Volume 43, Issue 7, September 2023

Australian Pain Society

Newsletter

THE AUSTRALIAN PAIN SOCIETY

BLOG WEB

Contents

Editor's Note

Joanne Harmon

Hi everyone,

Spring is in the air. It's time to start spring cleaning, and what better way to start than to read our latest edition of the APS newsletter. It's time to come out of hibernation and the BPR (Basic Pain Research) SIG Journal Watch allows us to reconnect by sharing some articles for us to explore the latest evidence about pain. If in your hibernation, you had authored an article, sharing amongst our network is welcome, so that knowledge and expertise about pain can be optimised.

As a starting point, we are highlighting Dr Aidan Cashin from the Education and Innovation Committee, who is unpacking integrative pain care. He informs us how the integration of two or more different interventions which are designed to act on different mechanisms can be integrated simultaneously.

Keep sharing your stories, like Emily Moore has done in her article focusing on an introduction to pain care provision for those living with a disability.

Until next time, take care.

Joanne Harmon

New Members

New Members as at 23 August 2023:

Miss Deborah Gray	Nursing
Mr Joshua Moseley	Physiotherapy
Dr Tie Parma Yamato	Physiotherapy

President's Report

Mrs Joyce McSwan

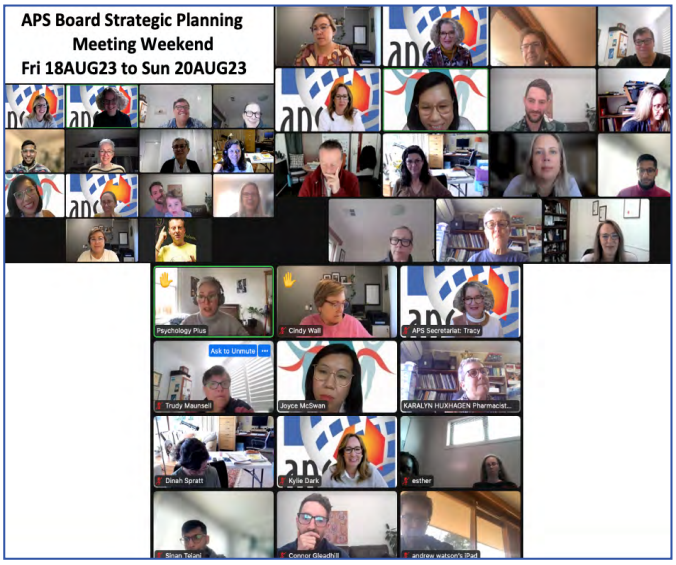
Hi APS Family!

I trust the winter months have been kind to everyone and you are all reading this in good health.

It has been an exhilarating six months since stepping into the role as the President of the Australian Pain Society. I remain in awe of the shoulder of giants, that this Society has been built on and continue to appreciate the entire membership's dedication in advancing the work of pain management.

Some highlights since my last writing have been:

- Attending the 9th Association of Southeast Asian Pain Societies (ASEAPS) Congress in Bangkok from 4-6 May 2023 and awarding the APS ASEAPS Award was an inspiring experience! There was an outstanding display of high quality and very interesting abstracts which made judging the award both challenging and inspiring. Our Southeast Asian colleagues are just so grateful for our contributions and repeatedly express their gratitude to the Society for our support.
- Sitting in on our Pain in Childhood and Basic Pain Research Special Interest Group committee meetings was a real treat and hearing the passion and work of our members.
- Participating in National Pain Week's 'State of the Nation' panel discussion with other distinguished colleagues led by Chronic Pain Australia, on the 24 July 2023.
- During National Pain Week, launching two media releases highlighting the wonderful work of our Paediatric Pain Services and bringing to the forefront the contribution of the APS 'Waiting in Pain' data. The key headlines of these media releases were that, despite seeing a growth in services, this is only in line with population growth and the vulnerable and disadvantaged continue to be left waiting in pain.
- The International Association Study of Pain announcing the 2024 IASP Global Year of Sex and Gender Disparities in Pain.
- The APS Board's Strategic Planning Meeting held on the weekend of 18-20 August and working closely with our Board Directors to strengthen the position of the APS and continue to charter the way forward, as we settle into the post COVID era. We continue to be focused on bringing value to our membership and expanding more service offerings that are meaningful and purposeful. Stay tuned!



Planning for the next APS conference in Darwin in April 2024 continues to gather momentum with an exciting and innovative program ahead. Topical Session and Abstract Submissions are now open as well as applications for the Rising Star Award and Distinguished Members Award.

As I end, I reflect on the recent National Pain Week 2023 Survey report by Chronic Pain Australia, which revealed some alarming, though not surprising statistics that 1 in 2 people living with pain experience suicidal ideation. Stigma continues to affect access to healthcare for women and the LGBTQIA+ community living with chronic pain. And whilst we know that accessing quality care early reduces the long-term burden of living with chronic pain, cost is a major barrier to healthcare access for people living with chronic pain. These statistics tell us that there is much still to do.

Thank you to our members who dedicate their careers to the pursuit of better pain management. It is only in working together that we can combat these statistics and better represent the voices of the patients we serve.

Keep doing the amazing work that you all do!

With gratitude,
Joyce McSwan

21-24 APRIL
APS2024
2024 AUSTRALIAN PAIN SOCIETY
44TH ANNUAL SCIENTIFIC MEETING
DARWIN CONVENTION CENTRE, NT

Initial Program Outline Released!

We are excited to release an initial outline of the Darwin program, which has been changed to better align with flights in and out of Darwin.

The early release of the program provides delegates the opportunity to organise flights and accommodation ahead of time, and we encourage you to start booking your flights now!

The updated program format will give delegates the chance to explore Darwin during the conference. Delegates will also have the opportunity to attend the ANZAC Dawn Service as a group on Thursday morning.

Don't miss this amazing opportunity to be a part of Australia's only multidisciplinary conference in the beautiful and vibrant city of Darwin on Larrakia country.

Please visit the conference website here:
www.dcconferences.com.au/aps2024

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

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

THE AUSTRALIAN PAIN SOCIETY

Initial Program Outline

21-24 APRIL
APS2024
2024 AUSTRALIAN PAIN SOCIETY
44TH ANNUAL SCIENTIFIC MEETING
DARWIN CONVENTION CENTRE, NT

Sunday 21 April	Monday 22 April	Tuesday 23 April	Wednesday 24 April	Thursday 25 April
Pre-Conference Workshops, Disc Sub Group Meetings, Welcome Reception	Conference Day 1	Conference Day 2	Conference Day 3	ANZAC Day
0830 - 1230: Acute Pain 0830 - 1230: Pain in Childhood 0830 - 1230: Fundamentals of Pain 0830 - 1200: Psychology in Pain Management	0830 – 0900 OFFICIAL OPENING 0900 – 1015 PLENARY SESSION 1	0830 – 1030 PLENARY SESSION 3	0900 - 1100 PLENARY SESSION 4	ANZAC Day: Dawn Service and March
1030 - 1100: Morning Tea	1015 - 1045: Morning Tea	1015 - 1045: Morning Tea	1100 - 1130: Morning Tea	
0830 - 1230: Acute Pain 0830 - 1230: Pain in Childhood 0830 - 1230: Fundamentals of Pain 0830 - 1200: Psychology in Pain Management	1045 - 1215 TOPICAL CONCURRENT SESSIONS 1	1045 - 1200 FREE PAPER SESSION	1130 - 1300 PLENARY SESSION 5	
1230 - 1330: Lunch	1215- 1345: Lunch	1200 - 1330: Lunch	1300 - 1345: Lunch	
1330 - 1700: Acute Pain 1330 - 1700: Basic Pain Research 1330 - 1700: Pharmacology in Pain Management 1330 - 1700: Physiotherapy in Pain Management	1345 - 1515 TOPICAL CONCURRENT SESSIONS 2	1330 - 1500 TOPICAL CONCURRENT SESSIONS 3	1345 - 1530 PLENARY SESSION 6	
1500 - 1530: Afternoon Tea	1515 - 1545: Afternoon Tea	1500 - 1530: Afternoon Tea		
1330 - 1700: Acute Pain 1330 - 1700: Basic Pain Research 1330 - 1700: Pharmacology in Pain Management 1330 - 1700: Physiotherapy in Pain Management	1545 – 1715 PLENARY SESSION 2	1530 - 1700 Optional Social Activities	1530 - 1700 Optional Social Activities	
1705 - 1800: Discipline Sub Group Meetings				
1800 - 1930 Welcome Reception	1730 - 1830 Trainee Session			
From 1930 Pain in Childhood & Basic Pain Research SIG Dinners				
	Free Social Evening	Conference Gala Dinner		

21-24 APRIL
APS 2024
2024 AUSTRALIAN PAIN SOCIETY
44TH ANNUAL SCIENTIFIC MEETING
DARWIN CONVENTION CENTRE, NT

Topical Session Submissions Now Open!

Submissions Deadline: Tuesday 10 October 2023

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

The deadline for Topical Session submissions is:
Tuesday 10 October 2023

View the topical session submission guidelines.

The online topical session submission portal is now available via the conference website.

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

21-24 APRIL
APS2024
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Abstract Submissions Now Open!

Submissions closing: Monday 23 October 2023

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

Please note the following points regarding the submission process:

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

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

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

To view the abstract submission guidelines please click here.

There are THREE categories for Abstract Submissions.

Please visit the links below

Experimental Studies & Clinical Trials Abstracts

Clinical Practice & Services Delivery Abstracts

Case Reports Abstracts

EOI for Travel Grant Applications – APS Members ONLY

Delegates wishing to apply for a travel grant must be the major contributor and submitting author of the abstract. Only delegates who have ticked 'yes' to the Travel Grant section of the abstract submission process AND completed the associated application form will be considered. For further information on the Travel Grant Application process, separate Travel Grant Application Form, and to ensure you meet the terms and conditions please click here.

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

Rising Star Award
Now accepting applications!

Submission Deadline: Tuesday 10 October 2023

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

Applications are now open. For further information and to apply, please click here.

Selection Criteria

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

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

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

Eligibility Criteria

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

For further information and to apply, please visit the Rising Star Application Guidelines.

We look forward to receiving your submission!

Nomination for Australian Pain Society Distinguished Member Award – 2024

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

Eligibility criteria:

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

- Made major contribution[1] towards the Society, **and**
- Significantly contributed to the science of pain management, **and/or**
- Played a significant clinical, educational or research role in the field of Pain Management in Australia

[1] *Major contributions include, but are not limited to:*

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

Nomination Guidelines:

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

Submission:

- All nominations to be submitted to the APS Secretariat **by 31 October 2023**.

Notification:

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

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

Annual Scientific Meeting Travel Grant Recipient Report

Investigating Predictors of Pain Outcomes in Athletes

Author name: Nicole Rickerby

Author biography: *Nicole is a PhD candidate in the School of Psychology at The University of Queensland. Nicole's PhD research focuses on investigating mind-body therapies for pain management and injury prevention in athletes.*

Author contact details:
Nicole.rickerby@uqconnect.edu.au

The ASM travel grant was instrumental in facilitating my attendance at the conference and presenting both my poster and a rapid communication speech. Without it, I would have faced significant financial constraints that would have hindered my ability to participate.

Among the various sessions I attended, my favourite were the rapid communication sessions. These sessions served as a platform to showcase the cutting-edge and innovative research being conducted by fellow researchers across diverse disciplines. It was a privilege to present my work in this format alongside like-minded researchers who shared my passion and enthusiasm.

The main finding of my research highlighted that athletes who experienced pain as less intense and unpleasant tend to exhibit more positive emotions and thoughts of approaching pain, resulting in pain approach behaviours. Conversely, negative emotions such as depression and anxiety, along with catastrophic thoughts about pain, predict more intense and unpleasant pain experiences, which in turn are associated with pain withdrawal behaviours. These findings advance our understanding of pain perception and responses in athletes, thereby informing decision-making regarding appropriate management strategies for exercise-related pain.

I was fortunate that my work was well received at the meeting. Following my rapid communication session, several researchers and practitioners approached me at my poster to discuss my research. The positive reception emphasised the relevance and potential impact of the findings, reinforcing my commitment to this line of research. Engaging with attendees and receiving their feedback was invaluable, providing additional insights and perspectives that will continue to inform my work. Furthermore, I had the opportunity to establish connections with potential collaborators from other universities specialising in the field of pain and athletes, providing exciting prospects for the future.

I look forward to more attendances at the APS ASM, where I can continue to present my work and connect with like-minded researchers in the multidisciplinary field of pain. The conference provides an ideal environment for knowledge exchange, collaboration, and the exploration of novel research.

Declaration: Nicole Rickerby has nothing to declare.

Annual Scientific Meeting Travel Grant Recipient Report

Changing rhythms: Using EEG to understand underlying neuropathic pain mechanisms following a spinal cord injury

Author name: Rebecca V Robertson

Author biography: *Rebecca is completing her PhD in the Faculty of Medicine & Health at the University of Sydney, under the supervision of Professor Luke Henderson. Her research is focusing on using imaging and related techniques to understand the mechanisms underlying chronic pain following spinal cord injury. In addition, her research focuses on the potential benefits cannabidiol may provide to relieve this pain.*

Author contact details:
rebecca.robertson@sydney.edu.au

Twitter:
https://twitter.com/rvrrobertson

The research I presented at APS2023 looked at changes underlying neuropathic pain following spinal cord injury by comparing resting electroencephalogram (EEG) recordings of individuals with neuropathic pain and a spinal cord injury to those without pain and an injury and those with no injury or pain. Unlike previous work, we did not observe key markers of thalamocortical dysrhythmia which have been strongly associated with the maintenance of neuropathic pain. We observed novel reductions in power within the infraslow (<1 Hz) range from 0.04-0.06 Hz, as opposed to previous imaging work which showed an increase within this range.

Thanks to the APS travel grant I was able to cover costs associated with travel and other incidentals which allowed me to concentrate on my work. APS2023 allowed me to have candid discussions regarding the future applications of the work I presented with clinicians as well as discussing the more technical components with other researchers performing similar work. This broadened my understanding of how to approach my data in a functional way that will make its applications more relevant.

Specifically, it was a pleasure meeting Sammy Millard, a PhD candidate in her final year at NeuRA/UNSW. Although we have been affiliated to the same facility (NeuRA), we had not crossed paths until APS2023, where we serendipitously discovered a key similarity in our methodology looking at changes underlying pain as well as our common proclivity to climb big rocks. I hope to one day be able to work with her to build a more complete view of the mechanisms underlying pain in both healthy and chronic pain states.

The presentation by Associate Professor Richelle Mychasiuk on the final day of the conference was the cherry on top, for me personally. She was able to present pre-clinical data in an exciting and applicable manner, giving clear reasoning for why she performed methods, with a reasoned view of the potential future clinical implications of her findings. Numerous presentations at APS2023, including Associate Professor Mychasiuk's, showed us the importance of being able to communicate our data in a lay manner so as to truly reveal its importance. This is a skill which takes time to develop and being able to see those who have perfected the craft allows me to build this ability for the future.

I am looking forward to presenting more novel findings in a complete manner as well as being newly inspired to attend Darwin next year. This meeting is extremely diverse and exciting as it brings together such a broad range of ideas which can be applied to a variety of stages of my research as well as personal understanding of the clinical and research world. Thank you very much for allowing me to present my work and be part of this exciting community.

Declaration: Rebecca V Robertson has nothing to declare.

Announcing the APS/CFK Clinical Research Grant #7

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

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

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

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

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

Further information about the APS/CFK Grant, including the Conditions of Award, can be found on the APS website.

Application Deadline: 5pm AEST, Tuesday 26 September 2023

APPLY

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

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

Book review: Pain in Residential Aged Care Facilities – Management Strategies, 2nd edition

Dr Rebekah Smith, Senior Clinical Psychologist, Older Persons Mental Health - Te Whatu Ora / Health New Zealand

This article was first published in the FEB23 edition of Ngau Mamae and is reproduced with kind permission.

Review

This book is an excellent plain-English resource for anyone working with older people in residential care, where people are much more likely to experience persistent pain than in the community. It has the aim of helping care teams be vigilant to whether pain might be present, and for each care staff and health professional to develop skills to assess and care for pain, within the scope of their role.

The current understanding of acute pain vs chronic pain is clearly examined, which is key for helping staff understand the applications of non-pharmacological and medication interventions to help manage persistent pain. Evidence-based multi-disciplinary interventions are covered and summarised to help staff support residents. Specifically, a biopsychosocial approach is drawn upon to help the patient and their family, care staff, nurses, doctors, pharmacists, physiotherapists, and possibly occupational therapists, clinical psychologists, speech therapists, dieticians, and social workers work together to best identify older people in pain and help these people manage their pain.

The book provides considerations for older people, include assessing for comorbidities, polypharmacy, knowledge about pain, cardiorespiratory status, cognitive status, and mobility, alongside the type of pain and impact on physical function, sleep, distress, and behaviours (possible aggression, or increased wandering). It includes education regarding flare-ups, thoughts about nutrition and hydration, ideas for ways to collaborate with older people to motivate engagement in enjoyable movement, considerations for which pain management strategies used generally for adults might need caution or modification for older people (such as cooling strategies, intensive massage where muscles and tissues might be frail), and information about increased pain sensitivity and considerations for manual handling. Pain management at the end of life is also covered, with thoughts about ethics and giving the patient autonomy, comfort, and quality of life as possible. Case studies are used effectively to give illustrations of patients, and possible approaches to help improve pain management.

Useful resources include printable PDFs (these printable PDFs must only be used in the context of the information contained in the book) with practical tips on assessing pain; pain scales for assessing pain in individuals with no cognitive impairment through to dementia; identifying pain where residents may not be able to communicate as well as previously; considering the possible benefits and costs of using medications, and the timing and compliance of pain medications; prescribing considerations for opioid medications, analgesics, and NSAIDs in older people; psychological components of managing pain; helpful ways of responding to unhelpful thoughts regarding pain; optimising sleep; managing regular movement with pain, and considerations for level of mobility; the role of complementary therapies; screening for nutritional status.

I would recommend this book to anyone working with older people, and certainly for people working in residential care. Staff would benefit greatly from having a copy available to them for education and reference. It can be used as a basis for education plans for staff, which will make a positive difference to the lives of older people in aged care.

Pain in Residential Care Facilities – Management Strategies, 2nd edition, AUD39.99, is available as an Ebook

IASP 2023 GLOBAL YEAR Integrative Pain Care

Unpacking integrative pain care

Dr Aidan Cashin

Dr Aidan Cashin is an accredited exercise physiologist, NHMRC Emerging Leadership Fellow and Senior Lecturer at the University of New South Wales and Neuroscience Research Australia.

Review

The IASP Global Year initiative focuses on a special aspect of pain to increase awareness within the pain community and beyond. The 2023 Global Year aims to raise awareness about integrative pain care and illustrate the knowns and unknowns of this important topic. One of the goals of the 2023 Global Year initiative is to clearly define what is meant by 'Integrative Pain Care'.

So what is integrative pain care?

For the purposes of the IASP 2023 Global year, integrative pain care is defined as "temporally coordinated, mechanism-guided, individualised, and evidence-based integration of multiple pain treatment interventions." Now that is quite a mouthful. Let's unpack this definition to understand what integrative pain could look like in our practice.

In its simplest form, integrative pain care acknowledges and attempts to address the complexity of chronic pain. It is increasingly understood that clinical pain conditions can be driven by many interacting biological, psychological, social and even environmental contributors. Given this complexity, it is unlikely that a single intervention targeting only one of the possible contributors will lead to meaningful and sustained pain relief. Instead, multicomponent interventions or multiple different interventions may be required to help address the main modifiable contributors to an individual's pain experience. However, involving multiple interventions in an individual's pain care isn't always easy or straightforward.

The more interventions and healthcare providers involved in an individual's pain care generally creates new challenges, complicates care provision and increases costs/burden on the individual. For example, involving additional healthcare providers and interventions can make it difficult to ensure communication of the individual's pain problem remains consistent (i.e., "pain is caused by many things" vs "pain is caused by faulty joints"). It is also critical that each additional intervention is targeting a relevant and complementary contributor to the individual's pain experience and that each additional intervention continues to add value. This means that the combined cost-benefit and risk-benefit ratios are more favourable with the interventions combined than when either intervention is used in isolation.

The role of integrative care is to help address these challenges by coordinating the seamless implementation of multiple interventions to ensure effective, efficient and patient-centred care that reflects the whole of the individual's health needs.

So what could integrative pain care look like in practice?

Essentially integrative pain care can be the integration of two or more different interventions, designed to act on different mechanisms – integrated simultaneously. This could be the combination of an analgesic medicine (e.g., GP provider), physical activity plan (e.g., exercise physiologist provider) and psychological skills training (e.g., psychologist provider) to ensure an individual with chronic musculoskeletal pain has the tools and skills required to tackle their pain problem and self-manage their recovery. Integrative pain care may combine treatment strategies from different areas of complementary/alternative medicine, traditional medicine, or both.

For more information, visit the Global Year website and explore the fact sheet series and available webinars.

Declaration

Dr Cashin has nothing to declare.

September marks Pain Awareness Month promoted by the International Association for the Study of Pain (IASP). Ideally, this month will spark more conversations and understanding about pain between health professionals, people living with pain, policy makers and the wider community.

Awareness is a priority in better pain management as outlined in the Australian National Strategic Action Plan for Pain Management.

Help IASP raise public awareness around pain, pain management, and the great work pain professionals do during the month of September...and beyond.

This year, the theme is Pain Research: "Research Pain. Manage Pain." Check out the IASP Pain Awareness Month resources.

An Introduction to pain in the disability sector

Emily Moore

Emily is a doctoral candidate at the University of South Australia, supported by the Australian Pain Society (APS). Her research aims to investigate how to better support children with complex communication needs to self-report their pain.

It can be a confronting realisation that one day we could, either temporarily or permanently, live with a disability. But as aptly said by the World Health Organization *"disability is part of being human"* (1).

Disability has a broad definition, but incorporates intellectual, physical, sensory, psychiatric, neurological, and learning disabilities (just to name a few). A person may be impacted by disability at any point across their lifespan which can fluctuate over time. Personal and environmental factors such as negative attitudes, accessibility to services, support, and community options may also influence their level of disability. Can your patient effectively access and participate in their environment? If not, then it can be considered a disability, whether it be temporary or permanent (1).

When thinking of the word 'disability', what do you picture in your mind?

Do you have any reflections of when you may have worked with a client living with a disability?

Many experiences and reflections of disability can impact how we work as clinicians. Depending on what you originally pictured when thinking of the word 'disability', when looking at the (limited, but growing!) published literature in pain, some words are unfortunately common to read: "barriers", "under-recognised", and "under-treated" (2, 3, 4).

Effective pain management is important for all our patients, regardless of disability. Yet effective pain assessment and management can be more complex for those living with disability. Emerging research reports higher prevalence rates of pain for most populations living with disability. Building awareness on the prevalence, impact, and experience of pain for those in the disability sector will help us to manage these patients more effectively.

Where should we start? There are many different conditions and situations that may lead to a person experiencing disability (1,5).

In Australia, there are at least 4.4 million people living with a disability, an increase from the 4.3 million last measured in 2015 (2). According to the Australian Bureau of Statistics, one in nine people aged 0-64 years and one in two people aged 65 and over have a disability (2019). Over 26.8% of people in Tasmania are living with a disability, higher than all other states and territories, followed by the Australian Capital Territory and South Australia (both 19.4%).

As the prevalence of disability grows in our country, so does the prevalence of those experiencing pain. When considering younger populations, recent research has shown 75% of children with cerebral palsy report regular ongoing pain (2). Additional research showed a greater proportion of young people with physical disabilities had chronic pain compared with able-bodied young people (27.2% versus 15.1%) (3). Similar conclusions have also been made for young people with intellectual disabilities, who are reported to be at a higher risk of experiencing chronic pain (4).

In adult populations, chronic pain has been reported as a 'moderate' or 'very big' problem for 56% of those living with various disabilities (6). Many articles across various population groups also consider chronic pain to be a 'very big' problem, with reports of substantial levels of under diagnosed and under treated pain in these populations, particularly for those living with dementia (7) and after a stroke (8).

Ask yourself, how comfortable are you in

managing patients with disability in your practice?

According to recent research in the United States, only 41% of surveyed physicians were very confident in their ability to provide equal quality care to their patients with a disability. In addition, only 56% strongly agreed that they would welcome disabled patients into their practices (9). According to Australian data, 9.6% of people aged 15 years and over have reported to experience discrimination in the previous 12 months because of their disability, up from 8.6% in 2015 (2).

As clinicians, what can we start to do to address this trend of under-reported and under-treated pain?

Across the literature there are multiple recommendations often specific to certain populations, however, there is a common message. By recognising the prevalence and underdiagnosis of pain in the sector and taking the time to reflect on our own perceptions and assessment strategies, we can then take the first steps in better managing and validating a person's pain experience.

This then leads to the next question: how do we effectively assess and manage pain for people living with disability?

In following entries, we will explore pain assessment options for people and population groups with various disabilities. We will also identify resources to help you navigate pain assessment and management in the disability sector.

If this is an interest of yours, please do not hesitate to contact us at the APS to provide your own reflections and strategies while working in this sector.

Declaration

Emily Moore has nothing to declare.

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A single-item mood question adequately discriminates moderately severe to severe depression in individuals with persistent pain: preliminary validation

Thank you to APS members Brendan Mouatt, Lorimer Moseley, Felicity Braithwaite, Tasha Stanton, Hayley Leake and their colleague Laura Simons for sharing the following recent publication.

Article first published online: 15 August, 2023

Journal Reference: Mouatt, B., Leake, H. B., Stanton, T. R., Moseley, G. L., Simons, L. E., & Braithwaite, F. A. (2023) A single-item mood question adequately discriminates moderately severe to severe depression in individuals with persistent pain: preliminary validation. British journal of anaesthesia, S0007-0912.

DOI: https://doi.org/10.1016/j.bja.2023.07.017

Abstract

Background

Persisting pain often coincides with depression, impacting quality of life. Recognising the patient burden of screening tools in clinical and research settings, we developed a single-item mood numerical rating scale (mNRS). Our study aimed to compare the efficacy of the single-item mNRS with the commonly used Patient Health Questionnaire – 9 item (PHQ-9) for identifying those with and without moderately severe to severe depressive symptoms in people with persistent pain.

Methods

In a secondary analysis of clinical audit data, data from patients attending physiotherapy and multidisciplinary pain units across both private and public settings in seven locations spanning Australia, USA, and the UK were used. Data collected included demographic information, pain and function characteristics, the mNRS and PHQ-9, which assesses depressive symptoms. The PHQ-9 scores range from 0-4 (no depression) to 20-27 (severe depression) and has reasonable reliability and validity. The mNRS asks patients, *'How would you rate your general mood this past week?'*, with responses ranging from 0='very bad, as depressed as I could be' to 10='excellent'. For analysis, the mNRS data were reverse-scored to align with the PHQ-9. To evaluate the association between mNRS and PHQ-9, Spearman's rho was used, considering a correlation of ≥0.70 as evidence of sufficient association. The mNRS's ability to discern between those with and without severe depression (as determined by PHQ-9 scores) was assessed using the area under the curve (AUC) and receiver operating characteristic (ROC) analysis.

Results

A total of 886 participants with persistent pain (594 females; age: 42.5 ± 11 years; pain duration: 54.7 ± 30 months) were included in the study. A strong correlation was found between the mNRS and PHQ-9 (r [884]=0.83, P<0.001). Our findings remained robust with sensitivity analyses. The mNRS effectively differentiated those with 'moderately severe' to 'severe' depression based on a PHQ-9 score of ≥15 (AUC=0.93). Using a reverse-scored 5/10 mNRS cut-off (≥5 indicating 'moderately severe' to 'severe' depressive symptoms or worse), the tool demonstrated a high sensitivity of 95.5%, acceptable specificity of 70.5%, and an accuracy rate of 0.8.

Conclusions

In a clinically varied group of patients with persistent pain, the single-item mNRS demonstrated a strong correlation with the PHQ-9 depression screening tool. A threshold of 5/10 on the mNRS effectively distinguished between individuals with and without 'moderately severe' or 'severe' depressive indications. The mNRS presents potential for guiding further mental health screenings and referral in clinical practice, and for research purposes. Further assessment of the mNRS's generalisability to other populations and examination of its other psychometric properties are warranted.

Declaration

BM receives remuneration from The Knowledge Exchange for provision of continuing professional development workshops related to pain and exercise rehabilitation. GLM has received support from Reality Health (Australia), Connect Health (UK), Institutes of Health (California, USA), AIA Australia (Australia), workers' compensation boards and professional sporting organisations in Australia, Europe, South America, and North America. Professional and scientific bodies have reimbursed him for travel costs related to presentation of research on pain and pain education at scientific conferences and symposia. He has received speaker fees for lectures on pain, pain education, and rehabilitation. He receives royalties for books on pain and pain education. FAB has received speaker fees for providing lectures related to pain and blinding in clinical trials. TRS has received funding support for lectures on pain rehabilitation and receives royalties for books on osteoarthritis and pain education. HBL has received speaker fees for lectures on pain and pain education. LES has no interest to declare.

Artemin sensitises nociceptors that innervate the osteoarthritic joint to produce pain

Thank you to APS members Michael Morgan and Jason Ivanusic, and their colleagues Jenny Thai, Vida Nazemian, Lisha Ooi, and Sarah Burger for sharing the following recent publication.

Article first published online: 21 June 2023

Journal Reference: M. Morgan et al., Artemin sensitises nociceptors that innervate the osteoarthritic joint to produce pain. Osteoarthritis Cartilage 10.1016/j.joca.2023.06.003 (2023).

DOI: https://doi.org/10.1016/j.joca.2023.06.003

Objective

There have been significant developments in understanding artemin/GFRα3 signaling in recent years, and there is now accumulating evidence that artemin has important roles to play in pain signaling, including that derived from joint and bone, and that associated with osteoarthritis (OA).

Methods

A total of 163 Sprague-Dawley rats were used in this study. We used an animal model of mono-iodoacetate (MIA)-induced OA, in combination with electrophysiology, behavioural testing, Western blot analysis, and retrograde tracing and immunohistochemistry, to identify roles for artemin/GFRα3 signaling in the pathogenesis of OA pain.

Results

We have found that: 1) GFRα3 is expressed in a substantial proportion of knee joint afferent neurons; 2) exogenous artemin sensitises knee joint afferent neurons in naïve rats; 3) artemin is expressed in articular tissues of the joint, but not surrounding bone, early in MIA-induced OA; 4) artemin expression increases in bone later in MIA-induced OA when pathology involves subchondral bone; and 5) sequestration of artemin reverses MIA-induced sensitisation of both knee joint and bone afferent neurons late in disease when there is inflammation of knee joint tissues and damage to the subchondral bone.

Conclusions

Our findings show that artemin/GFRα3 signaling has a role to play in the pathogenesis of OA pain, through effects on both knee joint and bone afferent neurons, and suggest that targeted manipulation of artemin/GFRα3 signaling may provide therapeutic benefit for the management of OA pain.

Implications/Discussion

Artemin expressed in both the bone and the joint mediates pain in a rodent model of OA and sequestering it could provide therapeutic benefit.

Declaration

This work was supported by funding from the National Health and Medical Research Council NHMRC #1185981.

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.

Nav1.7 is essential for nociceptor action potentials in the mouse in a manner independent of endogenous opioids

Deng L, Dourado M, Reese RM, Huang K, Shields SD, Stark KL, Maksymetz J, Lin H, Kaminker JS, Jung M, Foreman O, Tao J, Ngu H, Joseph V, Roose-Girma M, Tam L, Lardell S, Orrhult LS, Karila P, Allard J, Hackos DH. "Nav1.7 is essential for nociceptor action potentials in the mouse in a manner independent of endogenous opioids." Neuron. 2023 Jun 15:S0896-6273(23)00397-5.

Reviewer: Ashvriya Thapa (PhD Student) & Irina Vetter (Research fellow), Institute for Molecular Biosciences, The University of Queensland

DOI: https://doi.org/10.1016/j.neuron.2023.05.024

Review of article

Study group

This study was conducted in transgenic male and female mice aged 8-16 weeks.

Aims of study

Loss-of-function mutations in the voltage-gated sodium channel (Na_V) subtype $Na_V1.7$ cause congenital insensitivity to pain (CIP), an inability to experience pain or nociception. This observation has created immense interest in the development of selective $Na_V1.7$ inhibitors as analgesics. However, clinical trials of selective $Na_V1.7$ inhibitors, such as PF-05089771, have been disappointing, raising questions on the molecular mechanisms that lead to global analgesia following functional deletion of the SCN9A gene.

Previous studies proposed a mechanism where the loss of functional $Na_V1.7$ induces upregulation of the *Penk* gene, leading to opioid-dependent analgesia (Minett et. al 2015), with the opioid receptor antagonist naloxone restoring pain behaviours in $Na_V1.7$ knockout (KO) mice. The aim of this study was to independently assess the contribution of enkephalin to $Na_V1.7$-mediated analgesia, as well as the contribution of $Na_V1.7$ to nociceptor action potentials, as this has important implications for analgesic drug discovery efforts.

Brief methodology

Bulk and single-cell RNA sequencing (RNA-Seq) was performed on dorsal root ganglia (DRGs) collected from tamoxifen-inducible as well as conditional $Na_V1.7$ knockout mouse lines. Principle component analysis was used to identify the neuronal subtypes in which *Penk* is upregulated. Nocifensive behaviours were assessed in tamoxifen-inducible $Na_V1.7$ KO mice and following treatment with the $Na_V1.7$ inhibitor GNE-3565 using the Randall Selitto, Hargreaves, Acetone evaporation, von Frey, Hot Plate and tail immersion tests. Action potential (AP) generation was examined using laser speckle contrast imaging (LSCI), using blood flow in the dorsal hind paw skin as an indirect measurement of electrical activity following topical application of isothiocyanate (AITC) or mineral oil vehicle as a control. C fiber APs were recorded using in vivo electrophysiology recordings from wide dynamic range (WDR) neurons or DGRs.

Brief summary of the results

Results from expression studies showed upregulated *Penk* expression after the genetic removal of $Na_V1.7$ both in conditional knockout mice, as well as in tamoxifen-inducible knockout mice over a period of several weeks. However, the opioid receptor antagonist naloxone failed to reverse analgesia in the tail immersion, Hargreaves, and Randall-Selitto tests, indicating that *Penk* upregulation does not contribute to analgesia. Consistent with previous work, downregulation of the C-low threshold mechanoreceptor (cLTMR) specific marker *Ceacam10* was also observed, suggesting that increased DRG *Penk*

expression might arise from a specific subset of sensory neurons. This was indeed confirmed to be the case, with principal component analysis revealing that the observed gene expression changes were driven by cLTMR neurons.

The authors next assessed the analgesic effect of GNE-3656, a compound that potently inhibits $Na_V1.7$ (as well as $Na_V1.2$ and $Na_V1.6$) and correlated *in vivo* activity to free plasma concentrations. Oral dosing of GNE-3656 induced anti-nociception in multiple rodent models, with the rapid response making a contribution of enkephalin signalling unlikely. In addition, AITC-induced blood flow changes showed that genetic removal or pharmacological block of $Na_V1.7$ suppresses AP-dependent blood flow increases in the hind paw. *In vivo* electrophysiology recordings showed that the pharmacological block of $Na_V1.7$ suppresses C-fiber AP frequency and decreases C-fiber latency, thus showing that C-fiber APs depend on $Na_V1.7$.

Conclusions

The results presented by Deng and co-workers suggest that analgesia resulting from inhibition, or genetic deletion, of $Na_V1.7$ is independent of enkephalin, and that $Na_V1.7$ is crucial for initiating action potentials in nociceptors. They highlight that upregulation of *Penk* following $Na_V1.7$ knockdown is specifically associated with cLTMRs.

Reviewer's critique & take home message

Some particularly interesting aspects that arise from this article include the effect of $Na_V1.7$ inhibition on blood pressure, with hypotension presumably arising from inhibition of action potential firing in autonomic neurons. Whether this on-target side effect can be avoided by slow dose titrations remains to be determined, especially since no cardiovascular side effects have been reported in CIP patients. In addition, the anti-nociceptive effects of GNE-3656 – which is expected to poorly penetrate the central nervous system and spinal cord – argue for efficacy of peripherally restricted $Na_V1.7$ inhibitors. Lastly, the observation that increasing stimulus intensity at the nociceptor receptive field could overcome loss of AP firing following GNE-3656 dosing suggests both that a high level of $Na_V1.7$ inhibition is required for complete analgesia, and also that $Na_V1.7$ is more important for AP initiation than propagation.

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Minett, M., Pereira, V., Sikandar, S. et al. Endogenous opioids contribute to insensitivity to pain in humans and mice lacking sodium channel Nav1.7. *Nat Commun* **6**, 8967 (2015). https://doi.org/10.1038/ncomms9967

Declaration

The authors declare no conflicts of interest.

Pregabalin Silences Oxaliplatin-Activated Sensory Neurons to Relieve Cold Allodynia

Iseppon, F., Luiz, A. P., Linley, J. E., & Wood, J. N. (2023). Pregabalin Silences Oxaliplatin-Activated Sensory Neurons to Relieve Cold Allodynia. *eNeuro*, 10(2).

Reviewer: Tabea Klasfauseweh (PhD student) & Irina Vetter (Research fellow), Institute for Molecular Bioscience, The University of Queensland

DOI: https://doi.org/10.1523/eneuro.0395-22.2022

Review of article

Study group

This study was conducted in female and male adult C57BL/6, Pirt-GCaMP3 and global α2δ1 knock-out mice aged at least 6 weeks.

Aims of study

Cold allodynia is the perception of pain to an innocuous cold stimulus, which is a common side effect in patients treated with the chemotherapeutic agent oxaliplatin. The authors explored whether pregabalin, a drug used for the treatment of neuropathic pain, can ameliorate chemotherapy-induced cold allodynia in a mouse model.

Brief methodology

Chemotherapy-induced cold allodynia was induced in mice by intraplantar injection of 80 µg/paw oxaliplatin. Mice were then treated with intravenous injections of either 2 mg/kg pregabalin or vehicle control. Cold allodynia was assessed on a cold plate set to 10°C by counting nocifensive behaviours during a 5 minute interval. *In vivo* calcium imaging was performed in GCaMP-expressing mice, which allowed for the detection of fluorescence in sensory neurons upon activation. Stimuli were applied to the hind paw and fluorescence was recorded from exposed corresponding L4 dorsal root ganglia (DRG).

Behavioural testing and *in vivo* calcium imaging were performed after oxaliplatin injection (baseline) and 50 to 60 minutes after treatment with pregabalin or control. All experiments were also performed in voltage-gated calcium channel α2δ1-knockout mice.

Brief summary of the results

Intraplantar oxaliplatin injection produced cold allodynia in line with published literature. Mice treated with pregabalin showed significantly decreased nocifensive behaviours on the cold plate compared to controls. Without previous oxaliplatin injection, pregabalin treatment did not affect the response to cold stimuli.

In vivo calcium imaging revealed that the percentage of DRGs responding to ice-cold water or acetone decreased after pregabalin treatment, as evidenced by decreases in peak fluorescent intensity and area under the curve, whereas the response to mechanical or heat stimuli was not affected by pregabalin. Previously published studies described the underlying pathophysiology of oxaliplatin-induced cold allodynia as the recruitment of “silent” cold-responding neurons, rather than oxaliplatin affecting excitability of cold-sensing cells. In line with this, the number of responding neurons increased in a linear fashion with decreasing stimulation temperatures. After pregabalin treatment, the temperature threshold of DRGs responding to cold shifted towards lower temperatures.

Oxaliplatin affects receptor polymodality by increasing the number of DRG neurons responding to both mechanical as well as cold stimuli. Pregabalin treatment decreased the population of mechano-cold responding neurons but did not change the percentage of mechano-heat responding DRGs. Additionally, analysis of the cross-sectional areas of cold-responding neurons revealed that pregabalin partially silenced larger cold-responding cells

(A > 480 μm^2), which correspond to "silent" cold-sensing DRGs recruited by oxaliplatin.

Because the voltage-gated calcium channel subunit α2δ1 is known to interact with pregabalin, the experiments were repeated in global α2δ1-knockout (KO) mice that were intraplantarly injected with oxaliplatin and then treated with pregabalin. The previously observed effect of pregabalin on nocifensive behaviour on the cold plate as well as on percentage of cold-sensing neurons in in vivo calcium imaging was abolished in the KO mice, with the pregabalin treated KO mice resembling the control treated wildtype.

Conclusions

Pregabalin exerted peripheral effects and inhibited cold-responding neurons, which were newly recruited by oxaliplatin, by decreasing their excitability and thereby ameliorating cold allodynia in a chemotherapy-induced cold allodynia model. This effect is likely mediated by interaction with voltage-gated calcium channel subunit α2δ1.

Reviewer's critique & take home message

The molecular and cellular mechanisms contributing to oxaliplatin-induced cold allodynia have remained unclear, with several groups suggesting contribution of cold-sensitive nociceptors expressing the thermosensitive receptors TRPA1 or TRPM8, while others report TRP channel-independent mechanisms. This study supports a key contribution of previously cold insensitive neurons to oxaliplatin-induced allodynia, although the mechanism of action of oxaliplatin remains unclear. Interestingly, pregabalin reduced aberrant responses of DRG neurons, suggesting a peripheral mechanism of action, although a contribution of post-synaptic α2δ1-containing Ca_V channels to in vivo anti-allodynic effects cannot be ruled out.

Declaration

The authors declare that there are no conflicts of interest.

Role of TMEM100 in mechanically insensitive nociceptor un-silencing

Basic Pain Research BPR SEE INSIDE AUSTRALIAN PAIN SOCIETY SPECIAL INTEREST GROUP

Nees TA, Wang N, Adamek P, Zeitzschel N, Verkest C, La Porta C, Schaefer I, Virnich J, Balkaya S, Prato V, Morelli C, Begay V, Lee YJ, Tappe-Theodor A, Lewin GR, Heppenstall PA, Taberner FJ, Lechner SG. "Role of TMEM100 in mechanically insensitive nociceptor un-silencing." Nat Commun. 2023 Apr 5;14(1):1899.

Reviewer: Irina Vetter (Research fellow), Institute for Molecular Bioscience, The University of Queensland

DOI: 10.1038/s41467-023-37602-w

Review of article

Study group

Male and female CHRNA3-EGFP mice on C57/BL6 background and conditional TMEM100 knockout mice in which TMEM100 is deleted in $Na_V1.8$-expressing nociceptors, aged 8-15 weeks, were used in this study.

Aims of study

Functionally diverse sensory neuron subtypes, typically defined by their responses to mechanical, thermal and chemical stimuli, are critical for physiological and pathological pain. Of these neuronal subtypes, so-called "silent" nociceptors only become sensitised in pathological pain states, for example during inflammation. The aim of this study was to define the mechanisms contributing to "un-silencing" of the subpopulation of CHRNA3-positive mechanically-insensitive afferents to better understand inflammatory pain.

Brief methodology

RNAseq analysis of CHRNA3-EGFP+ DRG neurons cultured in the presence of nerve growth factor (NGF) was performed by Illumina HiSeq 2000.

Behavioural effects of TMEM100 silencing were assess by CatWalk gait analysis as well as von Frey and Hargreaves' test following intra-articular injection of Complete Freund's Adjuvant (CFA).

Mechanosensitive currents were assessed in HEK293 cells expressing TMEM100 and PIEZO2, or in isolated DRG neurons from wild-type and TMEM100 knockout animals, by manual patch-clamp electrophysiology, and action potential firing in nociceptors was assessed in the ex vivo skin-nerve preparation.

Brief summary of the results

Treatment of cultured DRG neurons with NGF lead to a significant upregulation of TMEM100 in silent nociceptors defined by expression of CHRNA3, the α3 nicotinic Acetylcholine receptor subunit. Given the known abundance of this neuronal subtype in the knee joint, the contribution of TMEM100 to knee joint pain and secondary hyperalgesia was assessed in CFA-induced knee inflammation. Following intraarticular CFA injection, TMEM100 expression was upregulated and accompanied by the acquisition of mechanosensitivity in CHRNA3-EGFP+ neurons, although expression of TMEM100 in HEK293 cells neither produced mechanosensitive currents nor modulated the function of the mechanosensitive channel PIEZO2. Secondary mechanical hypersensitivity – that is, reduced paw withdrawal thresholds in the ipsilateral footpad – but not CFA-induced changes in gait or thermal hypersensitivity, were abrogated in TMEM100 knockout animals. Consistent with TMEM100 expression leading to de novo mechanical sensitivity, single fiber recordings from peripheral afferents demonstrated inflammation-induced increased mechanical sensitivity, but not altered suprathreshold firing patterns, in cutaneous C-fiber nociceptors that was abolished in TMEM100 knockout animals. Similarly, advenovirus-mediated overexpression of TMEM100 in articular afferents led to development of secondary mechanical hypersensitivity.

Conclusions

Collectively, these results demonstrate that TMEM100 overexpression leads to the emergence of *de novo* mechanosensitivity, likely mediated via the mechanosensitive ion channel PIEZO2, during inflammation.

Reviewer's critique & take home message

This publication reveals the molecular mechanisms leading to secondary mechanical hyperalgesia, and in particular sensitisation of silent nociceptors, during inflammatory pain. The key role of TMEM100 suggests that this protein may be a putative analgesic target, albeit the precise mechanisms leading to dis-inhibition of PIEZO2 remain to be determined. Technical limitations of this work include that adenovirus-mediated overexpression of TMEM100 was not limited to silent nociceptors, and that it is difficult to be certain whether or not altered gait reflects knee joint pain, or other types of mechano-pathology.

Declaration

The author declares no conflict of interest.

Survey on Australian Quality Standard for Rheumatoid Arthritis

The Australian Rheumatology Association, in collaboration with Arthritis Australia, is developing a Quality Standard for rheumatoid arthritis, to improve the quality of care for people living with RA.

Over the past 6 months, a dedicated working group of rheumatologists, other health professionals, including GP, nurses, a range of allied health care professionals and several consumers prioritised specific areas of care for quality improvement.

Based on these priority areas, the group formulated 13 quality statements and established 7 guiding principles for RA care.

As a member of the Australian Pain Society, we invite you to take part in an online survey to indicate your agreement with:

i. The selection of priority areas
ii. The content and wording of each quality statement

Click Here to Access the Survey.

The survey will be open until 20 September 2023. For more information, the Participant Information Sheet for healthcare professionals is available here.


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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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NEW!

- **Arthritis Australia has launched a new information resource "Taking control of your pain in Arthritis"** https://arthritisaustralia.com.au/managing-arthritis/living-with-arthritis/dealing-with-pain/

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

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

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- 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
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- A list of helpful apps for consumers and clinicians now available at: http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/management-of-chronic-pain
- Chronic Pain in the ED: https://www.aci.health.nsw.gov.au/networks/eci/clinical/clinical-resources/clinical-tools/pain-management/chronic-pain-in-the-ed

Calendar of Events

7-9 September 2023

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

The Lisbon Congress Centre, Lisbon, Portugal

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

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RMSANZ 2023 6th Annual Scientific Meeting - Diversity and Leadership

Hotel Grand Chancellor, Hobart, TAS

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

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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/

6-8 October 2023

Faculty of Pain Medicine (FPM)
2023 FPM Spring Meeting

Pullman Adelaide, Adelaide, SA

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

13 October 2023

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

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

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

13-14 October 2023

Australian College of PeriAnaesthesia Nurses
ACPAN 2023

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

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

24-25 October 2023

Australia & New Zealand Musculoskeletal Clinical Trials Network (ANZMUSC)
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Coogee Surf Club, Sydney NSW, Australia

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

28-30 October 2023

World Institute of Pain (WIP)
12th World Congress of World Institute of Pain

Susesi Hotel & Convention Centre, Antalya, Turkey

https://www.wip2023.org/

8 November 2023

Australian Commission on Safety and Quality in Health Care
National Medicines Symposium 2023

Online Conference

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

14 November 2023

National Trauma Network
NTS23 "Towards Excellence"

Te Papa Tongarewa, Wellington, NZ

https://www.traumasymposium.nz/

23-25 November 2023

Australia New Zealand Society of Palliative Medicine (ANZSPM)
ANZSPM 2023 Medical & Surgical Update Meeting

Novotel Melbourne on Collins, Melbourne, VIC, Australia

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

21-24 March 2024

New Zealand Pain Society (NZPS)
NZPS 2024 - Empowering Pain Management in New Zealand

The Dunedin Centre, Dunedin, NZ

https://www.nzps2024.nz/

21-24 April 2024

Australian Pain Society (APS)
2024 Australian Pain Society 44th Annual Scientific Meeting

Darwin Convention Centre, NT

https://www.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/2024-anzca-asm

9-11 August 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 November 2024

National Rural Health Alliance
17th National Rural Health Conference

Perth Convention & Exhibition Centre, Perth, WA

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

Vision, Purpose & Priorities

Vision:

All people will have optimal pain management throughout life.

Purpose:

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

Priorities:

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

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

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