



Editor's Note

Dear colleagues,

The annual scientific meeting held on the Gold Coast at the end of March was highly successful. It was a combined meeting of the Australian Pain Society and the New Zealand Pain Society with strong attendances from both sides of the Tasman. The meeting had many highlights with a strong array of speakers from Europe, the USA, Australia and New Zealand. The Local Organizing Committee led by Judy Leader (President New Zealand Pain Society) and Michael Deen (Queensland State Councillor) and the Scientific Program Committee chaired by Dr Mike Farrell have our thanks and congratulations.

In this newsletter you will find copies of the winner and the runner up for best free paper and of the winner and the runner up for best poster. You will also find notices of events of interest to you.

I wish you good reading,

Will Howard

Newsletter Editor

Best Free paper - Winner

OBJECTIVE ASSESSMENT OF THE SEDATIVE INTERACTION BETWEEN OPIOIDS AND SLEEP DEPRIVATION

Presenting Author: Peter M Grace

Authors: Tyman Stanford, Melanie Gentgall, Paul E Rolan

Background and Aims

In contrast to European guidelines, current NHMRC guidelines suggest that chronic opioid users are largely tolerant to the sedative effects of opioids and should

exercise caution when driving. Irregular sleeping habits may lead to opioid users driving both while on medication and sleep deprived, increasing the possibility of accidents. We have investigated the sedative interaction between sleep deprivation and opioids in two studies.

Methods

In study one, 10 healthy opioid-naive participants took part in a two period double-blind placebo-controlled crossover study. In each period, subjective and objective measures of sedation were performed on two consecutive days with complete sleep deprivation intervening. In one period volunteers received 10 mg/70 kg IV morphine in the morning of both study days and on the other period saline placebo. In study two, 9 participants receiving alternate day buprenorphine as opioid substitution therapy were studied over three consecutive days: on day 1 following their usual dose of medication; on day 2 having received no medication, on day 3 having taken their usual dose of medication but with complete sleep deprivation the preceding night. The same subjective and objective measures of sedation were performed on each of the study days.

Results

The primary objective measure of sedation, saccadic eye movements (SEMs) detected morphine alone ($p < 0.001$) and sleep deprivation alone ($p < 0.001$) as well as an additive interaction ($p < 0.001$) in study one. The effect of sleep deprivation in study two was detected ($p < 0.001$), however alternate-

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day buprenorphine dosing did not alter SEMs. The subjective scale consistently detected sleep deprivation in both studies ($p < 0.001$), however only detected buprenorphine in study one ($p = 0.006$), but not morphine in study two. The current study revealed greater objective impairment of SEMs, but not subjectively in tolerant versus naïve participants, suggesting tolerance to subjective opioid-induced sedation. This implies that patient's self-rated fitness to drive is not adequate and objective measures are necessary to assess psychomotor competence.

Conclusions

The current study demonstrates that objective measures provide additional information to subjective measures and thus should be used in combination.

Best Free paper – Runner up

FEAR AVOIDANCE BELIEFS IN PATIENTS WITH ACUTE WHIPLASH ASSOCIATED DISORDERS

Presenting Author: Ashley Pedler
Author: Michele Sterling

Background and Aims

Whiplash associated disorders (WAD) pose a large socioeconomic burden to the community with a percentage of patients suffering ongoing pain and disability [1]. Psychological factors including fear avoidance beliefs may play a role in the transition to chronicity following injury [2]. The aims of this study were to examine the temporal development of fear avoidance behaviours in patients with WAD using the Tampa Scale of Kinesophobia (TSK-17) and the Pictorial Fear of Activities Scale – Cervical (PFActS-C) and to determine the predictive capacity of these measures in relation to ongoing pain and disability and initial cervical range of movement (ROM).

Methods

Ninety-eight patients (61 female, mean age 37 years) with acute (<4 weeks) WAD were recruited. Enrolled

participants completed baseline measures of pain and disability (Neck Disability Index), fear avoidance beliefs (PFActS-C, TSK-17) and cervical extension and combined rotation ROM. Follow up assessments were completed at 3 and 6 months post accident. Based on NDI scores at 6 months patients were classified as recovered (NDI <10), mild (NDI 10-28) and moderate/severe (NDI ≥ 30). Repeated measures ANOVA with a between subjects factor of group and a within subjects factor of time were performed for the PFActS-C and TSK-17. Stepwise regression analyses using NDI at 6 months, and initial cervical ROM as dependent variables were performed with age, gender, initial pain VAS, PFActS-C and TSK-17 as independent variables. Significance levels were set to $p \leq 0.05$.

Results

Repeated measures ANOVA showed a significant main effect for time ($p = 0.003$) and group for TSK-17 ($p < 0.001$) and significant main effect for time ($p < 0.001$) and group ($p < 0.001$) for PFActS-C. Regression analyses revealed that TSK-17 scores at initial assessment were significantly predictive of NDI scores at 6 months ($p = 0.002$). PFActS-C scores at initial assessment were significantly predictive of initial cervical extension ($p = 0.001$) and combined rotation ($p = 0.001$) ROM.

Conclusions

Patients with WAD who develop ongoing pain and disability display higher levels of fear avoidance beliefs than those who recover within 6 months on both measures. The ability of PFActS-C to predict initial cervical ROM suggests that this may provide a measure of fear avoidance more specific to the cervical spine than the TSK-17. However, that initial TSK-17 scores were significantly predictive of pain and disability at 6 months follow up suggests that a complex relationship between kinesophobia and outcomes following acute whiplash injury exists.

References

1. STERLING, M., ET AL., Physical and psychological factors predict outcome following whiplash injury. *Pain*, 2005. 114(1-2): p. 141-148.
2. BUITENHUIS, J., J. JASPERS, AND V. FIDLER, Can Kinesiophobia Predict the Duration of Neck Symptoms in Acute Whiplash? . *Clinical Journal of Pain*, 2006. 22(3): p. 272-77.

Best Poster - Winner

LOWERING FEAR AVOIDANCE: HYDROTHERAPY VERSUS GRADED EXPOSURE TO PERCEIVED HARMFUL ACTIVITIES AS PARTS OF A CBT PROGRAM

Presenting Author: Duncan Lodge

**Authors: Rachael Kessell, Bethany Badger,
Joy Althorpe, Sebastian Prince,
Andrew Larnar, John L Plummer,
Dilip Kapur**

Background and Aims

Pain related fear avoidance of movement has been shown to have a strong association with disability for chronic pain patients. A treatment approach aimed at decreasing fear avoidance of movement should have the potential to decrease disability. Graded exposure to perceived harmful activities has been described as the treatment of choice to decrease fear avoidance of movement. Exposure to perceived harmful activities is thought to be more effective at reducing both fear avoidance of movement and disability than reactivation through graded exercise. The Comprehensive Outpatient Pain Education and Rehabilitation (COPER) Program is an outpatient program run by the Pain Management Unit of the Flinders Medical Centre. The program uses an established multidisciplinary model including cognitive behavioural therapy, health education, functional restoration, and vocational review delivered by an interdisciplinary team consisting of physiotherapists, psychologists, nurses and medical practitioners.

Methods

Groups of patients completed the COPER Program with patients participating in either hydrotherapy or graded exposure to perceived harmful activities. Perceived harmful activities were chosen using the Photograph Series of Daily Activities (PHODA) Scale. Patients completed the Tampa Scale of Kinesophobia (1) and Roland and Morris Disability (2) questionnaires prior to the program (baseline), on completion of the program, and at 1, 3, and 6 months post-program. Data were available from patients who had completed the program from October 2007 to October 2009. Data were analysed using linear mixed models to determine

whether test scores improved after the program, whether improvement was maintained and whether there was a difference between groups participating in hydrotherapy compared to those participating in graded exposure.

Results

Preliminary results suggest the hydrotherapy and graded exposure groups showed statistically significant (all $p < 0.000$) reductions in fear avoidance (6.9, 5.7 to 8.2) and disability (2.6, 1.9 to 3.4) post program. These reductions were largely maintained up to 6 months for fear avoidance (4.6, 3.2 to 6.0) and disability (2.1, 1.3 to 2.9) (all $p < 0.000$ compared to baseline). No significant difference between the hydrotherapy and graded exposure groups was found for fear avoidance (0.8, $p = 0.2$) and disability (0.6, $p = 0.2$) post program or at 1, 3 and 6 months post program.

Conclusion

Participation in CBT programs can facilitate decreased fear avoidance of movement and perceived disability to patients experiencing chronic pain. As parts of the COPER program no difference in fear avoidance of movement or disability was found between hydrotherapy and graded exposure to perceived harmful activities. Graded exposure using the PHODA Scale can replace hydrotherapy so that clients who do not have access to hydrotherapy facilities may not be disadvantaged.

References: Questionnaires Used

1. MILLER RP, KORI SH & TODD DD, 1991 (Unpublished)
2. ROLAND M & MORRIS R, 1983 Spine 8:2 141-144.

MOVING THE PAIN EDUCATION AGENDA FORWARD: INNOVATIVE MODELS

AUGUST 26 & 27, 2010
TORONTO, ONTARIO, CANADA

Official Satellite Symposium of the
13th World Congress on Pain



REGISTRATION AND PROGRAM GUIDE

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada, approved by the University of Toronto **10.5 Section 1 credits**. The Office of Continuing Education and Professional Development, Faculty of Medicine, University of Toronto, designates this educational activity for a maximum of **10.5 Category 1** credits toward American Medical Association Physician's Recognition Award. Each physician should claim only those credits that s/he actually spent in the activity. As a result of a reciprocal agreement between the EACCME and AMA, European registrants may claim up to **10.5 AMA PRA Category 1** credits as equivalent.

**LIMITED
REGISTRATION**

- * EXCEPTIONAL PROGRAM
- * INTERNATIONAL SPEAKERS
- * CONTACT: DR. JUDY WATT-WATSON
paineducationsymposium@utoronto.ca
<http://bloomberg.nursing.utoronto.ca/PainSymposium.htm>

"Timely topics in pain research and treatment have been selected for presentation, but the information provided and opinions expressed have not involved any verification of the findings, conclusions, and opinions by the International Association for the Study of Pain (IASP)[®]. Thus, opinions expressed in this meeting do not necessarily reflect those of the Association or of the Officers and Councilors of IASP. No responsibility is assumed by the Association for any injury and/or damage to persons or property as a matter of products liability, negligence or otherwise, or from any use or operation of any methods, products, instruction, or ideas contained in the material herein. Because of the rapid advances in the medical sciences, the association recommends that independent verification of diagnoses and drug dosages should be made."

Calendar of Events

2ND INTERNATIONAL COURSE ON PAIN MEDICINE

27-29 August 2010

Montreal, Canada

www.ICPM.net

13TH WORLD CONGRESS ON PAIN

Current Concepts in Urogenital Pain

29 August - 2 September

Palais des congrès de Montréal,

Montréal, Québec, Canada

www.iasp-pain.org/Montreal

THE BEST OF BOTH WORLDS

Rehabilitation 2010: Mind and Body

6 - 8 October 2010

Hilton on the Park Hotel, Melbourne

www.dconferences.com.au/rehab2010

FACULTY OF PAIN MEDICINE (FPM) 2010 SPRING MEETING

Transitions in Pain

8-10 October 2010

City Hall, Newcastle NSW

www.anzca.edu.au/fpm

4TH ASIA PACIFIC CERVICAL SPINE SOCIETY CONFERENCE

3 - 6 November 2010

Hilton Hotel, Sydney, NSW

www.dconferences.com.au/apcss

AUSTRALIAN PAIN SOCIETY 31ST ANNUAL SCIENTIFIC MEETING

The Frontiers of Pain

12-16 June 2011

Darwin Convention Centre, Darwin, NT

www.dconferences.com.au/aps2011

New Members

| | | | |
|-----|---------------------|--------------|----------------------------|
| Ms | Ingrid | Wynd | Nursing |
| Dr | Sachin | Shetty | Rehabilitation Medicine |
| Mrs | Kathrine | Petrie | Nursing |
| | Shane | Fewster | Osteopathy |
| Ms | Ursula | Thiessen | Social Work |
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| Mrs | Val | Kostic | Psychology |
| Dr | Ian | Dummet | Chinese Medicine |
| Dr | Geoffrey | Abbott | Palliative Care |

The **FRONTIERS** of Pain



Australian Pain Society 31st Annual Scientific Meeting | 12 - 16 June 2011 | Darwin Convention Centre, Northern Territory, Australia



DEADLINES

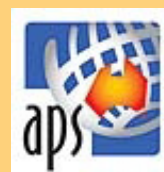
Topical Session Submissions | **1 October 2010**

Free Paper & Poster Submissions | **11 February 2011**

Early Bird Registration | **15 April 2011**

Draft program available online www.dconferences.com.au/aps2011

For sponsorship & exhibition opportunities contact the Secretariat - details overleaf



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