

The Australian Pain Society  
**NEWSLETTER**

Volume 37, Issue 5



► **Editor's Note**

The start of the new fiscal year is matched with the wide range of thoughts and possible future actions summarised by Trudy Maunsell from the discipline subgroup forums that followed the pre-conference workshops on Sunday April 9th, 2017 in Adelaide. It is wonderful that we have a society with so many enthusiastic health care professionals, so it might be time to sharpen the pencil (or put fingers on the keyboard), to start drafting submissions for topical sessions, free papers and posters for the Sydney, 2018, Australian and New Zealand conjoint ASM.

The consistent efforts of pain advocates, spearheaded by Tim Semple has resulted chronic non-cancer pain to be coded in admissions from July 1st for pain diagnoses and procedures. Tim Semple states that "the burden of care related to inpatient stays will now be detected and the cost implications will be much clearer", and hopefully heralding a tipping point for governments and institutions to take account of chronic pain. The Australian Consortium for Classification Development (ACCD) has further information, and we suggest directly liaising with your hospital coders to get direct knowledge of what descriptors are required in discharge summaries to enable pain coding to become visible.

The Faculty of Pain Medicine (FPM) has generously extended a discount of 20% to APS members for their "Better Pain Management" pain education modules. The discount applies to single modules only, purchased one transaction at a time.

Dr Sam Wong has reviewed a high quality book: Quality and Safety in Anesthesia and Perioperative Care, which "provides practical advice on how to improve quality of care across many domains"; and Dr Dhayanithi Sivathondan provides molecular insights into the mechanisms and benefits of topical gel and chronic pain, to the potential benefit of our patients.

Dr Stephanie Davies  
 Editor



The Australian Pain Society Board introduced discipline subgroup forums following pre-conference workshops at the annual scientific meeting in Hobart in 2014, an initiative to foster communication and from the membership to the board and to encourage participation in the society as a whole. Our fourth subgroup forum meetings took place on Sunday April 9, 2017 at the Adelaide Convention Centre.

The discipline subgroup meetings were facilitated by a board member with groups representing medicine, occupational therapy, physiotherapy, psychology, research (clinical and basic sciences) and nursing. A pharmacy subgroup forum was offered but there were no attendees. All up, 144 society members met and discussed 6 key domains;

1. APS activity over the past 12 months / annual scientific meetings
2. Research
3. Clinical care
4. Advocacy
5. Education; and
6. Future endeavours

Several groups were able to provide suggestions for topics and speakers at upcoming meetings and the scientific and local organising committees have been pleased to receive these suggestions and have already incorporated some into conference planning for Sydney 2018. Similarly, some groups spoke of ensuring that pain was featured in their own discipline specific national conferences such as the Occupational Therapy group, which will be a great way of making pain and its management more obvious. Some of the topics suggested for inclusion in future meetings include engaging the un-engageable patient, the management of personality disordered or conversion disordered patients, PTSD and pain, adolescent pain and pain in younger people, cannabis and pain, bioethics, having a hypothetical, health economist discussing pain and its management, social determinants of health, nutrition and pain, sleep and pain and self-care of practitioners working in pain management.

It was noted by one group that the timing of the annual general meeting on Wednesday morning was difficult and suggested changing the time to Monday afternoon. A few of us who danced the night away at the gala dinner the night before the AGM at Adelaide would no doubt agree!

Research discussion included whether or not the APS can fund research to promote the role of different disciplines in pain, the ePPOC project and scholarships. Smaller services and private practitioners expressed concern about the cost of ePPOC and indicated that they may withdraw from the group in the near future – the group were advised of action to secure ongoing funding by lobbying Government. There were some mixed views on whether or not PhD funding should be provided by industry and the cost of bringing PhD scholars to the APS annual scientific meeting – the group were informed of available travel grants to help PhD students and the importance of having bridging grants or assistance with new projects in preference to post-doctoral fellowship.

Most discussion at the subgroup forums focussed on clinical care issues. The ability to access resource materials on the members only section of the website; news on the MBS review process; the inclusion of pain management in RACGP CPD; the use and development of position statements on interventional procedures, back pain management and voluntary assisted dying; the development of clinical practice guidelines related to CALD (Culturally And Linguistically Diverse) patients, refugees and people with trauma; the development of position statements for OT's working in pain management; communicating and managing the impending changes to codeine availability; assisting rural practitioner access to education opportunities; facilitating mentoring systems for beginning practitioners in pain; digital platforms and pain management (the loss of pain scores, sedation scores and functional activity scores as it is perceived that these vital signs do not indicate deterioration) and the difficulties inherent in maintaining and expanding services (especially in regional areas) with increasing financial restrictions.

From an advocacy perspective, attendees advocated

## FEEDBACK REPORT ON DISCIPLINE SUBGROUP MEETINGS 2017

By Trudy Maunsell, QLD State Director

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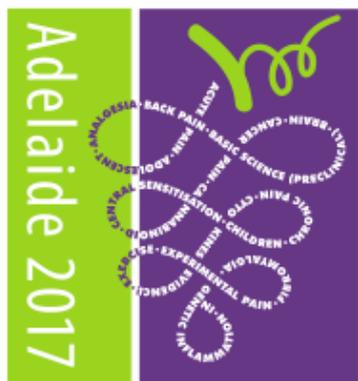
for a continuation of the relationships committee and the Society's media strategy, to continue the push to review Medicare items for all disciplines involved in pain care and to "market" the relevance of pain clinics and quality pain interventions to reduce the disenfranchisement of chronic pain sufferers. Support for PainAustralia was discussed with some concern expressed regarding consumer driven statements that do not coincide with the APS/ Faculty of Pain Medicine statement and opinion.

Discussions regarding education focussed on the need for discipline specific pain related education (roles, core skills, competency development, availability of tools to use in clinical practice), the importance of ongoing general practitioner education including the use of the multidisciplinary team approach (and not as a "last resort" approach), access to education on pain management particularly in rural settings and from a cost perspective, the use of webinars and that the APS advocates for better teaching of pain to undergraduates.

The groups favoured the continuation of these sub-group forums into the future and two participants have bravely taken on the challenge to facilitate a Facebook page. Watch your electronic device for more!

Thank you to all members who took the time to participate in these sessions and we look forward to your thoughts and suggestions in years to come.

# EXPANDING HORIZONS



Australian Pain Society

37th Annual Scientific Meeting

9 - 12 April 2017

Adelaide Convention Centre

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## PLENARY VIDEOS NOW AVAILABLE

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**FREE to APS Members**

Login to the APS Website [Members Area](#)

If you would like to purchase recordings of other APS2017 sessions,  
please use the [EverTechnology online order form](#).

SYDNEY  
2018



2018 Australian Pain Society 38th and  
New Zealand Pain Society Conjoint Annual Scientific Meeting

**International Convention Centre Sydney | 8-11 April 2018**

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### SUBMISSION DEADLINES

Broadfoot Trust Prize **1 June 2017**

Topical Sessions **30 August 2017**

Free Papers & Posters **13 October 2017**

Rising Star Award **13 October 2017**

Early Bird Registration **23 February 2018**

Save the Date



## Chronic Non-Cancer Pain to be Coded in Hospital Admissions

This article was first published in PainAustralia eNews Issue 71, June 2017, and is reproduced with kind permission.



Australian Consortium for Classification Development



Chronic non-cancer pain (CNCP) when present will become coded as a significant diagnosis for all hospital admissions, and recorded in addition to the underlying cause (if known).

The Australian Consortium for Classification Development, led by the National Centre for Classification in Health (University of Sydney) has announced this modification to coding rules has been incorporated in [ICD-10-AM/ACH I/ACS 10th edition](#), and is to be implemented from July 2017.

The changes to coding will be implemented in all hospital inpatient stays including both public and private facilities.

Pain medicine physician Dr Tim Semple, who has

long been advocating for improved recognition of CNCP in health classification data collection in Australian hospitals, believes this is a critical step in ensuring data will be available to allow government and health care providers better understand the impact of CNCP upon our acute care system.

“This will potentially ensure that the burden of care related to inpatient stays will now be detected and the cost implications will be much clearer,” he said.

“Once the coding system has been embedded and CNCP is documented as a clinical condition, it will allow for extensive and valuable data collection from an epidemiological viewpoint.

“This was a key recommendation of the National Pain Strategy and has been about 10 years in the making so we need to ensure clinicians in all aspects of hospital care document CNCP if present to get the most useful data.”

The amended classification system is based on a now widely held understanding that chronic pain can be a serious disease entity in its own right with its own distinct signs and symptoms.

The guidelines exclude acute pain from being coded if it is classifiable to an organ or body region, but they do include acute pain not elsewhere classified. Further information is available from the ACCD.

## SCHOLARSHIP FEATURE

### Current Scholars

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PhD Scholarship Sponsor	<b>Mundipharma #3-APS-APRA</b>
Scholar	<b>Audrey Wang</b>
Topic	<i>"An investigation of the role of the brain in recovery from CRPS, using fMRI"</i>
PhD Scholarship Sponsor	<b>Janssen Cilag #2-APS-APRA</b>
Scholar	<b>Sarah Kissiwaa</b>
Topic	<i>"Pain induced synaptic plasticity in the amygdala"</i>
PhD Scholarship Sponsor	<b>APS #5-APRA</b>
Scholar	<b>James Kang</b>
Topic	<i>"Epigenetic influence in cognitive impairments in chronic neuropathic pain"</i>
PhD Scholarship Sponsor	<b>Seqirus #1-APS-APRA</b>
Scholar	<b>Sherelle Casey</b>
Topic	<i>"Cannabinoids for neuropathic pain"</i>
Clinical Research Grant	<b>Cops for Kids #1-APS-APRA</b>
Scholar	<b>Dr Adrienne Harvey</b>
Topic	<i>"A pilot study of gabapentin for managing pain in children with dystonic cerebral palsy"</i>

## SCHOLARSHIP FEATURE

### Past Scholars

PhD Scholarship Sponsor Scholar Completed Topic	<b>APS #1-APRA</b> <b>Samantha South</b> <b>1999</b> <i>"Antinociceptive pharmacology of morphine and its major glucuronide metabolites"</i>
PhD Scholarship Sponsor Scholar Completed Topic	<b>CSL #1-APS-APRA</b> <b>Lara Winter</b> <b>2004</b> <i>"Antinociceptive properties of the neurosteroid alphadolone"</i>
PhD Scholarship Sponsor Scholar Completed Topic	<b>CSL #2-APS-APRA</b> <b>Anne Pitcher</b> <b>2006</b> <i>"Conditional comfort: A grounded theory study in nursing approaches to acknowledging and responding to pain in nursing home residents with dementia"</i>
PhD Scholarship Sponsor Scholar Completed Topic	<b>Mundipharma #1-APS-APRA</b> <b>Kathryn Nicholson Perry</b> <b>2007</b> <i>"Pain Management Programmes in Spinal Cord Injury: Cognitive Behavioural Pain Management Programmes in the Management of Sub-acute and Chronic Spinal Cord Injury Pain"</i>
PhD Scholarship Sponsor Scholar Completed Topic	<b>APS #2-APRA</b> <b>Debbie Tsui</b> <b>2008</b> <i>"Preclinical studies in painful diabetic neuropathy"</i>
PhD Scholarship Sponsor Scholar Completed Topic	<b>Mundipharma #2-APS-APRA</b> <b>Zoe Brett</b> <b>2011</b> <i>"Individual differences in vulnerability to the development of chronic pain following injury"</i>
PhD Scholarship Sponsor Scholar Completed Topic	<b>APS #3-APRA</b> <b>Susan Slatyer</b> <b>2013</b> <i>"Caring for patients experiencing episodes of severe pain in an acute care hospital: Nurses' perspective"</i>
PhD Scholarship Sponsor Scholar Completed Topic	<b>APS #4-APRA</b> <b>Amelia Edington</b> <b>2013</b> <i>"Defining inhibitor binding sites unique to the glycine transporter, GLYT2: A potential target for the treatment of chronic pain"</i>
PhD Scholarship Sponsor Scholar Completed Topic	<b>Janssen Cilag #1-APS-APRA</b> <b>Mary Roberts</b> <b>Due 2016</b> <i>"An investigation of the role of sleep in chronic pain"</i>

# Special 20% discount for APS members

The Faculty of Pain Medicine (FPM) has generously extended a **discount of 20%** to APS members for their "Better Pain Management Pain" modules.

**The discount applies to single modules only, purchased one transaction at a time.**

To access this discount, please [login to the Members Area](#) of the APS website.

The FPM has also discounted various courses (packages of modules). If you choose to buy a course of modules, please go directly to the [Better Pain Management](#) website.



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THE  
AUSTRALIAN  
PAIN SOCIETY

## APS DISTINGUISHED MEMBERS

Did you know the [Australian Pain Society Distinguished Member Roll](#) is published on our website?

The listing also includes the detailed biographies of each awardee.

## BASIC PAIN RESEARCH SIG CONTRIBUTIONS TO THE APS NEWSLETTER

By Will Howard

As a former editor of the APS newsletter, I encourage members of the Basic Pain Research Special Interest Group (BPR SIG) to contribute articles to the newsletter: they will always be welcome.

The newsletter provides an opportunity for you to publicise the research you are doing. It's an opportunity to explain your work to readers who are intelligent and may have some knowledge of the field in which you are working. Some readers may not have detailed knowledge of your field, and so including information to improve knowledge of caveats regarding techniques used, and knowledge of the setting adds significance of the work being described. Such articles would undoubtedly strengthen links between the researchers of the APS and the clinical members of the APS. And I think it's probably always valuable for a researcher to stand back and think about the significance of their work.



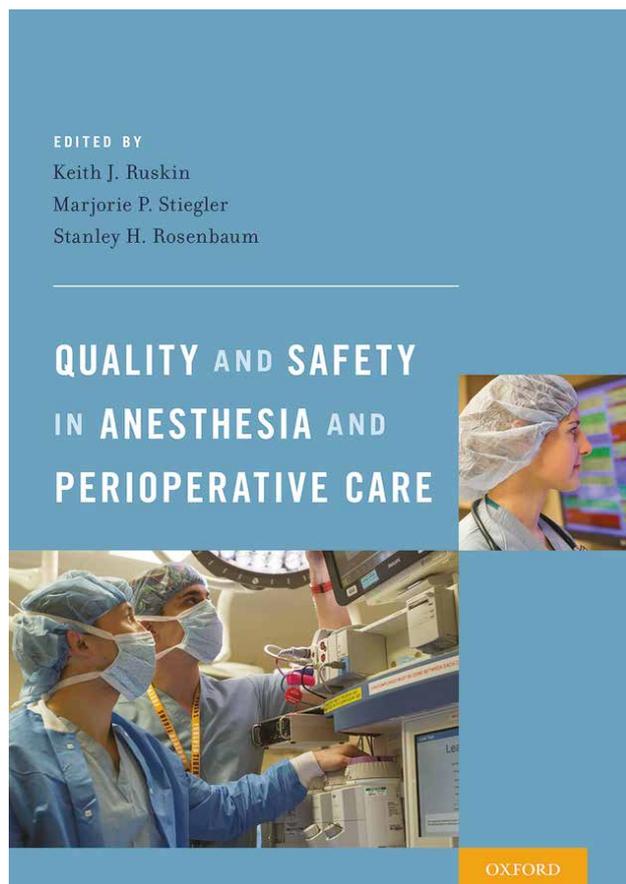
### HAVE YOU HAD AN ARTICLE ACCEPTED FOR PUBLICATION THIS YEAR?

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](mailto: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.

*Christin Bird, Assistant Editor*

**QUALITY AND SAFETY IN ANESTHESIA AND PERIOPERATIVE CARE**

Edited by Keith J. Ruskin, Marjorie P. Stiegler and Stanley H. Rosenbaum 2016 *Quality and Safety in Anesthesia and Perioperative Care* ISBN: 9780199366149, DOI: 10.1093/med/9780199366149.001.0001



This book covers many subjects that are essential to any anaesthetist interested in improving the care of their patients. It is written by anaesthetists, for anaesthetists, and provides practical advice on how to improve quality of care across many domains: improving individual performance, error reduction, medical education, and how to establish quality improvement programs at an institutional level. Chapters are short and easy to read - providing suitable coverage of topics for clinicians. Although aspects of the book are written with the US healthcare system in mind, the contributors include experts from across the world (including several FANZCA's). As we are constantly reminded - anaesthetists have been a driving force in improving patient safety: to maintain the highest standard of care, the content of this book is fundamental.

## TOPICAL GEL AND CHRONIC PAIN

**Abstract**

*In treatment of chronic pain, topical compound creams, by targeting the peripheral input of pain signals would help to reduce transmission to the spinal cord and central nervous system (CNS) thus reducing hyperalgesia.*

Modern day management of chronic pain is broadly based on the following principles

1. Determination of nature and type of insult to body
2. Inhibition or suppression of peripheral inflammatory mediators
3. Inhibition of neuronal afferent and efferent transmissions in spinal cord
4. Modulation of neuronal transmission in CNS

Would targeting the periphery, with consequent reduction in transmission of pain signals to the brain, result in greater therapeutic impact than targeting the central nervous system?

Nociceptive pain arises from a noxious stimulus to the body. When tissue damage occurs, it sets off a cascade of events beginning with stimulation of the primary sensory neuron which detect pain-producing stimuli of a thermal, mechanical or chemical nature. Receptors for pain stimuli are free nerve endings of groups of myelinated or unmyelinated neural fibres abundantly distributed in the superficial layers of the skin and in certain deeper tissues. These receptors are calcium-permeable nonselective cation channels found in cell membranes of nociceptive neurons. In particular the transient receptor potential (TRP) channel family, identifying TRPA1 and TRPV1,3,4 (Transient Receptor Potential Ankyrin/Vanilloid, respectively) as key in the role of nociception. They act as sensors for external irritants.

Pain signals also cause changes in low voltage sodium channels within the sensory afferents and in spinal neurotransmitters such as glutamergic, gabagenic and monoaminogenic agents. Inflammatory mediators such as cytokines,

chemokines and arachidonic compounds being released in the CNS play additional roles. When triggered by noxious stimuli, inflammatory mediators such as phospholipase A<sup>(1)</sup> are released with ultimate production of Prostaglandin E2 (PGE2) via the cyclo-oxygenase pathway. In the periphery, PGE2 interacts with other inflammatory mediators to sensitize the peripheral terminals of the primary afferent nociceptors. At a central level PGE2 enhances excitatory glutaminergic transmission which with inhibitory glycinergic transmission play an important role in development of secondary hyperalgesia.

Of the glutamate receptors, it is held that N-methyl-D-aspartate (NMDA) receptor with continual or prolonged stimulation, binds to glutamate, producing a higher state of excitation with consequent wound up phenomenon and clinical manifestation of chronic pain.

Bettina Hartmann et al<sup>(2)</sup> in their studies described AMPA receptors (named after its ability to be activated by the artificial glutamate analog AMPA (which is  $\alpha$ -amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid). This receptor is non-NMDA-type ionotropic transmembrane receptors, which are triggered by the neurotransmitter glutamate. The receptors are found in spinal cord regions known to be responsible for pain sensing, or nociception, and short-term plasticity at central nociceptive synapses.

These findings could aid in developing new drugs to treat chronic pain, which is distinct from the relatively short-lived acute pain from injury, which fades as the injury heals.

Central sensitisation, the resulting allodynia and hyperalgesia are dependent on the peripheral input and can fade rapidly when this drive is brought under control. Given that activation of sensory neurons involves multiple mediators, combinations of drugs targeting different mechanisms provide a more complete effect.

Treatment of chronic pain may require pharmacological, interventional therapy such as

nerve blocks, surgery or a combination of these. Pharmacological treatment may be with oral tablets, topical ointments/spray/patches, intramuscular or intravenous administration.

In a survey of patients at the Sydney Pain Management centre, over a period of 2 years, 14 patients were managed with oral tablets and topical creams. The types of patients included post herpetic neuralgia, trigeminal neuralgia, Complex Regional Pain Syndrome (CRPS) of upper and lower limbs, groin pain, Osteoarthritis (OA) of hip joints and lower back.

The results were as follows: Initial treatment with oral tablets was not helping much, most of them were then treated with compound topical agents made up of different medications. The success of this was seen in a 30% to 50% reduction in pain scores together with improvement in function. This change was seen after a 2 to 3-week period of usage of topical creams.

All these patients had been suffering from pain over a period of time. They did require supportive therapy and occasional or regular oral analgesics.

Choice of topical compound cream was mostly based on disease and location of pain. An understanding of mechanism of action of the agents would help in formatting the mixture.

For example, chronic pain arising from OA or arthritis, will benefit from anti-inflammatory agents such as ketoprofen, indomethacin to interrupt the production of PGE<sub>2</sub>, and this would aid in block of low voltage of sodium (Na) channels. Other compounds such as gabapentin could work by several mechanisms by increasing the level of gamma aminobutyric acid (GABA), by acting as a non-N-methyl-D-aspartate (non-NMDA) receptor antagonist, and by inhibiting the voltage-gated alpha-2-delta-1 subunit of calcium channels. Dextromethorphan is a NMDA receptor antagonist with sodium channel actions, as does Ketamine which also has known actions at calcium channels, and weak agonist at the opioid receptors and dopamine (2) receptors and indirectly activates AMPA receptors, all of which may prevent excitation along spinal cord thus reducing wind up.

Topical acetaminophen, metabolite of paracetamol, binds to TRPA1 thus reducing sensory input. Similarly, Ibuprofen pre-treatment can reduce inflammation.

Topical gabapentin is useful in both inflammatory and neuropathic pain. Dextromethorphan may be superior due to its dual action on the voltage sensitive sodium channels and on sensory neurons.

Lignocaine as AMPA and Na channel antagonist is valuable as single therapy or agent in combination therapy.

Jana Sawynok et al<sup>(3)</sup> in their work on rat models have shown that local peripheral administration of combinations of Amitriptyline and Ketamine did not initially relieve pain. However, if chronic pain phase is prolonged, peripheral inflammation becomes sensitive to NMDA antagonism. Hence rationale for use of NMDA blockers, such as Ketamine, in topical preparations for chronic pain.

Compounding of medicines. Why compound?

Pharmacy compounding is the art and science of preparing personalised medications for patients. Compounded medications are made based on a practitioner's prescription in which individual ingredients are mixed together in the exact strength and dosage form required by the patient. This method allows the compounding pharmacist to work with the patient and the prescriber to customise a medication to meet the patient's specific needs.

Most compounding pharmacies believe that highly penetrating gels are a necessary part of the topical compounds as the challenge is to penetrate the stratum corneum to deliver the analgesic agents to the underlying soft tissues. The addition of penetration enhancer D-GEL to increase flux and thereby reduce retention time in the epidermis, effects efficient penetration past the dermis into the soft tissue. A second penetration enhancer is often used which interacts with lipid tails of lipid bilayers, thereby creating gaps within the stratum corneum facilitating penetration.

Some of the advantages in use of topical analgesics are as follows:

1. Systemic absorption is negligible.
2. Local concentrations achieved are higher. Studies have shown topical application can achieve double the local concentrations than that of the oral dose form.
3. Low risk of drug interactions.
4. Low risk of systemic effects. Ideal for the elderly, poly-pharmacy, renal/hepatic insufficiencies and intolerance to adverse effects of oral analgesics.
5. Can combine several mechanisms of actions to target several pain pathways at once. This can provide a more complete analgesic effect.
6. Are commonly used as adjuvants reducing doses of oral analgesics without risk of drug interactions.

Modern compounding chemists who base their practice on principles of pharmacy and on evidence based studies, are of valuable assistance to a clinician faced with a challenging chronic pain patient.

**Declaration:** Dr Sivathondan has nothing to declare

#### References:

1. Lauri J. et al - TRPA1 contributes to the acute inflammatory response-----scientific reports 2, Article number 380(2012)
2. Bettina Hartmann, Seifollah Ahmadi, Paul A. Heppenstall, Gary R. Lewin, Claus Schott, Thilo Borchardt, Peter H. Seeburg, Hanns

Ulrich Zeilhofer, Rolf Sprengel, and Rohini Kuner: "The AMPA Receptor Subunits GluR-A and GluR-B Reciprocally Modulate Spinal Synaptic Plasticity and Inflammatory Pain" Publishing in Neuron, Volume 44, Number 4, November 18, 2004, pages 637-650.

3. Jana Sawynok, Allison Reid, Peripheral interactions between Dextromorphan, Ketamine, and Amitryptaline in rats Pain 102, (2003) 179-186
4. ReisGM DuarteID Baclofen an agonist at GABA receptors induces anti nociception Br J Pharmacol 2006 149(6)

#### Acknowledgements:

Dr David Gronow, Director Sydney Pain Management Centre, for kind evaluation of article.

Mr Tamer Megheed, Chief Pharmacist of Ramadan Pharmacy for his valuable input

#### 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. As we release monthly in advance, submissions received by the 15th of each month will be reviewed for publication in the newsletter of the following month.

*Stephanie Davies, Editor*



# ISPP 2017

11<sup>th</sup> International Symposium on Pediatric Pain  
Kuala Lumpur, Malaysia

**WHEN** 6<sup>th</sup> - 9<sup>th</sup> July 2017  
**WHERE** Kuala Lumpur, Malaysia

Organised by



Special Interest Group on  
Pain in Childhood  
INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

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Visit us at [www.ispp2017.org](http://www.ispp2017.org) Email us at [secretariat@ispp2017.org](mailto:secretariat@ispp2017.org)

Deadline for Workshop Proposals 15 August 2016

Deadline for Poster Abstract 31 January 2017



## FOR ALL HEALTH PROFESSIONALS WHO ENGAGE WITH PEOPLE EXPERIENCING PAIN OUR SEVENTH INTER-PROFESSIONAL WORKSHOP "MAKING SENSE OF PAIN" IS NOW OPEN FOR REGISTRATION

For Details and on-line Registration: <https://www.arthritiswa.org.au/events/details/id/247/>

**Date:** Thursday 21st - Friday 22nd SEPTEMBER 2017

**Venue:** Wyllie Arthritis Centre, 17 Lemnos St, SHENTON PARK WA 6008

**Contacts:** Melanie Galbraith, [melanie.galbraith@biosymm.com](mailto:melanie.galbraith@biosymm.com)  
or John Quintner, [jqu33431@bigpond.net.au](mailto:jqu33431@bigpond.net.au)

## Transcending pain: Ride the next wave

September 22-24, 2017

The Faculty of Pain Medicine is pleased to invite you to the 2017  
Spring Meeting in Torquay, the surfing capital of Australia.

Our 2017 meeting "Transcending pain: Ride the next wave" will offer plenary sessions on consciousness and pain, the prediction and detection of neuropathic pain, cortical integration of pain perception and surgery as placebo. This dynamic three-day event will also include key sessions on acute pain, cancer pain and euthanasia. It will be structured to facilitate enhanced audience participation and offer workshops for delegates.

For the first time we have a European international invited speaker, Dr Luis Garcia-Larrea. He is currently the Research Director at INSERM (National Agency for Medical Research, France), and Head of the "Central Integration of Pain in Humans" (NeuroPain) Lab at the Centre for Neuroscience of Lyon. His main research interests are the cortical processing of somatic sensations, the diagnosis and prediction of neuropathic pain, and its therapy using cortical neurostimulation.

For further information, please contact the conference organiser Eleni Koronakos on +61 3 9510 6299 or [fpm@anzca.edu.au](mailto:fpm@anzca.edu.au).

I look forward to welcoming you to Torquay.  
Dr Jacquelyn Nash, Convenor





1<sup>st</sup> Asia Pacific Conference  
on Integrated Care  
6-8 November 2017 | Brisbane, Australia



Inspiring new ideas  
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# PLACEBO SYMPOSIUM 2017

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## SUBMISSION DEADLINES

- Broadfoot Trust Prize **1 June 2017**
- Topical Sessions **30 August 2017**
- Free Papers & Posters **13 October 2017**
- Rising Star Award **13 October 2017**
- Early Bird Registration **23 February 2018**

Save the Date



## ITEMS OF INTEREST FOR OUR MEMBERS

- **Painaustralia eNewsletter latest issue**, available online at <http://www.painaustralia.org.au/media/enews>
- **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** <http://www.humanservices.gov.au/health-professionals/subjects/indigenous-health-education>
- **PainHEALTH website** <http://painhealth.csse.uwa.edu.au/>
- **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=PLGsL0Kp0YWFwUly-Ki1oCG7NwFucLFyVlJ>
- **ANZCA/FPM Free Opioid Calculator App**  
Smart phone app that converts opiates to milligrams of morphine, available for both iPhone and Android: <http://fpm.anzca.edu.au/Front-page-news/Free-Opioid-Calculator-App>
- **Stanford University**  
CHOIR Collaborative Health Outcomes Information Registry: <https://choir.stanford.edu/>
- **Global Year Against Pain After Surgery**  
See information and resources on our website: <http://www.apsoc.org.au/global-year-against-pain>
- **Opioid Podcasts for GPs**  
20 week series from the Hunter Postgraduate Medical Institute: <http://www.gptraining.com.au/recent-podcasts>
- **Private Health Insurance**  
Health Voices, Journal of the Consumers Health Forum of Australia, Issue 20, April 2017: <http://healthvoices.org.au/volume/issues/april-2017/>
- **Australasian Palliative Link International (APLI) website** <http://apli.net.au>
- **Airing Pain**  
Pain resources via an online radio show produced by Pain Concern, a UK registered Charity: <https://audioboom.com/channel/airingpain/episodes>
- **National Strategic Framework for Chronic Conditions**  
Final report released 22MAY17: <http://www.health.gov.au/internet/main/publishing.nsf/Content/nsfcc>
- **Podcast: Pain Science and Sensibility Episode 24: Trigger Points, the “Third Space”, and the Merit of Pain Theories with Dr Milton Cohen**  
Recorded on 01JUN17: <http://ptpodcast.com/pain-science-and-sensibility-episode-24-trigger-points-the-third-space-and-the-merit-of-pain-theories-with-dr-milton-cohen/>
- **ABC TV “Ask the Doctor”, Series 1, episode 5: Pain**  
Broadcast 13JUN17, available until 02SEP20: <http://iview.abc.net.au/programs/ask-the-doctor/DO1625V005S00>
- **ABC Lateline: Australians’ addiction to prescription opioids soaring**  
Broadcast 23JUN17: <http://www.abc.net.au/lateline/content/2016/s4690991.htm>

## HEALTH CARE HOMES

- **Health Care Home resources:** <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes#one>
- **Update 10MAY17:** <http://healthcarehomes.cmail19.com/t/ViewEmail/r/7237191369B-01B262540EF23F30FEDED/1FA9272E4DDC-2B64A29558A201773426>

### CHRONIC PAIN ARTICLES FEATURED IN AUG16 INPSYCH (VOL 38, ISSUE 4)

- 'The psychology of chronic pain' by A/Prof Kathryn Nicholson Perry: <http://www.psychology.org.au/inpsych/2016/august/nicholsonperry/>
- 'Preventing disabling chronic pain by engaging psychologists in the acute phase' by Prof Michael Nicholas: <http://www.psychology.org.au/inpsych/2016/august/nicholas/>
- 'Intensive pain programs: A reflection on what makes them work and for whom?' by Dr Michael Shelley: <http://www.psychology.org.au/inpsych/2016/august/shelley/>

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

- **The Second Australian Atlas of Healthcare Variation 2017, released 07JUN17:** <https://www.safetyandquality.gov.au/atlas/atlas-2017/>
- **Online interactive Second Australian Atlas of Healthcare Variation 2017, released 07JUN17:** <http://acsqhc.maps.arcgis.com/apps/MapAndAppGallery/index.html?appid=fd3b04ebe-3934733b7ecb8514166c08f>
- **Australian Atlas of Healthcare Variation released 26NOV15:** <http://www.safetyandquality.gov.au/atlas/>
- **Chapter 5: Opioid medicines:** <http://acsqhc.maps.arcgis.com/apps/MapJournal/index.html?appid=4d683b6e1df04a658cfd3a3fb-9c46f24>
- **Online interactive Australian Atlas of Healthcare Variation released NOV16:** <http://acsqhc.maps.arcgis.com/home/index.html>

### NPS MEDICINEWISE RESOURCES

- **Chronic Pain Explained:** <https://www.nps.org.au/medical-info/consumer-info/chronic-pain-explained>

- **Choosing Wisely Australia – News & media:** <http://www.choosingwisely.org.au/news-and-media>

### NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:

- **A Framework for working effectively with Aboriginal people, NOV13:** <http://www.aci.health.nsw.gov.au/about-aci/cultural-respect>
- **Brainman and Pain Tool Kit translations, SEP15:** <http://www.aci.health.nsw.gov.au/chronic-pain/translated-resources>
- **Pain Management Resources:** <http://www.aci.health.nsw.gov.au/resources/pain-management>
- **Quick Steps to Manage Chronic Pain in Primary Care:** <http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/quick-steps-to-manage-chronic-pain-in-primary-care>
  - **Built into Quicksteps: “How to de-prescribe and wean opioids in general practice”:** <http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/quick-steps-to-manage-chronic-pain-in-primary-care/how-to-de-prescribe-and-wean-opioids-in-general-practice>
- **A list of helpful apps for consumers and clinicians now available at:** <http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/management-of-chronic-pain>

### MEMBERS ONLY AREA OF APS WEBSITE:

- **APS Plenary Recordings:** As an exclusive benefit to APS members, the following Plenary videos are now available for free access:
  - 2017 conference in Adelaide
  - 2016 conference in Perth.
- **Centric Wealth Newsletters:** APS member funds are invested with Centric Wealth. Market reports are available on the Members Only Area of our website.

**APS MEDIA RELEASES:**

- Refer to our website for a full listing of media releases: <http://www.apsoc.org.au/Media>
- Our next conference will use the Twitter hashtag: #auspain2018

**2017 ANNUAL SCIENTIFIC MEETING, ADELAIDE - MEDIA COVERAGE:**

- Refer to Twitter hashtag: #auspain2017

**1. Pain Revolution 2017 videos:**

- 09APR17 – Prof Lorimer Moseley and fellow cyclists’ arrival at Adelaide Convention Centre:** [https://www.youtube.com/watch?v=dS7-DBTvX5I&list=PLGsL0Kp0YWFX0i9LkgSYCYdz9\\_wpG\\_-Zq](https://www.youtube.com/watch?v=dS7-DBTvX5I&list=PLGsL0Kp0YWFX0i9LkgSYCYdz9_wpG_-Zq)

**2. Chronic Pain:**

- 30MAR17 – Dr Ivan Lin (UWA), ABC mid west WA:** <https://soundcloud.com/user-857774869/dr-ivan-lin-31st-march-air>
- 31MAR17 - Anne Burke et al, online article SBS News:** <http://www.sbs.com.au/news/article/2017/03/25/pain-clinics-helping-turn-around-prescription-drug-boom>
- 05APR17 – Anne Burke et al, The Citizen feature length online article of SBS News:** <http://www.thecitizen.org.au/features/chronic-pain-chronic-problem-needs-holistic-solution-say-experts>
- 11APR17 - Dr Judith Turner (Uni Washington, IASP President), Adelaide 5AA radio:** <https://soundcloud.com/user-857774869/dr-judith-turner-adelaide-radio-5aa>
- 12APR17 - Dr Sean Mackey (Stanford US), ABC Adelaide:** <https://soundcloud.com/user-857774869/pain-dr-sean-mackey>

**3. Codeine rescheduling:**

- 05APR17 – Dr Simon Holliday, Sydney Morning Herald, The Age, Brisbane Times and other Fairfax publications:** [http://www.smh.com.au/national/health/gps-not-prepared-for-switch-to-prescriptiononly-](http://www.smh.com.au/national/health/gps-not-prepared-for-switch-to-prescriptiononly-codeine-expert-warns-20170403-gvczj.html)

[codeine-expert-warns-20170403-gvczj.html](http://www.smh.com.au/national/health/gps-not-prepared-for-switch-to-prescriptiononly-codeine-expert-warns-20170403-gvczj.html)

- 10APR17 - Dr Chris Hayes, ABC Newcastle NSW (audio link unavailable)**

**4. Ultra runners feel less pain:**

- 06APR17 – Dr Bernadette Fitzgibbon (Monash Uni), ABC Melbourne:** <https://soundcloud.com/abc-melbourne/yes-ultra-runners-do-endure-pain-betterthan-wimps>
- 07APR17 - Dr Bernadette Fitzgibbon (Monash Uni), Sydney Morning Herald, The Age, Brisbane Times and other Fairfax publications:** <http://www.smh.com.au/lifestyle/health-and-wellbeing/fitness/why-ultramarathoners-dont-feel-pain--and-what-they-can-teach-the-rest-of-us-20170407-gvfr3f.html>
- 10APR17 - Dr Bernadette Fitzgibbon (Monash Uni), Monash Uni News:** <https://www.monash.edu/news/articles/ultra-runners-not-your-average-human-being>
- 11APR17 - Dr Bernadette Fitzgibbon (Monash Uni), MSN Health:** <http://www.msn.com/en-ph/health/wellness/what-makes-ultra-runners-unique/ar-BBzJxpW?li=AA4WWj>
- 11APR17 - Dr Bernadette Fitzgibbon (Monash Uni), Medical Express:** <https://medicalxpress.com/news/2017-04-ultra-runners-average-human.html>
- 11APR17 - Dr Bernadette Fitzgibbon (Monash Uni), Medical Daily:** <http://www.medicaldaily.com/ultra-runners-may-feel-less-pain-general-population-according-research-415383>

**5. Compensation for people injured in a car accident – is the system delaying recovery?**

- 07APR17 – Dr Melita Giummarra (Monash Uni), ABC Adelaide:** [https://soundcloud.com/user-857774869/abc-adelaide-mornings-pain?utm\\_source=soundcloud&utm\\_campaign=share&utm\\_medium=email](https://soundcloud.com/user-857774869/abc-adelaide-mornings-pain?utm_source=soundcloud&utm_campaign=share&utm_medium=email)
- 07APR17 – Dr Melita Giummarra (Monash Uni), Herald Sun Melbourne:** <http://www.heraldsun.com.au/news/health/ultra-runners-may-feel-less-pain-general-population-according-research-415383>

## FYI & NEW MEMBERS

- [heraldsun.com.au/news/victoria/monash-university-research-finds-road-accident-victims-suffer-more-harm-when-seeking-compensation/news-story/3b6b47ffa576180e566a25daa8046e24](http://heraldsun.com.au/news/victoria/monash-university-research-finds-road-accident-victims-suffer-more-harm-when-seeking-compensation/news-story/3b6b47ffa576180e566a25daa8046e24)
- c. **18APR17 - Dr Melita Giummarra (Monash Uni), ABC Melbourne:** <https://soundcloud.com/user-857774869/melita-giummarra-abc-mel-18417>
- d. **19APR17 - Dr Melita Giummarra (Monash Uni), ABC Perth:** <https://soundcloud.com/user-857774869/dr-melita-giummarra-on-abc-perth-19417>
6. **How illusions and body perceptions influence our experience of pain:**
- a. **07APR17 – Dr Tasha Stanton (Uni SA) with Dr Dr Melita Giummarra (Monash Uni), ABC Adelaide:** [https://soundcloud.com/user-857774869/abc-adelaide-mornings-pain?utm\\_source=soundcloud&utm\\_campaign=share&utm\\_medium=email](https://soundcloud.com/user-857774869/abc-adelaide-mornings-pain?utm_source=soundcloud&utm_campaign=share&utm_medium=email)
- b. **07APR17 - Dr Tasha Stanton (Uni SA), ABC Radio South East SA:** <https://soundcloud.com/user-857774869/dr-tasha-stanton-abc-south-eat-sa-2>
7. **How parents' distress during paediatric burns procedures can lead to increased child distress, anxiety and pain:**
- a. **08APR17 - Erin Brown (UQ), Brisbane Times and Sydney Morning Herald:** <http://www.brisbanetimes.com.au/queensland/distraction-the-key-to-calming-children-during-procedures-study-20170407-gvgey0.html>
- b. **11APR17 - Erin Brown (UQ) with Prof Justin Kennardy (UQ), The Conversation:** <https://theconversation.com/parents-reactions-can-lessen-or-worsen-pain-for-injured-kids-75397>
- c. **11APR17 - Erin Brown (UQ) with Prof Justin Kennardy (UQ), ABC online:** <http://www.abc.net.au/news/2017-04-11/parents-reactions-can-lessen-or-worsen-pain-for-injured-kids/8433940>
- d. **13APR17 - Erin Brown (UQ), ABC Riverland SA (audio link unavailable)**
- e. **18APR17 - Erin Brown (UQ), ABC Sydney NSW (audio link unavailable)**
- f. **19APR17 - Erin Brown (UQ), ABC Adelaide SA:** <https://soundcloud.com/user-857774869/erin-brown-on-abc-adelaide-19417-1>
8. **Trauma among military personnel, linking chronic pain and discomfort to PTSD:**
- a. **08APR17 – Kristin Graham (Uni SA), The Australian:** <http://www.theaustralian.com.au/national-affairs/defence/study-of-veterans-shows-ptsd-affects-both-body-and-mind/news-story/892a9e1cf9ad23e0fb4373ea8364e8d8>
9. **Pain catastrophizing:**
- a. **10APR17 – Prof Michael Sullivan (UQ, McGill Canada), ABC RN Life Matters:** <http://www.abc.net.au/radional/programs/lifematters/catastrophising-pain/8421152>
10. **Chronic pain among indigenous Australians:**
- a. **21APR17: Dr Juli Coffin (Notre Dame WA) and Dr Ivan Lin (UWA), The Conversation:** <https://theconversation.com/myths-about-musculoskeletal-pain-and-aboriginal-australians-prevent-high-quality-care-76390>

## NEW MEMBERS

TITLE	FIRST NAME	LAST NAME	DISCIPLINE GROUP
Mr	Samuel	Minkin	Myotherapy
Mrs	Hillary	Simon	Physiotherapy

## CALENDAR OF EVENTS

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**6-9 Jul 2017**

**IASP Pain in Childhood SIG, Malaysian Association for the Study of Pain and College of Anaesthesiologists**

*ISPP 2017 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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**19-21 Jul 2017**

**Occupational Therapy Australia**

*Partnership, Inclusion and Innovation*

Perth Convention and Exhibition Centre, Perth, WA

<http://www.otaus2017.com.au/events/occupational-therapy-australia-27th-national-conference-and-exhibition-2017/event-summary-5a01543f75b74373883f6b8fe89149c9.aspx>

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**28 Jul 2017**

**Chronic Pain Australia**

*National Pain Week Conference 2017*

Loewenthal Auditorium, Westmead Hospital, Sydney, NSW

<http://www.nationalpainweek.org.au/national-pain-week>

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**28-30 Jul 2017**

**Pharmaceutical Society of Australia and Commonwealth Pharmacists Association**

*PSA17 - Leading Pharmacy Innovation*

Hyatt Regency, Darling Harbour, Sydney, NSW

<http://www.psa17.com>

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**1-Aug 17**

**CSIRO**

*Impact7*

Meat Market, Melbourne, VIC

<http://www.impact7.com.au>

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**21-23 Aug 2017**

**Australian College of Nursing**

*The National Nursing Forum 2017 - Make Change Happen*

The Star, Sydney, NSW

<https://www.acn.edu.au/nnf2017>

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**6-8 Sep 2017**

**Palliative Care Australia**

*Connection with Community*

Adelaide Convention Centre, Adelaide, SA

<http://pca2017.org.au>

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## CALENDAR OF EVENTS

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**6-9 Sep 2017**

### **European Pain Federation EFIC 10th Congress**

*Bringing Pain Relief to All Patients*

Bella Center Copenhagen, Copenhagen, Denmark

<http://www.efic2017.kenes.com>

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**11-12 Sep 2017**

### **Australian Disease Management Association (ADMA) 13th Annual National Conference**

*Integrated Care - Healthy Child to Healthy Ageing*

Darwin Convention Centre, Darwin, NT

[http://www.adma.org.au/images/Conference\\_Program\\_2017.pdf](http://www.adma.org.au/images/Conference_Program_2017.pdf)

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**21-22 Sep 2017**

### **Arthritis & Osteoporosis WA**

*Making Sense of Pain - a workshop for Health Professionals*

Wylie Arthritis Centre, Perth, WA

<https://www.arthritiswa.org.au/events/details/id/247/>

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**22-24 Sep 2017**

### **Faculty of Pain Medicine Spring Meeting**

*Transcending pain: Ride the next wave*

RACV Torquay Resort, Torquay, VIC

<http://fpm.anzca.edu.au/events/2016-spring-meeting>

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**11-15 Oct 2017**

### **International Pelvic Pain Society**

*3rd World Congress on Abdominal & Pelvic Pain*

Renaissance Washington DC Downtown, Washington DC, USA

<http://pelvicpain.org/meetings/annual-meeting/conference-pricing.aspx>

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**19-21 Oct 2017**

### **Australian Physiotherapy Association**

*Momentum 2017 Physiotherapy Conference*

ICC Sydney, Sydney, NSW

<http://www.apamomentum2017.asn.au>

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**26-28 Oct 2017**

### **RACGP - GP17**

*The Foundation of Patient-Centred Care*

International Convention Centre, Sydney, NSW

<http://gp17.com.au>

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## CALENDAR OF EVENTS

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**27-Oct 17**

### **Pain Interest Group Nursing Issues (PIGNI)**

*Annual Professional Development Day*

Sydney Masonic Centre, Sydney, NSW

<https://dcconferences.eventsair.com/pigni-2017/eoi/Site/Register>

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**6-8 Nov 2017**

### **International Foundation for Integrated Care - IFIC**

*APIC1 - 1st Asia Pacific Conference on Integrated Care*

Brisbane Convention and Exhibition Centre, Brisbane, QLD

<https://integratedcarefoundation.org/events/apic1-1st-asia-pacific-conference-on-integrated-care>

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**17-18 Nov 2017**

### **University of Sydney, Pain Management Research Institute**

*Placebo Symposium 2017: Harnessing placebo mechanisms to improve clinical outcomes*

Novotel Manly, Sydney, NSW

<http://sydney.edu.au/medicine/pmri/education/continuing/symposia.php>

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**3-6 Dec 2017**

### **Australasian Neuroscience Society 37th Annual Scientific Meeting**

*Building Bridges*

International Convention Centre, Sydney, NSW

<http://ans2017.aomevents.com.au>

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**5-15 Feb 2018**

### **Pain Management Research Institute, The University of Sydney**

*Pain Management Multidisciplinary Workshop*

Royal North Shore Hospital, St Leonards, Sydney, NSW

<http://sydney.edu.au/medicine/pmri/education/continuing/workshop.php>

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**7-8 Apr 2018**

### **Neuromodulation Society of Australia and New Zealand 13th Annual Scientific Meeting**

*Neuromodulation - Delivering on Patient Outcomes*

International Convention Centre, Sydney, NSW

<http://www.dcconferences.com.au/nsanz2018/>

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**8-11 Apr 2018**

### **Australian Pain Society 38th and New Zealand Pain Society Conjoint Annual Scientific Meeting**

*Collaborate. Educate. Disseminate.*

International Convention Centre, Sydney, NSW

<http://www.dcconferences.com.au/apsnzps2018/>

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THE  
AUSTRALIAN  
PAIN SOCIETY

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**VISION:**

All people will have optimal access to pain prevention and management throughout their life.

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**MISSION:**

The Australian Pain Society is a multidisciplinary organisation aiming to relieve pain and related suffering through advocacy and leadership in clinical practice, education and research.

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**AIMS:**

- To promote the provision of healthcare services for pain management
  - To promote equity of access to pain management services
  - To actively engage with key stakeholders and contribute to their activities
  - To provide a contemporary forum to discuss issues relating to pain research and treatment
  - To foster and support pain-related evidence-based research
  - To share and promote the expertise of all disciplines involved in the treatment of pain
  - To foster and support the prevention of persistent pain
  - To promote and facilitate evidence-based pain related education for health professionals and the community
  - To promote the development and use of standards and outcome measures in everyday clinical practice
-

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THE  
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PAIN SOCIETY

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