Past, present and future: A big thankyou to Amal Helou for her ability to capture, in part at least, Dr Michael Jennings passion for improving the knowledge and systems for people with pain. It resonates with me that she has written “Although he left behind big shoes to fill, he was actively involved in succession planning for the past few years and we have the next generation of psychiatrists who now work with us. So thank you Mike.”

It would also be hard to overstate the success of the recent 36th Annual Scientific Meeting, held in Perth, with record numbers attending. The conference showcased highly professional presentations, workshops, posters, interesting displays from our industry sponsors, and a wonderful exciting social program (if just a tad hot on some days), and beautiful sunsets. Hats off to all the team of organisers, and especially, Prof Helen Slater, who has also co-ordinated a comprehensive post-conference report (revealed in the pages of this newsletter).

Our APS president, Dr Geoffrey Speldewinde also enunciates the direction of the Australian Pain Society, based on the strategic meeting of board directors in late 2015. Simon Watt (TAS Director) also captures the feedback from those members who completed our survey, all of which improves the APS ability to focus on key issues for its members, and people with persistent pain.

It is with great pleasure that we welcome Professor Paul Glare back to Australia as Chair of Pain Medicine at the University of Sydney and Director of the Pain Management Research Institute (PMRI). His broad experience and research interests will add strength to the broad church of pain medicine in Australia and internationally.

Then Dr Chris Hayes, shares with us his six foundations of chronic pain, which intimates that there is still much work to be done, by all.

I hope you all enjoy this edition of the APS newsletter, and hope that a few glia and neurons light up, so that you put pen to paper (fingers to keyboard) and submit summaries of your recent publications, and cutting edge submissions to our eNewsletter.

Stephanie Davies
Editor
This year in Perth we held the first ever breakfast time Annual General Meeting of your Australian Pain Society. It was held at this time for pragmatic reasons related to the program of the Annual Scientific Meeting, but with registrants for this meeting numbering 120 it may be a useful time slot with which to continue for the next meeting in Adelaide.

The ASM 2016 in Perth “Pain: Meeting the Challenge” attracted more than 600 registrants, and a tidy profit will contribute to your Society’s activities. I have summarised the activities of your board over the last 12 months.

1. A strategic planning meeting was held in August 2015 in Sydney, coinciding with the incoming President, at which several priorities were agreed upon including the following:

   a. Developing a media strategy, via committee headed by Will Howard and Tim Austin. A training workshop was held in August utilising a senior ABC correspondent Doug Weller, with skills training for Media Releases of which five have now been completed and can be viewed on our website. We also engaged an experienced journalist who generated approximately 20 stories from the Perth ASM, across print, radio and television media. (Refer to the FYI section later in this newsletter for details).

   b. Waiting in Pain-2 survey, under the supervision of Malcolm Hogg, is about to contact all pain services, both public and a private, in Australia. This will be a more comprehensive survey than the first survey, Waiting in Pain, that has been published in the MJA and was well accepted internationally. All members requested for this survey completion are encouraged to do so to maximise meaningful results that can only assist us in our submissions for recognition and support of multidisciplinary pain management approaches, with appropriate funding.

   c. Aged Care Guidelines 2nd edition is underway, with every likelihood of its availability by the next Annual General Meeting in Adelaide 2017.

   d. The recognition and management of pain amongst indigenous peoples continues to hold our interest. There was a meeting of interested practitioners during the course of the Perth meeting, and there will be a workshop held at every second scientific
meeting themed around the needs for recognition and management of pain in our indigenous peoples.

e. We have allocated a separate resource page on our website for Culturally and Linguistically Diverse (CALD) groups in our Society.

2. Painaustralia is developing their 2016-2020 strategic plan, with assistance from the APS.

3. ePPOC continues, and hopefully the “O” will further develop. We continue to support this data base in which there are now over 16,000 incoming patients registered.

4. We have reviewed and revised our organisation chart, this is available on our website. This demonstrates the linkages that we continue to forge through our relationships extending communication into the board level of peer organisations. At the Perth meeting we held a Combined Boards Breakfast Meeting, at which there were representatives from 6 boards.

5. The release of the “Atlas of Healthcare Variations” in which one particular chapter on opioids revealed the tenfold variation in opioid prescription dispensing regionally and nationally. This document was supported by Malcolm Hogg and Tim Semple, and was given some prominence in National media.

6. Your board has been involved in several submissions including “parliamentary enquiry into chronic disease prevention and management in primary care”, primary health care advisory group, and again, with Painaustralia’s submission to the MBS item review. We have also participated in a department of Veterans Affairs pain management research workshop.

Overall your board has been very active across a wide range of activities on your behalf, and as always we seek your advice, recommendations, and assistance in the increasing activities related to the recognition and management of pain around Australia.
According to many delegates, the 36th Annual Scientific Meeting held in Perth March 13th-16th was one of the best meetings yet.

Sincere thanks go to scientific committee, who led by Professor Michele Sterling, organized a thoughtful and strong contemporary scientific program to address the theme of ‘Pain: Meeting the Challenge’.

Underpinning the scientific program were four exceptional international speakers: Professor Frank Birklein from the University Medical Centre Mainz, Germany; Assistant Professor Petra Schweinhardt from the McGill University, Canada; Professor Barry Sessle from the University of Toronto, Canada and Professor David Yarnitsky from the Rambam Health Care Campus, and the Clinical Neurophysiology Laboratory in the Technion Faculty of Medicine, Israel.

Invited national speakers provided presentations that complemented those delivered by the international speakers and highlighted the strength of pain medicine as a cross-discipline speciality throughout Australia and our close neighbours, New Zealand.

Acknowledgement of thanks go to our industry partners, in particular our gold sponsors: Mundipharma, Pfizer and Seqirus, who through their generous ongoing support, help to ensure viability of the Australian Pain Society annual scientific meetings. Delegates took advantage of the co-location of industry displays to see new devices and products, to view and discuss scientific posters while enjoying morning/afternoon teas and lunches.

Thanks must also be extended to DC Conferences (Dianna, Alex, Julia, Tracy and the team) for their very efficient and excellent forward planning and on-site conference management. Finally, thanks to the Local Organising Committee (Eric Visser, Anna Hilyard, Julie Hodgson, Allyson Browne, Stephanie Davies, Stephan Schug, Helen Slater), who provided excellent support in the lead up to, during and following the conference.

A STATS SNAPSHOT OF CONFERENCE HIGHLIGHTS

Who attended?

- First time attendees were represented by 35% (n=120 respondents) of delegates indicating the growing interest in pain medicine as a speciality

- 35% of delegates had attended between 1-5 meetings and 14% between 6-10 meetings. A small proportion (3.3%) had attended between 21-25 times: great effort and we hope to see you at the upcoming meetings!

Where did delegates come from?

A total of 682 registered delegates (comprised of 608 conference attendees and 74 workshop only attendees).

- 617 attendees from Australia (90.5%), 65 internationals (9.5%).

- All Australian states and territories were represented with delegates: ACT (17); NSW (167); NT (8); QLD (47); SA (37); TAS (8); VIC (115); WA (212); unidentified state (6)

- Internationals travelled to Perth for the ASM from Austria; Belgium; Canada; Czech Republic; Denmark; France; Germany; Hong Kong; India; Indonesia; Israel; Japan; Korea; Malaysia; New Zealand; Philippines; Singapore; Taiwan; Thailand; United Kingdom and the United States.

One of the strengths of the APS ASM is the diversity of over 40 disciplines represented, which highlights the interdisciplinary nature of pain.
Pain at all ages: issues and management of pain from birth to death

The aim of the session was to uncover the challenges and considerations required when managing pain at all stages of life. It was an interesting morning with many areas of analgesic use discussed.

Children
Christine Onishko, a paediatric pharmacist from Adelaide, discussed the challenges of pain assessment and the need to choose a tool that is appropriate to the age of the child. She emphasised that “children are not little adults” when choosing analgesics, with their pharmacokinetic profile being very different to adults. Special caution is required when using paracetamol, codeine and tramadol in children with warnings issued from the TGA for each of these medications in the past year.

Pregnancy and the Lactating Population
Tamara Lebedevs, a pharmacist from King Edward Memorial Hospital (KEMH), discussed the challenges of providing accurate advice to this group of women. More than 50% of pregnant women report taking analgesics during their pregnancy. There is conflicting information from websites, media, medical references and health professionals which all add to the concerns of these women.

PHARMACOLOGICAL MANAGEMENT IN PAIN WORKSHOP

contribution by Penny Tuffin

“Pain at all ages: issues and management of pain from birth to death”

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Palliative Care
Penny Truffin then discussed the challenges of analgesic use in people with palliative care needs, a group with a wide range of diagnoses and varying life expectancy. When prescribing analgesics, consideration must be given to deteriorating organ function, fear of addiction, misuse and abuse, alternate routes of administration and availability, practicality and cost in the community.

Chronic Pain
Prof Stephan Schug finished the presentations with a discussion about the current recommendations for management of neuropathic pain, including medications that are not effective. He tantalised us with information about a new angiotensin II type 2 antagonist that is showing early promise in trials in neuropathic pain.
Although named the Acute Pain Day, each presenter carrying out their presentation highlighted how many common complexities health professionals encounter on the daily acute pain rounds.

It was great to hear from the 3 presenters on the importance of regional analgesia reaching its full potential in the management of acute pain. Take home messages were:

• Regional analgesia should be considered in the preoperative phase in trauma.

• When indicated continuous peripheral nerve blocks should be considered but single shot blocks should also be used postoperatively.

This session was well balanced providing the detailed clinical use of regional analgesia and a detailed outline of the efficacy of analgesia. The importance of a visible algorithm for all health professionals to see on the appropriate use of - antidote if required for LA toxicity was also mentioned.

The complexity of patients with chronic pain, obstructive sleep apnea (OSA), obesity, drug addiction and the management of acute pain in pregnancy and breast feeding were well addressed by a number of knowledgeable presenters looking at the many considerations when managing pain in the acute setting.

Very importantly, appropriate discharge planning was clearly discussed with recommendations to ensure a clear individual plan for complex patients on discharge and appropriate follow-up by GP and pain specialist when required.

The study day was concluded with an expert panel summarising the day, and attendees given ample opportunities to ask further questions and offer advice in their working practice. It was a very interactive workshop with many diverse topics and a realisation of many complexities associated with the management of acute pain in our society today. Delegates were reassured that we can all relate to very similar challenges: in this context, this was a very supportive and productive workshop.

This session was well organised with high quality speakers. These sessions were most informative, especially to those unfamiliar with this specialty. It was good to know local practice is in accordance with that in the eastern states of Australia.

Key Points:

• Children can have a predisposition to develop complex pain after acute pain management – where both patient and surgical factors can influence the outcome.

• Post-tonsillectomy pain is universally challenging. There are patient/parent/system factors that contribute. Potential solutions may lie in long acting agents or more suitable (safe) preparations for the paediatric patient.

• Hydromorphone case study: a difficult oncology case, with good group discussion generated and recognised as difficult to manage.

• Fentanyl associated with more rapid dose escalation

• Celecoxib: half-life shorter in paediatrics and dosing needs to be adjusted accordingly
This workshop was well structured, interesting and very relevant for clinical practitioners. Niamh Moloney chaired the session very efficiently. It was divided into two sections, with each of the speakers presenting twice, initially discussing an outline of their topic and ideas, and then returning to talk about how to use these ideas in practice. Workshop presenters had obviously communicated well together in planning the workshop as each topic segued easily into the next, with some common ground in each talk.

Speakers were:

- Dr Samantha Bunzli presenting the common sense model and how patients try to make sense of their pain
- Mr Rob Schutze (Clinical Psychologist) talking about the role of rumination and catastrophising in pain patients and what is ‘normal’ and what is pathological
- Prof Peter O’Sullivan discussing behavioural responses to pain and fear and how to take control of them.

The common thread throughout the workshop was the role of fear in patients with persistent pain, and how finding out what the patient believes and how they respond to these beliefs is critical to our management approach. Delegates were then given some tools to help do this, utilising steps in the common sense model proposed by Sam, mindfulness from Rob and using education, relaxation and activation via Peter’s cognitive functional activation approach. This involved using a personalised reflection/explanation to help the patient make sense of their pain – “a whole cascade of events has happened to contribute to your pain response” – before then building the patient’s confidence to be able to move more normally with less pain.

One of the more important take home points is that as physios we have to have confidence in the reassuring messages we give to patients – if we don’t really believe that backs can be trusted and that it is safe to bend and lift, then how can we teach it? It was a really useful workshop with a very psychological approach for physios to use in helping their patients with persistent pain.
A brief synopsis of the key highlights from plenary sessions (in program sequence) is provided below:

**PROFESSOR DAVID YARNITSKY**

opened the first plenary session of the APS 2016 with a captivating overview of the potential role of the Pain Modulation Profile in better understanding which patients are a highest risk of chronic pain acquisition, have higher pain relative to their physiological disease process or injury, and are less responsive to therapy. Prof Yarnitsky drew on evidence to make the distinction between patients who could be classified as efficient conditioned pain modulation inhibitors, and less efficient conditioned pain modulation inhibitors, or so-called pain ‘facilitators’. Drawing on experimental research findings, Prof Yarnitsky demonstrated that patients who could be identified as ‘facilitators’ were at higher risk of pain acquisition, had higher pain ratings relative to their physiological findings, and were less responsive to pain therapy compared to those patients deemed to be efficient pain inhibitors. The potential clinical implications of Prof Yarnitsky’s are significant, with the pain modulation profile being shown to predict post-operative pain acquisition. Prof Yarnitsky also delivered another plenary session on 'EEG in pain research: The coming of age' which provided insights into the novel application of EEG to helping understand pain conditions.

**DIANNE CRELLIN**

gave a confronting review of current best practice in the assessment of procedural pain among young pre-verbal and early verbal children and infants – the age group most likely to undergo painful procedures in hospital Emergency Department settings. This presentation highlighted the paucity of available standardised instruments to measure procedural pain in young children and infants, the impact of assessor bias in the measurement of procedural pain among young children and infants, and the current difficulties associated with distinguishing between pain, distress, and fear when utilising existing measurement tools.

**PROF PETRA SCHWEINHARDT**

delighted APS 2016 attendees with two stimulating presentations across two days pertaining to the role of dopamine in acute and chronic pain, followed by a review of most recent evidence related to brain grey matter alterations in chronic pain. Prof Schweinhardt demonstrated how dopamine modulates the salience of acute pain stimuli, and mediates the motivation to avoid or endure pain depending on the context. She went on to discuss the disruption to the dopaminergic system among people with chronic pain, and the potential restoration of motivated behaviour with the administration of a dopamine re-uptake inhibitor. Her second presentation focused on improving attendee’s understanding of brain grey matter changes among chronic pain patients. She reported findings suggesting that patients with longer pain duration experience greater brain grey matter loss. Based on her group’s recent findings, Prof Schweinhardt posited that grey matter changes are not likely to reflect the death of neurons since there has been demonstrated recovery of brain grey matter following successful pain treatment, and went on to present novel and intriguing findings in which grey matter reduction was explained by reduced water content.
edicated the APS audience with the most recent evidence related to the prevalence, functional implications, and clinical management of generalised joint hypermobility and chronic pain in children. Dr Pacey’s presentation highlighted that current evidence pertaining to best practice management of children with generalised joint hypermobility relates only to exercise therapy, with key systematic reviews concluding that exercise therapy is safe and likely to be efficacious. Notably, her group’s recent randomised controlled trial among children with joint hypermobility syndrome has revealed that physiotherapist-led exercises targeting controlled motion of the joints into the hypermobile range are perceived by parents as having greater global functional change and improved psychosocial function for their children, compared to controlled movements extending only to the neutral position which yielded positive effects on only physical health outcomes.

**DR VERITY PACEY**

Presented most recent evidence and best practice guidelines for the management of neuropathic pain syndromes across two keynote presentations highlighting the need for precise, and repeated assessment of patients presenting with neuropathic pain symptoms to enable accurate diagnosis and effective clinical treatment. Prof Birklein demonstrated that many complex regional pain symptoms are explained by an exaggerated inflammation response which, if not treated aggressively within the first few months of onset, can result in central sensitisation, and the development of a chronic neuropathic pain syndrome. Prof Birklein challenged clinicians to keep patients with neuropathic symptoms moving, despite apparent exacerbations of neuropathic symptoms (e.g., pain, discoloration, swelling) and highlighted the relevance of mirror therapies, graded motor imagery interventions, and graded exposure to pain treatment as potentially effective treatment options for reducing the incidence and severity of chronic neuropathic pain.

**PROF FRANK BIRKLEIN**

Challenged pain researchers and clinicians to think about the application of their work to developing international communities facing heavy clinical burdens, often in the face of limited resources. Importantly, the work that A/Prof Goucke and his colleagues have produced in recent years has highlighted the capacity of individual pain clinicians to make a dramatic impact in the lives of people in pain in developing countries through sensitive, time-efficient, and culturally relevant education of local health care providers.

**ASSOCIATE PROFESSOR ROGER GOUCKE**

Together presented a dynamic integration of a large body of work that they have generated in collaboration with an international group of researchers focused on bridging the gap between evidence, policy, and practice for musculoskeletal conditions. They put forward a strong argument that we don’t have unsuccessful models of care for musculoskeletal pain conditions, but rather, we have unsuccessful implementation of models of care across the broader health care sector outside of specialist pain management settings. Drawing on evidence from their research into the impact of up-skilling consumers, health professionals, and the emerging health workforce in best-practice pain management, A/Prof Briggs and Slater presented a compelling argument to invest in far-reaching sustainable system-based approaches to delivering best practice care by driving evidence through policy and into practice.
examined the role of sphingosine 1-phosphate (S1P) and nociceptive signaling and its role in peripheral nociception. Prof Haberberger examined the significant role S1P plays in peripheral signaling and central sensitisation using a series of experimental studies. He demonstrated that the conditional deletion of one of the three identified S1P receptors reduces response to inflammatory pain, and highlighted the possibility that this same S1P receptor may be a new target molecule for reducing neuropathic pain. Prof Haberberger presented the intriguing finding that S1P interacts with S1P receptors on peripheral nociceptors and plays a ‘pro-pain’ role in acute, inflammatory, and neuropathic pain signaling, whereas S1P has been found to interact with S1P receptors on spinal cord nociception and glia and be an ‘anti-pain’ part of inflammatory and neuropathic pain signaling. Professor Haberberger’s presentation opened up the possibility that altering S1P signaling may be an important mechanism for reducing chronic pain intensity.

provided a fascinating overview of key orofacial pain mechanisms, identifying chemical mediators and processes underlying the activation or peripheral sensitisation of orofacial receptors. Prof Sessle demonstrated the importance of central sensitisation of nociceptive neurons as a key process resulting from peripheral injury or inflammation that contributes to the development and maintenance of orofacial pain states. His presentation underlined the need to reduce peripheral nociceptive input to reduce the likelihood of central sensitisation in orofacial pain.

discussed the importance of beliefs about the meaning of nociception, fragility, vulnerability, and consequences of pain in the development, maintenance, and management of chronic low back pain (CLBP). He outlined the concept of disrupted body perception and associated disrupted perception of movement among CLBP patients. Using a series of findings from experimental studies in which body perceptions were manipulated, Prof Wand demonstrated how the perception of pain intensity could be altered.

Posters on display came from across the world, and covered a broad range of topics from basic science through to clinical, patient flow and population health. Similarly to last year, delegates were given the option to view posters via the app but there was still a strong demand to see the hard copy posters on display in the exhibition hall. Many delegates took the opportunity to speak to the presenters on Tuesday lunchtime when the poster area buzzed with interesting conversations and shared ideas. Some of the standout posters included Brigitte Tampin’s project to use advanced scope physiotherapists to reduce neurosurgical waitlists; Noemi Meylakh’s poster on altered neural function in migraneurs and Megan Blanchard’s poster on ePPOC. A prize was awarded to Emily Mills for her poster on altered neural signalling in the brainstem of patients with temporomandibular disorder (TMD) pain.

The other prize winners were Samantha Bunzli for her Best Free Paper: ‘Kinesiophobia or common sense? Understanding pain-related fear in people with chronic low back pain’ and Meredith Jordan for her Best Rapid Communication: ‘Does group assessment format influence treatment attendance?’
MEET THE SPEAKERS BREAKFAST

Professor Frank Birklein, Dr Petra Schweinhardt, Dr Barry Sessle and Professor David Yarnitsky shared their knowledge and experience with Early Career Researchers, doctoral and postdoctoral students in a relaxed and informal breakfast setting. This forum was intended to foster the interactions between young and emerging researchers and very experienced scientists. Delegates are reminded to encourage your young researchers to support this forum by attending in Adelaide 2017. Some forward planning can provide a fertile exchange that broadens research skills, communication and collaboration and maximizes the value of having international speakers readily accessible to discuss key career and scientific questions.

THE 11TH ANNUAL SCIENTIFIC MEETING (ASM) OF THE NEUROMODULATION SOCIETY OF AUSTRALIA AND NEW ZEALAND (NMSANZ)

was held concurrently with the Australian Pain Society (APS) ASM in Perth, Western Australia on the 12th and 13th of March 2016 (contribution by Eric Visser)

The theme of the meeting was, ‘Neuromodulation: Mainstream Medicine’, which explored the latest scientific and therapeutic developments in neuromodulation for pain and other conditions, such as pelvic organ dysfunction.

Keynotes speakers included Professor Sam Eldabe a UK pain physician with interests in neuromodulation for neuropathic pain, failed back surgery syndrome and organ dysfunction, and Dr Lawrence Poree from UC Berkley a neuromodulation physician and researcher in biomedical engineering.

Being held immediately prior to the APS ASM, the meeting was well attended by a wide variety of practitioners including non-interventional physicians, nurses, physical therapists and researchers. The meeting emphasised that neuromodulation, like any treatment, should be part of a multimodal, interdisciplinary pain management approach. This was reflected in presentations from physical therapists, nurses, academics and researchers, and a diversity of topics such as pharmacology, rehabilitation and psychology.

SOCIAL EVENTS

The APS 2016 Gala Dinner was held at Royal Freshwater Bay Yacht Club where delegates enjoyed a 3 course meal, dancing and catching up with friends and colleagues. One hundred and seventy four delegates attended the Gala Dinner this year (the Society subsidises the cost of the dinner to help to make it more affordable to all). Other events included Sculptures by the Sea at Cottesloe Beach (still 33 degrees C at 9 pm!) and a few delegates ventured to Little Creatures to sample beers from the micro-brewery.

We hope to see you for the 37th Australian Pain Society Annual Scientific Meeting in Adelaide in 2017.
The Australian Pain Society Newsletter, Volume 36, Issue 3 - May 2016
## SCHOLARSHIP FEATURE

### Current Scholars

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<tr>
<th>PhD Scholarship Sponsor</th>
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### Past Scholars

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<td>“Antinociceptive properties of the neurosteroid alphadolone”</td>
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<td>Susan Slatyer</td>
<td>2013</td>
<td>&quot;Caring for patients experiencing episodes of severe pain in an acute care hospital: Nurses' perspective&quot;</td>
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<td>APS #4-APRA</td>
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<td>&quot;Defining inhibitor binding sites unique to the glycine transporter, GLYT2: A potential target for the treatment of chronic pain&quot;</td>
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<td>Mary Roberts</td>
<td>Due 2016</td>
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Did you know that APS members collectively speak at least 21 languages? That’s just one thing we learned in the inaugural APS membership survey.

Thank you to the near twenty percent of members who took the time to respond. Respondents were from 24 different disciplines and were a good representative sample of our membership. Feedback was useful in helping us understand more about who you are, what your interests are and how you’d like to be involved with the APS in the future.

The survey covered four main themes: communications; media/advocacy; secretariat; and the annual scientific meeting.

Respondents reported that they were most likely to read this eNewsletter, followed by APS emails, the website (which is used by 87% of members) and social media. Levels of satisfaction with all of these communications were generally high. Comments from respondents indicated that there is some room for improvements to the website and social media offerings: 66% of respondents wanted more opportunities to learn online. Most respondents were happy with the frequency of APS communications.

Many responding members (over seventy-five percent) reported having moderate or low awareness of APS media and advocacy efforts. However, there was broad agreement in many of the comments about where the APS should focus its advocacy. Increased funding for/access to evidence-based pain services and pain education featured prominently.

Levels of satisfaction with the APS secretariat were high with 93% of respondents who had contacted the secretariat satisfied or very satisfied with the service they received.

Respondents gave the annual scientific meeting a 70% approval rating for value for money and breadth of topics. Most also supported sub-group meetings and believed these should continue. However, half of respondents believe that their PD needs are better met by other providers.

Finally, 96% of responding APS members would recommend the APS to colleagues. Many commented on the value of being part of a community of professionals with a common interest in pain management and on how the APS helps keep them informed.

SUBMISSIONS TO THE NEWSLETTER

We welcome submissions, whether brief or extended, about matters of interest to our readers - for example, reports of educational activities or articles about basic science or clinical research. Please allow time for modifications to be made to optimise a submission’s suitability for publication. In general it will be unlikely that a submission received after the 15th of each month will be published in the newsletter of the following month.

Stephanie Davies, Editor
A SYSTEMATIC REVIEW OF THE PROVISION
OF PERSISTENT AND CHRONIC PAIN MANAGEMENT SERVICES
IN AUSTRALIA.

In 2008-2010, the Australian Pain Society, in conjunction with the Royal Melbourne Hospital (RMH) team lead by Dr Malcolm Hogg, collated information regarding the provision of persistent pain management services within Australia. This information has been subsequently published (Hogg M. MJA 2012; 196: p386), along with a more in-depth analysis of multidisciplinary staffing levels within pain services (Burke A. Pain Medicine 2015; 16: p1221).

The information gained from the “Waiting in Pain” study has formed the basis of significant political activity by the Australian Pain Society and Painaustralia seeking systematic policy approaches to the provision of pain management services. In addition, it has helped develop our Facility Directory, which reflects the development of services throughout Australia.

The Australian Pain Society (APS) has initiated an update of the Waiting in Pain Study, recognising significant gains in clinical service delivery but cognisant of ongoing gaps in the provision of care. To enable a more accurate and rapid process, we have commissioned a commercial firm (Insync) with expertise in electronic data capture and research to work alongside Dr Hogg and the team at RMH to implement an update via an electronic survey, to be sent out in May 2016.

Identified pain management services will shortly be approached, although we stress participation is voluntary and all data attained will be treated confidentially and de-identified for analysis. You or your team may be asked to provide descriptions of service delivery models, staffing levels and activity: we encourage your consideration and discussion of this project, both within your own clinical practice and/or with other pain management teams.

We would be happy to discuss any queries or concerns you may have (contact us) and thank you for your ongoing membership of the Australian Pain Society.
It is hard to restrict my thanks and thoughts to a few words about Mike and his impact on pain management in our Pain Management Centre at the Royal Prince Alfred (RPA) Hospital in Sydney.

In 1977 Michael came back from 7 years overseas and started working in the Psychiatry Department at Royal Prince Alfred Hospital (RPAH), Camperdown. Mike recalled that the head of the department, Peter Beumont, said he no longer had the time to attend the pain outpatient clinic and Peter asked if he could take over his spot? The clinic was established in 1976 by John Ditton and included John Segelov, Nick Dorsh and Helen Rhule, Mike said yes, went along to the Pain Clinic and stayed there until 14th April 2016 when he left our service, retiring after 39 years.

An extract from a previous interview with Mike in the APS newsletter (SEP09):

“People who have influenced me certainly include the pain clinic people mentioned above; you keep on learning from those whom you work with. There have been a number of psychiatrists amongst whom Tom Main was outstanding. More directly connected with the pain field, Issy Pilowski has had a big impact. When I was a trainee he taught psychotherapy and we observed his sessions through a one-way screen. That was fascinating. It was only after I came back to Sydney that I got to know about his work in pain. He was always encouraging. He can bring a fresh angle to any subject and he has a great sense of history, of continuity so you feel part of some valuable tradition. And there are the patients who teach you stuff. Like how to handle dying. Or people who have come up with their own strategies for dealing with pain, or people whose symptoms or ideas or stories range from the truly quirky through really admirable to downright scary.”

“The other thing that I came to value was the experience of working with a multi-disciplinary team. For me the mornings in the Pain Clinic were a enjoyable counter balance to the rest of the week in private practice where I dealt with patients one-to-one. A lot of people outside the pain field tend to wonder “how could you stand it working for such a long time with pain patients?” I would agree that I would find it very difficult to work 5 days a week in a pain clinic but one to two days a week was about right for me.”

I started working with Mike in 1982 as a junior nurse. The team consisted of 2 anaesthetists and 2 neurosurgeons plus Mike. He was the quiet wise psychiatrist never pushy but always ready with timely comments and observations. He contributed and fostered the role of liaison psychiatry in pain management in our area health service.

In those early days he taught me about patient self-efficacy, teaching relaxation techniques, identifying internal or external locus of control and how to deal with the “hateful patient” and not fear psychiatrists. (Like our patients I had reservations about ‘head shriners’). Since 1983 he was the 3rd person in the patient selection for implantable therapies such as spinal cord stimulation, identifying patients who would be suitable. He was almost always spot on the mark for patient selection and years later passed on these interview skills to our clinical psychologists.

In 1989, he assisted us to negotiate a part time honorary psychologist attached to us from the University of Sydney; it then took a few more years before we had someone in a paid position for 3 sessions per week. He used to teach with me on the pain education programme that we conducted and in those early days, it was a mix of CBT and group therapy.

Over the years he has mentored many of our staff at the RPAH Pain Management Centre from clinical psychologists to pain consultants, even the physiotherapist and occupational therapist benefited from his approach to pain management and would get clinical supervision. He was always willing to see patients who had complex psycho-social pain histories, when the rest of the staff were in need of support.

Many psychiatry trainee registrars have spent time in our pain service since I started. Some spent a year others 6 months they always walked away with an appreciation for liaison psychiatry and chronic pain management. We benefited from his supervision and training as some have continued working in the filed of chronic pain management.

He was even willing to be gently persuaded to write articles for journals including the Australian Pain Society newsletter. Later he was encouraged to step up onto the board of the Australian Pain Society as NSW state director.
and then became the secretary of the Society. All this voluntary work in his own time competing with the free time he wanted to spend with the grandchildren.

Many do not know of his artistic painting skills, from abstract work to portraits. His works have been on show at a few select places and I am hoping he will continue in this endeavour now he has more time.

Final words from Mike

“Getting involved in education, training and fostering of new clinicians in the field of pain has been very rewarding to me personally. At RPAH we have developed better liaisons with areas such as Drug Health, Rehabilitation, Neurosurgery, Rheumatology, Aged Care, Orthopaedics and Palliative Care. I recommend this wider embracing of the health system as it is necessary for the proper management of those patients we have in our care”.

Although he left behind big shoes to fill, he was actively involved in succession planning for the past few years and we have the next generation of psychiatrists who now work with us. So thank you Mike.

SOCIAL MEDIA UPDATE

Thank you to all our members who engage with us via social media. We have recently reached a few milestones:

- **Over 1,100 Twitter Followers**
- **Over 1,000 Facebook Likes**

We also had a strong following for our recent Annual Scientific Meeting in Perth: #auspain2016

In addition, we have posted over 100 blogs with over 25,000 views and nearly 14,500 visitors.

The top 5 countries that view our blog are:

1. Australia
2. United States
3. Canada
4. United Kingdom
5. New Zealand
New Medicare payment model for chronically-ill patients

Improving patient outcomes will be at the centre of a new, modern Medicare payment system that will give general practice and primary health care services greater flexibility to deliver chronically-ill patients the broad range of health care services they need to live a long and healthier life and avoid unnecessary hospital visits.

As part of our Healthier Medicare package of reforms, announced today, the Turnbull Government will adopt the recommendation of its clinician-led Primary Health Care Advisory Group (PCHAG) that Australians with multiple chronic conditions be covered by a new “bundled” primary health care payment system.

This will include the introduction of upfront and quarterly bundled payments for GPs who sign up to become “Health Care Homes” for these patients. The Health Care Homes will be responsible for co-ordinating care for the chronically-ill patient.

One in five Australians now has two or more chronic diseases. Medicare’s current rigid fee for service structure fails to recognise the need for many of these patients to engage in regular informal consultation with their GP or specialist, which can become a costly and frustrating experience for all involved.

In its official report to Government, titled Better Outcomes for People with Chronic and Complex Health Conditions and released today, PHCAG observed:

“Increased and poorly targeted service use is resulting in variable patient outcomes and significant financial impacts across the entire health system.”

In Australia, the eight most common chronic diseases account for nearly 40 per cent of health expenditure – equivalent to around $60 billion in 2013-14.

The Chronic Disease Management (CDM) Medicare items introduced by Labor do not adequately address the need to co-ordinate the care of patients with complex chronic needs, despite a 35 per cent growth in claims between 2012-13 and 2014-15.

The PHCAG Report also revealed that the CDM items have been a source of much frustration for GPs:
“While the CDM items have proven popular, they have also been widely criticised by providers, particularly in relation to their complexity.”

Bundled upfront and quarterly payments to Health Care Homes will recognise the effort and time that GPs and nurses invest into patients with complex chronic conditions. They will take away the pressure to bill every item of service delivered.

The new payment model will also better engage patients with chronic conditions in their own health care regime by ensuring they feel supported through regular contact with their managing Health Care Home.

“A benefit of using bundled payments is that it would encourage providers to be innovative and flexible in how they communicate and deliver care (for example, through increased use of telehealth services in rural and remote areas and non-face to face patient consultations where appropriate).”
- PHCAG Report - Better Outcomes for People with Chronic and Complex Health Conditions

Primary Health Networks (PHNs) will have an important role in implementing Health Care Homes through the establishment and promotion of local clinical health pathways and through education and training support.

There will also be opportunity for PHNs to engage in pooled funding arrangements with other local service providers to help bridge gaps in access to health programs, such as state-run out-of-hospital and community nurse programs. This could include seeking funding partnerships with: Local Hospital Networks; state, territory and local governments; and community and private sector health services.

The new payments system will be trialled and evaluated for two years from 1 July 2017 to 30 June 2019 in up to 200 Health Care Homes representing 65,000 patients. Trial sites will be announced in the coming months.

The new payments system is expected to be cost neutral during the trial phase as a result of eligible patients no longer requiring access to millions of dollars-worth of Medicare Benefit Schedule Chronic Disease Management items, that the PHCAG report demonstrates are not serving patients with complex conditions as well as they should.

“Nationally, there is significant capacity within the existing health system to redirect and re-profile existing expenditure to support the new approach.”
- PHCAG Report - Better Outcomes for People with Chronic and Complex Health Conditions

The new block payment system to Health Care Homes will be funded in whole through Commonwealth resources.

Providers will continue to be able to bill patients for additional contribution on top of the new Commonwealth payment, as they do under the current fee-for-service model, but only with the agreement of the patient.

ENDS

Media Contacts: Troy Bilsborough 0427 063 150 or Stephen Block 0428 213 264
31 March 2016

Turnbull Government to support chronic disease management for Indigenous Australians

The Turnbull Government’s Healthier Medicare package will better support Aboriginal Medical Services to tackle the growing prevalence of complex chronic conditions amongst Indigenous Australians through coordinated care.

The creation of Health Care Homes is a key recommendation of our clinician-led Primary Health Care Advisory Group’s (PHCAG) Better Outcome for People with Chronic and Complex Conditions’ report, released today, which found:

“Aboriginal and Torres Strait Islander peoples are three times more likely than the general population to have diabetes and are at increased risk of cardiovascular disease.”

This is in addition to broader figures showing:

- One in three Indigenous Australians report three or more chronic conditions; and
- More than half (56%) of avoidable hospital admissions for Indigenous Australia are for chronic disease – nearly 10 percentage points higher than the general population (48%).

The creation of a Health Care Home model will build on innovative initiatives already in place in primary care services across Australia including, for example, in rural and remote practices and community controlled health services.

This includes enrolment with a local Aboriginal Medical Service or GP to have an individual health care plan tailored directly to an individual’s needs; health care co-ordination across the full spectrum of the health care system; and support to better manage chronic and complex conditions to avoid unnecessary complications and hospitalisations.

Chronic disease accounts for around three quarters of the gap in mortality rates between Indigenous and non-Indigenous Australians, with circulatory disease being the leading cause of death amongst Indigenous Australians, at one and a half times the rate of non-Indigenous Australians.
While there have been improvements in circulatory and respiratory disease mortality rates for Indigenous Australians, there is still work to be done to improve the care of Indigenous Australian across all chronic disease, particularly in the areas of diabetes and cancer.

This is essential for many Indigenous communities in disadvantaged areas where navigating the health system can be difficult and health literacy may be low.

The Turnbull Government has recognised the centrality of culture in the health of Aboriginal and Torres Strait Islander people and the importance of strong collaboration across all health care providers.

The reforms announced today are a further demonstration of the Turnbull Government’s commitment to health improvements for Aboriginal and Torres Strait Islander people.

ENDS

Media contacts:
Troy Bilsborough 0427 063 150 or Stephen Block 0428 213 264, Minister Ley’s Office
Les White 0409 805 122, Minister Nash’s Office
Or email news@health.gov.au to contact the Dept of Health media team
PROF PAUL GLARE APPOINTMENT

Meet Prof Paul Glare, the new Chair of Pain Medicine at the University of Sydney and Director of the Pain Management Research Institute (PMRI).

I am incredibly fortunate to have been appointed to these positions, vacated by Michael Cousins AO on his retirement. I commenced work on 4th April 2016.

Although my background is in Internal Medicine, I have had an abiding interest in pain issues throughout my career.

After graduating from University of Sydney Medical School in 1981, I undertook physician training at RPAH in the 1980’s during which time I developed an interest in palliative care, and in particular the terrible problem of cancer pain and the crucial importance of managing it effectively. I went to the Cleveland Clinic for 2 years as a research fellow in 1989-1990, working on a project to measure morphine and its metabolites in the serum of cancer patients. I returned to Sydney in 1991 and began as a staff specialist in palliative care at RPAH, then Westmead, then back to RPAH in 1998 until 2008 when I was recruited by Memorial Sloan Kettering Cancer Center in New York to be the Chief of the Pain & Palliative Care Service, where I remained until February this year. While in New York I was also appointed as Professor of Medicine in Weill Cornell Medical College.

As well as being a fellow of the Royal Australasian College of Physicians and its Chapter of Palliative Medicine, I’m also a Fellow of the Faculty of Pain Medicine. I also have a Master of Medicine in Clinical Epidemiology and a Master of Arts in Applied Ethics (Health Care).

My clinical experience is not restricted to cancer pain/palliative care, as I also provided a couple of sessions a week in the Pain Clinic at RPAH for a number of years before moving to New York.

My main research interests in New York were eclectic and included: cancer pain/cancer survivor pain; the comparative effectiveness of chronic pain therapies; genomics of cancer cachexia; and decision architecture/social psychology/behavioural economics as they relate to health care decision making. I hope to be able to continue to pursue many of these back here in Sydney.

Professor Cousins certainly leaves an incredible legacy, not only locally but also nationally and internationally. While they are incredibly big shoes to fill, I am confident PMRI will remain a global leader in pain management if we can achieve the following outcomes in the years ahead: bring Pain Services, Oncology, and Palliative Care closer together in our Local Health District; maintain our track record of basic and clinical pain research; enhance the teaching of pain in the Sydney Medical Program; continue to contribute to state and federal policy making on pain.
Patients do not consistently access optimal treatment for chronic non-cancer pain due to lack of awareness within the health system and broader community of current best practice.

Explanatory models of chronic pain vary widely. The contribution of brain interpretation and nervous system sensitisation is often inadequately recognised. This in turn can lead to an inappropriate treatment emphasis with too much focus on body structures, medications and invasive procedures and not enough on retraining the nervous system as part of the recovery process.

Australia’s National Pain Strategy calls for evidence informed education about the nature and treatment of chronic pain. The “biopsychosocial” approach is endorsed with involvement as required of multiple health disciplines and integration between primary and specialist care to underpin effective clinical practice.

In order to improve pain related health outcomes application of the key foundations of chronic pain treatment from the outset is vital. GPs have a central role in maintaining this broad treatment focus. This means working closely with patients and their specialists to ensure that treatment does not become excessively biomedical.

GPs can contribute to a reduction in unwarranted clinical variation. For example Pharmaceutical Benefits Scheme data shows a 10 fold variation in opioid dispensing across Australia. This is likely to reflect a lack of evidence based guidance to deprescribe opioids in chronic non-cancer pain. A more consistent approach to opioid prescription is required.

GPs are well placed to work with their patients over a longer time-frame to gain deeper understanding of the context of the pain experience. Active listening can help to clarify issues which are initially hidden. This may lead to recognition of the contributory role of psychosocial stressors and how these can be addressed as part of a pain recovery plan.

Six person-centred foundations of chronic pain treatment are:

1. **Education**: Appropriate education of the person experiencing chronic pain recognises the role of brain interpretation and nervous system sensitisation. [Website](#) and [YouTube](#) (Brainman chooses, Brainman) resources play a role and can be given as ‘homework’ ahead of the next appointment. Education sets the scene for patient engagement with active self-management which has the capacity to retrain the brain and nervous system and gradually reduce pain intensity over time.

2. **Biomedical boundaries**: If appropriate boundaries are not set to limit biomedical intervention then patients may become stuck on the ‘treadmill’ with an excessive focus on the search for a ‘medical’ solution. Setting boundaries, for example limiting duration of opioid prescription, helps the patient broaden their treatment focus. [Medication deprescribing](#) after a period of treatment is a commonly used boundary setting strategy. This is consistent with the [scientific evidence](#) which shows limited benefit and potential for significant harm from opioid medication. Procedural interventions require people in pain to be actively engaged in self-management strategies and evidence of procedural benefit.

3. **Mindbody**: Thoughts and emotions change physical state via nervous, immune and endocrine systems. Unhelpful beliefs need to be identified and then addressed in treatment. Mindfulness and other techniques of emotional calming translate to reduction in nervous system sensitisation and potentially pain intensity.

4. **Connection**: Social rejection or loss triggers change on functional MRI scans of the brain that is similar to ‘physically’ induced pain. Social pain hurts. Reconnecting to life, work, family and community is part of the recovery process.

5. **Activity**: In 2014-15 only 55% of Australian 18-64 year olds participated in the recommended amount of daily activity. 35% reported insufficient activity and 15% no activity. From a population health perspective lack of activity may contribute to the increasing prevalence of pain as we age. Building strength and activity has an important role in winding down the nervous system and reducing the experience of pain.

6. **Nutrition**: In 2014-15 only 7% of Australians were eating the recommended amount of vegetables. The experience of chronic pain is associated with increased prevalence of multiple physical and mental health co-morbidities and also overweight and obesity. It is also known that unhealthy
nutritional choices contribute to low grade systemic inflammation and vascular disease. It is possible that this inflammation may spill over the blood-brain barrier and contribute to nervous system sensitisation and pain. Improved nutrition, including eating sufficient vegetables, is a foundation of treatment for co-morbid health problems and may also have a role in reducing pain intensity over time 8.

Balanced application of the 6 foundations will optimise treatment outcomes for pain and co-morbid conditions, improve overall health and facilitate integration across the health care system.

References


Disclosure Statement: Dr Hayes has previously received pharmaceutical company support for providing GP education about the treatment of chronic pain.
ALBURY WODONGA PRIVATE HOSPITAL

Global Pain Day 2016: Pain in the Joints

The Albury Wodonga Private Hospital once again held its annual Pain Education Day for nurses, with this year’s topic focusing on Pain in the joints. This education day is unique to Albury and has been hosted by the Albury Wodonga Private Hospital for the past 11 years. This is a great opportunity for nurses to enhance their education locally. As in past years, the conference was held at the Commercial Club, Albury.

One hundred and ten nurses from Albury, Wagga Wagga, Shepparton, Wangaratta, Mount Beauty and surrounding areas registered for the day. Several medical companies also attended and set up trade displays and provided educational resources to the nurses.

Guest speakers presented information relating to the topic – Pain in the Joints, which included several speakers from Albury, including Dr Elie Khoury (orthopaedic surgeon), Cheryl Bester (clinical psychologist), Frances Farrar (pharmacist), Melissa Pol (talking about pain from a personal perspective), Leisa Bridges (infection control), Jenni Robertson (wound care), Annie Gould (physiotherapist), Melinda McDonald (orthopaedic nurse) and acute pain nurse from Albury Wodonga Private Hospital: Pamela Goldspink

The International Association for the Study of Pain (IASP) and the Australian Pain Society have fact sheets and information on the Global Year Against Pain in the Joints available on their respective websites. The day was a fantastic success. Next year the focus is on pain after surgery which will provide some great topics of interest I am sure.
The Pain Management website has changed the way GPs treat patients with chronic pain.

Since its launch 2 years ago, the website has been used by over 46,000 people in 123 countries throughout the world with almost 300,000 page views.

We continue to receive feedback from people telling us what a difference it has made to their lives.

To find out more [view the film here](#).

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**Tips for GPs**

Save time and get results with your chronic pain patients. [Click here](#) to learn more.

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Quicksteps is a newly released online resource for GPs to help manage chronic pain in their patients. [View here](#).
THE ‘REBOOT’ ONLINE PAIN TRIAL

The Department of Pain Medicine and the Clinical Research Unit for Anxiety and Depression, both based at St Vincent’s Hospital in Sydney, are seeking adults in Australia for a study to evaluate a new online Pain Management Program called the ‘Reboot’ program that aims to help people to better manage their chronic pain.

This is a free, confidential, 16-week program involving 8 lessons of internet psychological therapy with a physical therapy component that can be done from home in your own time.

We are conducting a randomised trial and successful applicants for this trial will be allocated to one of two groups:

**Group 1:**
The ‘Reboot’ online program – this group will receive the specialist online program immediately.

**Group 2:**
Treatment As Usual – participants randomised to this group will continue to engage in any treatment for their pain, but will be asked to complete some questionnaires during a waiting period. After completion of questionnaires, participants randomised to this group will receive full access to the specialist online ‘Reboot’ program for free.

For more information and to apply online, please visit: [https://virtualclinic.org.au/painprogram](https://virtualclinic.org.au/painprogram)

Please feel free to contact us before applying via email at: research@thiswayupclinic.org or telephone: 02 8382 1400. This study has been approved by St Vincent’s Hospital: HREC/15/SVH/32. Recruitment for this study closes 06MAY16.

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- Melbourne 12th May 2016
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- Sydney 21st July 2016

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Endorsed by the International Society for the Study of Pain (ISPS), this leading degree program provides advanced, evidence-based and clinically relevant education in pain management for graduates in medicine, dentistry, nursing, physiotherapy, psychology and other allied health disciplines.

The program has been developed and is taught by Sydney Medical School’s Pain Management Research Institute (PMRI), based at Royal North Shore Hospital and The University of Sydney’s Kellogg Institute.

The program is conducted entirely online and commences in March or August each year, with enrolments closing either late January or late June.

For dates & enrolment information visit sydney.edu.au/medicine/pmri/education

T: +61 2 9438 5156
B: pmri.education@sydney.edu.au

ENHANCING TREATMENT ADHERENCE

1ST JULY 2016

PMRI Specialist Symposium

9 - 6pm – Charles Perkins Center Auditorium
University of Sydney, Camperdown, NSW 2000

sydney.edu.au/medicine/pmri/education/continuing/symposia.php

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For further information and to complete an Expression of Interest visit

IMPORTANT DATES

Abstract submission opens
22 February 2016

Abstract submission closes
30 May 2016

Registration opens
14 June 2016

Early Bird Deadline
9 September 2016

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ITEMS OF INTEREST FOR OUR MEMBERS


ePPOC: ePPOC: electronic Persistent Pain Outcomes Collaboration
For more information about ePPOC, refer to the website: http://ahsri.uow.edu.au/eppoc/index.html

Indigenous health education and guides

NSW Therapeutic Advisory Group

Medical Journal of Australia - Research

Four Corners
"Wasted" by Dr Norman Swan and Jaya Balendra, aired 28SEP15: http://www.abc.net.au/4corners/stories/2015/09/28/4318883.htm

SMH National
PainHEALTH website
Phase 1 Updates released 29NOV15:
http://painhealth.csse.uwa.edu.au/
Comprehensive update of all conditions and pain management content with the addition of new resources and key literature effective to OCT15 (systematic reviews; meta-analysis; RCT). Update of Further Assistance (including the addition of the Australian Pain Society Facility Directory).

WHO Statement against regulating Ketamine
Released 09DEC15:
http://www.who.int/medicines/access/controlled-substances/recommends_against_lick/en/

Congratulations to Prof Kathy Eagar
2015 recipient of the Health Services Research Association of Australia & New Zealand (HSRAANZ) Professional Award:
http://croakey.org/profileing-an-award-winning-health-services-researcher-and-her-vision-for-better-health-care/

Pain Series
An excellent series of articles run late 2015 by The Conversation:
https://theconversation.com/au/topics/pain-series

Low Back Pain (LBP) in Aboriginal Australians
A very informative series of 5 videos developed by WA Centre for Rural Health about low back pain in Aboriginal Australians:
https://www.youtube.com/playlist?list=PLGsL0Kp0YWFWulyKi1oCG7NwFucLFyVUJ

The Australian
Pain management: when pain persists, published 12FEB16, featuring Painaustralia CEO, Lesley Brydon:

ABC Catalyst

ANZCA/FPM Free Opioid Calculator App
Smart phone app which converts opioids to milligrams of morphine, available for both iPhone and Android:

Stanford University
CHOIR Collaborative Health Outcomes Information Registry: https://choir.stanford.edu/

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE (ACSQHC) RESOURCES:
NPS MEDICINEWISE RESOURCES:


NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:


2016 ANNUAL SCIENTIFIC MEETING, PERTH - MEDIA COVERAGE:

Refer to Twitter hashtag: #auspain2016

1. Pain management and measurement for little children with Dianne Crellin, RCH Melbourne:
   b. 10MAR16 - Weblink: http://www.abc.net.au/local/stories/2016/03/10/4422525.htm
   c. 23MAR16 - ABC Melbourne 774 Afternoons interview with Clare Bowditch (link unavailable)

2. The role of partners with Dr Toby Newton-John, UTS Sydney:
   a. 10MAR16 – ABC Perth 720 interview with Gillian O’Shaughnessy (link unavailable)

3. Chronic pain among adolescents:
   a. 10MAR16 – Dr Susie Lord, John Hunter Children’s Hospital, ABC Newcastle (link unavailable)

4. Mindfulness for managing pain:
   b. 12MAR16 – Dr Tasha Stanton and Prof Lorimer Mosely Uni SA, Dr Toby Newton-John UTS NSW and Dr Sylvia Gustin Uni NSW: Audio: https://itunes.apple.com/au/podcast/pain-on-the-brain/
c. 13 & 15MAR16 – Dr Tasha Stanton and Prof Lorimer Mosely Uni SA, Dr Toby Newton-John UTS NSW and Dr Sylvia Gustin Uni NSW: Weblink: [http://www.abc.net.au/radionational/programs/allinthemind/pain-on-the-brain/7232844](http://www.abc.net.au/radionational/programs/allinthemind/pain-on-the-brain/7232844)

d. 15MAR16 - Georgie Davidson, Mindful Movement SA, ABC SA late afternoons interview with Annette Marner (link unavailable)

e. 21MAR16 - Dr Tasha Stanton and Prof Lorimer Mosely Uni SA, Dr Toby Newton-John UTS NSW and Dr Sylvia Gustin Uni NSW: Weblink: [http://www.abc.net.au/radionational/programs/allinthemind/what-chronic-pain-does-to-your-brain/7255032](http://www.abc.net.au/radionational/programs/allinthemind/what-chronic-pain-does-to-your-brain/7255032)

f. 23MAR16 - Prof Lorimer Mosely Uni SA, ABC Adelaide 891 Afternoons interview with Sonya Feldhoff (link unavailable)

g. 30MAR16 - Georgie Davidson, Mindful Movement SA, The Courier newspaper, Adelaide Hills (link unavailable)

5. Pain during oral surgery with Dr Claire Ashton-James, PMRI, Sydney, NSW:

6. Chronic Pain Management with Dr Stephanie Davies, WA, ABC Perth 720 Drive interview with Jane Marwick (link unavailable)

7. Digital technologies to help pain patients with Dr Helen Slater Uni WA, Jenni Johnson NSW ACI and WA patient living with persistent pain in the community Ted Witham:

### NEW MEMBERS

<table>
<thead>
<tr>
<th>Title</th>
<th>First Name</th>
<th>Last Name</th>
<th>Discipline Group</th>
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<tr>
<td>Miss</td>
<td>Edwina</td>
<td>Bassingthwaigte</td>
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<td>Dr</td>
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<td>Browne</td>
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<td>Anne</td>
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CALENDAR OF EVENTS

Various dates from 5-17 May 2016
Byron Clinic - Dr Norman Doidge
The Brain’s Way of Healing
Various venues, Brisbane, Sydney, Melbourne, QLD, NSW, VIC
http://byronclinic.com/norman-doidge-2016/

12-May-16
Australian College of Nursing - National Nurses Breakfast
International Nurses Day
Your workplace, university or community centre, National,
http://www.acn.edu.au/national_nurses_breakfast

Various dates from 12 May to 17 Nov 2016
Empower Rehab
Pain Management in Practice 2 day workshop
Various venues, Melbourne, Brisbane, Sydney, VIC, QLD, NSW

19-20 May 2016
Making wise decisions about medicines, tests and technologies
National Convention Centre, Canberra, ACT

20-23 May 2016
World Institute of Pain (WIP)
8th World Congress
Hilton NYC, New York, USA
http://wip2016.kenes.com

21-May-16
International Society for Medical Laser Applications
Medical Laser Therapy and New Approaches in Regenerative Medicine
Mercure Hotel, Sydney, NSW
http://www.isla-laser.org/en/events/
**CALENDAR OF EVENTS**

26–29 May 2016
**Korean Pain Society**
*1st International Congress on Spinal Pain – ICSP 2016*
Kimdaejung Convention Center, Gwangju, Korea
http://www.spinemeeting.org/

1–3 Jun 2016
**Ukrainian Association for the Study of Pain**
*2nd East-European Congress on Pain*
Odessa Hotel Complex, Odessa, Ukraine

10–11 Jun 2016
**Occupational Therapy Australia**
*Breaking Down Barriers Through Participation*
Pan Pacific, Perth, WA

22–25 Jun 2016
**Australian Association for Cognitive and Behaviour Therapy (AACBT)**
*8th World Congress of Behavioural and Cognitive Therapies*
Melbourne Convention and Exhibition Centre, Melbourne, VIC

1-Jul-16
**University of Sydney - Sydney Medical School - Pain Management Research Institute**
*Enhancing Treatment Adherence Specialist Pain Symposium*
The University of Sydney, Sydney, NSW

27–29 Jul 2016
**Australian Rehabilitation & Assistive Technology Association and Occupational Therapy Australia**
*Australian Assistive Technology Conference*
Jupiters Hotel & Casino, Gold Coast, QLD
CALENDAR OF EVENTS

29-31 Jul 2016
Pharmaceutical Society of Australia - PSA16
Leading Pharmacy Innovation
Four Points by Sheraton, Darling Harbour, Sydney, NSW
http://www.psa.org.au/psa16

6-7 Aug 2016
PCS 2nd Annual Global Pain Conference 2016
New Gateway from East to West
Radisson Blu Hotel, Moscow, Russia

18-21 Aug 2016
Asian and Oceanian Association of Neurology: 15th Asian and Oceanian Congress of Neurology
Advanced Education in Neurology in Asian Oceania Region
Kuala Lumpur Convention Centre, Kuala Lumpur, Malaysia
http://aocn2016.com

26-28 Aug 2016
Australian Physiotherapy Association
2016 Business and Leadership Conference
Darwin, Darwin, NT

30 Aug-2 Sep 2016
Australian College of Nurse Practitioners 11th Conference incorporating 7th Aust Emergency Nurse Practitioner Symposium
The Centre of Care
Alice Springs Convention Centre, Alice Springs, NT

13-16 Sep 2016
Australian Psychological Society 2016 Congress
Psychology United for the Future
Melbourne Convention and Exhibition Centre, Melbourne, VIC
CALENDAR OF EVENTS

16-18 Sep 2016 Faculty of Pain Medicine Spring Meeting
Toil and trouble: managing pain in the workplace
Adelaide Hills Convention Centre, Hahndorf, Adelaide Hills, SA
http://fpm.anzca.edu.au/events/2016-spring-meeting

26-30 Sep 2016
International Association for the Study of Pain (IASP)
16th World Congress on Pain
Pacifico Yokohama Convention Complex, Yokohama, Japan
http://www.iasp-pain.org/Yokohama

29 Sep-1 Oct 2016
RACGP - GP16
Clinical, Digital, Leadership
Perth Convention & Exhibition Centre, Perth, WA

1-2 Oct 2016
Fibromyalgia Research Symposium 2016
Official Satellite Symposium to IASP 16th World Congress on Pain
Hotel St Priere, Nagasaki, Japan
http://www.mdp.nagasaki-u.ac.jp/pain/frs2016_hp/index.html

16-19 Oct 2016
Rehabilitation Medicine Society of Australia and New Zealand (RMSANZ) 1st Annual Scientific Meeting
Change. Challenge. Opportunity
Crowne Promenade, Melbourne, VIC

20-21 Oct 2016
Australian Disease Management Association (ADMA) 12th Annual National Conference
Person Centred Healthcare: Achievements & Challenges
Melbourne Convention & Exhibition Centre, Melbourne, VIC
CALENDAR OF EVENTS

26-28 Oct 2016  Australian College of Nursing
The National Nursing Forum 2016 - The Power of Now
Melbourne Park Function Centre, Melbourne, VIC

Society for Paediatric Anaesthesia in New Zealand and Australia
SPANZA 2016 From Vine to Vintage
Adelaide Convention Centre, Adelaide, SA
https://willorganise.eventsair.com/QuickEventWebsitePortal/2016-spanza/asm-website

1-3 Dec 2016
Indigenous Conference Services
International Indigenous Allied Health Conference
Pullman, Cairns, QLD

1-3 Dec 2016
Indigenous Conference Services
Closing the Gap 2016 International Indigenous Health Conference
Pullman, Cairns, QLD
http://www.indigenousconferences.com/#i2016-indigenous-health-conference/sta1q

9-12 Apr 2017
Australian Pain Society 37th Annual Scientific Meeting
Expanding Horizons
Adelaide Convention Centre, Adelaide, SA

6-9 Jul 2017
IASP Pain in Childhood SIG, Malaysian Association for the Study of Pain and College of Anaesthesiologists
11th International Symposium on Pediatric Pain: Understanding Pain In Children - Take the First Step
Shangri-la, Kuala Lumpur, Malaysia
http://www.ispp2017.org
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