



VOLUME 39, ISSUE 3



AUSTRALIAN PAIN SOCIETY NEWSLETTER

EDITOR'S NOTE

LINCOLN TRACY - ASSISTANT EDITOR

The 39th Annual Scientific Meeting of the Australian Pain Society is almost upon us, so I hope everyone has their bags packed for a few days of fun on the Gold Coast! This meeting has become one of my favourites to attend each year. Don't forget there are five sponsored sessions running across the meeting – if you can please attend and support those who make the conference possible. The Twitter Team is running again in 2019 and hopes to be bigger than ever. If you are tweeting, or simply following along with the conference online, make sure you use the official hashtag #AusPainSoc so that your tweets are seen. Prizes are on offer for our best tweeters, so start tweeting now!

In this edition of the eNewsletter I review *Prescription Drug Diversion and Pain: History, Policy, and Treatment*, edited by John Peppin, John Coleman, Kelly Dineen, and Adam Ruggles. This book discusses the history of, and issues associated with, the use of opioids in the treatment of chronic pain. Despite having a strong American focus, it is a thought-provoking read given the known benefits of multidisciplinary treatment approaches for chronic pain and the strong, multidisciplinary nature of the Australian Pain Society.

The Pain in Childhood Special Interest Group continue to do a fantastic job with their journal watch with four articles featured this month. Of interest was Phoebe Cooper's review of a paper by Subhadra Evans and colleagues which featured in the *Journal of Paediatric Psychology*. This paper described differences in parental bonding between adolescents with and without chronic pain and their parents, specifically looking at how adolescent depressive symptoms change the relationship between parental

bonding and pain experience. The results provide food for thought on how family-based interventions for paediatric persistent pain may be beneficial.

Ruth White and Chris Hayes draw our attention to the opportunity for general practitioners to improve the use of local multidisciplinary healthcare providers in broader treatments for chronic pain. Using multidisciplinary healthcare providers such as psychologists and physiotherapists in a more significant manner may assist in the deprescribing of opioids for chronic non-cancer pain.

Ivan Lin and Roger Goucke highlight their recent paper detailing eleven consistent recommendations for the best practice care of musculoskeletal pain. Aimed at healthcare consumers, clinicians, researchers, and policy makers, these recommendations provide a guide on how to improve the quality of care received by people with musculoskeletal pain.

Thank you to all APS members who responded to the recent membership survey. The insights provided will be highly informative – so keep an eye out for the results in the next edition of the eNewsletter. Well done to our prize winners who were selected at random after completing the survey. Vickie Croker and Kristin Tynan have each won a Gala Dinner ticket at the ASM, while Jenny Cresp and Jane Wilding each receive a copy of "Pain in Residential Aged Care Facilities: Management Strategies, 2nd Edition".

Finally, congratulations to APS President-Elect (the newly minted) Dr Anne Burke on the conferral of her PhD.

See you all in a few days on the Gold Coast!

PRESIDENT'S REPORT

BY FIONA HODSON



This will be my final report as your Australian Pain Society President, as I will step down at the Gold Coast Annual Scientific Meeting in April. I feel very privileged to have represented the APS both nationally and internationally regarding various multidisciplinary pain management related issues and opportunities. I leave with the utmost confidence knowing that the Society will continue to flourish under the new leadership of Dr Anne Burke and our committed board and APS committee members.

The APS has continued with its clinical advocacy role in multidisciplinary pain representation, through formal submissions on pain related issues to Federal and State government committees and departments. Here are the latest updates since Dec 2018:

- [“Official” Ministerial launch](#), 20th February 2019 at Parliament House Canberra, of the Australian Pain Society (APS) publication, Pain in Residential Care Facilities: Management Strategies, 2nd Edition by the Hon. Ken Wyatt, Minister for Senior Australians and Aged Care and Minister for Indigenous Health
 - Funding request to Minister Wyatt re: update to the Pain Management Guidelines (PMG) Implementation Toolkit for the APS publication Pain in Residential Care Facilities: Management Strategies, 2nd Edition - APS submission
- National Pain and Aged Care Strategic Planning meeting - February 2019
- Aged Care Quality and Safety Royal Commission Terms of Reference (TOR) - APS submission
- Continued liaison and consultation with the Single Quality Framework, Aged Care Quality and Regulatory Reform Branch, Department of Health (DoH) regarding Pain Management
- RACGP - Review of the [RACGP Medical Care of the older person in residential aged care facilities \(Silver Book\)](#)
 - APS Clinical review and input to align with the (APS) publication, Pain in Residential Care Facilities – Management Strategies, 2nd Edition
- Funding request for a collaborative APS, FPM submission to Minister Ken Wyatt regarding Aboriginal and Torres Strait Islander Pain Research - APS submission
- Aged Care Quality and Safety Royal Commission - Collating APS submission
- MBS Taskforce review - Collating APS submission
- Victorian Mental Health Royal Commission TOR - APS submission
- National Arthritis and OA Action Plans - APS representation

- NPS MedicineWise multidisciplinary input into Opioid Project - APS clinical representation
- DoH National Injury Prevention Strategy Roundtable - APS representation
- Pharmacy Guild Pain MedsCheck project - Multidisciplinary clinical input
- [ACI: Developing of opioid prescribing recommendations](#) - APS clinical input

The APS board also continues to work collaboratively on other key national pain related priority issues with the Faculty of Pain Medicine (FPM) and PainAustralia (PA) regarding the National Action Plan on Pain Management, MBS Review – Pain Management Clinical Committee and the Aged Care Quality and Safety Royal Commission regarding pain management across the lifespan and care continuum.

A reminder that the IASP 2019 theme is “[Global Year Against Pain in the Most Vulnerable](#)”. This global year will focus on many vulnerable populations such as pain in: the older person (including dementia), infants, young children and adolescents, individuals with cognitive impairment or psychiatric disorders, CALD and refugee groups, survivors of torture, LGBTI and Aboriginal and Torres Strait Islander groups. On the [APS website](#) there are links to publications, factsheets and resources that can be used by clinicians to better understand these vulnerable populations when managing their pain. There is also our collaborative Australian Pain Society, New Zealand Pain Society, Faculty of Pain Medicine and PainAustralia local [Global Year poster available in pdf format](#) to help members to promote the 2019 IASP Global Year pain awareness theme.

A further reminder if you have not already registered for our annual [2019 Australian Pain Society 39th Annual Scientific Meeting](#)

to be held at the Gold Coast Convention and Exhibition Centre, Queensland on the 7-10 April 2019, do so now! This conference is also aligned with the Global 2019 Year theme with [international speakers](#) such as **Professor Beth Darnall** (Department of Anesthesiology, Stanford University: prevention of post surgical pain, targeted psychological strategies, opioid reduction); **Dr Nanna Finnerup** (Department of Clinical Medicine, Aarhus University, Denmark: pathophysiology and therapy of neuropathic pain); and **Professor Tor Wager** (Cognitive and Affective Neuroscience laboratory, University of Colorado: neurophysiology of pain and emotion, affective learning, and brain-body communication). We also have our pre-conference workshops in: Acute Pain, Pain in Childhood, Basic Pain Research, Pharmacology, Physiotherapy and Fundamentals of Pain. These workshops are an excellent opportunity to network with peers and colleagues and hear the latest scientific evidence from a broad range of multidisciplinary national speakers.

As I sign off for the final time, I would like to thank many APS members who have supported me throughout this role over the last 2 years. I would especially like to thank a person who works very hard behind the scenes, whom many of you may not know, Ms Tracy Hallen our Project Officer at the APS Secretariat. Her expertise, commitment and dedication towards helping the society achieve its mission, should not be underestimated. Her ongoing secretariat support for the society and for my role as APS President has enabled the APS to achieve great progress for multidisciplinary pain management across the lifespan and care continuum in Australia.

Fiona Hodson

NZPS CONFERENCE

BY FIONA HODSON



As Australian Pain Society President, I had the great honour of being invited as a guest to attend the 2019 New Zealand Pain Society conference held 6-9th March 2019 at Rydges Latimer Hotel Christchurch, NZ with the theme “From where we stand”. It was attended by over 320 delegates including the pre-conference GP and Paediatric workshops, from basic scientists, policy makers to multidisciplinary health professionals from NZ and other international countries.

I attended the GP Education Day - Chronic Pain in Primary Care pre-conference workshop which included, Fundamentals of Pain and concurrent workshops in Pelvic, Abdominal and Visceral Pain and Pain across the Lifespan. The sessions I attended were very practically based with various clinical scenarios and sharing of very useful pain related links and resources that will be transferrable across “the ditch”. Although I was unable to attend the Paediatric workshop, much of this included issues around Resilience and Post-Traumatic Growth and Moving towards ‘Flourishing’.

The main pain conference was opened on the 7th March, by convenor Dr Jessica Mills and the current NZPS President Dr John Alchin who are both from the Pain Management Centre, Burwood Hospital

in Christchurch. This was followed by a very entertaining and informative history overview, from now retired Dr Mike Butler about key Pain Researchers in the latter half of the 20th Century, who were the pioneers in pain and have had a major influence on our clinical pain practice today.

Professor Fiona Blyth AM, presented on the New Zealand global burden of pain and how this data could be used in a purposeful way to enable health policy prioritisation and future financial planning for pain management in local health districts or even nationally.

Professor Jane Ballantyne, University of Washington, Seattle, USA delivered the Patrick Wall Lecture on her insights into the USA opioid epidemic and later in the program on what is the best measure of pain treatment outcomes. Jane was also very approachable throughout the entire conference for informal chats at breaks. It was especially concerning to hear the threats to ongoing US Federal and State funding for “Multidisciplinary Pain Management Services” and for Pain as an ongoing speciality in the USA today, particularly in light of the current legislative responses to the opioid epidemic issue.

Other notable international speakers were Professor Michael Nicholas, Professor Ian Harris and Professor Rachelle Buchbinder from Australia, along with many other diverse NZ specialty health experts. Prof Harris presented on surgical and pain outcomes in knee arthroplasty and Prof Buchbinder on Random Controlled Trials (RCTs) in vertebroplasty, Low Back Pain and the latest evidence on the placebo effect on people and pain outcomes. This session concluded with a very interactive and entertaining panel discussion on much of the above.

The rest of the program included free paper and concurrent sessions covering a mix of clinical applications in pain practice and pain related scientific research including topics such as; Role of Gabapentinoids in Pain, Acute Pain, Sleep and Chronic Pain, On line Self-Management Pain resources, Culturally and Linguistically Diverse (CALD) pain resources and programs and RCT's in Low back pain education.

There were quality posters presentations displayed near the exhibitors and dining area throughout the entire conference. This allowed you to speak directly with many of the authors on their chosen pain related interest and research. Along with this, was the great networking and future collaboration discussions over breaks that were had throughout the conference with many of the attendees.

The Conference dinner was held in the "Cardboard Cathedral" which was built as a temporary replacement for the city's former Anglican cathedral destroyed in the 2011 Christchurch earthquake. We were warmly welcomed to the evening by some beautiful hymns performed by the Christ's College Canterbury choir from Christchurch. The night included great NZ

wine, food and company but also ended a little late for those of us who like to "dance" the night away!

Thanks again NZPS for your hospitality and congratulations to the local organising committee for a wonderful conference.



CARDBOARD CATHEDRAL, CHRISTCHURCH NZ



LEFT TO RIGHT: FIONA HODSON (APS PRESIDENT), DR IAN HOLDING GP AND MSK, PROF MICHAEL NICHOLAS (PMRI), PROF JANE BALLANTYNE (UNI WASHINGTON), PROF FIONA BLYTH AM (UNI SYDNEY)

The next NZPS Annual Scientific Meeting will be held at the Copthorne Hotel, Bay of Islands, New Zealand from 19-21 March 2020





SPONSOR SESSIONS

Sponsored sessions

The 2019 program includes five sponsored sessions over two days.
Find out more below and join us at one or more of the sponsored sessions this April.

Monday 8 April 2019
7:15 - 8:15am (includes breakfast)
Registration required



'Is there a role for opioids in patients with chronic non-cancer pain?'

Presenter: Professor Milton Cohen

The role of opioids in the management of patients with chronic non-cancer pain is the subject of hotly contested controversy that essentially pitches evidence against empiricism. This session is not intended to resolve this controversy but rather to provide a map and compass to help the clinician navigate these difficult waters more effectively. Discussion will revolve around the following themes

- There are two “epidemics” occurring in parallel: one is inappropriate use of opioids (and indeed of other drugs), the other is chronic non-cancer pain itself
- The phenotype of “chronic pain” is complex and needs to be assessed in a sociopsychobiomedical framework
- Drug therapy for patients with chronic non-cancer pain is only part of a multifaceted if not also multidisciplinary treatment approach
- Any pharmacotherapy, including opioids, for patients with chronic non-cancer pain is always an ongoing trial of therapy
- In order to be effective pharmacotherapists for patients with chronic non-cancer pain, prescribers must have detailed knowledge of the pharmacology of all drugs used and of the regulations concerning their use



2019 Australian Pain Society 39th Annual Scientific Meeting:

In the IASP Global Year Against Pain in the most Vulnerable

7 - 10 April 2019

Gold Coast Convention and
Exhibition Centre, QLD

Monday 8 April 2019

5:30pm - (includes canapés and drinks)



Presenters: Professor Richard Langford
MB, BS, FRCA, FFPMRCA

Chronic pain remains a management challenge. Limited advancement in this challenging therapeutic area means that healthcare professionals have had few new options to offer their patients. After many years of investigation, a novel potential therapeutic target is emerging – Nerve Growth Factor (NGF). This symposium will specifically consider:

- The classifications, epidemiology and unmet needs in the clinical management of chronic pain
- The lack of evidence for opioid effectiveness in chronic pain and the individual and societal issues with opioids
- The role of Nerve Growth Factor (NGF) in chronic pain and;
- Provide an overview of the clinical development of novel approaches to target Nerve Growth Factor in chronic pain management

Tuesday 9 April 2019

7:15 – 8:15 am (includes breakfast)



**Sublingual Ketamine Wafer: Phase 2b
Results of Wafermine in Acute Post-
Operative Pain**

Presenter: Janakan Krishnarajah

Dr Krishnarajah, Chief Medical Officer of ix Biopharma Ltd, will present clinical trial results from the recently completed US Phase 2b study of Wafermine (sublingual ketamine wafer) in acute, moderate to severe post-operative pain.



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Tuesday 9 April 2019
7:15 – 8:15 am (includes breakfast)



Presenters: Dr Natasa Gisev, Senior Research Fellow, UNSW Sydney and Associate Professor Malcolm Hogg, Head of Pain Services, Royal Melbourne Hospital

Opioids differ in the extent to which they are likely to be associated with problematic use due to different potencies, pharmacokinetic characteristics, and propensities for dependence. Given the broader context of rising rates of pharmaceutical opioid use and harms in Australia, monitoring use and extra-medical use of opioid formulations is critical.

This presentation examines data from the National Drug and Alcohol Research Centre (NDARC) on pharmaceutical opioids pertaining to these factors in the post-marketing setting in Australia. What are appropriate service responses to opioid use in the community? A/Prof Hogg will explore clinical implications for persistent pain practitioners. Discussion will be based around in-hospital and community management options, including discharge policy, hospital medical officer training, transition clinics, GP education/

communication, the recent introduction of the safe script monitoring system and the role of atypical opioids.

[Register today!](#)

GALA DINNER

Home of the Arts (HOTA)

The Gala Dinner is often considered the highlight of the conference, and this year is no exception. HOTA, Home of the Arts is a cultural precinct waiting to be explored. Enjoy drinks on the terrace, surrounded by parklands and a lake with the beautiful Surfers Paradise as the backdrop. You will be treated to a delicious three course menu prepared by HOTA's award-winning chefs, followed by dancing the night away with friends and colleagues.

Venue: HOTA, Home of the Arts (transfers provided between Convention Centre, Sofitel and HOTA)

Date: Tuesday 9 April

Time: 7.00pm - 11.00pm

Dress: Smart/Cocktail

Cost: \$140 per person

If you have not yet booked your ticket contact the Secretariat and purchase now so you don't miss out.



2019 Australian Pain Society 39th Annual Scientific Meeting:

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#AusPainSoc TWITTER TEAM IS GO!

Following the success of our last two Twitter Team experiences in Adelaide in 2017 and Sydney in 2018, we are hoping to increase our reach even more in 2019.

Prizes will be offered!

Start tweeting now to build your impressions, mentions and tweet scores to become an #AusPainSoc influencer.

(Please note: We are transitioning from #auspain19 to #AusPainSoc for all current and future APS conferences)

Be sure to check out our "Twitter Wall" in the Exhibition Hall.



THE
AUSTRALIAN
PAIN SOCIETY

ANNUAL GENERAL MEETING (AGM)

The Annual General Meeting will be held at the **Annual Scientific Meeting**
from **7:30 – 8:45am** in **Arena 1B, Ground Floor**,
on **Wednesday 10 April 2019**
at the **Gold Coast Convention and Exhibition Centre, QLD**

A General Business Meeting (GBM) will immediately follow the AGM.
Breakfast will be served at this meeting.

To assist with catering, we request that you indicate your attendance when you register. If your choice changes, please contact the [Conference Secretariat](#).

The AGM Information Pack was emailed to members and includes:

Notice of AGM

AGM Agenda and following GBM Agenda

Proxy Form

Minutes from previous AGM and GBM

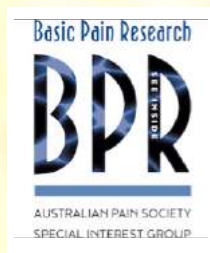
Office Bearer Nominee Information

New proposed constitution

Explanatory memorandum setting out key changes in the new constitution

If you are unable to attend the AGM please send your **apology** and **proxy form** to the Secretariat by post/fax by 5pm Tuesday 2nd April 2019 or by email to aps@apsoc.org.au by 7:30am Monday 8th April 2019

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THE BASIC PAIN RESEARCH SIG ANNUAL GENERAL MEETING (AGM)

will be held at the **Annual Scientific Meeting**
from **12:30 – 1:00pm**
on **Sunday 07 April 2019** in **Room 8**
(after the Basic Pain Research Pre-Conference Workshop)
at the **Gold Coast Convention and Exhibition Centre, QLD**

A General Business Meeting (GBM) will immediately follow the AGM.



THE PAIN IN CHILDHOOD SIG ANNUAL GENERAL MEETING (AGM)

will be held at the **Annual Scientific Meeting**
from **1:00 – 1:30pm**
on **Sunday 07 April 2019** in **Room 6**
(in the second half of lunch time)
at the **Gold Coast Convention and Exhibition Centre, QLD**

A General Business Meeting (GBM) will immediately follow the AGM.

The AGM Information Pack was emailed to members and includes:

*Notice of AGM
AGM Agenda and following GBM Agenda
Proxy Form
Minutes from previous AGM and GBM*

If you are unable to attend the respective SIG AGMs please send your **apology** and **proxy form** to the Secretariat by post/fax by 5pm Tuesday 2nd April 2019.

BOOK REVIEW

APS Reviewer name: Lincoln Tracy

Lincoln is a researcher and freelance writer based in Melbourne.

Follow him on Twitter@lincolntracy

PRESCRIPTION DRUG DIVERSION AND PAIN: HISTORY, POLICY, AND TREATMENT

Author/s: John F. Peppin, John J. Coleman, Kelly K. Dineen, and Adam J. Ruggles (Editors)

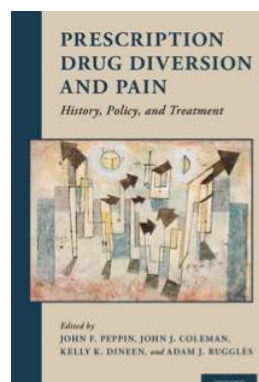
Date published: 16 August 2018

Publisher: Oxford University Press

ISBN: 978-0-19-998183-0

Opioids have been used in both medical and recreational (non-medical) contexts for thousands of years. Using opioids for medical purposes has been a polarising issue for nearly as long. In the 1990's opioids had become the standard of care for treating non-cancer chronic pain. Yet by 2000, concerns about the increased frequency of opioid-related abuse and deaths were growing. These concerns have continued to develop over the last two decades and have resulted in a range of suggested approaches to reduce prescription opioid-related morbidity and mortality.

Prescription Drug Diversion and Pain discusses the history of opioid use in the treatment of chronic pain, the regulatory regime associated with opioid prescription, the evaluation and assessment of chronic pain patients, the complex nature of minimising risk factors associated with the use of controlled substances for the treatment of chronic pain, and the importance of interdisciplinary pain management from a multidisciplinary perspective. This book also includes an overview of factors occasionally ignored



by other authors of this genre including the dark side of drug diversion and abuse. It should be stated, however, that *Prescription Drug and Diversion* largely provides an American-focused overview of prescription opioid use – particularly with respect to monitoring and legal regulations associated with their use.

One interesting topic raised by *Prescription Drug Diversion and Pain* relates to opioid prescribing in stigmatised and special populations, such as patients with sickle cell disease. While healthcare providers are increasingly pressured from cultural, professional, and legal avenues to limit the prescription of opioids, removing prescription opioids from care can result in increased harm to patients. Such harms include secondary complex pain syndromes and complications from self-medication with alcohol and illicit substances. This chapter reminds us that there are simply some patients who

benefit from opioid use – an important consideration when discussing opioid regulation.

Prescription Drug Diversion and Pain also considers the demise of American interdisciplinary chronic pain management clinics and how this trend relates to the increase in prescription opioid-related morbidity and mortality. The authors of this chapter posit that the phasing out of these interdisciplinary programs had led to a greater number of healthcare providers prescribing more frequent and higher doses of opioids. I found this to chapter to be quite thought-provoking given the known benefits of multidisciplinary treatment approaches for chronic pain and the strong, multidisciplinary nature of the Australian Pain Society.

The overall aim of the editors and contributing authors is to provide the reader with a basis for understanding the regulatory schema surrounding the use of opioids as a treatment for chronic pain. *Prescription Drug Diversion and Pain* does not dismiss the concerns over prescription opioid-related morbidity and mortality. Rather, it discusses these issues while conveying an underlying message of not letting the fear of opioids completely define the way we treat chronic pain. In their epilogue, the editors state that the fear of opioids “approaches phobic levels among some and at times may cast the entire field of pain management in a bad light when, in fact, only a very small fraction of the many millions of pain patients and their caregivers are at fault” (p. 243). *Prescription Drug Diversion and Pain* seeks to educate the reader that due to the subjective and complex nature of chronic pain and its treatment, addressing issues of prescription opioid-related morbidity and mortality cannot be solved through simple or direct approaches. Multidisciplinary

and multimodal approaches involving all stakeholders – including regulators and legislators – are required moving forwards.

Declaration

Lincoln Tracy has nothing to declare.

PAIN IN CHILDHOOD SIG: JOURNAL WATCH

Parental Bonding in Adolescents With and Without Chronic Pain

Evans, S., Moloney, C., Seidman, L.C., Zeltzer, L.K., & Tsao, J.C.I. (2018). Parental bonding in adolescents with and without chronic pain. *Journal of Paediatric Psychology*, 43(3), p.276-284

Reviewer:

Phoebe Cooper, Senior Psychologist,
Queensland Interdisciplinary Paediatric
Persistent Pain Service (QIPPPS),
Queensland Children's Hospital.

Study group:

116 adolescents aged 12-17 years ($M = 15$, $SD = 1.77$) were included in the study, comprised of 55 participants with persistent pain and 61 healthy controls.

Aims:

This study had three aims:

1. To examine the relationship between maternal and paternal parent bonding (in the domains of perceived care and control) and symptoms of pain and depression in adolescents with persistent pain and in healthy adolescents
2. To examine potential differences in maternal and paternal bonding for adolescent pain ratings
3. To examine the role of adolescent depression as a potential mediator between parental bonding (maternal and paternal) and adolescent pain ratings

Methodology:

This study was part of a larger study. Persistent pain participants were recruited through a multidisciplinary, tertiary paediatric pain clinic and healthy controls were recruited through community advertisements. Inclusion criteria included confirmed persistent pain by a paediatrician in the persistent pain group, age range 12-17 for both groups. Adolescents were included whether their parents were biological or adoptive and whether they were living with two parents or one only. Exclusionary criteria included daily use of opioids, developmental delay and autism. Each participant was compensated \$50 for their time including adolescents and each attending parent.

Parents completed a demographic questionnaire and adolescents were given the Numeric Rating Scale (NRS) to assess pain over the past month, the Depression subscale of the Revised Children's Anxiety and Depression Scale (RCADS) and the Brief Current version of the Parental Bonding Instrument (PBI-BC). Correlational analysis was used to test the first two hypotheses and mediation analysis was used to test the potential mediation of adolescent depressive symptoms in the relationship between parental bonding and pain experience.

Summary of the results:

Significant associations were found for parental bonding and depressive symptoms and pain in the persistent pain group, but not in the healthy controls. There was no difference in between maternal and paternal parent bonding on adolescent pain and depression. Significant associations were found for maternal warmth and control on pain and depression, and significant association was found for paternal control on pain and depression. Furthermore, adolescent depressive symptoms acted as a mediator



to explain the associations of parental bonding (low maternal care and high paternal control) and pain.

Conclusions:

This study demonstrates that reduced parental care and increased parental control are related to worse outcomes for adolescents with persistent pain. Adolescent depression acts as a mediator to explain the associations of parental bonding and pain. In addition, results show that maternal and paternal bonding is similarly influential on both pain and depressive symptoms.

Reviewer's critique & take home message:

This study highlights that parent factors influence adolescents' pain beyond the established role of responses to pain behaviour (for example, beyond dismissiveness and over-solicitousness). It speaks to the importance of the attachment relationship for adolescents who experience persistent pain, and the sensitivity that our population faces to developing depressive symptoms as a potential response to perceived lack of warmth and controlling behaviours from their parents. Depressive symptoms appear to be related to increased pain and can explain part of the relationship between parent-adolescent attachment and pain, which is consistent with clinical observations in our tertiary level persistent pain service. This brings to light the role that an attachment-based family intervention involving both parents may play in the treatment for paediatric persistent pain to address both depressive symptoms and the pain experience.

Declaration:

Nil declaration to make.

PAIN IN CHILDHOOD SIG: JOURNAL WATCH

Case formulation in persistent pain in children and adolescents: The application of the nonlinear dynamic systems perspective

Sinclair, C., Meredith, P., & Strong, J. (2018). *Case formulation in persistent pain in children and adolescents: The application of the nonlinear dynamic systems perspective*. *British Journal Of Occupational Therapy*, 81(12), 727-732. doi: 10.1177/0308022618802722

Reviewer:

Mikaela Schlumpf, Occupational Therapist, Interdisciplinary Paediatric Persistent Pain Service, Queensland Children's Hospital.

Study group:

Two young people were selected from a larger study, and used as the case studies. One was an adolescent female (aged 16 years) presenting with lower limb persistent pain; and the other a female child (aged 12 years) presenting with head, back, and abdominal persistent pain.

Aims:

To look at how the 'nonlinear dynamic systems perspective' (NDST) can be used by occupational therapists, with young people experiencing persistent pain, as a means of collating and interpreting complex contextual interrelationships, to inform comprehensive formulations to guide treatment processes. This form of understanding patient journeys has

emerged as a way of conceptualizing how humans meaning make through engaging in meaningful activities over time.

Methodology:

This is a qualitative research article designed to explore a strategy that occupational therapists use to understand the interactions between their patients' occupations, identity and the therapeutic relationship. As such the authors use critical reflection on complex cases to achieve this.

Both participants attended an interdisciplinary team assessment. Measures completed during the routine assessment were: pain intensity; sensory modulation (using the 'Sensory Profile' by Dunn); and parent/child attachment (using the 'Experiences in Close Relationships Scale'). The two young people completed an electronic or paper diary five times per day over four days (two school and two weekend days).

The nonlinear dynamic systems theory (NDST) was used with both cases to explain how the integration of multiple systems contributes to pain and disability. This was done through considering the following factors in relation to the young person: socio-cultural context; pattern formation and self-organisation; perturbation/challenges; ecological momentary assessment (diary); and neuro-occupation (intention, meaning, and perception). The information was synthesised into a formulation, considering both attachment and sensory modulation.

Summary of the results:

The case studies demonstrate how the nonlinear dynamic systems perspective can assist occupational therapists to understand how sensory modulation and attachment systems contribute to pain,



distress, and functioning for young people with persistent pain, and identify processes supporting adaptive occupational patterns.

By using the NDST for formulation, the clinicians clinically reasoned that the 12-year-old girl (case study 1) presented with higher avoidant attachment and a low registration pattern of regulation, and that with these styles her parents found it challenging to provide effective emotional support to assist her. The perception of threats related to personal challenges elicited an embodied experience and expression of pain. This guided clinicians to form treatment planning including recommendations for school to be educated in the biopsychosocial model of pain, and to assist the child with her sensory, social, and cognitive challenges.

In case study two, the clinicians clinically reasoned that the 16-year-old girl presented with an anxious attachment pattern, predisposing her to a high level interoceptive awareness, heightened anxiety when not with attachment figures, and heightened threat-perception. The highly flexible school and home environments maintained Chloe's connection to safety figures, which met her attachment needs. To alleviate or avoid her elevated worry about pain, Chloe applied rigid limitations to her physical activity and mobility. The pressure that Chloe placed on herself to perform well academically increased her distress, which reinforced the pain she experienced at school, and thus the application of physical limitations.

Conclusions:

The authors conclude that by using NDST, complex contextual interrelationships can be collated and interpreted to inform comprehensive formulations to guide treatment processes.

Reviewer's critique & take home message:

This article highlights how occupational therapists use integrated frameworks such as NDST to highlight how relationships between sensory modulation, distress, function, and relationships contribute to interdisciplinary formulation. It is important for occupational therapists to work in a way that remains true to occupation centred practice, recognizing the way that identity formation and health occur when people are supported to engage in meaningful occupations.

Declaration:

Nil declaration to make.

PAIN IN CHILDHOOD SIG: JOURNAL WATCH

Intergenerational examination of pain and posttraumatic stress disorder symptoms among youth with chronic pain and their parents

Beveridge, J. K., Neville, A., Wilson, A.C., & Noel, M. (2018). Intergenerational examination of pain and posttraumatic stress disorder symptoms among youth with chronic pain and their parents. Innovations in Pediatric Pain Research and Care, 3, 1-8.

Reviewer:

Dr Anna Gollan, Clinical Psychologist, Queensland Interdisciplinary Paediatric Persistent Pain Service.

Study group:

Youth and parents were recruited from a tertiary-level pediatric chronic pain program at a children's hospital in Western Canada. Two hundred and four parents and one hundred and seventy three youth were included in the analyses. Youth (67% female, M age = 13.43, SD = 2.53, range = 8–17) and parents (91% mothers) were enrolled from abdominal pain (3%), complex pain (35%), and headache (62%) clinics within the chronic pain program. Most participants identified as white (80%) and reported an annual household income greater than \$90,000 (54%).

Aims:

The aim of this study was to examine the relationship between parental chronic pain and (1) parent posttraumatic stress disorder (PTSD) symptoms, (2) child PTSD symptoms, (3) child pain outcomes, and (4)

child Health Related Quality of Life (HRQoL) in a sample of treatment-seeking youth with chronic pain and their parents.

Methodology:

Youth (n = 173) aged 8 to 17 years and parents (n = 204) recruited from a tertiary-level pediatric chronic pain program completed psychometrically-sound measures of pain and PTSD symptoms. Youth also completed measures of pain interference and HRQoL.

Summary of the results:

Half of the parents in this sample reported chronic pain. A series of analyses of covariances revealed that parents with vs without chronic pain reported significantly higher PTSD symptoms, and children of parents with vs without chronic pain reported significantly higher PTSD symptoms and pain interference and lower HRQoL.

Conclusions:

Findings from this study suggest that having a parent with chronic pain may confer additional risk for children with chronic pain experiencing higher PTSD symptoms, poorer pain outcomes, and lower HRQoL than having a parent without chronic pain. This could be due to genetics or social learning. Future longitudinal research is needed to understand how parental pain influences co-occurring pain and PTSD symptoms, and HRQoL, in children.

Reviewer's critique & take home message:

Findings are consistent with previous literature and draw attention to an important correlative relationship between parental chronic pain and mental health issues and child chronic pain and mental health issues. This is consistent with clinical observations in our tertiary level persistent pain program for children. The article also highlights the importance of



attending to Quality of Life; reflecting social and emotional well-being, rather than just pain measures.

The prevalence of PTSD symptomatology in children was linked to literature that highlights that low socioeconomic status increases risk for exposure to stressors and PTSD. The researchers offered some suggestions as to how chronic pain in parents confers risk for chronic pain and by way of parenting challenges and unhelpful parenting behaviours.

Whilst PTSD symptomatology was assessed in parents and children, they were not asked to specify if they had been exposed to death, threatened death, actual or threatened serious injury, and actual or threatened sexual violence (Criterion A; DSM-5). This leaves the question about whether or not endorsed PTSD symptomatology might actually reflect other mental health problems, such as anxiety, and thus future research needs to specifically ask about exposure to traumatic events to ensure what is trying to be captured is reflective of PTSD. This could be important to establish before incorporating PTSD screening into assessment of patients or changing treatment approach.

Declaration:

Nil declaration to make.

PAIN IN CHILDHOOD SIG: JOURNAL WATCH

Chronic pain in survivors of childhood cancer: a developmental model of pain across the cancer trajectory

Alberts NM, Gagnon MM, Stinson JN. *Chronic pain in survivors of childhood cancer: a developmental model of pain across the cancer trajectory. Pain. 2018; 159, 1916-1927.*

Reviewer:

Dr Bhavesh Raithatha, Paediatric persistent pain fellow, Queensland Children's Hospital, QLD.

Study group:

Systematic review of 38 articles which incorporated paediatric patients diagnosed with cancer (age <21 years), surviving for more than five years following diagnosis, with pain being a primary indicator of outcome.

Aims:

To review evidence on pain in survivors of childhood cancer and determine a guide to future research.

Methodology:

Systematic review using Google Scholar PubMed and PsycInfo performed by two authors. 38 articles were included in the topical review, excluding 27 articles based on the exclusion criteria. Sample sizes varied with over half of the studies consisting of >700. The majority of the articles compared data with siblings or healthy controls. Cancer survival registries

or multi-institutional survivor cohorts were used in the United States, Canada, and Europe.

Pain was measured using varying methods, seven studies used the SF-36, six studies used the health utilities index; with varying other scoring systems for the other articles.

Summary of the results:

The mean age of survivors ranged from 15 to 27 years and mean time since diagnosis from 10.2 to 26 years. Pain prevalence ranged from 5% to 59% with over half of the investigations not reporting prevalence. There were inconsistent results regarding pain severity compared to the control cohort. Three studies described pain to be more likely an occurrence in cancer survivors, Zeltzer et al. found this only to be the case in survivors from bone cancer and soft tissue sarcomas. Three studies in the US and Sweden found no differences between survivors and controls, with one investigation demonstrating survivors experiencing less pain than the controls.

The survivors were more likely to experience symptoms of emotional distress, suicidal ideation, with pain being associated with a poorer health-related functioning, body image and health related quality of life.

Conclusions:

The review demonstrated a considerable number of children experiencing pain following childhood cancer survival, however there are inconsistencies when the severity of pain was compared to the control group.

Reviewer's critique & take home message:

Improvements in cancer survival rates over the last 50 years place survivors at risk of developing an array of late effects including the possibility of pain. Survival of childhood cancer is becoming increasingly common and the treatment



protocols are on occasions more aggressive which is thought to impact on the overall health of an individual long into their adulthood. Some studies demonstrated pain prevalence being greater than 50% of the cohort of patients which is extremely concerning. The paper describes these concerns likely related to undertreatment of pain by clinicians and parents, with most patients undergoing treatment in the outpatient setting.

The limitations highlighted by the authors included the varied scoring systems used by the studies with the majority lacking the use of validated multidimensional assessments of pain. This could present an underrepresentation of the survivors experiencing chronic pain.

Due to the complex nature of chronic pain, the biopsychosocial influences are vast; the majority of the studies in the systematic review reviewed pain as being present or absent. Future research should include a multi-dimensional validated questionnaires reviewing chronic pain following survival of childhood cancer.

Declaration:

Nil declaration to make.

Thank you to APS members Ruth White and Chris Hayes and their colleagues Allison Boyes, Simon Chiu and Christine Paul for sharing the following recent publication:

Therapeutic alternatives for supporting general practitioners to deprescribe opioids: a cross-sectional survey

Ruth White, Chris Hayes, Allison Boyes, Simon Chiu, and Christine Paul.

Article first published online: 14th November 2018

Journal Reference: BJGP Open, 2(4)1–11

DOI: <https://doi.org/10.3399/bjgpopen18X101609>.

Link: <https://bjgpopen.org/content/2/4/bjgpopen18X101609>

ABSTRACT

Background

GPs are central to opioid strategy in chronic non-cancer pain (CNCP). Lack of treatment alternatives and providers are common reasons cited for not deprescribing opioids. There are limited data about availability of multidisciplinary healthcare providers (MHCPs), such as psychologists, physiotherapists, or dietitians, who can provide broader treatments.

Aim

To explore availability of MHCPs and the association with GP opioid deprescribing and transition to therapeutic alternatives for CNCP.

Design & setting

Cross-sectional survey of all practising GPs (N = 1480) in one mixed urban and regional Australian primary health network.

Method

A self-report mailed questionnaire assessed the availability of MHCPs and management of their most recent patient on long-term opioids for CNCP.

Results

Six hundred and eighty-one (46%) valid responses were received. Most GPs (71%) had access to a pain specialist and MHCPs within 50 km. GPs' previous referral for specialist support was significantly associated with access to a greater number of MHCPs ($P = 0.001$). Employment of a nurse increased the rate ratio of available MHCPs by 12.5% (incidence rate ratio [IRR] 1.125, 95% confidence interval [CI] = 1.001 to 1.264). Only one-third (32%) of GPs reported willingness to deprescribe and shift to broader CNCP treatments. Availability of MHCPs was not significantly associated with deprescribing decisions.

Conclusion

Lack of geographical access to known MHCPs does not appear to be a major barrier to opioid deprescribing and shifting toward non-pharmacological treatments for CNCP. Considerable opportunity remains to encourage GPs' decision to deprescribe, with employment of a practice nurse appearing to play a role.

Chronic pain, when coupled with low socioeconomic factors and high opioid utilisation, presents a difficult conundrum in the general practice setting. Despite evidence of an unfavourable balance of efficacy and harm with long-term opioids, little is known about the unique clinical challenge of opioid deprescribing in primary care. Close engagement with

MHCPs capable of delivering behavioural treatments is considered best practice. This cross-sectional study shows that while MHCPs may be available, they are not currently being used to their full potential in many clinical encounters

Declaration

RAW is supported by funding from the Ann Taylor Scholarship. CLP is supported by a National Health and Medical Research Council (NHMRC) Career Development Fellowship. AWB is supported by Early Career Fellowships from the NHMRC (APP1073317) and Cancer Institute New South Wales (13/ECF/1-37). These funding bodies had no role in determining the study design; in the collection, analysis, and interpretation of data; in the writing of the report; and in the decision to submit the article for publication.

Thank you to APS members Ivan Lin, Roger Goucke and colleagues Louise Wiles, Rob Waller, Yusuf Nagree, Michael Gibberd, Leon Straker, Chris Maher and Peter O'Sullivan for sharing the following recent publication:

What does best practice care for musculoskeletal pain look like? Eleven consistent recommendations from high-quality clinical practice guidelines: systematic review

Ivan Lin, Louise Wiles, Rob Waller, Roger Goucke, Yusuf Nagree, Michael Gibberd, Leon Straker, Chris Maher, and Peter O'Sullivan.

Article first published online: 2 March 2019

Journal Reference: British Journal of Sports Medicine 2019

DOI: 10.1136/bjsports-2018-099878

Link: <https://bjsm.bmj.com/content/early/2019/03/02/bjsports-2018-099878>

ABSTRACT

Summary

Musculoskeletal (MSK) pain disorders are a major societal burden and yet health care practices are not always concordant with recommended care. This article summarises 11 common recommendations for the management of MSK pain disorders. The recommendations were derived from a systematic review and synthesis of contemporary high quality MSK pain clinical practice guidelines. They can be used by consumers, clinicians, educators and health decision makers as a simple way of knowing what high value care for MSK pain disorders looks like.

Objectives

To identify common recommendations for high-quality care for the most common musculoskeletal (MSK) pain sites encountered by clinicians in emergency and primary care: spine (lumbar, thoracic, and cervical), hip/knee (including osteoarthritis [OA]) and shoulder from contemporary, high-quality clinical practice guidelines (CPGs).

Design

Systematic review, critical appraisal, and narrative synthesis of MSK pain CPG recommendations.

Eligibility criteria

Included MSK pain CPGs were written in English, rated as high quality, published from 2011, focused on adults and described development processes. Excluded CPGs were for: traumatic MSK pain, single modalities (e.g. surgery), traditional healing/medicine, specific disease processes (e.g. inflammatory arthropathies) or those that required payment.

Data sources

Four scientific databases (MEDLINE, Embase, CINAHL, and Physiotherapy Evidence Database) and four guideline repositories.

Results

Six thousand three hundred and thirty-two records were identified, 44 CPGs were appraised and 11 were rated as high quality (low back pain: four, OA: four, neck: two and shoulder: one). We identified 11 recommendations for MSK pain care: ensure care is patient centred, screen for red flag conditions, assess psychosocial factors, use imaging selectively, undertake a physical examination, monitor patient progress, provide education/information,

address physical activity/exercise, use manual therapy only as an adjunct to other treatments, offer high-quality non-surgical care prior to surgery and try to keep patients at work.

Conclusion

These 11 recommendations guide healthcare consumers, clinicians, researchers and policy makers to manage MSK pain. This should improve the quality of care of MSK pain.

Declaration

The authors have nothing to declare.

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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.

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PHD SCHOLARSHIP SPONSOR	SCHOLAR	TOPIC
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Cops for Kids #2 — APS — APRA	Dr Tasha Stanton	<i>"Reframe the pain: Dividing attention and altering memory to reduce needle pain and distress in children"</i>
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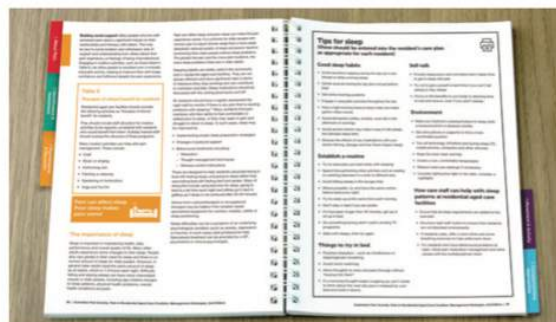
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NEW!

- **The New Zealand Pain Society has developed a new pain resource “Navigating Pain”:** <https://www.nzps.org.nz/pain-resource>
- **National Program to Improve Pain Management in Canadian Children:** <https://www.thestar.com/halifax/2019/03/13/when-1-in-5-canadian-children-live-with-chronic-pain-a-new-national-program-wants-to-narrow-the-gap-between-scientific-discovery-and-medical-practice.html>

OTHER ITEMS OF INTEREST FOR OUR MEMBERS:

- **The Hon Ken Wyatt AM, MP Minister for Senior Australians and Aged Care, Minister for Indigenous Health:** Media release for launch of Pain in Residential Aged Care Facilities: Management Strategies, 2nd Edition: [http://www.health.gov.au/internet/ministers/publishing.nsf/Content/B2F04E77AA383053CA2583A60077346E/\\$File/KW028.pdf](http://www.health.gov.au/internet/ministers/publishing.nsf/Content/B2F04E77AA383053CA2583A60077346E/$File/KW028.pdf)
- **New videos from NSW Health:** Working with Aboriginal People: <https://www.youtube.com/watch?v=AV4Muq87ekQ&feature=em-uploademail>
- **Draft Report on Pain Management Best Practices:** Updates, Gaps, Inconsistencies, and Recommendations from US Department of Health & Human Services – Published 12 December 2018: <https://www.hhs.gov/ash/advisory-committees/pain/reports/2018-12-draft-report-on-updates-gaps-inconsistencies-recommendations/index.html#XDQNbmaQ-yQ.mailto>
- **Medicinal cannabis for chemotherapy-induced nausea and vomiting (CINV):** prescribing with limited evidence – Published 12 November 2018: <https://www.mja.com.au/journal/2019/210/1/medicinal-cannabis-chemotherapy-induced-nausea-and-vomiting-prescribing-limited>
- **The Third Australian Atlas of Healthcare Variation:** <https://www.safetyandquality.gov.au/atlas>
- **Palliative Care Australia (PCA) and Australian Indigenous :** HealthInfoNet (HealthInfoNet) has launched a new Palliative Care and End-of-Life Resource Portal for the workforce who support Aboriginal and Torres Strait Islander peoples at Parliament House in Canberra. The palliative care and end-of-life portal is designed to assist health professionals who provide care for Aboriginal and Torres Strait Islander people, their families and communities: <https://healthinfonet.ecu.edu.au/learn/health-system/palliative-care/>
- **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>
- **PainHEALTH website:** <http://pain-health.csse.uwa.edu.au/>
- **ANZCA/FPM Free Opioid Calculator App:** Smart phone app that converts opiates to milligrams of morphine, available for both iPhone and Android: <http://www.opioidcalculator.com.au>

- **Stanford University: CHOIR** Collaborative Health Outcomes Information Registry: <https://choir.stanford.edu/>
- **2018 Global Year for Excellence in Pain Education:** Launched 22JAN18. 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>
- **Airing Pain:** Pain resources via an online radio show produced by Pain Concern, a UK registered Charity: <http://painconcern.org.uk/airing-pain/>
- **Digital Health Guide:** Developed by Primary Health Network Tasmania: <https://digitalhealthguide.com.au/Account/LogOn?ReturnUrl=%2fSpecialtyFormulary%2f2>

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- **2017 Australia's Health Tracker by Socio-economic status:** Released 28NOV17: <https://www.vu.edu.au/australian-health-policy-collaboration/publications#goto-----australias-health-tracker-by-socioeconomic-status-----=1>
- **Indigenous Resources:** New webpage on the APS website aggregating Indigenous resources: <https://www.apsoc.org.au/Indigenous-Resources>
- **IASP Statement on Opioids:** Approved February 2018: <https://www.iasp-pain.org/Advocacy/OpioidPositionStatement>
- **NSW Cannabis Medicines Advisory Service (CMAS):** Launched 29JAN18 Fact Sheet on our website: https://www.apsoc.org.au/PDF/Fact_Sheets/20180129_NSW-CannabisMedicinesAdvisoryService-CMAS_Fact_Sheet_FINAL.PDF Service available: 9am-5pm Monday-Friday
Hotline: (02) 4923 6200 or email: HNELHD-CMAS@hnehealth.nsw.gov.au
- **Chronic Pain edition issued 01JUN15:** <http://www.nps.org.au/publications/health-professional/nps-news/2015/chronic-pain> and https://www.nps.org.au/medical-info/clinical-topics/news/chronic-pain?utm_medium=twitter&utm_source=17-07-24&utm_campaign=pain&utm_content=painweek-MN#key-points
- **Choosing Wisely Australia – News & media:** <http://www.choosingwisely.org.au/news-and-media>
- **Over the counter codeine – changes to supply:** <https://www.nps.org.au/medical-info/clinical-topics/over-the-counter-codeine-changes-to-supply>
- **Medicines with codeine – what you need to know:** <https://www.nps.org.au/medical-info/consumer-info/medicines-with-codeine-what-you-need-to-know>
- **Low Back Pain resources published 16OCT18:** <https://www.nps.org.au/medical-info/clinical-topics/low-back-pain>

NPS MEDICINEWISE RESOURCES:

This reference can also be found on the [APS Position Papers](#) webpage.

TGA

- **Codeine information hub:** <https://www.tga.gov.au/codeine-info-hub>
- **Guidance for the use of medicinal cannabis in the treatment of chronic non-cancer pain in Australia, v1-DEC17:** <https://www.tga.gov.au/publication/guidance-use-medicinal-cannabis-treatment-chronic-non-cancer-pain-australia>

NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:

- **Our Mob- Resources for Aboriginal People:** <https://www.aci.health.nsw.gov.au/chronic-pain/our-mob>
- **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>
- **Quicksteps 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>
- **Chronic Pain in the ED:** <https://www.aci.health.nsw.gov.au/networks/eci/clinical/clinical-resources/clinical-tools/pain-management/chronic-pain-in-the-ed>

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Survey and Results

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- Refer to our website for a full listing of media releases: <http://www.apsoc.org.au/Media>

APS MEMBERSHIP SURVEY – THANK YOU



The Board of The Australian Pain Society would like to sincerely thank all the members who responded to our recent Membership Survey.

We are grateful for the responses and look forward to sharing some of the survey insights in our next newsletter edition.

PRIZE WINNERS

Our 4 lucky prizewinners and their prizes are:

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1. Vickie Croker
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Mr	Joseph	Bang	Pain Medicine Physician
Ms	Carey	Bayliss	Physiotherapy
Dr	Hannah	Bennett	General Practice
Mrs	Megan	Boyd	Physiotherapy
Dr	Timothy	Brake	Pain Medicine Physician
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Dr	Poshitha	De Silva	General Practice
Ms	Hannah	Graetz	Physiotherapy
Mrs	Amy	Harney	Nursing
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Mrs	Tanya	Lovett	Nursing
Mr	Neil	Meigh	Physiotherapy
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Mr	Brian	Pulling	Science Research
Dr	Trudy	Rebbeck	Physiotherapy
Mr	Paul	Riley	Psychology
Prof	Deborah	Schofield	Education
Mr	Michael	Shamsullah	Nursing
Dr	Elaine	Shek	Pain Medicine Physician

TITLE	FIRST NAME	LAST NAME	DISCIPLINE GROUP
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Ms	Jane	Stidworthy	Pharmacy
Ms	Kimberly	Talaber	Physiotherapy
Mrs	Margaret	Walsh	Nursing
Ms	Julia	Watson	Radiology

APS MEMBERSHIP RENEWALS 2019



RENEWAL NOTICES FOR 2019 HAVE BEEN SENT BY EMAIL TO MEMBERS.

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

Please note:

1. We understand that circumstances change, so each year we ask you to select your appropriate level of membership.
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Australian Pain Society 39th Annual Scientific Meeting

In the IASP Global Year Against Pain in the Most Vulnerable

Gold Coast Convention and Exhibition Centre, Gold Coast, QLD

<http://www.dconferences.com.au/aps2019/>

11 - 14 April 2019

ASEAPS 2019 - 8th Association of South-East Asian Pain Societies Congress

Building Collaborations In Pain Management

Pullman Kuching, Sarawak, Malaysia

<http://www.aseaps2019.com>

26 - 27 April 2019

Australian Psychological Society College of Health Psychologists 2019 Conference

Applying New Solutions in Health Psychology

Stamford Grand, Adelaide, SA

<https://www.psychology.org.au/APS-CHP-Conf/2019>

28 April 2019

Faculty of Pain Medicine (FPM)

Annual Pain Medicine Symposium: Pain at the interface (formerly Refresher Course Day)

Kuala Lumpur Convention Centre, Kuala Lumpur, Malaysia

<http://fpm.anzca.edu.au/events/2019-annual-pain-medicine-symposium>

29 April - 3 May 2019

Australian and New Zealand College of Anaesthetists (ANZCA) Annual Scientific Meeting 2019

New worlds. Come explore.

Kuala Lumpur Convention Centre, Kuala Lumpur, Malaysia

<https://asm.anzca.edu.au>

4 - 5 May 2019

Exercise & Sports Science Australia (ESSA)

Innovation & Practice Forum 2019

Pullman Melbourne Albert Park, Melbourne, VIC

<http://essaforum.com.au>

9 - 11 May 2019

IASP NeuPSIG 7th International Congress on Neuropathic Pain
Advancing the Understanding of Neuropathic Pain
 Hilton London Metropole Hotel, London, United Kingdom
<https://www.eventscribe.com/2019/NeuPSIG/>

11 - 12 May 2019

IASP Abdominal and Pelvic Pain SIG 4th World Congress
A Lifecourse and Lifestyle Approach
 TBA, London, United Kingdom
<https://www.iasp-pain.org/SIG/AbdominalandPelvicPain>

25 - 30 May 2019

INS International Neuromodulation Society 14th World Congress
Neuromodulation - Leading a Global Revolution
 International Convention Centre, Sydney, NSW
<https://ins-congress.com/2019/#.W3l2vTthLQM>

27 - 28 May 2019

Australia & New Zealand Musculoskeletal Clinical Trials Network - ANZMUSC
2019 ANZMUSC Annual Scientific Meeting and Pre-meeting Planning Workshop
 University of Sydney, Sydney, NSW
<https://mailchi.mp/1abeafeec9ed/anzmusc-annual-scientific-meeting-may-28-29-2019-save-the-dates?e=c052b9c6af>

16 - 20 Jun 2019

IASP Pain in Childhood SIG
ISPP 2019 12th International Symposium on Pediatric Pain: Children and Families as Partners in Pain Management
 Congress Center Basel, Basel, Switzerland
<https://www.ispp2019.org/2019.html>

18 - 20 Jun 2019

Lowitja Institute International Indigenous Health and Wellbeing Conference 2019
Thinking Speaking Being First Nations Solutions for Global Change
 Darwin Convention Centre, Darwin, NT
<https://www.conference2019.lowitja.org.au>

10 - 12 Jul 2019

Occupational Therapy Australia
Together Towards Tomorrow
 International Convention Centre, Sydney, NSW
<http://www.otaus2019.com.au>

4 - 7 Sep 2019

European Pain Federation EFIC 11th Congress
Bringing the future to the present
 Feria Valencia, Valencia, Spain
<https://efic-congress.org>

10 - 13 Sep 2019

Palliative Care Australia and Hospice New Zealand
2019 Oceanic Palliative Care Conference
 Perth Convention & Exhibition Centre, Perth, WA
<https://oceanicpallcare.com>

17 - 19 Oct 2019

Academy of Child & Adolescent Health
ACAH2019 Annual Conference
 Hotel Grand Chancellor, Adelaide, SA
admin@acah.org.au

20 - 23 Oct 2019

Rehabilitation Medicine Society of Australia and New Zealand (RMSANZ) 4th Annual Scientific Meeting
Contemporary Rehabilitation: Knowledge Translation, Collaboration and Community Engagement
 Adelaide Convention Centre, Adelaide, SA
<https://www.dconferences.com.au/rmsanz2019/>



THE AUSTRALIAN PAIN SOCIETY

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 minimise 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 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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