



► Editor's Note

This edition has a range of articles, from a report by the president to a report on the IASP World Congress: so there is plenty for your attention.

Thank you to all contributors and to Tracy at DC Conferences for her work in the back office without which there would be no newsletter.

Wishing all our members a happy and refreshing summer break.

Regards,

Will Howard

Editor

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PRESIDENTS REPORT

By Dr Malcolm Hogg



Whilst the year draws to a close, preparation for the coming year's activities continue. The timetable for our 35th ASM in Brisbane (15-18th March) is almost set, with posters and free papers selected (thanks to all those who submitted), and international speakers engaged (Prof Herta Flor, Dr Mary Lynch, Dr Frank Porecca, Dr Tim Deer), complimented with a top field of invited Australian speakers. Registration is now open, with the program available for review on our website (https://www.dconferences.com.au/aps2015/program_overview).

In recognition of our 35th scientific meeting, the executive commissioned a historical review which is underway and planned for release in Brisbane. The small com-

munity in pain management worked collectively to establish the discipline, with steady growth thereafter securing the Society's future. We are now considering our role in the health care evolution, with an emphasis on member education, supporting the development of new models of service delivery, and research agendas. The society seeks engagement in the processes of reviewing the Australian Health Service standards, introduction of federal-state activity based funding, and workforce development programs in various states. With our support of painaustralia, the society believes it has established a structure to effectively lobby for appropriate change, in order to further strengthen the field of pain medicine in the Australian health care system now and in the future..

Discipline specific organisations are increasingly aware of these changes, developing position statements and pain special interest groups for their members. It is imperative that the Society, and its members, take opportunities to promote the benefits of multidisciplinary care: this will ensure a flexible workforce and care models for our patients. Opportunities for translational research will flow from advances in the neuro- and social-sciences if service teams and their administrators remain committed and enthused to support change implementation.

Our history project should celebrate our Society's achievements, and the Soci-

ety's executive is hopeful the project will generate impetus to deal with the challenges ahead - challenges we should embrace. Thank you for your support and ongoing membership of the Society, and best wishes for the new year ahead.

History of the Australian Pain Society



Next year we celebrate our 35th Annual Scientific Meeting!

WE ARE DESPERATELY SEEKING PAST CONFERENCE ABSTRACT HANDBOOKS AND ANY PHOTOGRAPHS OR IMAGES OF PAST APS ACTIVITIES.

We would welcome any contributions you could make to this project, please contact the Australian Pain Society Secretariat on (02) 9016 4343 or via email aps@apsoc.org.au.

As required, all originals will be returned.

SIMPLE ACCIDENT LEADS TO LIFE OF PAIN

This article was first published in ANZCA's Bulletin (September 2014)



Research and resources are desperately needed to ensure that fewer chronic pain patients are told to “go home and live with it”.

Soula Mantalvanos was working in her graphic design studio seven years ago when the fitness ball (also known as a balance ball or exercise ball) she was sitting on in place of a chair unexpectedly burst beneath her. Ms Mantalvanos fell from a seated position onto the concrete floor, her sacropelvic region bearing the full force of the blunt fall.

Her husband Theo ran to her side. After the shock settled, she crawled to the carpeted area and her response was to laugh. The pair “had a good old laugh actually – it was such a silly accident,” she remembers.

That unexpected and seemingly innocuous accident would determine the course of the rest of her life. Ms Mantalvanos expected to feel sore but better after a couple of days. But the pain continued, intensified and from that moment shaped her days, her nights, her relationships and her ability to work.

It took nearly five years of chasing answers, of tests and interventions, frustration, grief, and constant, unbearable pain to reach a diagnosis. The fall caused nerve damage in the pelvic area, very real but invisible on MRIs, examinations, X-rays and CT scans.

The diagnosis of pudendal neuralgia, ar-

rived at after four and a half years, was the start of finding more effective treatment for her pain. Today, two and a half years after the diagnosis, Ms Mantalvanos's pain is better managed and she uses an electronic implant, which distracts signals of pain to her brain. She has also become a strong advocate for better recognition, treatment and management of chronic pain.

One in five people across Australia and New Zealand suffer from chronic pain, yet the condition remains little understood.

This message was the theme of the ANZCA Anaesthesia and Pain Medicine Foundation's “1 in 5” television campaign launched in July to spread awareness of chronic pain. The commercial can be seen at www.anzca.edu.au/fellows/foundation.

Ms Mantalvanos is one of the chronic pain patients who volunteered their services to appear in the commercial, which encourages the public to donate to research into chronic pain.

The Dean of ANZCA's Faculty of Pain Medicine, Professor Ted Shipton, said chronic pain had many causes and was a complex and debilitating condition that desperately needed more research.

“We need to keep finding better treatments and develop better understanding of the mechanisms at work in this condition – and for that we need more dedicated research.”

Ms Mantalvanos agrees. She is also the subject of a short film, *The Hurting Strings*, which documents the effect chronic pain has had on her life (see www.pudendalnerve.com.au). She hopes the film and the television commercial will raise the profile of chronic pain in the community. She is also working with pain professionals in WA to produce a pain management program.

“It is still a primitive time in pain. Being told for four and a half years ‘this is chronic pain ... go home and live with it, there's nothing that can be done’ is brutal not to mention primitive.”

*Ebru Yaman
ANZCA Media Manger*

Clockwise from left: Soula Mantalvanos in her studio; a still from the television campaign; self-portrait: Finalist in The Doug Moran Portrait Painting Prize 2014.

ASM 2015 REGISTRATION OPEN

REGISTRATIONS OPEN

2015 Australian Pain Society 35th Annual Scientific Meeting



Managing Pain: from Mechanism to Policy



15 - 18 MARCH 2015 | BRISBANE CONVENTION & EXHIBITION CENTRE, QLD

Expressions of Interest online at www.dcconferences.com.au/aps2015

For Sponsorship and Exhibition opportunities or more information please contact the APS Secretariat

DC Conferences Pty Ltd | P 61 2 9954 4400 | E aps2015@dcconferences.com.au

Registration for APS 2015 is now open.
Early Bird Deadline is Friday 23 January 2015

[Registration Fees and Information](#)

To register, please click on the following link: [Register Online Now](#)

Conference program

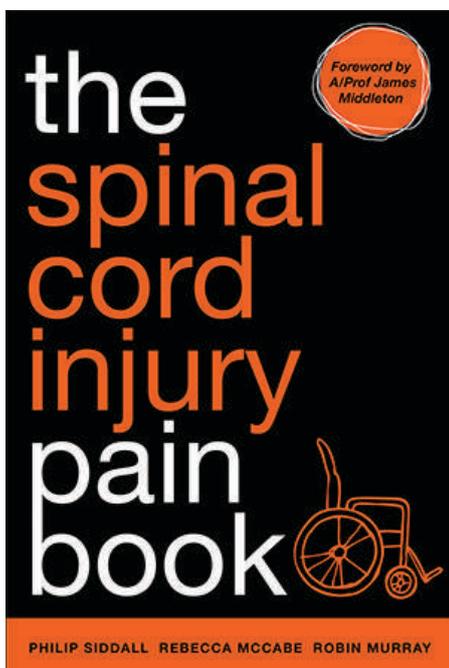
The program this year will focus on key topics including: brain pain, immune stressors, acute pain, chronic pain, opioids, neuromodulation, emerging interventional techniques, paediatrics, physiotherapy, psychology and much, much more.

Looking for more information? Click on one of the following links:

- ▶ [Conference website](#)
- ▶ [Program overview](#)
- ▶ [Keynote speakers](#)
- ▶ [Pre-Conference Workshops](#)

We look forward to welcoming you to Brisbane. Should you have any queries, please contact the [Conference Secretariat](#).

PARALYMPIAN LAUNCHES NEW PAIN BOOK



L to R: Rebecca McCabe, Kathryn Nicholson Perry (back), Liesl Tesch AM, Robin Murray (back), Lyndall Katte and Phillip Siddall

By Phillip Siddall.

Liesl Tesch AM, six time Paralympian and gold medallist launched The Spinal Cord Injury Pain Book at an event that was part of both the Global Year against Neuropathic Pain and Spinal Awareness Week. The book is written specifically for the more than two thirds of people with a spinal cord injury who experience pain of some sort. Neuropathic pain is also a major problem and occurs in around one half of all people with a spinal cord injury.

Liesl Tesch AM

The book has been written by The Pain Book authors, Philip Siddall, Rebecca McCabe and Robin Murray at Greenwich Hospital in Sydney with two additional authors who bring a huge amount of experience in treating people with pain following spinal cord injury, clinical psychologist A/Prof Kathryn Nicholson Perry and physiotherapist Lyndall Katte.

Like its forerunner, the first part of the book contains information on pain mechanisms, the impact of pain and the various treatments available but with additional specific information about pain following spinal cord injury. The second part of the book has been largely rewritten to provide a number of specific tools and skills with

a particular focus on pain following spinal cord injury. They include chapters on medications and other treatments, stretching, exercise, diet, distraction, relaxation, managing flare ups, retraining the brain and forming a team with a final section for people living with someone with pain. The book also has many quotes from people with spinal cord injuries who tell their own personal stories of living with pain and what has helped them.

The book forms part of a larger bunch of resources for people with pain following spinal cord injuries launched in October. The resources are available through the NSW Agency for Clinical Innovation website:

www.aci.health.nsw.gov.au/chronic-pain/spinal-cord-injury-pain.

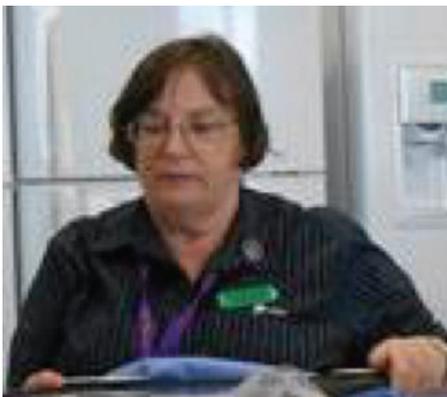
The book can be purchased on-line or directly from the publisher at www.hammond.com.au/shop.



IN RECOGNITION OF JENNY PHILLIPS

In recognition of the achievements of Jenny Phillips. The retirement of a pain management champion.

By Diann Black



On the 22nd of October Jenny Phillips, the Royal Darwin Hospital (RDH) Acute Pain Service Clinical Nurse Consultant (CNC), retired after 14 years in the role. Jenny came to work at RDH in a surgical ward from Melbourne in 1997. She was motivated to become involved with the acute pain service as she always had a passion for but frustration with pain management since the so called 'pethidine days', and a desire to see positive change in patient care.

The Acute Pain Service at RDH was started in the early 1990's by the then Director of Anaesthetics Dr Hamish Holland. At this time a Registered Nurse only worked a couple of hours per day with the service.

In 2000 when Jenny joined the Acute Pain Service as the Clinical Nurse Consultant the position was still only part-time. Since then Jenny's responsibility has grown along with the service provision and the number of patients referred to the Acute Pain Service has quadrupled to over 2200 referrals in 2013. Jenny has been a part of significant changes in the area of pain management in the NT over her career, particularly in pain management education and the promotion of change in practice to improve patient outcomes. Jenny has implemented pain management courses for staff, been the lead for the introduction of safe and effective continuous infusion pump therapies, and has empowered other nurses to deliver more effective pain management for patients with acute pain. She has also been pivotal to better communication with primary care providers, providers of care for patients with chronic pain and those with alcohol and other drug addiction.

Jenny has taken the nursing lead in the development of policies, procedures and guidelines for the care of patients with acute pain and the implementation of these across the RDH. She has also been a resource for other Hospitals across the NT. Jenny has the respect and trust of the medical staff throughout RDH and in particular those with whom she worked most

closely in the RDH Department of Anaesthesia.

Jenny's achievements have been recognised by her peers with her nomination and subsequent awarding of the NT Acute Care Nurse of the Year award at the NT Nursing and Midwifery Excellence Awards in 2009. Her commitment and passion for her role and her ability to inspire others to improve pain management for patients was recognised at the awards.

Jenny's contribution also included being the NT Director for the Australian Pain Society for the last three years.

Jenny will be greatly missed at RDH. She is looking forward to spending more time with her family and grandchildren. Her parting message to us was: "if you are interested in pain management then get into the field and give it a go as achieving successful patient outcomes is very rewarding especially when you have the knowledge to change practice and improve care."

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

OLLY ZEKRY WINS PSA QUM IN PAIN MANAGEMENT AWARD

10 October 2014



Photo L to R: Mr Grant Kardachi, Ms Olly Zekry and Ms Tathra Chai

NSW medical centre pharmacist Olly Zekry has won the 2014 PSA Award for QUM in Pain Management.

Ms Zekry advocates strongly for pharmacists to play a key role in pain management and in preventing the progression of acute pain to chronic pain by clinical interventions and patient education.

She believes pharmacists can identify red flags, and the yellow flags that play a pivotal role in the progression of acute pain to chronic pain. Increased understanding of the mechanisms of acute pain and risk factors for progression to chronicity has led to improvements in clinical management.

Jointly presenting the award – which is

sponsored by Mundipharma – at PAC14, were PSA National President Grant Kardachi and Mundipharma's External Affairs Manager, Tathra Chai.

Mr Kardachi said Ms Zekry had shown HMRs to be very cost-effective, preventing unnecessary hospitalisation due to medication misadventure by providing education and timely reviews.

“Ms Zekry is passionate about pain management and this prompted her to study for the Masters Degree in Pain Management through the Faculty of Medicine, University of Sydney in 2011 and 2012,” Mr Kardachi said.

“Because of her passion for the area and her strong grasp of pharmacology and pain pharmacology, she was invited to join the Pain Management Research Institute (PMRI) with the Faculty of Medicine, Sydney University, as a tutor for the pharmacology units for the core subject PAIN 5003 Pain Treatment and Management Principles in 2013.

“In addition, she was invited this year to be course coordinator for the pharmacology units for the core subject PAIN 5003 Pain Treatment and Management Principles, and also course coordinator for the elective subject PAIN 5015 Pharmacology of Pain Medicine and in fact to rewrite and run the whole unit.

“Under her stewardship, the course is now an interactive online two-week revision, followed by six case-based pain topics over two weeks each, along with a short answer question and two longer case study questions.”

Mr Kardachi said Ms Zekry had identified well over 900 cases of undiagnosed neuropathic pain.

“She has always believed that the goal of all patients living with chronic pain, regardless of their medical history, is to improve function, reduce pain perception, enhance quality of life and minimise side effects,” Mr Kardachi said.

Ms Chai congratulated Ms Zekry saying “Mundipharma is proud to again sponsor the Pharmaceutical Society of Australia Award for QUM in Pain Management because this award recognises those pharmacists who making outstanding contributions to the quality use of medicines through direct clinical care of consumers.”

“As the 2014 recipient of this award, Ms Zekry not only makes a significant contribution through her own clinical practice where she undertakes pain medication reviews and supports patients to achieve their goals to reduce pain and improve function, but further extends her contribution through her commitment to professional education.”

The Australian Pain Society is proud to support Olly Zekry in her commitment to professional education by including a half day pre-conference workshop in our 2015 Annual Scientific Meeting Program.

You are invited to attend the Pharmacological Management in Pain Pre-Conference Workshop



The aim of the Pharmacological Management in Pain half-day workshop is to make a significant contribution to the optimisation of pain treatment by bringing experts together to discuss the latest scientific findings within the pain management clinical pharmacology field. The target audience for this workshop consists of clinical pharmacologists, pharmacists, industry researchers, pain specialists, paediatricians, clinical nurse consultants, government representatives and other experts with an interest in clinical pharmacology.

When: Sunday 15 March 2015, 8.30 am – 1.00 pm **Where:** Brisbane Convention and Exhibition Centre, QL **Cost:** \$110 per person – Early Bird Deadline: 23 January 2015

To register or for further information please visit,
www.dconferences.com.au/aps2015/Pre-Conference_Workshop

SCLEROTOMES AND SOMATIC REFERRED (PAIN AND OTHER NEUROPHYSIOLOGICAL) SYMPTOMS

(This is a very slight revision of a piece recently printed in the Newsletter of the Australasian Faculty of Rehabilitation Medicine 'Rhaia' October 2014, republished with permission.)

By Dr Geoff Speldewinde FA-FRM(RACP) FPPMANZCA

President-Elect, Australian Pain Society



Understanding sclerotomes has been a valuable adjunct in my clinical practice of musculoskeletal medicine. I came across it back in the mists of time during my registrar training days in the 1980s and it was told to me by one or more of Drs Weiner, Ganora, Gyory, Bogduk or the good folk at AAMM (Australian Association of Musculoskeletal Medicine), a medical organisation whose Annual Scientific Meeting (ASM) I would wholeheartedly recommend to any entering the field of musculoskeletal and pain medicine). I was discombobulated at the recent AFRM ASM to observe that many of my colleagues do not appear particularly familiar with this construct. This led me to consider writing this short educational article as a means of my own reviewing of the concept.

We are all familiar with dermatomes, although there have been several models developed over the last century with the final iterations very familiar to us. We also failed exams if not familiar with myotomal segmental distribution (such as L5 innervating hip extension as well as great toe dorsiflexion at the other end of the same limb).

But sclerotomes? These can be thought of in terms of the remainder of the volume of that limb or portion of the body. This includes bones, tendons, ligaments, capsules, and even neurovascular bundles. They are easy to understand when one re-

alises or recalls that each limb arises from seven or so limb "buds". These are condensations of mesenchymal cells which gradually stretch out to form the entire limb. Thus, for example, L5 can stretch from the L5 vertebra, heaven forbid the dura also, to the great toe. Ipso facto the innervation of the structures arises from the same neurophysiological segments.

Those who study limb deficiency syndrome would certainly be aware of this concept. McCredie and Willert (1999)¹ and Inman, Saunders and Abbott² provide excellent diagrams and further explanation of sclerotomes.

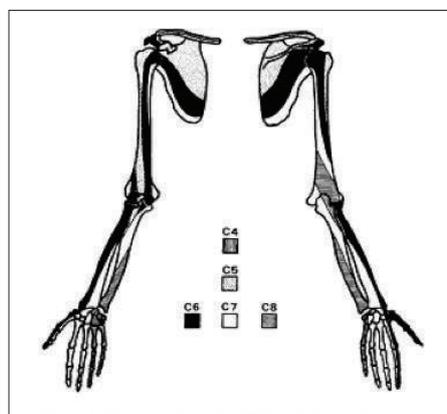


Figure 1: Anterior and posterior views of the sclerotomes of the upper limb. Reproduced with permission from J Nerv Ment Dis 1944;99:660-667.

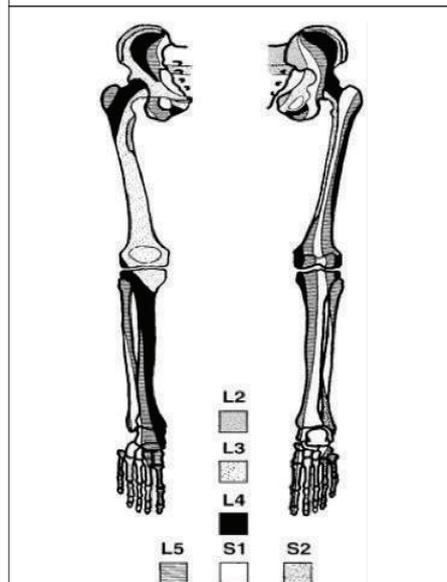
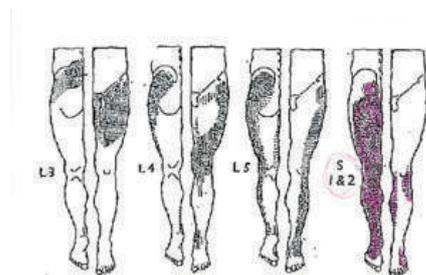


Figure - 2 Anterior and posterior views of the sclerotomes of the lower limb. Reproduced with permission from J Nerv Ment Dis 1944;99:660-667 (as reproduced in McCredie and Willert 1999).

Clinically, being aware of the extent of sclerotomal segmental innervation assists one come to terms with some of the weird and wonderful pain maps and descriptions supplied by our patients with persistent pain issues. Whilst it is helpful to think of pain as travelling outwards from the trunk as water does downhill, being aware of sclerotomal distributions helps understand why lumbar back pain may arise from the more "distal" hip joint. Of course, there may well be separate and concurrent pathologies, but not always.

This is exemplified almost daily in my diagnostic interventional practice. Time and again I am reminded of the presence of sclerotomes, usually spontaneously by my patients undertaking generally spinal procedures describing relief of pain or discomfort in areas where there was no expected such relief, such as in the foot.



I encourage reading of the original article by Inman, Saunders and Abbott of 1944. There is also the marvellously instructional article by Kellgren and Lewis³ of c.1949 showing distribution patterns of referral of pain from irritated spinal structures in volunteers!

Of course there are the more recent clinical iterations of cervical (Dwyer et al 1990)⁴, thoracic and lumbar segmental referral patterns published in Spine and as taught by the International Spine Intervention Society.

References:

1. McCredie J, Willert H-G 1999. Longitudinal limb deficiencies and the sclerotomes. *Journal of Bone and Joint Surgery*; 81B(1).
2. Inman V, Saunders M, Abbott L 1944. Referred pain from skeletal structures. *Journal of Nervous and Mental Disorders*; 99:660-667.
3. Lewis T, Kellgren J.H.. *Clin. Sci.* 1949; 4: 47
4. Dwyer et al *Spine* 1990

CURRENT & PAST SCHOLARS

CURRENT SCHOLARS:

PhD Scholarship Sponsor Scholar Topic	Mundipharma #3-APS-APRA Audrey Wang “An investigation of the role of the brain in recovery from CRPS, using fMRI”
PhD Scholarship Sponsor Scholar Topic	Janssen Cilag #2-APS-APRA Sarah Kisiwaa “Pain induced synaptic plasticity in the amygdala”
PhD Scholarship Sponsor Scholar Topic	APS #5-APRA James Kang “Epigenetic influence in cognitive impairments in chronic neuropathic pain”

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 “Pain Management Programmes in Spinal Cord Injury: Cognitive Behavioural Pain Management Programmes in the Management of Sub-acute and Chronic Spinal Cord Injury Pain”
PhD Scholarship Sponsor Scholar Completed Topic	APS #2-APRA Debbie Tsui 2008 “Preclinical studies in painful diabetic neuropathy”

PAST SCHOLARS

PAST SCHOLARS:

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”

Congratulations to the Philip A. Spiegel IASP Congress Trainee Scholarship Winner



This scholarship was established in 2011 by IASP and friends and family of Philip A. Spiegel, a young medical researcher and IASP member who died December 22, 2010, in San Mateo, California, USA. He suffered from Complex Regional Pain Syndrome and was planning to enter medical school to study pain management.

The award honours a young IASP member who suffers from Complex Regional Pain Syndrome. Recently, at the IASP World Congress in Buenos Aires, Dr. Maged El Ansary presented the award to Flavia Di Pietro, then a PhD candidate, from the University of New South Wales

Flavia Di Pietro was recently awarded her PhD on brain mechanisms in chronic pain

with functional neuroimaging. She graduated from Physiotherapy in 2008, completing an Honors dissertation on perceptual dysfunction in chronic low back pain. After graduation she worked in an inter-disciplinary pain management center in regional Western Australia for eighteen months. In addition, she earned a highly competitive Australian Postgraduate Award Scholarship and moved to Sydney to complete her PhD with Professor Lorimer Moseley at Neuroscience Research Australia. Dr. Di Pietro wishes to pursue neuroimaging research in pain and has developed a curiosity in the methods by which we analyse and interpret brain imaging data. She is very excited to be working with fMRI while it is still in stages of rapid progress and improvement.

NOTE: Please let us know of your awards and achievements so we can share with your fellow members.

HOME MEDICINE REVIEWS: RECENT CHANGES AND POTENTIAL IMPLICATIONS

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Earlier this year, the Pharmacy Guild of Australia announced the restructuring of the Home

Medicine Review (HMR) program. The new funding provision of this program requires a minimum two-year interval between each review conducted for a specific patient. Significant debate has arisen about the potential implications this will have on all stakeholders, particularly consumers, and on the incidence of medication errors and use of health care resources. The Pharmacy Guild has announced that the changes will "ensure the ongoing viability" of the program and as part of this they will also work to identify patients who will most benefit from HMR services.¹

This RESEARCH ROUNDup provides a brief overview of the current evidence of the benefits and limitations of HMRs and discusses cohorts of patients who might be targeted to maximise HMR benefits.

Home Medicine Review program: overview

Home Medicine Reviews (HMRs) assess a patient's use of medicines. The main objective is to optimise quality use of medicines and reduce drug-related problems, including adverse drug effects (ADEs). Initiated by general practitioners (GPs) and facilitated by pharmacists, the program has been operational for over 12 years under Medicare.² Currently, the program is funded under the 2010 Fifth Community Pharmacy Agreement (5CPA) between the Commonwealth and the Pharmacy Guild, which extends until 2015.² Under the 5CPA, \$15.4 billion has been allocated to community pharmacists, \$663 million of which is for the delivery of professional services, including the HMR program.³ The HMR program specifically has an allocated budget of \$52.11 million.³

Rationale for the latest changes

Following the Pharmacy Guild's strategy in 2010 to increase HMR uptake a higher than anticipated spike in demand for HMRs was observed towards the end of 2012.⁴ By 2013, the HMR program had exceeded its allocated budget by \$4.2 million.⁴ Faced with finite resources and increasing demand, the most recent HMR changes were proposed to "ensure programme sustainability" by limiting HMR services and hence program spending.¹ Although much of the allocated \$52.11 million remains to be spent, the 5CPA is up for renegotiation next year, and given the Commonwealth's budgetary pressures, continual funding of HMRs is not guaranteed.⁴

Clinical benefits of the HMR program

The value of HMRs in improving patient safety through the minimisation of medication errors when targeted to patients at high risk has been demonstrated in retrospective cohort and implementation studies conducted in the Australian setting.^{5,6,7} In Australia, a review of all hospital admissions studies highlighted that 2-3% (approximately 230 000) of admissions were medication-related.^{8,9} The associated annual costs of these ADE-related admissions (ADE-RAs) are estimated at \$1.2 billion.⁹ It is estimated that 50% of such admissions are preventable and that they account for up to 16% of emergency department admissions.¹⁰ The associated cost burden ADEs impose on primary care is uncertain, but observational studies of general practice activity have revealed that 11% of patients have experienced an adverse drug reaction (ADR) within the previous six months, and 11% of these were categorised as severe.¹¹

A recent review of medication safety in Australia found growing evidence in the community for the benefits of multidisci-

plinary approaches to improving medication management including collaborative home medicines reviews.⁹ These benefits extend beyond the prevention and resolution of ADRs, and include the opportunity to educate, identify and resolve issues associated with suboptimal patient understanding of their medicines, underuse of medicines and untreated indications.^{2,5,12,13} HMRs have been shown to enhance the continuity of care between tertiary and primary care through medication reconciliation, thus improving the transition between hospital and community care, which is a risk factor for further hospitalisations.^{14,15}

Cost-effectiveness of the HMR program

The Value of Medication Reviews (VALMER) study, undertaken to assess the clinical and economic outcomes of HMRs in Australia, demonstrated minimal short-term (12 months) economic benefits associated with HMRs in the context of a broad range of patients. Specifically, although HMRs were associated with significant reductions in health care utilisation costs and improved quality of life, only negligible average net savings would be conferred within the short-term, and HMRs were not found to be cost-effective overall.² However, just 16% of VALMER patients accounted for most of the savings.² For VALMER study patients associated with savings in the upper quartile, the average calculated saving was \$632.15, versus an average HMR cost of \$323.80 (Guild final report VALMER 2009).² So although widespread use of HMRs has limited cost-effectiveness within the short-term, the targeted use of HMR for those patients most likely to benefit is likely to be cost-effective.

Patients who benefit most from HMRs

Within the literature, numerous Australian studies have been conducted that highlight distinct patient cohorts for whom pro-

HOME MEDICINE REVIEWS: RECENT CHANGES AND POTENTIAL IMPLICATIONS

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vision of HMRs delivers significant health care savings, accompanied by improved patient outcomes.^{6,7,16} This includes patients treated with warfarin, one of the leading medicines associated with hospital ADE-RAs.⁷ Patients provided with a HMR had a 79% reduction in their likelihood of next hospitalisation related to warfarin-associated bleeding, between two- and six-months post-HMR.⁷ After six months, this benefit was not sustained. This indicates the need for more frequent monitoring, which may potentially include six-monthly reviews.⁷ Such patients who are now faced with restricted access to HMRs may soon be placed at greater risk of warfarin-associated bleeding hospitalisations.

Similarly, the application of HMRs to patients treated with heart failure medicines has been shown to be effective in delaying time to hospital readmission related to heart failure.⁶ Furthermore, numerous other medicines have been identified that increase the risk of hospital ADE-RAs, particularly for older people and these account for over 30% of hospital admissions in those aged 75 years and over.¹⁷

Such studies provide a foundation upon which policymakers and researchers can further build to better define which patients will gain the greatest benefit from HMRs at an acceptable cost.

Alternatives to the new program framework

HMR is by no means the only solution to preventing medication errors. Studies have demonstrated the potential value of postdischarge collaborative management programs for patients prescribed warfarin, whereby other interventions such as point-of-care International Normalised Ratio (INR) monitoring and warfarin education are integrated into the current HMR remuneration structure to promote the streamlined transition between tertiary and primary care.¹⁸

Another way to optimise the benefits from HMRs on health care savings is to im-

prove the timely delivery of HMRs. This can delay time to next hospitalisation and reduce ADE-related GP visits, particularly for those who are discharged from hospital and classified at high risk of medication misadventure.¹⁵ A potentially viable model of facilitating this involves hospital-initiated medication reviews (HIMRs).¹⁵ Although there is funding planned under the 5CPA for HIMRs, the current lack of available funding has created difficulties in rolling out such programs.¹⁵

Conclusions

There is much debate to be had over the implications of these recent HMR program changes for certain cohorts of patients and health care resources. The recent restrictions represent a generalised approach; however, current evidence for effective implementation of HMR for those most likely to benefit at an acceptable cost suggests that this is unlikely to meet the needs of those at greatest risk for ADEs. Thus, perhaps it would be more reasonable to consider exemption of particular cohorts of patients from these restrictions, particularly where there is evidence indicating significant health care savings or clinical benefit associated with the provision of HMRs on a more frequent basis.

Although the current evidence does not provide stakeholders with all the answers about how best to restructure HMRs and whom to target, it does provide a solid basis on which to begin that process without unduly placing patients at risk.

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Acknowledgement: thank you to expert reviewer Professor Libby Roughead for her comments on a draft of this paper.

IASP 15TH WORLD CONGRESS ON PAIN REPORT

6th to 11th October 2014. La Rural Convention Centre, Buenos Aires, Argentina

By Stephanie Mathieson



I was given a wonderful opportunity to attend the IASP World Congress and present a poster titled “A systematic review of the measurement properties of the Leeds Assessment of Neuropathic Symptoms and Signs (LANSS) and self reported version (S-LANSS)”. This topic will become a chapter in my thesis.

The week was full of high quality, evidence based presentations from world leaders in pain. Key topics were covered in plenary sessions. Topical workshops, lasting one and a half hours, usually with three speakers, covered different aspects of a range of topics. A common topic was neuropathic pain: presenters included world leaders Professor Bouhassira, Associate Professor Nadine Attal and Professor Rolf-Detlef Treede.

The simple way these complex topics were delivered allowed me to learn valuable up-to-date information, consolidating my knowledge and understanding of neuropathic pain research and its implementation into clinical outcomes.

One popular presentation was “combination therapy for neuropathic pain and other pain conditions: similarities, differences and therapeutic opportunities”. Approximately 200 delegates attended. Professor Ian Gilron set the scene with a case study of a 71 yo male having some pain relief with pregabalin but suffering various side effects. The question raised was “is there enough benefit not to abandon therapy, or do we add on therapy”? Research shows there is limited evidence to support the use of combination drug therapy in this scenario.



One of the busiest stalls was the bookstand, with discounts given to a selection of IASP listed books and signings by the authors. It was great to see the books first hand instead of reviewing them electronically. They will no doubt provide some enjoyable light reading for our illustrious leaders before going to bed!

The trainee workshops and networking session was an excellent initiative and provided tips across many areas for student related issues including “your grant in review” and “how to get published in PAIN”. They were most informative.

When reflecting back over the week, time went by very quickly. It was a great opportunity to review neurobiochemistry, pharmacology and how the implementation of research translates into positive clinical outcomes. The calibre of delegates under one roof was phenomenal and the knowledge each of those esteemed leaders holds is something to aspire to.

I’m sure everyone who attended can recommend the next IASP congress in Yokohama in 2016.



Stephanie is a PhD student at The George Institute for Global Health, Sydney Medical School University of Sydney, Australia.

Thesis title: *Management of neuropathic pain and sciatica.*

ALBURY WODONGA HEALTH TACKLING OPIOID MISUSE

This article was first published in the PainAustralia Newsletter Issue 48 and is reproduced with permission.



Manager of the Pain Management Program at Albury Wodonga Health, Dr Esther Langenegger, is concerned about the rise in opioid misuse in the region and believes the best way to tackle it, is through a multidisciplinary pain management approach.

“Unfortunately there is a broad misconception in the community and even among some healthcare providers that chronic pain is merely an extension of acute pain and can be treated with the same modalities of medication, rest and other passive interventions,” she said.

“It is a big issue in our region and something we try to identify in our screening process, referring patients to drug and alcohol counselling if necessary before accepting them into our program.”

Running since 1995, the Pain Management Program at the public hospital in Wodonga, Victoria, is the only residential pain management program outside of the nearest major cities Melbourne and Sydney, and is offered at no cost to patients.

Requiring participants to live-in for a period of three weeks, the focus is on education, developing self-management skills and reconditioning the body.

Using a rehabilitation model, most days include an exercise program including

walking and hydrotherapy, as well as Cognitive Behavioural Therapy and other techniques to teach people to think differently about their pain, reduce fear, and learn to manage their mood.

Most participants achieve some reduction of their medication use while in the program and are provided with a plan to help reduce it further after discharge.

The program is delivered by a multidisciplinary team, including Dr Langenegger, who has expertise in musculoskeletal medicine, along with physiotherapists, occupational therapists, psychologists, a nurse and allied health assistants.

Ten programs are delivered each year, with about 10 patients in each, not just from the local area, where there is only one pain specialist, but also from as far away as Melbourne, Wagga Wagga, Canberra, Mildura and even the coastal region. Despite this demand, the wait list for initial assessment is currently just two months, with entry into the program usually within a further two to three months.

Managing the program since 1997, Dr Langenegger has seen a significant change in how the program is delivered in recent years.

“Whereas once we told people they have to learn to manage chronic pain because it

won't go away, there is now evidence that gaining an understanding of chronic pain and consistently applying the concepts taught in the program, including undertaking a graded activity program, can over time reverse some of the central nervous system changes that have occurred and reduce pain, which is a massive breakthrough,” she said.

“We now spend a lot of time educating our patients about how this is possible, by teaching them the basics of neurophysiology. We teach them the mechanisms that cause them to experience pain, and techniques to reduce sensitisation of their nervous systems. With this approach, it is easier for them to understand the reasoning behind the strategies we teach, helping them to stay motivated to make long-term changes.”

For more information about the program, contact Dr Langenegger esther.langenegger@awh.org.au

PHD STUDENT TRAVEL GRANTS

Australian Pain Society PhD Student Travel Grants Application Form Brisbane 15-18 March 2015

Background:

The Australian Pain Society (APS) is pleased to announce the availability of a number of Travel Grants up to the value of \$500 for PhD students to present their research at the 35th Annual Scientific Meeting (ASM) of the APS to be held in Brisbane on 15-18 March 2015.

This Travel Grant program is made possible through an allocation of APS operating funds and only available by submitting a completed [application form](#) by **29 January 2015** to aps@apsoc.org.au

Eligibility Criteria:

- Current membership of the Australian Pain Society (you can join now at: [APS Membership](#)). Applications from non-members will not be considered.
- Acceptance of an abstract of your research presentation.
- Presentation of your research in either oral or poster format.
- Applicants must live outside the metropolitan area of the conference city.

Terms:

1. Travel Grant awards will be made at the discretion of the Scientific Programming Committee (SPC)
2. The principal eligibility factor will be the quality of the submitted abstract.
3. Only one author per abstract may apply. This author must have made a major contribution to the work.
4. Successful applicants will be notified by 16th February 2015 and receive their Travel Grants at the ASM.

I have read the above Terms and Conditions and agree that I have made a major contribution to the submitted abstract.

Title: _____ First Name: _____ Last Name: _____

Address: Work Home

Street: _____

Suburb: _____ State: _____ Postcode: _____

Tel: _____ Mobile: _____

Email: _____

Abstract title: _____

Type of Degree: _____

Educational Institution: _____



Want the latest information on the 2015 Australian Pain Society 35th Annual Scientific Meeting?

Follow our hashtag **#aps2015** and check out our
blog and YouTube channel



Research partnership opportunities



The Australian Pain Management Association Inc. (APMA) is a consumer health organisation for all Australians who live with persistent pain. APMA is a charity which promotes health by providing advocacy, information and practical support for people living with persistent

(chronic) pain and their families.

APMA services include advice and information to people with pain and the health community via a telephone helpline (**Pain Link**), a national network of pain support

groups, a comprehensive website, facebook and social media presence, and high quality newsletters and other publications, and the delivery of presentations and community education.

APMA is seeking to partner with researchers and health practitioners working in the areas of pain management and self-management who wish to seek NHMRC research funding for research about such services in order to effect changes in the delivery, organisation, funding and access to pain management services. Please contact APMA CEO Elizabeth Carrigan on 0438 000 841 or secretary@painmanagement.org.au to discuss potential research opportunities.

Queensland Pain and Palliative Care Conference 2014

Fifty Shades of Pain

Managing complex pain across the continuum



3-5 December 2014
Southbank Institute of Technology, Brisbane
www.50shadesconference2014.com.au



PRESENTING THE 6TH ANNUAL

National Dementia Congress

19 - 20 February 2015 | Sheraton Hotel Melbourne



You are invited to attend the **Acute Pain Day Pre-Conference Workshop**



This workshop is aimed at anyone with an interest in acute pain management.

When:

Sunday 15 March 2015, 8.30 am – 5.00 pm

Where:

Brisbane Convention and Exhibition Centre, Queensland

Cost:

\$165 per person – Early Bird Deadline: 23 January 2015

To register or for further information please visit,
www.dconferences.com.au/aps2015/Pre-Conference_Workshop

You are invited to attend the **Fundamentals of Pain Pre-Conference Workshop**



This workshop will equip participants with the basic knowledge of pain neurobiology, psychology and therapeutic agents, using an interactive case study and multimedia. This workshop is aimed at all allied health and general practitioners, or anyone wishing to update their knowledge on the pathophysiology and treatment of pain.

When: Sunday 15 March 2015, 8.30 am – 5.00 pm

Where: Brisbane Convention and Exhibition Centre, QL

Cost: \$165 per person – Early Bird Deadline: 23 January 2015

To register or for further information please visit,
www.dconferences.com.au/aps2015/Pre-Conference_Workshop

You are invited to attend the Pharmacological Management in Pain Pre-Conference Workshop



The aim of the Pharmacological Management in Pain half-day workshop is to make a significant contribution to the optimisation of pain treatment by bringing experts together to discuss the latest scientific findings within the pain management clinical pharmacology field. The target audience for this workshop consists of clinical pharmacologists, pharmacists, industry researchers, pain specialists, paediatricians, clinical nurse consultants, government representatives and other experts with an interest in clinical pharmacology.

When: Sunday 15 March 2015, 8.30 am – 1.00 pm
Where: Brisbane Convention and Exhibition Centre, QL
Cost: \$110 per person – Early Bird Deadline: 23 January 2015

To register or for further information please visit,
www.dccconferences.com.au/aps2015/Pre-Conference_Workshop

You are invited to attend the Physiotherapy in Pain Management Pre-Conference Workshop



This workshop is designed for any Physiotherapists who work with people in pain. Topics will include:

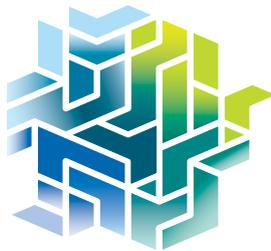
- *Working with a Pain Specialist and GP in primary/secondary healthcare*
- *Understanding Chronic Low Back Pain*
- *Quantitative Sensory Testing and its relevance to neuropathic pain presentations*

...plus much more!

When: Sunday 15 March 2015, 1.30 am – 5.00 pm
Where: Brisbane Convention and Exhibition Centre, QL
Cost: \$110 per person – Early Bird Deadline: 23 January 2015

To register or for further information please visit,
www.dccconferences.com.au/aps2015/Pre-Conference_Workshop

2015 Australian Pain Society 35th Annual Scientific Meeting



Managing Pain: from Mechanism to Policy



15 - 18 MARCH 2015 | BRISBANE CONVENTION & EXHIBITION CENTRE, QLD

Expressions of Interest online at www.dconferences.com.au/aps2015

For Sponsorship and Exhibition opportunities or more information please contact the APS Secretariat
DC Conferences Pty Ltd | P 61 2 9954 4400 | E aps2015@dconferences.com.au

SUBMISSION DEADLINES

Topical Sessions **16 July 2014**

Free Papers & Posters **3 October 2014**

Early Bird Registration **23 January 2015**

KEYNOTE SPEAKERS

Professor Herta Flor Professor Flor has worked at Ruprecht-Karls-University, Heidelberg since 2000 and is Scientific Director of Cognitive and Clinical Neuroscience, Central Institute of



Mental Health, Mannheim, Germany. Her research focuses on neuronal plasticity and learning and memory in chronic pain, anxiety & mood disorders, substance abuse and neuro-psychological rehabilitation. She has received 60+ research grants and numerous prestigious awards and has authored more than 400 publications.

Dr Mary Lynch is Professor of Anesthesia, Psychiatry and Pharmacology at Dalhousie University, Halifax, NS, Canada. She has 25 years of clinician experience assisting patients with chronic pain.



Dr Lynch chaired the Canadian Pain Society Wait Times Task Force and co-chaired its Task Force on Service Delivery and Canadian Pain Strategy. Her research focuses on new agents in neuropathic pain treatment, including cannabinoids, integrative care in chronic pain management, wait-times benchmarks and strategies for service delivery.

Dr Frank Porreca is Professor of Pharmacology and Anesthesiology at the University of Arizona College of Medicine, Tucson, AZ. Dr Porreca is widely published in research addressing



mechanisms of chronic pain and its treatment, and the adaptive nature of brain pain modulatory circuits following injury. Dr Porreca's current research interests include exploration of the intersection between pain and reward pathways and discovery of molecules that can modulate these circuits for pain relief.

PLUS

Pre-Conference Workshops
Extensive Industry Exhibition
Welcome Reception
Conference Gala Dinner



Managing Pain:
from Mechanism
to Policy

40TH
2015 ANNUAL SCIENTIFIC MEETING

New Zealand
pain society

www.nzps2015.org.nz

25 – 29 March, 2015 THE LANGHAM HOTEL, AUCKLAND, NEW ZEALAND

PAIN THROUGH THE AGES



Save the Date:
30 March 2015

Visit the website: <http://painadelaide.org/category/painadelaide>

Speakers include: Bob Coghill | Peter O'Sullivan | Johan Vlaeyen | Glen King | Stuart Brierly | David Butler | Some surprises!

FYI & NEW MEMBERS

Items of interest for our members:

- **Painaustralia eNewsletter** latest issue, available online at <http://www.painaustralia.org.au/media-news/e-news.html>
- **ePPOC: electronic Persistent Pain Outcomes Collaboration**
For more information about eP-POC, refer to the website: <http://ahsri.uow.edu.au/eppoc/index.html>
- **ACI Spinal Cord Injury Pain Resources**
The latest addition to the fabulous resources developed by the ACI Pain Management Network. There is also a SCI Navigator, which is a clinician decision support tool based on the latest scientific evidence: www.aci.health.nsw.gov.au/chronic-pain/spinal-cord-injury
- **ACI Pain Management Network Surveys**
Please take a few minutes to

complete the relevant survey, links below.

Consumers Survey: <https://www.research.net/s/paincons>
Clinicians Survey: <https://www.research.net/s/paincl>

- **Brainman returns!**
See our blog for the latest video press conference and two new videos clips released in October 2014: <http://blog.apsoc.org.au/2014/10/07/brainman-is-back/>
- **Churack Chair of Pain Education and Research**
The University of Notre Dame, Fremantle Campus, WA is seeking an acclaimed medical specialist for this new role. Application close 08 December 2014: http://www.nd.edu.au/data/assets/pdf_file/0008/125594/2014-11-04-Churack_Chair_Pain_Medicine-0-5-Final_PTFINAL.pdf
- **Award winning painHEALTH website**

Congratulations to the WA teams behind the painHEALTH website. They have just won the WA Health 2014 Empowering Patients award: <http://www.health.wa.gov.au/wahealthawards/winners/index.cfm#Empowering>

- **The trouble with treating pain**
Article from John Hopkins Magazine, Fall 2014: <http://hub.jhu.edu/magazine/2014/fall/treating-pain-problems>



THE AUSTRALIAN PAIN SOCIETY
www.apsoc.org.au

Online Membership Applications

NEW
[apply online here](#)

The next stage of our new online membership system has been launched.

Please encourage your colleagues to [apply online here](#).

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Mrs	Jane	Chalmers	Physiotherapy
Mrs	Natalie	Goodman	Nursing
Mr	Marty	Kelly	Physiotherapy
Dr	Andy	Kuo	Science Research
Mr	Stephen	Lam	Physiotherapy
Miss	Denise	Tam	Pharmacology
Dr	Hilarie	Tardif	Psychology
Dr	Irina	Vetter	Pharmacology
Miss	Dawn	Wong Lit Wan	Science Research

MEMBERSHIP RENEWAL & CALENDAR OF EVENTS



THE AUSTRALIAN PAIN SOCIETY
www.apsoc.org.au

APS Membership Renewals



Renewal notices for 2015 were sent by email to members in late November.

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

Before renewing online, please ensure you **review and update your member profile.**

Payments can be made by Credit Card or Cheque.

[Login here](#) and renew online via the APS Website.

<p>3-5 Dec 2014 Australian Pain Management Association and Palliative Care Queensland <i>Fifty Shades of Pain: Managing complex pain across the continuum</i> Southbank Institute of Technology, Brisbane QLD http://50shadesconference2014.com.au</p>	<p>16-17 Jan 2015 Centre for Pain Medicine at the Swiss Paraplegic Centre <i>5th International Symposium Invasive Procedures in Motion 2015 - Minimal Invasive Pain Therapy</i> Swiss Paraplegic Centre, Nottwil by Lucerne Switzerland http://www.schmerz-nottwil.ch/en/pub/zsm/fortbildungkongresse/invasives_procedures_motion_15.htm</p>	<p>22-24 Jan 2015 Asian and Oceanic Society of Regional Anesthesia and Pain Medicine Congress 2015 <i>Perioperative Quality and Safety in Anesthesia and Pain Medicine: Unity in Diversity</i> Centara Grand at Central Plaza Ladprao, Bangkok Thailand http://www.aosra2015.com/index.php</p>
<p>19-20 Feb 2015 informa 6th Annual National Dementia Congress <i>6th Annual National Dementia Congress</i> Sheraton Hotel, Melbourne VIC http://www.informa.com.au/conferences/health-care-conference/national-dementia-congress?utm_source=Office_use&utm_medium=PDF&utm_campaign=P15A03</p>	<p>21-27 Feb 2015 Breathworks <i>Mindfulness Teacher Training</i> Vijayaloka Retreat Centre, Minto Heights, Sydney NSW http://www.breathworks-mindfulness.org.uk/training-australia-2015</p>	<p>5 Mar 2015 The Children's Hospital at Westmead 11th Annual Paediatric Palliative Care Symposium <i>Updates, Elder, Wisdom, CAM, Mindfulness</i> Lorimer Dods Lecture Theatre at The Children's Hospital, Westmead, Sydney NSW http://www.schn.health.nsw.gov.au/files/attachments/2015_palliative_care_symposium_colour_brochure_final_draft_19th_september_2014_3.pdf</p>

CALENDAR OF EVENTS

<p>6 Mar 2015 The Children's Hospital at Westmead <i>Mindfulness for Clinicians Workshop</i> Doreen Dew Lecture Theatre at The Children's Hospital, Westmead, Sydney NSW http://www.schn.health.nsw.gov.au/files/attachments/2015_mindfulness_workshop_colour_brochure_310.pdf</p>	<p>15-18 Mar 2015 Australian Pain Society 35th Annual Scientific Meeting <i>Managing Pain: From Mechanisms to Policy</i> Brisbane Convention and Exhibition Centre, Brisbane QLD http://www.dconferences.com.au/aps2015/</p>	<p>22-23 Mar 2015 Bangladesh Society for Study of Pain <i>17th BSSP Congress on Pain</i> TBA, Dhaka Bangladesh bssp@dhaka.net</p>
<p>25-29 Mar 2015 New Zealand Pain Society 40th Annual Scientific Meeting <i>Pain through the Ages</i> The Langham Hotel, Auckland New Zealand http://www.nzps2015.org.nz</p>	<p>30 Mar 2014 PainAdelaide Stakeholders' Consortium <i>PainAdelaide 2015</i> Adelaide Convention Centre, Adelaide SA http://painadelaide.org/2014/07/03/painadelaide-2015-register</p>	<p>29 Apr - 2 May 2015 NWAC World Anesthesia Convention <i>6th NWAC 2015</i> Vancouver Convention Centre, Vancouver Canada http://www.nwac.org</p>
<p>1 May 2015 Faculty of Pain Medicine (FPM) <i>Refresher Course Day</i> National Wine Centre, Adelaide SA www.fpm.anzca.edu.au/events/2015-refresher-course-day</p>	<p>2-5 May 2015 Australian and New Zealand College of Anaesthetists (ANZCA) Annual Scientific Meeting 2015 <i>The Changing Face of Anaesthesia and Pain Medicine</i> Adelaide Convention Centre, Adelaide SA http://asm.anzca.edu.au</p>	<p>24-27 May 2015 National Rural Health Alliance 13th National Rural Health Conference <i>People, Places, Possibilities</i> Darwin Convention Centre, Darwin NT http://ruralhealth.org.au/13nrhc/</p>
<p>31 May - 4 Jun 2015 IASP Pain in Childhood SIG and Seattle Children's Hospital Research Foundation <i>10th International Symposium on Pediatric Pain</i> TBA, Seattle Washington USA http://www.ispp2015.com</p>	<p>6-11 Jun 2015 INS International Neuromodulation Society 12th World Congress <i>Neuromodulation - Medicine Evolving Through Technology</i> Fairmont Queen Elizabeth Hotel, Montreal Quebec, Canada http://www.neuromodulation.com/ins-congress</p>	<p>13-14 Aug 2015 Drug and Alcohol Nurses of Australasia - DANA <i>Many Faces of Addiction Forum 2015</i> Novotel Sydney Central, Sydney NSW http://danaconference.com.au</p>

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