describe the meaning of pain for a patient. The lived experience of pain tends to be a blind spot in pain management. This study aimed to: (1) integrate qualitative research investigating the lived experience of a range of CNCP conditions; (2) establish common qualitative themes in CNCP experience; and (3) evaluate the relevance of our results through a survey questionnaire based on these themes, administered across the United Kingdom.

Methods

Four bibliographic databases were searched from inception to February 2021 to identify Qualitative Evidence Syntheses (QES) that investigated the lived experience of CNCP and its impact on everyday life and activities. Themes and trends were derived by thematic qualitative analysis in collaboration with two patient and public involvement representatives who co-created 20 survey statements. The survey was developed for testing the QES themes for validity in people living with pain.

Results

The research team identified and screened 1323 titles, and considered 86 abstracts, including 20 in the final review. Eight themes were developed from the study findings: (1) my pain gives rise to negative emotions; (2) changes to my life and to myself; (3) adapting to my new normal; (4) effects of my pain management strategies; (5) hiding and showing my pain; (6) medically explaining my pain; (7) relationships to those around me; and (8) working while in pain. Each theme gave rise to one or two survey questions. The survey was shared with members of the UK pain community over a 2-week period in November 2021, and was completed by 1219 people, largely confirming the above themes.

Conclusions

This study provides a validated summary of the lived experience of CNCP. It highlights the adverse nature, complications, and consequences of living with CNCP in the UK and the multiple shortcomings in the ways in which pain is addressed by others in the UK. Our findings are consistent with published meta-ethnographies on chronic non-malignant musculoskeletal pain and chronic low-back pain. Despite the underrepresentation of qualitative research in the pain literature compared to quantitative approaches, for understanding the complexity of the lived experience of pain, qualitative research is an essential tool.

Declaration

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work is supported by an unrestricted educational grant from Pfizer, Inc (£18,000).

Integrative Pain Care in Practice

Jacintha Bell

Jacintha is an occupational therapist and Director of Lifeworks Occupational Therapy. She works in the areas of pain, mental health and disability, and is the WA Director for the Australian Pain Society.

In the spirit of the IASP 2023 Global Year for Integrative Pain Care, let's go on a journey of integrative pain care together.

Understanding pain as an interweaving of biological, psychological, and social dimensions, necessitates an approach toward pain care that is equally nuanced and integrative. To enhance our understanding, we might even incorporate more dimensions than the standard bio-psycho-social into an integrative pain care approach. For example, incorporating spiritual and environmental dimensions may help to encompass the myriad of factors that can influence and be influenced by pain. When we do this, we can see that various dimensions interact and adapt over time, influencing and being influenced by each other. Consequently, care is required to be dynamically integrative and adaptive to change,

Integrative pain care involves utilising diverse treatments and strategies, respecting the unique tapestry of each person's individual pain experience. It's not just about throwing together various modalities but ensuring they harmonise in a client-centric orchestra, echoing the preferences, values, and lived experiences of our clients.

The crux of implementing integrative care resides deeply within the art of actively listening to clients, understanding their narratives, and together developing a unique care plan that is an authentic reflection of their needs and preferences.

But how do we, as clinicians, realistically implement such integrative approaches amidst the practical barriers of time constraints, budget limitations, and a paucity of multidisciplinary resources?

Embrace a Collaborative Spirit:

We can grow alliances across varied health disciplines. Physiotherapists, occupational therapists, psychologists, medical practitioners, and other health professionals and alternative practitioners bring unique skillsets to pain care, offering a multifaceted lens through which pain can be understood and addressed. Creating a network of varied clinicians willing to engage in knowledge-sharing forums, where strategies, insights, and management approaches are openly discussed, facilitates an integrative, multi-disciplinary approach, without always necessitating direct intervention from numerous clinicians.

Incorporate Client Voices:

We can base our interventions in the lived experiences of our clients. This could mean employing tools and strategies, such as reflective diaries or narrative approaches, to co-create management plans that are truly representative of each individual's journey. This allows for an expansion of the possibilities, incorporating strategies that may not previously have been considered, and a greater personal meaning in the interventions chosen.

Leverage Technology:

Utilising technological advances, such as telehealth, apps, and online resources, supports and enhances integrative care strategies. Such resources can assist in the application of known strategies, and can introduce strategies that differ from those the clinician is skilled in, offering a greater variety of interventions available. This assists in developing an integrative approach, and facilitates the "doing" aspect of management plans, even amidst the practicalities of life's demands.

Knowledge is Power:

Equipping clients with knowledge and self-management strategies translates into an enhancement of advocacy and autonomy in navigating their pain journey. It allows clients to evaluate various interventions and identify what works for them, and what doesn't, enabling individual choice in which interventions are used in an integrative way.

Continuing Education:

We can stay current with the ever-evolving evidence and resources available. Engaging with, and contributing to research, education and training allows clinicians to continually refine and expand their expertise, ensuring that the integrative pain care provided is not only comprehensive but also grounded in the most recent, evidence-based practices.

Embarking on the path of integrative pain care is, indeed, a journey – one that demands the melding of professional wisdom, collaboration, client voices, innovative technologies and pragmatic application. May our collective efforts throughout this Global Year inspire enriched dialogues, enhanced understandings, and above all, improved outcomes in the multifaceted world of pain care.

Declaration:

Jacintha Bell has nothing to declare.

BPR Pain Hour: From the Sting to the Brain – How Pain Alters Memory and Pain Pathways

12pm AEDT, Tuesday 28 November 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 9: From the Sting to the Brain – How Pain Alters Memory and Pain Pathways

Summary:

This session features Dr Jennifer Duis, who is pioneering innovative research tools that exploit chemical properties of venom. Her focus centres on these toxins targeting voltage-gated sodium channels, revealing a new dimension in pain modulation.

Our second speaker, Dr Bryony Winters, will take us on a journey exploring the intricate web of neuronal circuits controlling pain sensation, emotional responses, and cognitive processes. Her work offers insights into the connection between chronic pain, anxiety, depression, and cognitive impairment, shedding light on the complex interplay of these elements in the human experience.

The invited speakers:

Dr Jennifer Duis is a DECRA fellow located at the Institute for Molecular Bioscience, The University of Queensland. Her current research is to utilise venom to discover and develop novel research tools that selectively modulate pain-sensing neurons, with a specific focus on toxins that target voltage-gated sodium channels.

Title: Pain-causing stinging nettle toxins target TMEM233 to modulate Nav1.7 function

Dr Bryony Winters is a Lecturer in Pharmacology at the University of Sydney and has recently established her research laboratory in the Charles Perkins Centre. She has a keen interest in the complex interplay of neuronal circuits that control both pain sensation and the emotional and cognitive processes that drive learning from a painful experience. Her research aims to understand how synaptic function is altered within these neuronal circuits in chronic pain conditions and how this may relate to common comorbidities such as anxiety, depression and cognitive impairment.

Title: How does chronic pain alter synaptic activity in brain regions important for memory?

All are welcome to attend, including postgraduate students.

Please be advised that the speakers and most of the audience will not have clinical or healthcare backgrounds. Therefore, they will not comment or provide advice about whether these findings can be translated into a clinical setting, or about managing pain from a healthcare perspective.

We look forward to seeing you there, please register here.

Mapping the neuroethological signature of pain, analgesia, and recovery in mice

Bohic M, Pattison LA, Jhumka ZA, Rossi H, Thackray JK, Ricci M, Mossazghi N, Foster W, Ogundare S, Twomey CR, Hilton H, Arnold J, Tischfield MA, Yttri EA, St. John Smith E, Abdus-Saboor I, Abraira VE. Neuron 2023;111:P2811-2830.e8.

Reviewers: Jayden O'Brien, PhD Candidate and Research Assistant, and Dr Paul Austin, Senior Lecturer, Brain and Mind Centre, School of Medical Sciences (Neuroscience theme), Faculty of Medicine and Healthy, The University of Sydney, NSW, Australia

DOI: doi.org/10.1016/j.neuron.2023.06.008

Review of article

What does it mean for a rodent to be 'in pain'? Assessing the pain experience in non-verbal animals beyond the sensory component has been an ongoing challenge of using rodent models to study human pain. In a recent publication in *Neuron*, Bohic, Pattison and colleagues address this issue by uncovering spontaneous behavioural programs defining inflammatory pain states in mice that were not detected using standard evoked pain responses. These nuanced behavioural programs persist for weeks following the resolution of evoked sensory hypersensitivity and are not resolved by analgesic drugs.

The authors advocate for the importance of measuring the spontaneous behavioural programs of rodents in pain alongside traditional evoked responses. This has the potential to advance how we measure the pain experience in rodents and how we assess novel analgesic drugs to ensure better clinical translation.

Subtypes of guarding behaviour may distinguish allodynia from hyperalgesia

The authors use two models of pain: carrageenan injection for acute inflammatory pain, and monoiodiacetate (MIA) injection for chronic knee osteoarthritis (OA). Unsupervised analysis revealed that mice perform two types of guard in response to sensory stimulation of the paw: angled and flat. The angled guard was performed more frequently in response to a non-noxious brush stimulus at 4 hours, but not by 24 hours, in the acute inflammatory model. The flat guard was performed at both 4 hours and 24 hours post-injection but only ever in response to a noxious pinprick stimulus. These two guards therefore represent distinct signatures of allodynia and hyperalgesia respectively, with allodynia resolving alongside inflammation and hyperalgesia persisting.

Pain-related behavioural expressions revealed by machine learning

Machine learning analysis revealed 69 discrete sub-second spontaneous behavioural 'modules' in the open field test that were categorised as related to locomotion, grooming, pausing, or rearing. Both acute inflammatory and chronic knee OA pain states were associated with increased expression of pausing and grooming modules. In the acute inflammatory model, rearing remained decreased from baseline at 24 hours, suggesting that the behaviour is still 'painful' for the rodent despite evoked pain responses resolving.

The authors also assessed the sequence of behaviours using natural language processing techniques. In the acute inflammatory model, evoked pain responses resolved by 24 hours, but some behavioural sequences remained dysregulated for weeks. At baseline, a full rear was followed by movement on the hindlegs, but after 10 days in the chronic knee OA model, slow movement while sniffing was followed by a half-rear then grooming, suggesting movement-evoked pain.

Common analgesics do not return these behavioural expressions to baseline

Next, the analgesic drugs meloxicam (for the acute model) or gabapentin (for chronic knee OA) were administered to evaluate their effect on the expression of the above behavioural modules and sequences. Meloxicam alleviated evoked pain responses but reinforced multiple spontaneous pain behaviours. Gabapentin similarly improved evoked responses as well as locomotion and rearing behaviours, but the rodents' behavioural sequences were nevertheless different from their baseline state. Thus, commonly used analgesics might not resolve spontaneous pain behaviours, and may instead dysregulate behavioural sequences despite their efficacy in normalising evoked pain responses. This may explain differences in analgesic efficacy between rodents and humans, as well as problems in translating novel analgesics tested in rodents.

Take home message

Rodents produce complex and nuanced behavioural repertoires in response to external and internal states, which remain underinvestigated in basic pain research.

Employing computer vision and machine learning approaches will likely not be necessary as standard practice, though this study showcases their utility and identifies some behavioural programs that could be identified and quantified by alternate means.

Importantly, this study was only performed in young male mice, though pain develops and is expressed differently according to sex and age [1]. It is critical in future to study these behavioural repertoires in female mice.

Above all, this article makes clear that we must look beyond evoked withdrawal thresholds if we are to make firm conclusions about the biological processes of pain and improve translation of novel analgesics from preclinical studies.

Declaration

The authors declare no conflict of interest.

References

[1] Millecamps M, Sotocinal SG, Austin J-S, Stone LS, Mogil JS. Sex-specific effects of neuropathic pain on long-term pain behavior and mortality in mice. Pain 2023;164:577–586.

Stimulus-independent and stimulus-dependent neural networks underpin placebo analgesia responsiveness in humans

Lewis S. Crawford, Noemi Meylakh, Paul M. Macey, Vaughan G. Macefield, Kevin A. Keay & Luke A. Henderson; *Commun Biol* 6, 569 (2023).

Reviewers: Yun Huang, PhD Candidate, and Dr Paul Austin, Senior Lecturer, Brain and Mind Centre, School of Medical Sciences (Neuroscience theme), Faculty of Medicine and Healthy, The University of Sydney, NSW, Australia

DOI: https://doi.org/10.1038/s42003-023-04951-7

Review of article

This elegant brain imaging study published in *Communications Biology* by Crawford and colleagues delves into the intricate neural circuits behind the phenomenon of placebo analgesia, where an inert substance was used to promote positive expectations leading to the alleviation of pain. The study found that two brain circuits were critically involved in the placebo analgesic response. Firstly, a 'stimulus-independent network', which in the context of, but not during painful stimuli, sets the gain of pain modulatory pathways, thus determining whether an individual is able to mount a placebo response or not. Then, a second, 'stimulus-dependent network' of higher order processing regions, directly modulates the activity in these same pain modulatory pathways during painful stimuli, driving placebo analgesia.

Conditioning paradigm identifies neural networks underlying placebo analgesia

The study involved forty-seven young healthy volunteers (22 females; average age 24.0 ± 0.5 years) who were conditioned to believe that inert vaseline cream labelled "lidocaine" would alleviate the pain induced by a heat stimulus applied to their arm, whereas an adjacently placed control cream would not. Using ultra-high resolution (1mm^3 resolution) functional MRI (fMRI), the authors explored brain changes in 23 participants who were determined to be placebo responders and 24 that were determined to be non-responders. Through multiple analyses, such as seed-to-voxel functional connectivity, psychophysiological interaction, and dynamic causal modeling, alterations in connectivity patterns and their directionality in two distinct neural networks were found to be responsible for placebo analgesia in responders. The networks are:

1. A 'stimulus-independent network' that consists of the rostral anterior cingulate cortex (rACC) and posterior hypothalamus (PH), and their connections to the midbrain lateral periaqueductal gray matter (lPAG). This network operates independently of any specific stimulus but in a context where pain is expected. It likely sets the sensitivity of the lPAG, a critical site of descending pain modulation, that the authors had previously showed critical for the expression of placebo analgesia. Reduced PH-lPAG connectivity occurs in placebo-responders, establishing an appropriate setting for top-down regulation of descending pain inhibition.

2. A 'stimulus-dependent network' that is tied to the specific context or stimulus that triggers the placebo response, in this case a noxious heat stimulus. This network involves higher brain regions including the rACC, dorsal anterior cingulate, mid cingulate, and insula cortices, as well as the nucleus accumbens. A critical role for rACC has also been identified in this network in mediating the relationship between lPAG activation and placebo responsiveness. The nucleus accumbens is believed to play a critical role in correcting perception-anticipation discrepancies that are essential for placebo analgesia through its interaction with cortical regions.

Is placebo analgesia hard-wired in responders?

The authors concluded that the stimulus-independent network sets the sensitivity of the lPAG, and the stimulus-dependent network exerts direct control over the lPAG during noxious stimuli to mediate placebo-analgesia.

The authors also pose the interesting question of whether activity in the stimulus-independent network is 'hard-wired' and stable over time, with some individuals set to respond and others not, or whether the network is malleable and susceptible to various conditioning effects. Whilst there are unresolved controversies regarding how to define placebo responses, or whether placebo analgesia should be viewed as a continuous variable instead of being delineated as binary responder and non-responder groups, this investigation employed the latter, describing a functional architecture underpinning significant placebo analgesia, with these networks unchanged in non-responders.

Take home message

By identifying the neural networks that underpin placebo analgesia, this study represents a seminal contribution to the field of neuroscience and clinical pain research. This study provides a foundation for future research on placebo biological mechanisms, and the potential development of more personalised and effective pain management strategies to modulate these circuitries, tapping into the brain's endogenous analgesic abilities and reducing the reliance on strong analgesic medications. Whilst the present study focused on healthy participants, placebo analgesia mechanisms likely differ in clinical populations, and the generalisability of these findings could be extended to those experiencing chronic pain.

Declaration

The authors declare no conflict of interest.

Fibroblast-derived PI16 sustains inflammatory pain via regulation of CD206+ myeloid cells

Garrity R., Arora N., Haque M.A., Weis D., Trinh R.T., Neerukonda S.V., Kumari S., Cortex I., Ubogu E.E., Mahalingam R., Tavares-Ferreira D., Price T.J., Kavelaars A., Heijnen C.J., and Shepherd A.J., 2023 *Brain, Behaviour, and Immunity* 112: 220-234.

Reviewers: Jackson Karrasch, PhD Candidate, and Dr. Paul Austin, Senior Lecturer, Brain and Mind Centre, School of Medical Sciences (Neuroscience theme), The University of Sydney, New South Wales, Australia.

DOI: Https://doi.org/10.1016/j.bbi.2023.06.011

Review of article

Recent studies have identified underappreciated connective tissue cell types as contributing to chronic pain through their ability to modulate neuroimmune interactions. Fibroblasts are one such cell type, evidenced by a 2020 study that demonstrated the fibroblast-derived protein protease inhibitor 16 (PI16) was critical to the onset of neuropathic pain [1]. Garrity and colleagues recently completed their follow-up study in *Brain, Behavior, and Immunity* investigating the role of PI16 in chronic inflammatory pain, of which rheumatoid arthritis is the most common type clinically. In mice that had received a hind paw injection of Complete Freund's Adjuvant (CFA), the authors confirmed that PI16 is similarly critical for the development of inflammatory pain through the suppression of pain-resolving anti-inflammatory macrophages. Thus, targeting fibroblasts and their secreted mediators, including PI16, may offer alternative means to treat chronic pain in humans.

Fibroblast-derived protein protease inhibitor 16 'knockout' protects mice from pain

Garrity and colleagues firstly demonstrated that global and inducible fibroblast-specific Pi16 deletion (*Pi16*$^{-/-}$) protected mice from persistent CFA-induced thermal and mechanical pain hypersensitivity. Moreover, a PI16-neutralising antibody administered intrathecally in CFA-injected wild type (WT) mice produced accelerated recovery and prevented the transition from acute to chronic inflammatory pain. To ensure these findings were clinically relevant, the authors performed *in situ* hybridisation on human dorsal root ganglion (DRG) specimens and demonstrated abundant PI16 expression in a subset of *Col1a2*$^{+}$ fibroblasts surrounding sensory neurons. Similarly, in the DRG of mice, PI16 is expressed by a population of meningeal fibroblasts, but is not upregulated following CFA injection. Likewise, nerve axons do not express PI16, but the perineurial sheath surrounding the sciatic nerve becomes thickened and is populated by a subset of *Col14a1*$^{+}$ fibroblasts that express, but do not upregulate, PI16 under inflammatory conditions. These findings confirm that PI16 is expressed by neural tissue-associated fibroblasts, including within the human DRG, underscoring the clinical potential of PI16 blockade to treat chronic pain.

Anti-inflammatory macrophages mediate the analgesic effect

In contrast to their earlier neuropathic pain study [1], PI16 did not increase blood-nerve barrier permeability, myeloid or lymphocyte influx, or cytokine expression levels in the sciatic nerve or DRG in CFA-injected mice. To explore alternative mechanisms, Garrity and colleagues performed bulk RNA-sequencing on DRGs from CFA-injected *Pi16*$^{-/-}$ and WT mice. They identified 71 differentially expressed genes that were predominantly related to anti-inflammatory myeloid cell signalling. Subsequent immunofluorescent microscopy revealed a significant increase in anti-inflammatory CD206^{hi} macrophages in DRGs and inflamed hind paw skin from both global and inducible *Pi16*$^{-/-}$ mice, but no differences in total macrophage abundance relative to their WT littermates. By selectively depleting CD206^{hi} cells, the authors were able to abolish the analgesic effects of *Pi16*$^{-/-}$ in the inflammatory pain model. Furthermore, an IL-10-neutralising

antibody administered intrathecally in *Pi16*$^{-/-}$ mice attenuated the rapid recovery from CFA-induced pain, inferring a CD206^{hi} macrophage-derived IL-10-dependent mechanism. Thus, an anti-inflammatory shift in macrophage phenotype, at both the local site of inflammation and the DRG meninges, is critical for the robust recovery from inflammatory pain.

Take home message

Garrity and colleagues have raised the possibility that fibroblasts, and potentially other connective tissue cells, may modulate pain-promoting immune dynamics in the peripheral and central nervous systems. Fibroblast-immune cell crosstalk warrants further investigation as a potential therapeutic avenue for human chronic pain conditions; fibroblasts should be probed for immunomodulatory receptor-ligand interactions that can be harnessed as druggable targets for the prevention of chronic pain. Following further mechanistic studies, PI16 may well prove to be one such target given that it promotes pain in both neuropathic and inflammatory pain models by altering blood-nerve barrier permeability and immune homeostasis, respectively, and is expressed by human neural tissue-associated fibroblasts.

Declaration:

The authors declare no conflicts of interest.

References

[1] Singhmar P, Trinh RTP, Ma J, Huo X, Peng B, Heijnen CJ, Kavelaars A. The fibroblast-derived protein PI16 controls neuropathic pain. Proc Natl Acad Sci U S A. 2020 Mar 10;117(10):5463-5471. doi: 10.1073/pnas.1913444117.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THE AUSTRALIAN PAIN SOCIETY

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INTERNATIONAL KEYNOTE SPEAKERS

Professor Christine Chambers, Dalhouse 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.

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Friday 19 July 2024, University of Tasmania

NEW!

- **The Australian Government Department of Health & Aged Care has established a project to remove the legislative need for specified collaborative arrangements between midwives, nurse practitioners and medical practitioners to provide Medicare Benefits Schedule (MBS) services & prescribe Pharmaceutical Benefits Scheme (PBS) medications:** https://www.health.gov.au/our-work/collaborative-arrangements-2023-project

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

APS Membership Renewals 2024

THE AUSTRALIAN PAIN SOCIETY

Renewal notices for 2024 will be sent by email to members in late November.

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

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.

NO INCREASE in membership fees for 2024!

a.	**Regular A**	**$120**
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c.	**Regular C**	**$370**
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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 23 October 2023:

Miss Fatima Amershi	Occupational Therapy
Dr Nahian Chowdhury	Neurology
Miss Alice Mitchell	Physiotherapy
Mr Paul Stokes	Physiotherapy

Calendar of Events

8 November 2023

Australian Commission on Safety and Quality in Health Care
National Medicines Symposium 2023
Online Conference
https://www.safetyandquality.gov.au/our-work/transition-quality-use-medicines-programs/national-medicines-symposium

14 November 2023

National Trauma Network
NTS23 "Towards Excellence"
Te Papa Tongarewa, Wellington, NZ
https://www.traumasymposium.nz/

23 November 2023

Kolling Institute
Kolling Research Symposium 2023
Northside Conference Centre, Sydney, NSW
https://kolling.swoogo.com/KollingSymposium2023

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/

22 Feb 2024

Future Shakers
Pain Futures Summit
107 Projects South Eveleigh, Sydney NSW
https://www.futureshakers.co/post/future-shakers-pain-futures-summit

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/

5-7 April 2024

Spine Society of Australia (SSA)
2024 Spine Society of Australia 35th Annual Scientific Meeting
International Convention Centre (ICC), Sydney, NSW
https://www.dcconferences.com.au/ssa2024/home

21-24 April 2024

Australian Pain Society (APS)
2024 Australian Pain Society 44th Annual Scientific Meeting
Darwin Convention Centre, NT
https://www.dcconferences.com.au/aps2024/

2-4 May 2024

Exercise & Sports Science Australia (ESSA)
Research to Practice 2024
International Convention Centre (ICC), Sydney, NSW
https://www.researchtopractice2024.com.au/event/7b82256c-0d69-4710-96eb-57a8df5fed26/summary

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/anzca-national-events/2024-anzca-asm

19-21 July 2024

Neuromodulation Society of Australia and New Zealand (NSANZ)
2024 Neuromodulation Society of Australia & New Zealand 17th Annual Scientific Meeting (NSANZ 2024)
Hotel Grand Chancellor, Hobart, TAS
https://www.dcconferences.com.au/nsanz2024/

16-18 September 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

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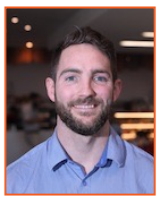

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