Editor’s Note

Dear all,

Contributors have not troubled your editor a great deal this month which is to say more articles would be welcomed. Fortunately our stalwarts, Olly Zekry and Stefan Schug, came to the rescue with a short article about dose equivalence when switching from gabapentin to pregabalin – a topical subject now that pregabalin is on the PBS. It has been pleasing to receive notifications about some recent publications: please keep the notifications coming. Also pleasing is the news that the Australian Physiotherapy Association has got firmly behind National Pain Week by making pain a key theme of their July newsletter – please see the short note about that.

Regards,

Will Howard

Newsletter Editor
Switching from Gabapentin to Pregabalin

When switching from Gabapentin to Pregabalin as anticonvulsants, the dose should be tapered gradually over a minimum of a week to minimize the risk of increased seizure frequency.

A direct switch is recommended when the indication is neuropathic pain. Multiple studies show that direct conversion from Gabapentin to Pregabalin overnight is successful with no intolerable adverse effects noted at one week after conversion (Toth et al., Howard et al.).

In both studies conversion from Gabapentin to Pregabalin was achieved by discontinuation of Gabapentin therapy after an evening dose with initiation of Pregabalin therapy the following morning.

Dose equivalencies of Gabapentin and Pregabalin

The following conversion table was based on the assumption that Pregabalin has 6 times greater pharmacological effect against neuropathic pain than Gabapentin.

This assumption is crude as the saturatable uptake of Gabapentin makes conversion not always linear and dose adjustments need to be made.

Table 2 - Indications for Gabapentin & Pregabalin

<table>
<thead>
<tr>
<th>Pain</th>
<th>Neuraphatic Pain</th>
<th>Central</th>
<th>Combination</th>
<th>Cancer pain</th>
<th>Acute pain</th>
<th>Other</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>e.g. Peripheral Neuropathy</td>
<td>Spinal Cord Injury</td>
<td>Post Herpetic Neuralgia</td>
<td>Post Chemo/Radiotherapy</td>
<td>Scoliosis Surgery</td>
<td>Fibromyalgia Syndrome</td>
<td>Complex Partial Seizures With or Without Generalization</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td></td>
<td></td>
<td>Opioid Resistant Pain</td>
<td></td>
<td></td>
<td>Failed first line therapy (Valproate, Carbamazepine)</td>
</tr>
<tr>
<td></td>
<td>Peripheral Neuropathy</td>
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<tr>
<td></td>
<td>Brachial plexus injury</td>
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<td></td>
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<tr>
<td></td>
<td>Post Surgical Pain Syndromes</td>
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</tr>
</tbody>
</table>

Adapted from Guidelines for Prescription of Pregabalin at Royal Melbourne Hospital – with permission.

Table 3 - Dose equivalencies of Gabapentin & Pregabalin for the conversion protocol

<table>
<thead>
<tr>
<th>Daily dose of Gabapentin per day pre-switch (mg/day)</th>
<th>Daily dose of Pregabalin per day post-switch (mg/day)</th>
<th>Dosing schedule of Pregabalin</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 — 300</td>
<td>50</td>
<td>25 mg bd</td>
</tr>
<tr>
<td>301 — 450</td>
<td>75</td>
<td>25 mg mane 50 mg nocte</td>
</tr>
<tr>
<td>451 — 600</td>
<td>100</td>
<td>50 mg bd</td>
</tr>
<tr>
<td>601 — 900</td>
<td>150</td>
<td>75 mg bd</td>
</tr>
<tr>
<td>901 — 1200</td>
<td>200</td>
<td>100 mg bd</td>
</tr>
<tr>
<td>1201 — 1500</td>
<td>250</td>
<td>100 mg mane 150 mg nocte</td>
</tr>
<tr>
<td>1501 — 1800</td>
<td>300</td>
<td>150 mg bd</td>
</tr>
<tr>
<td>1801 — 2100</td>
<td>350</td>
<td>150 mg mane 200 mg nocte</td>
</tr>
<tr>
<td>2101 — 2400</td>
<td>400</td>
<td>200 mg bd</td>
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<td>2401 — 2700</td>
<td>450</td>
<td>150 mg mane 300 mg nocte</td>
</tr>
<tr>
<td>2701 — 3000</td>
<td>500</td>
<td>200 mg mane 300 mg nocte</td>
</tr>
<tr>
<td>3001 — 3600</td>
<td>600</td>
<td>300 mg bd</td>
</tr>
</tbody>
</table>
CONVERSION OF GABAPENTIN TO PREGABALIN: SIMPLE & EASY!

Table 4 - Dose adjustments of Gabapentin and Pregabalin according to renal impairment

<table>
<thead>
<tr>
<th>Creatinine Clearance (mL/min)</th>
<th>Maximum Dose of Gabapentin (mg)</th>
<th>Maximum Dose of Pregabalin (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>eClcr 26-50</td>
<td>300 bd</td>
<td>300 daily</td>
</tr>
<tr>
<td>eClcr 10-25</td>
<td>150 daily</td>
<td>150 daily</td>
</tr>
<tr>
<td>eClcr &lt;10</td>
<td>300 q48h</td>
<td>75 daily</td>
</tr>
</tbody>
</table>

Conclusion

Direct switching from Gabapentin to Pregabalin in the treatment of neuropathic pain is supported by the current literature. However, clinicians need to use clinical judgment with close monitoring of their patients to assess sustained efficacy and untoward adverse effects.

When switching from Gabapentin to Pregabalin for patients with seizure disorders, the dose should be reduced gradually over a minimum of one week in order to minimise the risk of increased seizure frequency.

References

4. Guidelines for Prescription of Pregabalin at Royal Melbourne Hospital.
5. Gabapentin Information Sheet.
8. Pregabalin Information Sheet.

Olly Zekry

Olly is a clinical consultant pharmacist who works part time in RPA Hospital. She has also completed a Master in Chronic Pain through the Faculty of Medicine, Sydney University. Olly has been a tutor for the PSA pharmacy interns since 2005 and contributes to the NSW Health ACI committee. Olly conducts home medication reviews for several medical centres in NSW, mainly in the Blue Mountains. She also runs educational workshops for RNs through the School of Nursing in NSW and workshops on pain management for GPs.

Stephan Schug

Stephan is currently Professor and Chair of Anaesthesiology in the School of Medicine and Pharmacology at the University of Western Australia and Director of Pain Medicine at the Royal Perth Hospital, Australia. He also maintains a position as Honorary Professor of Anaesthesiology at the University of Auckland, New Zealand. He studied medicine at the University of Cologne, Germany, where he obtained his MD by thesis in clinical pharmacology and subsequently specialised in anaesthesia, intensive care and pain medicine.

Recognising the Role of Pharmacists in Pain Management

Nominations are now open for the Pharmaceutical Society of Australia’s Award for Quality Use of Medicines in Pain Management.

The PSA award is for a member pharmacist who is making an outstanding contribution to the quality use of medicines through direct clinical care in consumers with persistent pain.

To be considered for the award, pharmacists need to demonstrate that they have contributed to achieving one or more of the key goals of the National Pain Strategy.

The recipient of the 2013 PSA Award for QUM in Pain Management will receive registration fees, travel and accommodation to attend PAC13.

The award has been supported by a grant from Mundipharma.

Applications close on 2 August 2013.

For more information, click here.
TOPICAL SESSION SUBMISSIONS NOW OPEN!

On behalf of the Scientific Program Committee and the Local Organising Committee, we are pleased to advise topical session submissions for the APS 2014 ASM is now open.

The deadline for Topical Session submissions is: **1 AUGUST 2013.**

- View the [topical session submission guidelines](#)
- Visit the [online topical session submission page](#)

ABSTRACT SUBMISSIONS

Abstract Submissions for Free Papers and Posters will open on:

**2 SEPTEMBER 2013**

The deadline for Free Paper and Poster Submissions is:

**31 OCTOBER 2013**

We very much look forward to receiving your submissions. Should you have any queries regarding your submission or the process, please do not hesitate to contact the [Conference Secretariat](#).
Thank you to Dr Michael Jennings, Psychiatrist in the Department of Consultation-Liaison Psychiatry and the Pain Management Centre at Royal Prince Alfred Hospital, Sydney NSW, who has provided this article.

**Common psychiatric issues in chronic pain**
The article was primarily aimed at GPs. It discussed depression, anxiety disorders, somatisation, personality issues and substance abuse in patients with chronic pain, those who could be managed in primary care and those who could be referred to a pain clinic.


This article will also be included in a Medicine Today Pain Supplement to be issued in July 2013.

Thank you to A/Prof Kate Jackson, Director Supportive and Palliative Care, Southern Health and Monash University, and her fellow APS colleagues who have contributed to the following two publications:


The palliative management, in particular pain management, of patients with opioid addiction presents unique challenges. The often associated complex psychosocial factors may add a further layer of difficulty in managing these patients; particularly those who wish to remain at home. We describe our three-week involvement in managing a patient with opioid addiction with newly diagnosed widespread metastatic cancer and review the current guidelines for the palliative care management of terminally ill opioid addicts.


We countered, “In summary, we contend that the conclusions from the article by Hardy et al are valid only under the specific conditions of their protocol and do not necessarily apply to how we, and many others, use ketamine. We also suggest that the large body of contrary anecdotal evidence should not be dismissed without further investigation”.

**Have you had an article accepted for publication this year?**

Reminder that we are keen that members inform us when they have publications so that this can be shared with your APS colleagues. Please send the newsletter editor (via the APS Secretariat, aps@apsoc.org.au) the title, authors and reference (i.e. the journal, volume etc.) of the article, preferably with a short explanatory note to give our readers the gist of the article, e.g. the conclusions part of the abstract; if you would like to supply a short commentary on the article, even better.

Will Howard, Editor
Making pain visible

This article has been reproduced with the kind permission of Painaustralia. It was first published in the Painaustralia eNewsletter Issue 21, 15 May 2013.

Researchers from the US claim that they have evidence that pain may leave a distinct “signature” in the brain that can be “seen” with specialised MRI scans.

When researchers exposed healthy volunteers to a painful dose of heat, it left a reliable pattern of brain activity that could be viewed on functional MRI (fMRI) – a type of imaging that charts changes in blood flow through the brain.

This “neurologic signature” was able to predict people’s subjective pain ratings with more than 90 percent accuracy, and it distinguished heat-induced pain from other feelings, like warmth and emotional pain.

However the study, which was published in the New England Journal of Medicine on 11 April 2013, looked only at short-term pain in healthy people.

Much prior work has shown that brief “experimental pain” in volunteers is very different to chronic pain in patients thus the neurosignature is different.

“Much prior work has shown that brief “experimental pain” in volunteers is very different to chronic pain in patients thus the neurosignature is different.”

An Australian study led by Professors Philip Siddall and Michael Cousins in 2006 identified key brain areas associated with chronic low back pain and compared these findings with the brain of people with no back pain using MRI and MRS (which shows biochemical changes in the brain).

This study reported that the brains of patients with low back pain could be discriminated from those without pain with an accuracy of more than 97 percent.

A later study by the same group made similar findings in people with spinal cord injury and neuropathic pain (nerve damage pain).

The findings suggest there may be a way to objectively measure people’s pain, rather than using the current subjective method of asking patients to rate their pain on a scale from one to 10.

This would have particular application where pain self report may not be reliable, such as in cases of mental illness or dementia. It could also complement patients’ self-assessment with an objective measure.

CURRENT SCHOLARS:

<table>
<thead>
<tr>
<th>PhD Scholarship Sponsor</th>
<th>Scholar Topic</th>
</tr>
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<tbody>
<tr>
<td>Mundipharma #3-APS-APRA</td>
<td>Audrey Wang “An investigation of the role of the brain in recovery from CRPS, using fMRI”</td>
</tr>
<tr>
<td>Janssen Cilag #2-APS-APRA</td>
<td>Sarah Kissiwaa “Pain induced synaptic plasticity in the amygdala”</td>
</tr>
<tr>
<td>APS #5-APS-APRA</td>
<td>James Kang “Epigenetic influence in cognitive impairments in chronic neuropathic pain”</td>
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</tbody>
</table>
## PAST SCHOLARS

| PhD Scholarship Sponsor Scholar Completed Topic | APS #1-APRA Samantha South 1999  
“Antinociceptive pharmacology of morphine and its major glucuronide metabolites” |
|-------------------------------------------------|----------------------------------------------------------------------------------|
| PhD Scholarship Sponsor Scholar Completed Topic | CSL #1-APS-APRA Lara Winter 2004  
“Antinociceptive properties of the neurosteroid alphadolone” |
| PhD Scholarship Sponsor Scholar Completed Topic | CSL #2-APS-APRA Anne Pitcher 2006  
“Conditional comfort: A grounded theory study in nursing approaches to acknowledging and responding to pain in nursing home residents with dementia” |
| PhD Scholarship Sponsor Scholar Completed Topic | Mundipharma #1-APS-APRA Kathryn Nicholson Perry 2007  
| PhD Scholarship Sponsor Scholar Completed Topic | APS #2-APRA Debbie Tsui 2008  
“Preclinical studies in painful diabetic neuropathy” |
| PhD Scholarship Sponsor Scholar Completed Topic | Mundipharma #2-APS-APRA Zoe Brett 2011  
“Individual differences in vulnerability to the development of chronic pain following injury” |
| PhD Scholarship Sponsor Scholar Completed Topic | APS #3-APRA Susan Slatyer 2013  
“Caring for patients experiencing episodes of severe pain in an acute care hospital: Nurses’ perspective” |
| PhD Scholarship Sponsor Scholar Completed Topic | Janssen Cilag #1-APS-APRA Mary Roberts Due 2013  
“An investigation of the role of sleep in chronic pain” |
| PhD Scholarship Sponsor Scholar Completed Topic | APS #4-APRA Amelia Edington 2013  
“Defining inhibitor binding sites unique to the glycine transporter, GLYT2: A potential target for the treatment of chronic pain” |
NATIONAL PAIN WEEK

Australian Physiotherapy Association – Pain Theme

The July edition of In Motion, the monthly magazine of the Australian Physiotherapy Association (APA), will have a pain theme to correspond with National Pain Week 22-28 July. It will include:

- A question and answer section by the APA’s CEO with Coralie Wales, founding member and acting president of Chronic Pain Australia
- A clinical case study by Tim Austin, physiotherapist and member of the APS
- A profile piece on Kathryn Refshauge who has a strong history of research studying chronicity and was recently appointed Dean of the Faculty of Health Sciences at the University of Sydney
- A feature profiling seven of the topical sessions at the Australian Pain Society’s 2013 annual scientific meeting
- A piece profiling Lorimer Moseley’s NHMRC-funded research project, ‘The imprecision hypothesis of chronic pain’

The Link Between Pain and the Immune System

This article has been reproduced with the kind permission of Painaustralia. It was first published in the Painaustralia eNewsletter Issue 21, 15 May 2013.

At the University of Adelaide, pioneering research is investigating a link between pain and the body’s immune system.

Over the past four years, Professor Paul Rolan and Dr Mark Hutchinson have combined their different specialist skills in research they hope will ultimately help to improve treatment of chronic pain.

“All existing drug treatments are neuron-related and target the nerves or wiring of the pain system,” said Dr Hutchinson, a pharmacology scientist. “But in chronic pain the treatment is hit and miss and there are a high range of side effects.

“Our research demonstrates that the immune system may be a cause and that for patients with the right set of circumstances, pain medication actually makes their condition worse.”

The “eureka” moment in their research occurred when capsaicin – the fiery compound in chillies – was placed under the skin of volunteers. A subtle immune stimulant (endotoxin) was then given intravenously, showing that when the immune system was switched on it made the volunteers more sensitive to pain.

Another breakthrough was the discovery that codeine and morphine-like medications activate the glia immune system to create more pain in people with chronic headache.

And for women complaining of pain during their monthly cycle, the female hormone oestrogen is believed to be activating the immune pain cells.

The research team is now looking at a diagnostic blood test to identify people with an over-sensitive immune reaction to pain, and is assessing medications that might prove helpful.

The team is also testing the possibility of magnetically rewiring the chronic pain affected brain.

Read more

National Pain Week 22-28 July 2013

This year Chronic Pain Australia will again host National Pain Week to reach out to even more people than last year. We know that people in pain often seek help through the internet and sometimes this can be the only lifeline that they use when isolated at home due to pain. For those people we are running a Virtual Festival that we are calling the "CyberFest of Hope". We will screen one program a day across the internet with opportunities for people to comment and participate from their own homes.

On the other hand, many people in pain are, for one reason or another, unable to connect to the internet. For those people we are reaching out to local libraries to ask them to make their computers available for people in pain to go to their library to see these programs. The communique developed at the Painful Truths workshop will be released during National Pain Week and we are also building on the petition started in 2012. Pharmacies and libraries will have these petitions available for people to sign and send back to us. This year we should achieve that magic number – 10,000 – to ensure a debate in Federal Parliament about the impact of pain on the lives of people who live with it. If you would like a kit to promote National Pain Week, please contact us on national.office@chronicpainaustralia.org.au

Go to www.nationalpainweek.org.au for more information.
The INRC Annual Meeting features all aspects of opioid research from cellular signaling, molecular biology and medicinal chemistry through addiction research and pain management. Since 1969, the INRC meeting has been a unique forum where scientists, clinicians and pharma share the latest information about the key questions in opioid research. The 44th annual meeting in Cairns is a great chance to get together with colleagues old and new.

Mark Connor and Mac Christie
Co-Chairs INRC 2013

Key Dates
Abstract submissions open
4 February 2013
Registrations open
March 2013
Abstract submissions close
3 April 2013
Early Bird registrations close
10 May 2013

Keynote Speakers
- Discovery Biology Laboratory, Monash Institute of Science & Technology
- Actions in Forebrain Regions

DC Conferences
International Narcotics Research Conference 2013
14-19 July 2013
Pullman Cairns International
Cairns, Australia

New Solutions in a Changing World
Wednesday 21st – Friday 23rd August 2013
Sydney Convention Centre
12th Australian Palliative Care Conference
National Convention Centre, Canberra
3 - 6 September 2013

IMPORTANT DATES
Online Paper submission opens
18 February 2013

Online Paper submission DEADLINE
12 April 2013
You are cordially invited to the

**Models of Care in Chronic Pain Rehabilitation Workshop**

Running in conjunction with the
21st Annual Scientific Meeting of the
Australasian Faculty of Rehabilitation Medicine

Topics Include:
- A review of evidence-based self-management techniques
- Discussion about the logistics and philosophies of both low and high-intensity programs
- This workshop is aimed at rehabilitation physicians who are establishing & running pain programs

When: Tuesday 17 September 2013, 2.00 pm - 5.30 pm
Where: Sheraton on the Park, Sydney
Cost: $187 per person

To register or for further information please visit,

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**SAVE THE DATE!**

*Nurse Practitioners Across the Lifespan, Transforming Healthcare*
Hotel Grand Chancellor, Hobart  |  24 – 27 September, 2013

Contact: The ACNP 2013 Conference Secretariat
Want up to the minute information on the 2014 Australian Pain Society 34th Annual Scientific Meeting? Come follow us on Twitter… www.twitter.com/AusPainConf

FYI

Items of interest for our members:

- Di Crebbin personally, and her organisation DC Conferences, have provided outstanding service to the APS for many years. Di is soon to undertake the considerable challenge of climbing Mt Kilimanjaro to raise funds for Amnesty International. (Makes me breathless just thinking about it.) Members are invited to sponsor Di. The link is http://personalchallenge.gofundraise.com.au/page/CrebbinD

(Please note that the APS Newsletter does not usually promote events outside the aims of the Australian Pain Society but Di is a worthy exception.)

Editor

- Facility Directory Update Please advise the APS Secretariat of any updates so we may endeavour to keep the Facility Directory current: http://www.apsoc.org.au/facility-directory
- Survey – University of Queensland Topic: How men and women differ in the ways in which they experience and cope with their pain. Chief Investigator: Ms Nina El-Shormilisy Supervisors: Dr Pamela Meredith and Prof Jenny Strong Seeking participants who are 18 years of age or older and experiencing non-cancer chronic pain (more than 3 months duration) in any part of the body.

The survey is estimated to take 15 minutes to complete: https://www.surveymonkey.com/s/8LKCRT3
- Survey – La Trobe University, VIC Topic: The relative effectiveness of chronic pain management strategies used by adult community members. Student Investigator: Ms Lahna Bradley Staff Supervisor: A/Prof Pauleen Bennett Seeking participants over the age of 18 with a chronic pain disorder living in the community. The survey is estimated to take 15 minutes to complete. Participation deadline: 2 August 2013: http://latrobepsy.qualtrics.com/SE/?SID=SV_0P344RXcXLeDsJT

New Member list:

<table>
<thead>
<tr>
<th>Title</th>
<th>First Name</th>
<th>Surname</th>
<th>Craft Group</th>
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<tbody>
<tr>
<td>Dr</td>
<td>Ramony</td>
<td>Chan</td>
<td>Psychology</td>
</tr>
<tr>
<td>Ms</td>
<td>Nina</td>
<td>El-Shormilisy</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Mr</td>
<td>David</td>
<td>Field</td>
<td>Psychology</td>
</tr>
<tr>
<td>Mr</td>
<td>Michael</td>
<td>Phelan</td>
<td>Nursing</td>
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<tr>
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<td>Louise</td>
<td>Rohloff</td>
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</tr>
<tr>
<td>Miss</td>
<td>Michelle</td>
<td>Rostas</td>
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</tr>
<tr>
<td>Mr</td>
<td>Greg</td>
<td>Troup</td>
<td>Psychology</td>
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POSITON VACANT: Pain Medicine Physician, Nambour General Hospital, QLD

Position:
Senior Staff Specialist or Staff Specialist (Pain Medicine Physician), Persistent Pain Management Service, Surgical Service Group, Nambour General Hospital, Sunshine Coast Hospital and Health Service. Remuneration value up to $396 035 p.a., comprising salary between $180 786 - $191 675 p.a., (L25-L27) or remuneration value up to $365 165 p.a., comprising salary between $151 177 - $175 602 p.a., employer contribution to superannuation (up to 12.75%) and annual leave loading (17.5%) private use of fully maintained vehicle, communications package, professional development allowance, professional development leave 3.6 weeks p.a., professional indemnity cover, private practice arrangements plus overtime and on-call allowances. (Full time or part time, hours negotiable. Applications remain current for 12 months. Please note: only applications from candidates will be accepted; applications that may result in an agency fee will not be considered).

Duties/Abilities:
Provide specialist clinical care to patients and contribute to the responsibility for the delivery of a multidisciplinary specialist service in the area of Persistent Pain. Involvement in educational and research activities of the Persistent Pain Management Service, including assistance in coordination of specialist training in the discipline of Pain Medicine. Nambour General Hospital is a major regional teaching hospital serving a population of approximately 300 000 residents and holiday makers and is located on the Sunshine Coast, an area well known for its relaxed lifestyle and abundance of natural beauty and attractions.

• Enquiries: Dr Tania Morris (07) 5370 3566.
• Job Ad Reference: H13SC06359
• Application Kit: (07) 5370 3953 or www.health.qld.gov.au/workforus
• Closing Date: Thursday, 15 August 2013

2014 Australian Pain Society
34th Annual Scientific Meeting
13 -16 April 2014
Hotel Grand Chancellor, Hobart

SUBMISSION DEADLINES

<table>
<thead>
<tr>
<th>Category</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Topical Sessions</td>
<td>1 August 2013</td>
</tr>
<tr>
<td>Free Papers &amp; Posters</td>
<td>31 October 2013</td>
</tr>
<tr>
<td>Early Bird Registration</td>
<td>14 February 2014</td>
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<tr>
<td>Date</td>
<td>Event</td>
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<tr>
<td>10 Jul 2013</td>
<td>University of Melbourne $6 billion woman and $600 million girl: neurobiology of pelvic pain</td>
</tr>
<tr>
<td>17 Sep 2013</td>
<td>Australasian Faculty of Rehabilitation Medicine 21st Annual Scientific Meeting Models of Care in Chronic Pain Rehabilitation Workshop</td>
</tr>
<tr>
<td>10 Oct 2013</td>
<td>European Federation of IASP Chapters (EFIC) 8th Biennial Congress</td>
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</table>
19-24 Jan 2014
London Pain Forum
Winter Symposium
Hotel Village Montana, Tignes France
http://www.lpfwintersymposium.blogspot.com

13-16 Apr 2014
Australian Pain Society 34th Annual Scientific Meeting
Personalised Pain Management: Quest for the Holy Grail
Hotel Grand Chancellor, Hobart TAS

30 Apr - 3 May 2014
5th World Anaesthesia Convention NWAC 2104
Monitoring and Patient Safety in Anesthesiology - updating technology and safety protocols
Reed Messe Wien GmbH Congress Center, Vienna Austria
http://www.nwac.org/convention-information/nwac-2014

1-4 Oct 2014
Lievensberg Hospital, Holland
4th Biannual International Multidisciplinary Pain Congress
Van der Valk Hotel Eindhoven, Eindhoven The Netherlands
http://www.paincongress.org

7-11 Oct 2014
International Association for the Study of Pain (IASP)
15th World Congress on Pain
La Rural Convention Centre, Buenos Aires Argentina
http://www.iasp-pain.org/Content/NavigationMenuWorldCongressonPain2/15thWorldCongressonPain/default.htm
# APS Directors & Office Bearers 2013

## Directors:

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Dr Malcolm Hogg</td>
<td>Department of Anaesthesia and Pain Management</td>
<td>03 9342 7540</td>
<td>03 9342 8623</td>
</tr>
<tr>
<td>Queensland Director</td>
<td>Ms Trudy Maunsell</td>
<td>Princess Alexandra Hospital 199 Ipswich Road Woolloongabba QLD 4102 Tel: 07 3176 5547 Fax: 07 3176 5102</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediate Past President</td>
<td>Dr Tim Semple</td>
<td>Royal Adelaide Hospital Pain Clinic North Terrace Adelaide SA 5000 Tel: 08 8222 5403 Fax: 08 8222 5904</td>
<td></td>
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</tr>
<tr>
<td>President-Elect</td>
<td>Dr Geoffrey Speldewinde</td>
<td>Capital Rehabilitation Multidisciplinary Injury &amp; Pain Management Centre 25 Napier Close Deakin ACT 2600 Tel: 02 6282 6240 Fax: 02 6282 5510</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Australia Director</td>
<td>Ms Anne Burke</td>
<td>Royal Adelaide Hospital Pain Clinic North Terrace Adelaide SA 5000 Tel: 08 8222 4770 Fax: 08 8222 5904</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPC Chair</td>
<td>Professor Michele Sterling</td>
<td>Centre for National Research on Disability and Rehabilitation Medicine (CONROD) Ground Floor, Edith Cavell Building Royal Brisbane Hospital QLD 4029 Tel: 07 3365 5344 Fax: 07 3346 4603</td>
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