A very special welcome to Fiona Hodson, our new president, and a big cheer to Geoffrey Speldewinde for all of his efforts, thoughts, and ideas over the past 2 years. Although there is the changing of the guard, it seems we will not lose momentum in our aim to make pain a priority in all spheres of health. Please read Fiona Hodson’s first Presidential contribution to the newsletter in which she gives an overview of her past achievements, and welcomes members’ inputs into the future.

Anne Burke has summarised how awesome APS conferences can be for attendees and presenters (It was good to hear how wonderful the dancing was with Tim Semple leading the way – next time !!). The take home message is that the plenary sessions can be watched by all members, and the next conference on 8th-11th April 2018 is in Sydney with both Australian and New Zealand Pain Societies coming together to result in a huge splash!

Laura Burgoyne reviews CRPS 1 in adults and bisphonates (spoiler alert – it helps – read her summary and the article), ketamine mouthwash as a useful adjunctive treatment in the multimodal management of severe oral mucositis. Nicole Wylie reviews the retrospective look at the referral process to a paediatric pain clinic. Lester Jones succinctly summarises presentations from a bladder pain and interstitial cystitis event. Will Howard does a shout-out to members of the Basic Pain Research Special Interest Group to contribute articles to the newsletter.

On-line resources are increasing and Roger Goucke shares his experience with the UK website Airing Pain; St Vincent’s Hospital in Sydney has launched their on-line pain modules at This Way Up for patients; and the Faculty of Pain Medicine have released their Better Pain Management modules for health care professionals.

Dr Stephanie Davies

Editor
I am extremely honoured to become the President of the Australian Pain Society (APS) and only the second nurse to hold the position in the society’s 37 year history. I would also like to sincerely thank our immediate past president Dr Geoffrey Speldewinde for his enduring commitment to the society and his strong leadership and achievements whilst in this role over the last 2 years.

As a Clinical Nurse Consultant in Pain Management for nearly 20 years, I have worked in all aspects of pain service delivery including acute care, outpatients, community, aged care, education, strategic planning, research, redesign and management. I have also been an active board member of the APS and Chronic Pain Australia since 2011, Executive Member of the NSW ACI Pain Network and member of the Clinical Advisory Committee for Painaustralia. A large component of these roles includes pain advocacy and working collaboratively on various pain related initiatives and submissions with consumer groups, government and non-government organisations within Australia.

I bring to the presidency my passion and commitment for pain advocacy. Through collaboration with the Faculty of Pain (FPM), Painaustralia (PA) and utilisation of representatives from discipline specific organisations and societies on the APS Relationships Committee we will continue to highlight and promote to government the significance and need for further recognition and funding of multidisciplinary evidence based pain management services across the public and private sector in Australia. A key focus will be around early risk identification and prevention management strategies to help prevent people from transitioning from acute to chronic pain. This will include an emphasis on promoting and supporting access to better pain management strategies and education in the community and primary care sector as well as funding from government.

On behalf of the society I would sincerely like to thank the APS Scientific Program Committee (SPC) for organising an excellent comprehensive multidisciplinary scientific program based on latest evidence in pain management for the 37th Annual Scientific Meeting, ‘Expanding Horizons’, in Adelaide 2017. This meeting has been one of the most successful for the APS regarding number of delegates with approximately 800 registrants. A special mention also to the efforts of the Local Organising Committee lead by our new President Elect Ms Anne Burke. Much appreciation to the DC conference staff, and in particular Alex Robertson, for their input and support to the SPC in preparing and co-ordinating such a successful conference and to Tracy Hallen our APS secretariat.

The APS was also delighted to sponsor and welcome to the Adelaide ASM the “Pain Revolution” cyclists, a group of 22 pain scientists, physiotherapists and GPs who rode to raise awareness of chronic pain and funding for research and education especially in rural and regional areas.

Planning is well underway for the Australian Pain Society 38th and New Zealand Pain Society Conjoint Annual Scientific Meeting to be held on 8 -11 April 2018 at the International Convention Centre, Sydney. 2018 will also be the International Association for the Study of Pain (IASP) Global Year for Excellence in Pain Education and the ASM theme is “Collaborate. Educate. Disseminate.”.

The APS Board will hold a face to face strategic planning meeting in Sydney in August 2017.
Discussion at this meeting will also include comments and suggestions from the recent APS membership survey that will help guide my presidency and enable the board to plan and prioritise several focus areas for the next few years.

Key areas for the society at present are:

1. National Pain Strategy (NPS) refresh collaboration with FPM and PA
2. Developing closer relationships and collaboration opportunities with other multidisciplinary societies through the APS Relationships Committee
3. Completion and publication of the 2nd edition of the Australian Pain Society “Pain in Residential Aged Care Facilities Management Strategies” Guidelines
4. Continued advocacy to federal and state government for funding and recognition of pain through submissions e.g. MBS item review, Primary Care Advisory Group and Parliamentary enquiry into Chronic Disease and Health Care Homes
5. Continued input and support for ePPOC (electronic Persistent Pain Outcomes Collaboration) development
6. Completion and analysis of Waiting in Pain Project (WIP) 2
7. Continued media release strategy to promote awareness of pain and our multidisciplinary society
8. Exploration of Indigenous and Culturally And Linguistically Diverse (CALD) pain research opportunities
9. Support the growth of the Basic Pain Research and Pain in Childhood Special Interest Groups.

I invite the membership to communicate to the board any issues they would like the society to address.
For those of you who weren’t able to join us – and those of you who just want to relive the fun – here’s a brief rundown of all the comings and goings that was “Expanding Horizons”, the 37th Annual Scientific Meeting (ASM) of the Australian Pain Society ………..

Wow – what a conference we had! With approximately 800 registrations, this was the largest APS meeting on record! Together, we ate 24kgs of Haigh’s chocolate Easter eggs and we had people presenting submitted papers from as far away as Denmark!

PRE-CONFERENCE HAPPENINGS

Sunday saw some sensational pre-conference workshops, our discipline subgroup meetings and the annual welcome reception. We also welcomed the ‘Pain Revolution’ riders as they ended their trek from Melbourne to Adelaide, increasing awareness of pain in country communities and raising funds for pain research.

INTERNATIONAL SPEAKERS

The Scientific Planning Committee (SPC) locked in four impressive international speakers: Professor Stephen Hunt (University College, London), Professor Judith Turner (University of Washington and current President of IASP), Professor Sean Mackay (Stanford University) and Professor Mick Sullivan (Canada). In two fantastic presentations, Stephen spoke to us about the challenges of chronic pain from the perspectives of epigenetics and new treatments. He also won the award for my two favourite quotes from the conference (see if you can spot them in this report!). Along with
the Sunderland Lecture, Judith spoke to us about opioids and function. In the breaks she was also spotted spending lots of time mixing with delegates, generously sharing her knowledge and experience. Sean wowed us with his phenomenal speaker skills and knowledge of all things brain biomarkers and health systems. While taking the opportunity to explore our wonderful country, he and his partner Beth also discovered a fig tree restaurant on Kangaroo Island that is now on my must visit list! Finally, Mick Sullivan gave the most comprehensive coverage of all things pain catastrophizing that I think many of us have ever seen – and possibly the best use of Shrek references as well.

Our international heavyweights were also joined by a sensational line-up of national speakers. Professor Sandy McFarlane explored the pain-PTSD interface. Professor Mark Hutchinson discussed the “toll” of knowing you are sick. Dr Claire Ashton-James traversed the clinician-patient relationship. Professor Stuart Brierley discussed the contribution of NaV1.1 to chronic visceral pain. Dr Ivan Lin and Professor Juli Coffin reminded us that Aboriginal health care is an area in which we all need to urgently improve. Professor Greg Crawford explained how medical students are being taught about pain management in difficult end-of-life situations….. and that’s just the plenaries. In the break-out sessions we also had some fantastic papers presented across a plethora of pain-related topics and we thank of all the researchers who took the time to share their work with us.

Don’t forget that APS members now have access to the FREE Plenary videos from Adelaide, yet another benefit of membership for all. Check out the member area of our website.

One of the ways that we remember and acknowledge the outstanding work of our predecessors is through our named lectures. Professor Judith Turner delivered the Sunderland Lecture on the topic “Cognitive-behavioural treatments for chronic pain: Recent innovations, new insights & future directions”. The Tess Crammond Lecture was delivered by Dr Siobhan Schabrun in her talk titled “Non-invasive brain stimulation for treatment of pain: Therapeutic potential, limitations & controversies”. Finally, Dr Andrew Somogyi spoke on “Pain and analgesia in the era of genetics” for the Bonica Lecture.
AWARDS:
As many of you will know, the APS Distinguished Member Award is presented to individuals from the APS community who have been strong supporters of the Society and who have made major contributions to the academic and/or clinical fields of pain management. This year we were very excited to see this prestigious award presented to two of our leading South Australian clinicians – Dr Tim Semple and Dr Meredith Craigie. Well done Tim & Meredith!

LtoR: Dr Tim Semple, Ms Fiona Hodson and Dr Meredith Craigie

At the other end of the spectrum, the APS Rising Star Award seeks to acknowledge the amazing work that early career researchers are undertaking in the field of pain. This year, the Rising Star Award was presented to Dr Melita Giummarra who spoke on “Pain and psychological injury after trauma: Big data methods for big socio-economic problems”. Congratulations Melita – we’re looking forward to following your work over the coming years!

Dr Melita Giummarra

PRIZE WINNERS:
The SPC was thrilled by the number and quality of abstracts that were submitted this year but, as always, there could be only one winner in each category! This year the prizes were awarded to:

- Tribikram Thapa for his talk on “Homeostatic plasticity in the primary motor cortex of patients with non-specific chronic low back pain” (BEST FREE PAPER).
- Zoe Milner for her poster on “Sensory-motor
retraining program: Part of a clinical pathway for the management of CRPS” (BEST POSTER).

• Jane Girling for her pitch on “Uterine axon density is increased in the sub-serosal myometrium of women with endometriosis” (BEST RAPID COMMUNICATION).

INNOVATIONS

In a bid to keep things fresh and interesting, this year we tried a couple of new initiatives. We launched our inaugural Twitter Team which saw our conference hashtag (#auspain2017) trend for the first time ever! As you can see, the numbers were pretty impressive. All this activity reached our colleagues locally and around the world resulting in unsolicited curated content of the conference coming from America and requests to purchase ASM recordings. It’s clearly a fun and powerful way to extend the conference learnings across national and international waters. Thanks again to Dr Christine Chambers from the Canadian Pain Society for her help with this initiative.

Hashtag statistics

We also had Eugenie Lee’s “Seeing is believing” exhibition in the trade hall: a powerful depiction of CRPS and the brain’s ability to perceive pain in the absence of physical pathology. According to Eugenie, about 50% of us didn’t make it all the way to the end of the experience. Imagine for a moment
what it might be like to live with those sensations every day knowing that you can’t turn it off and walk away like we did. Sincere thanks to Eugenie, Valeria and Tasha for sharing their work with us.

Seeing is Believing

Finally, we also met the representatives from Cops for Kids – our new partners in a 3-year agreement to fund clinical research focused on paediatric pain – and we brought Learning to Life with activities ranging from mindfulness and relaxation, through to massage and balance. Aside from being lots of fun, it was a great way to immerse yourself in practical examples of the mind-body link. Thanks to the students from the Adelaide University Masters of Psychology (Health and Clinical) program and the University of South Australian Physiotherapy course who volunteered their time to run these experiences for us.

SOCIAL PROGRAM

There were several social events on offer this year but as always, the highlight was the Gala Dinner. The newly redeveloped Adelaide Oval complex provided a stunning backdrop as delegates mingled over sumptuous food and wine and then danced the night away to a great mix of tunes. Our enthusiasm for dancing wasn’t lost on Professor Hunt. The next morning he said he’d “never seen a group move to the dance floor so quickly... it was a stampede”. A stampede ably led by Tim Semple and the SA contingent as the music kicked off with ABBA’s “Dancing Queen”. Later we had the treat of watching our (Immediate Past) President, Geoffrey Speldewinde and his lovely wife, Amanda Lucas, do a solo on the dance stage. The Gala Dinner is always a great night out and a unique opportunity to socialise with people you may only see once a year which is why ticket prices are subsidised by the Society to help make it affordable for all! Thanks APS!
Gala dinner

Other events included drinks at the beautiful 2KW rooftop bar on Monday night (which was incredibly well attended) and a fun afternoon of blending wine at the stunning Lane Vineyard on Wednesday afternoon. As you can see from the picture – the view was pretty hard to take!

The Lane Vineyard

ACKNOWLEDGEMENTS

As I’m sure you’ll appreciate, there’s a lot of behind the scenes work that goes into bringing our ASM to life. Our sincere thanks go to the following:

• Our industry partners, in particular our gold sponsors - Mundipharma and Seqirus – and our silver sponsors – Indivior and Pfizer - whose generous support makes our ASM possible!

• Professor Michele Stirling and the members of the SPC who work so hard to bring us new and exciting programs each year.

• The Local Organising Committee (LOC) – Tasha Stanton, Michelle Martin, Penny Briscoe, Sandra Kazubiernis, Mark Hutchinson, Meredith Craigie and Julie Lanzendorfer – for all of their efforts over the past 18 or so months.

• Alex, Tracy, Dianna and all the wonderful staff at DC conferences for the stellar job they do in pulling this annual event together and keeping all of us on track.

• All of the delegates for bringing the energy and life to the conference, for embracing the new innovations and for their commitment to advancing pain science and improving the lives of people living with pain.

The Next Meeting...

Our next ASM will be in Sydney from the 8th – 11th of April 2018 and excitingly, will be a combined conference of the Australian and New Zealand Pain Societies. While the SPC continues to work out the finer details of the program, three fantastic international speakers have been locked in: Professor Lisbet Goubert (Ghent University, Netherlands; inter-personal relationships in chronic pain), Professor Stephen McMahon (Kings College, London: neuro-immune processes) and Dr Tonya Palermo (University of Washington; paediatric pain). If you haven’t already done so, pop it in your calendar now – you won’t want to miss out!

Well, on that note, it’s a wrap from Adelaide. Thanks to all involved for making it such a wonderful experience. Now it’s over to Tim Austin and the 2018 Sydney LOC!
PLENARY VIDEOS NOW AVAILABLE

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.
APS/APRA PhD Scholarships Report

By A/Prof Michael Farrell, APS/APRA PhD scholarships committee

The APS/APRA program continues to support pain research by supporting doctoral candidates throughout Australia. The program has included significant milestones in the last year including thesis submissions and the award of a scholarship to the inaugural Seqirus doctoral scholar.

There have been four scholars who have featured in the last 12 months:

1. Ms Audrey Wang - the 3rd Mundipharma-sponsored APS/APRA PhD scholar commenced in January 2012
2. Ms Sarah Kissiwaa – the 2nd Janssen Cilag-sponsored scholar commenced in August 2012
3. Mr James Wei Min Kang – the 5th APS-sponsored APS/APRA supported PhD scholar who commenced in July 2013

Audrey’s PhD project has been “An investigation of the role of the brain in recovery from CRPS, using fMRI” and she has worked under the supervision of Professor Lorimer Moseley (Adelaide University) and James McAuley (Neuroscience Research Australia). Congratulations are extended to Audrey upon her thesis submission earlier this month (3/4/2017). Audrey has successfully concluded during a candidature that included the births of her two children. Well done Audrey!

Sarah Kissiwaa has been investigating pain-induced synaptic plasticity in the amygdala under the supervision of Dr Elena Bagley at the University of Sydney. She has concluded her experiments and has presented a complete thesis to her supervisor for review prior to submission for examination.

James is supervised by Associate Professor Kevin Keay at The University of Sydney, and is investigating epigenetic influences on cognitive impairments in chronic neuropathic pain. James received an extension of his scholarship late last year and is approaching the conclusion of his candidature. He recently received news that the journal Behavioural Brain Research has accepted a paper based on his doctoral studies, and he is awaiting review of a second submitted manuscript. He is scheduled to give his third and final presentation to the APS-ASM on Wednesday, April 12th 2017.

After review of a gratifying number of excellent applications from a group of worthy candidates, Sherelle Casey was awarded the inaugural APS/APRA/Seqirus#1 PhD scholarship. Sherelle is supervised by Dr Christopher Vaughan of the Kolling Institute, University of Sydney. Her project is entitled “Cannabinoids for neuropathic pain”. Sherelle has already made impressive progress, and will be presenting some of her work as a free paper at the 2017 APS scientific conference.

On behalf of the APS and APRA I wholeheartedly thank our industry sponsors, Mundipharma Australia and Seqirus for their invaluable support of our future pain researchers.
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<thead>
<tr>
<th>PhD Scholarship Sponsor</th>
<th>Scholar</th>
<th>Topic</th>
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<tbody>
<tr>
<td>Mundipharma #3-APS-APRA</td>
<td>Audrey Wang</td>
<td>“An investigation of the role of the brain in recovery from CRPS, using fMRI”</td>
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<td>Janssen Cilag #2-APS-APRA</td>
<td>Sarah Kissiwaa</td>
<td>“Pain induced synaptic plasticity in the amygdala”</td>
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<td>APS #5-APRA</td>
<td>James Kang</td>
<td>“Epigenetic influence in cognitive impairments in chronic neuropathic pain”</td>
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<td>Seqirus #1-APS-APRA</td>
<td>Sherelle Casey</td>
<td>“Cannabinoids for neuropathic pain”</td>
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<tr>
<td>Cops for Kids #1-APS-APRA</td>
<td>Dr Adrienne Harvey</td>
<td>“A pilot study of gabapentin for managing pain in children with dystonic cerebral palsy”</td>
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### SCHOLARSHIP FEATURE

#### Past Scholars

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<th>PhD Scholarship Sponsor</th>
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<tr>
<td>APS #1-APRA</td>
<td>Samantha South</td>
<td>1999</td>
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<td>“Antinociceptive pharmacology of morphine and its major glucuronide metabolites”</td>
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<td>CSL #1-APS-APRA</td>
<td>Lara Winter</td>
<td>2004</td>
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<td>“Antinociceptive properties of the neurosteroid alphadolone”</td>
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<td>CSL #2-APS-APRA</td>
<td>Anne Pitcher</td>
<td>2006</td>
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<td>“Conditional comfort: A grounded theory study in nursing approaches to acknowledging and responding to pain in nursing home residents with dementia”</td>
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<td>CSL #3-APS-APRA</td>
<td>Kathryn Nicholson Perry</td>
<td>2007</td>
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<td>APS #2-APRA</td>
<td>Debbie Tsui</td>
<td>2008</td>
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<td>“Preclinical studies in painful diabetic neuropathy”</td>
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<td>Mundipharma #1-APS-APRA</td>
<td>Zoe Brett</td>
<td>2011</td>
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<td>“Individual differences in vulnerability to the development of chronic pain following injury”</td>
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<td>APS #3-APRA</td>
<td>Susan Slatyer</td>
<td>2013</td>
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<td>“Caring for patients experiencing episodes of severe pain in an acute care hospital: Nurses’ perspective”</td>
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<tr>
<td>APS #4-APRA</td>
<td>Amelia Edington</td>
<td>2013</td>
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<td>“Defining inhibitor binding sites unique to the glycine transporter, GLYT2: A potential target for the treatment of chronic pain”</td>
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<tr>
<td>Janssen Cilag #1-APS-APRA</td>
<td>Mary Roberts</td>
<td>Due 2017</td>
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<tr>
<td></td>
<td></td>
<td>“An investigation of the role of sleep in chronic pain”</td>
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Chevreau M, Romand X, Gaudin P, Juvin R, Baillet A

Joint Bone Spine (2017), http://dx.doi.org/10.1016/j.jbspin.2017.03.009

Reviewer:
Laura Burgoyne, Senior Staff Specialist, Clinical Lead, Children’s Acute Pain Service, Children’s Anaesthesia, Women’s and Children’s Hospital, Adelaide.

Study group:
4 trials comprising 181 patients. Mean ages ranged from 44 to 55 years. Predominantly lower limb disease (79.5%).

Aims:
To update the Cochrane review of bisphosphonates for the treatment of CRPS I in light of a recent randomized control study of good quality.

Methodology:
A meta-analysis conducted in accordance with the Cochrane Collaboration guidelines. Included were randomized controlled studies evaluating the efficacy and safety of bisphosphonates compared to placebo for the treatment of adults with CRPS I.

Results:
The bisphosphonates used included alendronate (oral and IV), clodronate, pamidronate and neridronate. Treatment regimens were heterogeneous and ranged from one IV perfusion to 8 weeks of oral therapy. Participant’s disease duration ranged from 3.7 to 21.6 months at the time of commencement of therapy. VAS score for pain for bisphosphonate treated patients at 30-40 days was -2.6, 95% CI (-1.8, -3.4), p<0.001, and 2-3 months -2.5, 95% CI (-1.4, -3.6), p<0.001. Data on range of motion was not considered suitable for meta-analysis. There were more adverse events in the bisphosphonates group when compared to the placebo group (35% vs 16%) including fever, gastrointestinal disturbance, erythema and pain at infusion site, asymptomatic hypocalcaemia and arthralgia. There were no serious side effects.

Conclusions:
Bisphosphonates appears to improve pain at 1-3 months in adults with CRPS I.

Take home message:
This article substantially strengthens the information we have available regarding the efficacy and safety of bisphosphonates in the management of adults with CRPS I. Further information is required regarding how this relates to our adolescent patients, but given the number of patients we see with pain that is non-responsive to our current therapies, and associated with substantial disability it is definitely worth considering.

Declaration:
No conflicts of interest.
Shillingburg A, Kanate AS, Hamadani M, Wen S, Craig M, Cumpston A.


**Reviewer:**
Laura Burgoyne, Senior Staff Specialist, Clinical Lead, Children’s Acute Pain Service, Children’s Anaesthesia, Women’s and Children’s Hospital, Adelaide.

**Study group:**
30 adult patients (median age 44) undergoing allogeneic transplant for haematological malignancy.

**Aims:**
To evaluate the use of oral ketamine mouthwash for the symptomatic treatment of severe oral mucositis with regard to stomatodynia and odynophagia.

**Methodology:**
This was an open label, prospective, phase II study. The 100 mg/mL intravenous ketamine solution was batched by pharmacy into 20 mg/5mL doses and given via “swish and spit” every 4 hours as needed to patients with WHO Grade 3 or 4 (severe) oral mucositis. Patients were also receiving standard analgesia and topical lignocaine solution. Pain scores at rest and with swallowing were assessed at 1 hour, as well as sleep quality, IV morphine equivalent and lignocaine mouthwash use per 24 hours.

**Results:**
The median reduction in pain scores (0-10 scale) one hour post dose was 2 at rest and 3 when swallowing (both statistically significant changes). There was a clinically insignificant improvement in sleep quality. There was a statistically insignificant reduction in IV morphine equivalent usage, but no mention on whether the study was adequately powered to detect a result. The solution was tolerated well and several patients reported it more palatable than the lignocaine solution.

**Conclusions:**
Ketamine mouthwash could provide a useful adjunctive treatment in the multimodal management of severe oral mucositis.

**Take home message:**
Ketamine mouthwash could be considered as a therapy for severe oral mucositis in a cooperative older child. I would like to know if there is any benefit from ketamine mouthwash in patients already receiving intravenous ketamine as it was not used in this cohort of patients but is a commonly used therapy in our institution in this setting. The intravenous solution that is readily available in our institution would probably need to be made up by pharmacy in smaller and less concentrated doses for this indication.

**Declaration:**
No conflicts of interest.
Cucchiaro G, Schwartz J, Hutchason A, Ornelas B

Reviewer:
Nicole Wylie, Consultant Anaesthetist, Children’s Anaesthesia, Women’s and Children’s Hospital, Adelaide.

Study group:
75 children aged 3-20 years with pain symptoms of longer than 12 weeks duration. Cancer pain patients were excluded.

Aims:
Multifold: to assess the interval between symptom onset and pain clinic consultation; to review the number of physicians consulted prior to pain clinic; and to examine patient compliance with therapy.

Methodology:
Single centre, retrospective review. The initial multidisciplinary assessment was standard as per local procedures, albeit with physiotherapy assessment limited to patients with neuromuscular deficits. All assessments included a psychologist-applied DSM-IV assessment of comorbid mental disorders.

Clinical improvement was defined as resumption of schooling, and – where applicable – of sporting activities interrupted by pain.

Results:
Interventions were heterogeneous and included pharmacotherapy, psychotherapy, complementary and occupational therapy interventions (CAM). Nerve blocks and joint steroid injections were employed where indicated, and admissions for intensive rehabilitation were used for patients with CRPS. Follow-up was via review at the clinic within one month of intervention.

The referred population was predominantly female (47 vs 28 p=0.002), 52% were unable to attend regular schooling on presentation, with 47% unable to play their regular sports.

Symptoms included musculoskeletal pain (36%), abdominal (20%) and back pain (16%), and headaches (11%). Patients with headaches had the longest lag time to referral (61+/- 58 months), followed by abdominal pain (39 +/- 33 months). There was no correlation between number of specialists consulted and time to referral.

In 45% of patients, psychological factors were deemed a major contributor. This was variously treated with SSRI’s, psychotherapy and CAM treatments.

Follow-up was 11+/-10 months. 16% (12/75) of patients were lost to follow-up. 27% (17/63) were non-compliant with therapy. Of those who were compliant, 68% (43/63) were functional: 85% were attending regular schooling compared to 50% pre-intervention (P<0.0001). Improvement occurred within 4 (+/-3.5) months.

32% reported no improvement (20/63): this was attributed to wrong diagnosis (1), substance abuse (2), non-compliance (7), psychopathology poorly controlled by pharmacotherapy and psychotherapy (7), and lack of insurance (2).

Conclusions:
Whilst patients saw on average 3 specialists (1-8) prior to referral, there was no correlation between number of specialist consultations and delay to clinic presentation. Tailored multidisciplinary intervention resulted in good return to functionality in the majority of patients, though this was dependent on compliance.

Take home message from the article:
Poor compliance is an impediment to the success of multidisciplinary strategies to manage chronic pain in children, and adolescence is a known risk factor. It is unclear what tactics may be best employed to combat this.

Psychological co-morbidities are present in a substantial fraction of chronic pain patients, and are typically under-diagnosed on presentation. Integration of psychological therapies to a multidisciplinary approach to chronic pain is critical.

Declaration: No conflicts of interest.
NATIONAL PAIN WEEK 2017  #NPW17

National Pain Week is convened by Chronic Pain Australia every year in the last week of July, this year from 24-30 July 2017. Chronic Pain Australia is dedicated to reducing the social and other barriers confronted by people living with chronic pain. The Chronic Pain Australia vision is that no Australian living with persistent pain should suffer alone or without access to resources and information which help them effectively manage their pain in a manner promoting dignity and self-respect, regardless of age, gender, culture, belief, socio-economic or compensation status.

THEMES NPW2017

This year we are working on several themes to raise awareness in the minds of ordinary Australians:

1. People in pain and their pain clinicians working together in partnership:
   a. In the clinic
   b. Co-designing and delivering pain services

2. The consistent themes over the years – what hasn’t changed includes:
   a. People in pain asking for pain services to be in the community, closer to home rather than hospital based options
   b. People in pain feeling isolated and not connected to a healthcare team that they can easily access
   c. Feeling that, on top of the pain, they live with the stigma and judgement of the broader community

3. The elephant in the room – withdrawal of opiate medicines from people in pain especially:
   a. When this is the main pain management strategy given by health care professionals to manage pain – and no other is offered at the time of withdrawing the medicine
   b. When there is an implication that the person in pain is a drug addict – and the layered stigma that this applies to the person living with the problem
   c. The increase in people in pain choosing suicide

THE MAIN EVENTS

Consistent with these themes Chronic Pain Australia is convening a conference at Westmead Hospital in Sydney.

Venue: The Loewenthal Auditorium, Westmead Hospital, Westmead NSW

Date: Friday 28 July 2017

Program: After a half day conference there will be a co-design workshop with community members who live with / are concerned with chronic pain, and the pain clinicians of western Sydney. The aim is to work together to design a pain service for western Sydney.

There will also be a co-design workshop at Blacktown Hospital on Wednesday 26 July.

Details will be available on the National Pain Week 2017 website www.nationalpainweek.org.au
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.

**BASIC PAIN RESEARCH SIG CONTRIBUTIONS TO THE APS NEWSLETTER**

By Will Howard

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

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

*Christin Bird, Assistant Editor*
This is a topic that needs greater attention as it is reported that it takes 3-7 years for a patient to get from GP to specialist care. Many clinicians are well placed to ask questions and screen about interstitial cystitis. Urgent, frequent, painful, poorly emptying bladders and bowels and recurrent UTIs are not normal and can be largely helped. Commonly there are co-morbid pain conditions (IBS, Fibromyalgia and other Musculoskeletal pain presentations etc). The following are some notes from the presentations.

Urogynaecological perspective
Kristina Cvach
• presented assessment and management of interstitial cystitis/bladder pain
• was keen to note that not always necessary to invasive diagnostic procedures.
• went through a range of treatment options including the efficacy of them - pretty low!
• emphasised effective education and interdisciplinary working
• early diagnosis key
• tailor treatment to symptom severity

Urologist’s perspective
Paul Manohar
• portrayed common patient has been on medical journey
• remarked that goal setting was important part of the clinical management

• warned against pelvic floor strengthening with this group
• warned against promoting long term course of antibiotics
• presented some more information on treatment modalities including neuromodulation
• warned about the perils of cystectomy - absolute last resort

An article he quoted was:

Physiotherapy approach
Debra Virtue

• highlighted the role of physiotherapy
• went into some detail about the components of assessment including asking about sexual, bladder, bowel function, assess posture and how someone goes about functional activities i.e. guarding etc.
• she talked about urge suppression techniques including pinching nose and stretching calf (if I heard correct) and then Jen added she recommends TENS which sounds a useful tip
• she emphasised the need for greater self-awareness of pelvic floor and monitoring overactivity
• consider intra and extra-pelvic muscles
• keys to management supportive, advice, education, behaviour modification

• she also discussed dry needling and importantly described follow-up with lengthening of tissues to try and improve sustainability - my feeling would be need to change the default pattern of activity not just temporarily interrupt

• provided collection of evidence to support presentation - some which I have listed below


And I searched for one by Foster in 2011 on somatovisceral referral but only found this one about rats - so might not be the right one.


IC Patient

• an excellent presentation by young woman who has experienced symptoms from as early as 4yrs old (please correct if I got that wrong those who were there!)

• key features of her presentation were the initial lack of validation of her symptoms and hence a period where avoided doctors and the impact on her psychologically and socially especially through her teenage years but even up today

• she feels she is more accepting but still has times of acopia

• unsurprising really as on a good night she gets blocks of two hours sleep before needing to void
Pain Concern, a UK based charity focusing on providing information support to those who have chronic pain has launched a radio program called Airing Pain (https://audioboom.com/channel/airingpain/episodes).

I recently came across this website and was very impressed with the level of information provided in the program. I suspect it will be quite valuable for members of the Australian Pain Society and readers of this newsletter together with our patients. The resource is aimed at patients’ families, friends, carers, supporters, employers and health professionals such as ourselves. They say on their website that all these resources are certified by the Information Standard (a UK regulatory body) and some of the leaflets and packets are used by NHS Scotland.

Two recent radio programs were funded by the Women’s Fund for Scotland and focus on the complex challenges relating to female genital, urinary and pelvic problems including vulvodynia and interstitial cystitis. These podcasts contain interviews with specialists and people living with these conditions; where they share their patients’ journeys from diagnosis to the present day as well as offering advice on pain management.

A full catalogue of all the programs for the past eight series can be found on the website Airing Pain. Airing Pain has covered a vast array of in-depth topics which include migraine, cancer pain, PTSD for war veterans, endometriosis, female genital mutilation and more recently dementia and back pain. Gout is in the pipeline.

The programs run for about twenty eight minutes, they are good quality audio.

This might be something that readers will find of value for their own education and/or for their patients.

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
Acute Pain Management in Patients With Drug Dependence Syndrome

A new edition of Pain: Clinical Updates by Jane Quinlan, FRCA, FFPMRCA and Felicia Cox, RN:

The stigma associated with addiction, often fueled by misinformation or prejudice on the part of health-care professionals, is often a barrier to good medical care for those with a current or past history of dependence. This edition of Pain: Clinical Updates describes the concerns in treating acute pain in patients with drug dependence syndrome; key issues to assess in hospital admissions, and principles of acute pain management in opioid-dependent patients.

VIEW CURRENT ISSUE

April 2017, Vol. 25, No. 1
To help people access effective care to self-manage their chronic pain and improve their quality of life, St Vincent’s Hospital has developed Australia’s first multidisciplinary online pain program.

The 8-lesson online program is based on the face-to-face program run at St Vincent’s Hospital, Sydney and provides over 16 hours of integrated education, learning and support for those struggling with chronic pain and who are unable to attend a face to face or hospital-based pain management program.

Associate Professor Steven Faux, a lead researcher on the project, has seen many people struggle to make the time to travel to his pain clinic at St Vincent’s Hospital.

People with chronic pain can’t always attend a group or face-to-face pain management program in the city but have a great need to learn self-management of pain. Our new online Chronic Pain program allows these people to engage with a pain management program in their own home or at their physiotherapist or doctor’s rooms.

People are used to receiving education or even healthcare on their tablets phones or computers, and it’s about time people struggling with pain were included.

St Vincent’s Hospital has a history of providing innovative, multidisciplinary telehealth services to people living in rural and remote areas. Indeed, over the last 15 years, the internationally renowned Clinical Research Unit for Anxiety and Depression at St Vincent’s Hospital has provided world-leading online research and treatment in mental health. In order to provide online services to the public, the unit has established the This Way Up web platform which can be accessed via www.thiswayup.org.au This Way Up provides information and online courses for some of the leading causes of disability, including; depression, anxiety, social phobia, OCD and PTSD, and has helped thousands of people worldwide to feel better. These courses can be accessed as self-help programs or prescribed by an external clinician who then monitors the patient’s progress.

This unique history at St Vincent’s set the scene for a new collaboration between academic and clinical staff at Australia’s first pain clinic, within the Department of Pain Medicine, and the Clinical Research Unit for Anxiety and Depression.

The result of this collaboration is an accessible online program which offers easy to understand narrative stories, physiotherapy, psychology and pain education videos, Tai Chi and exercise videos to do in the comfort of your own home, and information about pain, nutrition, sleep, medication and meditation.

Based on the principles of CBT, this course is evidence-based and backed by high quality scientific research. In a soon to be published randomised controlled trial, the program significantly increased patients’ confidence that they could engage in daily activities while in pain, and reduced the extent to which patients’ lives were disrupted by their pain and their pain-related fears about physical movement compared to treatment as usual. These improvements to patients’ quality of life were also maintained three months after completing treatment.
The Florey Institute of Neuroscience and Mental Health are conducting an online study that is looking at pain following stroke (Stroke Laterality Study: Recognising left from right arms by individuals with stroke). They need as many people as possible to participate, regardless of pain history or stroke. If you can spare around 15 minutes to participate they’d greatly appreciate it. If you can also forward info to anyone who may also like to participate, even better (particularly if they have a history of chronic pain, OR have had a stroke). The more numbers in each group, the more power!

Participants will be guided through a questionnaire, looking at beliefs and perceptions, pain symptoms and more, before then completing some interactive tasks looking at laterality recognition abilities of the hand and shoulder. Results will be used in developing targeted interventions for the stroke population with pain including education, sensory and imagery strategies.

To participate, simply go to http://research.noigroup.com/?_p=stls

To forward to others, copy the link above, and paste it into as many emails as possible!

If you would like more details about the study, please contact one of the researchers, Brendon Haslam at haslam.b@florey.edu.au

The survey closes 30 June 2017.
Carol Bennett BA (Health Sciences), MA (Public Policy), MAICD

Over the last fifteen years, Carol has worked at a senior executive levels in peak national and state health and aged care organisations, including as Chief Executive Officer of Alzheimer’s Australia, Consumers Health Forum of Australia, Hunter Medicare Local, Rural Health Workforce Agency and the Victorian Alcohol and Drug Association.

Carol has also managed her own consulting business working with national peak groups such as beyondblue and Heart Support Australia as well as interim consultant CEO of the SouthCare Helicopter Fund Pty Ltd.

Carol has been a member of many national and international boards and advisory groups including the Medicines Australia Advisory Council, National Health and Medical Research Council, International Alliance of Patients Organisations and the SouthCare Helicopter Fund Pty Ltd. Carol was recently appointed by the Minister for Health and Ageing to the Aged Care Quality Advisory Council and has been a member of the Aged Care Sector Committee and Governing Council of the National Aged Care Alliance.

Carol is passionate about improving the quality of health and aged care for all Australians.

FUNDING GRANTS FOR WOMEN’S LEADERSHIP DEVELOPMENT

Women & Leadership Australia (WLA) is administering a national initiative to support the development of female leaders across Australia’s health sector.

The initiative is providing women with grants of between $3,000 and $8,000 to enable participation in a range of leadership development programs.

The leadership development programs are part-time and delivered nationally via WLA’s blended learning model. Scholarship funding is strictly limited and has to be allocated prior to the end of this financial year (June 30).

Expressions of Interest
Find out more and register your interest by completing the Expression of Interest form here prior to June 16, 2017: http://www.wla.edu.au/scholarships/health.html
THE LOWITJA INSTITUTE ABORIGINAL AND TORRES STRAIT ISLANDER CRC 2017
RESEARCH FUNDING

Funding Details
Deadline: 30 June 2017

Important note about eligibility to submit an application:
Please note that applications may be submitted only by Lowitja Institute CRC Participant Organisations. While other institutions may partner in the research team, if successful, the Research Activity Funding Agreement will be entered into with a Lowitja Institute CRC Participant.

THE HCF RESEARCH FOUNDATION

CALL FOR EXPRESSIONS OF INTEREST
ONE MILLION DOLLARS IN RESEARCH GRANTS

The HCF Research Foundation’s mission is to encourage examination and improvement of the provision, administration and delivery of health care services to drive better health care for all Australians.

The HCF Research Foundation has developed research topics to deliver $1 million in funding to the research community following consultation with Australia’s leading medical colleges and professional bodies.

The HCF Research Foundation is seeking Expressions of Interest (EOIs) from research teams interested in funding for health services research to begin in 2017 that will drive improvements in the quality, safety, appropriateness and cost effectiveness of health care in Australia.

EOIs are invited for research projects that specifically address the following topics:

• **End of life care**: Multidisciplinary programs that assist patients to die with dignity at home.
• **Clinical registry data**: Use of registry data to directly improve patient outcomes (e.g. heart disease, orthopaedics, cancer).
• **Mental health care**: Programs that provide the most efficacious and cost effective outcomes for patients.

Applications involving collaborations between investigators from a range of backgrounds, including career researchers, practicing clinicians, policy makers, and the private sector, will be given priority.

Recent research grants awarded by the HCF Research Foundation ranged in value from $20,000 to $300,000. Funds will be distributed from 1 January 2018.

Applications will be assessed on scientific merit as well their ability to affect meaningful change to health services provision. Applications that demonstrate a strong opportunity for translation of the research outcomes into practice will be looked upon favourably.

EOIs received after 5:00pm AEST on Thursday, 15 June 2017 will not be considered.

EOIs will only be accepted on forms available at hcf.com.au/foundation
Pain Management in Practice

Extend your clinical skills with this interactive 2 day workshop

Develop specialised assessment techniques for your clients with persistent pain
Implement practical techniques to empower your clients to achieve their goals

"Given me skills and insights for difficult patients who are getting stuck" - Physiotherapist
"Really useful approach to implement into clinical practice" - Titled Musculoskeletal Physiotherapist
"Helps identify ways to work with resistance and challenge" - Psychologist

Melbourne 4th May, 14th September
Brisbane 8th June, 16th November
Sydney 22nd June, 26th October

Learn more and register at EmpowerRehab.com/Workshops or call (03) 9459 3344
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.

I look forward to welcoming you to Torquay.
Dr Jacquelyn Nash, Convenor
International Convention Centre Sydney  |  8-11 April 2018

Collaborate. Educate. Disseminate.

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

International Convention Centre Sydney  |  8-11 April 2018

Save the Date

Expressions of interest online at www.dcconferences.com.au/apsnzps2018

For sponsorship and exhibition opportunities or more information please contact the APS NZPS Conference Secretariat  |  DC Conferences Pty Ltd

P 61 2 9964 4400   |  E apsnzps2018@dcconferences.com.au

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
ITEMS OF INTEREST FOR OUR MEMBERS


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


- PainHEALTH website http://painhealth.csse.uwa.edu.au/

- 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-Ki0cCG7NwFucLFyVI

- 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

- Private Health Insurance

- 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

HEALTH CARE HOMES


- Update 10MAY17: http://healthcarehomes.cmail19.com/t/ViewEmail/r/7237191369B01B262540EF23F30FEDED1/FA9272E4DDC-2B64A29558A201773426

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


- '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:


NPS MEDICINEWISE RESOURCES


NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:


MEMBERS ONLY AREA OF APS WEBSITE:

- APS 2016 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
FYI

- Our next conference will use the Twitter hashtag: #anzpain18

2017 ANNUAL SCIENTIFIC MEETING, ADELAIDE - MEDIA COVERAGE:

- Refer to Twitter hashtag: #auspain2017

1. Pain Revolution 2017 videos:
   a. 09APR17 – Prof Lorimer Moseley and fellow cyclists’ arrival at Adelaide Convention Centre: [https://www.youtube.com/watch?v=dS7-DBTvX5I&list=PLG5sL0Kp0YWX0i9LkgSYCydz9_wPG–Zq](https://www.youtube.com/watch?v=dS7-DBTvX5I&list=PLG5sL0Kp0YWX0i9LkgSYCydz9_wPG–Zq)

2. Chronic Pain:
   a. 30MAR17 – Dr Ivan Lin (UWA), ABC midwest WA: [https://soundcloud.com/user-857774869/dr-ivan-lin-31st-march-air](https://soundcloud.com/user-857774869/dr-ivan-lin-31st-march-air)
   d. 11APR17 - Dr Judith Turner (Uni Washington, IASP President), Adelaide 5AA radio: [https://soundcloud.com/user-857774869/dr-judith-turner-adelaide-radio-5aa](https://soundcloud.com/user-857774869/dr-judith-turner-adelaide-radio-5aa)
   e. 12APR17 - Dr Sean Mackey (Stanford US), ABC Adelaide: [https://soundcloud.com/user-857774869/pain-dr-sean-mackey](https://soundcloud.com/user-857774869/pain-dr-sean-mackey)

3. Codeine rescheduling:

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

4. Ultra runners feel less pain:
   a. 06APR17 – Dr Bernadette Fitzgibbon (Monash Uni), ABC Melbourne: [https://soundcloud.com/abc-melbourne/yes-ultra-runners-do-endure-pain-better-than-wimps](https://soundcloud.com/abc-melbourne/yes-ultra-runners-do-endure-pain-better-than-wimps)
   f. 11APR17 – Dr Bernadette Fitzgibbon (Monash Uni), Medical Daily: [http://www.medicaldaily.com/ultra-runners-may-feel-less-pain-general-population-according-research-415383](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?
6. How illusions and body perceptions influence our experience of pain:

a. 07APR17 – Dr Tasha Stanton (Uni SA) with 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

b. 07APR17 – Dr Tasha Stanton (Uni SA), ABC Radio South East SA: https://soundcloud.com/user-857774869/dr-tasha-stanton-abc-south-east-sa-2

7. How parents' distress during paediatric burns procedures can lead to increased child distress, anxiety and pain:


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)


8. Trauma among military personnel, linking chronic pain and discomfort to PTSD:


9. Pain catastrophizing:

a. 10APR17 – Prof Michael Sullivan (UQ, McGill Canada), ABC RN Life Matters: http://www.abc.net.au/radionational/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
The APS Board would like to thank those who contributed their thoughts and feedback to the 2017 member survey. We know you are probably bombarded with requests to provide feedback, rate, like, post and retweet etc. so we would like to acknowledge the time you gave to complete this survey. You may be glad to know that you now have eighteen months to consider your response to our next survey, and we hope in that time you enjoy all of the benefits that being a member of the Australian Pain Society provides.

The feedback we received this year was in line with that received in 2016 and was discussed in depth by the Board at our preconference meeting. It will be hauled over the coals again at the strategic planning meeting in August as we set our path for the next two years under our new President, Fiona Hodson. Your views are integral in informing Board discussions on the direction of the society as we appreciate a strong member focus has seen the society grow and strengthen, particularly in recent years.

The survey response rate this year was approximately half that received in 2016, so care needs to be taken during interpretation of the results. There was a distinctly positive bias observed, so while it would seem ‘happy-engaged’ members provided their views, the question of what lies beneath the tip of this contented iceberg remains.

On the question of why you choose to be a member of the APS there was a strong response that demonstrated a number of themes – connection/networking and support featured prominently while professional development, the discounted annual scientific meeting (ASM) and multidisciplinary, inclusive nature were also valued. This information helps the Board understand what you value from your membership and prompts consideration of what can be done to leverage this to your greater benefit.

The ASM received a very positive review with approval ratings around 80% for topics, value and development needs. The Scientific Planning Committee and DC Conferences will appreciate this endorsement. There was close to 90% support of the discipline subgroup meetings, so you can expect to see these continuing in the future.

There was strong support (perhaps unsurprisingly) for a discounted conjoint IASP membership (88%). Unfortunately, despite a significant amount of work trying to make this a reality the economics of this enticing possibility failed to stack up.

We also heard your feedback on the areas where we could improve. Knowledge of our advocacy and marketing and media profile was relatively low. There has been a significant increase in media releases during the last two years as the society seeks to increase its public and political profile. It is a crowded, highly competitive space, but essential to fulfil expectations of leading advocacy for the issues affecting members.

Once again, thank you to those who gave their time to complete the 2017 member survey. The Board look forward to hearing your views again in 2019, but should you wish to pass on comments or feedback prior, or express a willingness to contribute to your society, please don’t hesitate to get in touch.
VISION:
All people will have optimal access to pain prevention and management throughout their life.

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.

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
# 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>Dr</td>
<td>Claudio</td>
<td>Alarcon</td>
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<td>Mrs</td>
<td>Kelly</td>
<td>Alderson</td>
<td>Education</td>
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<td>Mrs</td>
<td>Helen</td>
<td>Arends</td>
<td>Occupational Therapy</td>
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<tr>
<td>Mr</td>
<td>Adrian</td>
<td>Brezniak</td>
<td>Physiotherapy</td>
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<td>Mr</td>
<td>Jeremy</td>
<td>Churchill</td>
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<td>Dr</td>
<td>Enrique</td>
<td>Collantes Celador</td>
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<td>Ms</td>
<td>Ann</td>
<td>Cross</td>
<td>Nursing</td>
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<td>Dr</td>
<td>Katie</td>
<td>de Luca</td>
<td>Chiropractic</td>
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<tr>
<td>Ms</td>
<td>Nicky</td>
<td>Fortescue</td>
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<tr>
<td>Ms</td>
<td>Amanda</td>
<td>Gierasch</td>
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<td>Ms</td>
<td>Helen</td>
<td>Gill</td>
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<tr>
<td>Dr</td>
<td>Karen</td>
<td>Lucas</td>
<td>Exercise Physiologist</td>
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<td>Dr</td>
<td>Payam Max</td>
<td>Majedi</td>
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<td>Miss</td>
<td>Caroline</td>
<td>Newell</td>
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<td>Dr</td>
<td>Jane</td>
<td>Nikles</td>
<td>Epidemiology</td>
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<tr>
<td>Ms</td>
<td>Anna</td>
<td>Parker</td>
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<tr>
<td>Mrs</td>
<td>Robina</td>
<td>Ramzan</td>
<td>Physiotherapy</td>
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CALENDAR OF EVENTS

Various dates 8-22 Jun 2017
Empower Rehab
Pain Management in Practice 2 day workshop
Various Venues, Brisbane, Sydney, QLD, NSW
http://www.empowerrehab.com/Workshops/

14-16 Jun 2017
Palliative & Aged Care Forum
Re-thinking and improving end-of-life & ageing care for senior citizens
Rydges on Swanston, Melbourne, VIC

15-18 Jun 2017
IASP NeuPSIG 6th International Congress on Neuropathic Pain
The Path to Relief Starts with Understanding
Svenska Massan Gothia Towers, Gothenberg, Sweden
http://neupsig2017.kenes.com

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

19-21 Jul 2017
Occupational Therapy Australia
Partnership, Inclusion and Innovation
Perth Convention and Exhibition Centre, Perth, WA

28-30 Jul 2017
Pharmaceutical Society of Australia and Commonwealth Pharmacists Association
PSA17 - Leading Pharmacy Innovation
Hyatt Regency, Darling Harbour, Sydney, NSW
https://www.psa17.com
CALENDAR OF EVENTS

1 Aug 2017
CSIRO
Impact7
Meat Market, Melbourne, VIC
http://www.impact7.com.au

6-8 Sep 2017
Palliative Care Australia
Connection with Community
Adelaide Convention Centre, Adelaide, SA

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

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

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

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

19-21 Oct 2017
Australian Physiotherapy Association
Momentum 2017 Physiotherapy Conference
ICC Sydney, Sydney, NSW
http://www.apamomentum2017.asn.au
CALENDAR OF EVENTS

26-28 Oct 2017
RACGP - GP17
The Foundation of Patient-Centred Care
International Convention Centre, Sydney, NSW
http://gp17.com.au

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

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

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

5-15 Feb 2018
Pain Management Research Institute, The University of Sydney
Pain Management Multidisciplinary Workshop
Royal North Shore Hospital, St Leonards, Sydney, NSW

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
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