



VOLUME 39, ISSUE 2



AUSTRALIAN PAIN SOCIETY NEWSLETTER

EDITOR'S NOTE

STEPHANIE DAVIES

It is that time of year when we look forward to seeing each other at the Australian Pain Society scientific conference, from 7th to the 10th of April on the Gold Coast. Where has this year gone? Of all the conferences I attend, throughout the world, this is my favourite. It is a great blend of highly relevant topics, across many formats, from plenary sessions, workshops, posters and of course, all those individual discussions you can have with pain-focused colleagues. The social events are always truly special. I love the special feeling of camaraderie where different specialities mix and mingle and cross-pollinate ideas.

Everyone's practice is becoming increasingly multidisciplinary, and it is most helpful to know and understand developments across many different disciplines. Understanding the diverse range of options available to our patients, in turn, helps us to assist our patients in their choices, and thereby manage their problems and their pains. We all recognise that to manage pain in all its diversity well, we as individuals have to have diverse skills. Yet we also need to recognise the skills of others and acknowledge our limitations. I find that knowing when to refer on to a colleague, who has particular skills in a particular area, amplifies the treatment benefits for the patient. Learning at the APS conference makes it a pleasure to keep up with the latest, across so many disciplines.

Three insightful papers are offered by the Queensland Interdisciplinary Paediatric Persistent Pain Service. Some of this we instinctively know or have observed in our own practice regarding adaptive parental support, where parents catastrophise less and have less overly protective behaviours.

One of the papers describes how virtual reality was used as a distraction to reduce pain and distress when a blood sample was taken by a phlebotomist. This confirmed less anxious children seemed to feel less pain. Interestingly, the phlebotomists did not feel the virtual reality intervention altered participant pain, anxiety or compliance, but were still very positive about its use. So is it that they love the technology?

This neatly ties in with the article that argued that whilst the paediatric fear avoidance model of pain has a growing evidence base and is often used to guide therapy for many patients. However, the paediatric fear-avoidance model does not apply to all patients seen in the paediatric persistent pain clinic. Attendances can involve acute short term self-limiting pain, such as having a blood sample taken.

The Newcastle group, led by Katherine Brain, has drawn attention to the importance of nutrition in the management of persistent pain. We have recently employed a nutritional educator, and selected patients report benefit with low inflammatory diets.

EDITOR'S NOTE

CONTINUED

Michelle Stirling draws our attention to the study that confirms brief psychological interventions from physiotherapists help with the management of whiplash, and so we return to the theme of multimodal therapy. I love the idea of stress inoculation but wonder what the anti-vaccine movement would make of this! Seriously though, a worthy concept.

Finally, Dr John Quintner et al debate the terminology for describing patients with an inability to perceive pain. As always, his writing encourages and stimulates intellectual debate.

See you on the Gold Coast in April, 2019!

Stephanie Davies
Editor

2019: THE GLOBAL YEAR AGAINST PAIN IN THE MOST VULNERABLE

Each year the IASP identifies an area of pain that needs extra attention and then brings together experts in the area to help develop and disseminate resources to improve patient outcomes. Last year you might recall the Year for Excellence in Pain Education.

2019 has been declared the Global Year Against Pain in the Most Vulnerable, with an aim to focus attention on the following vulnerable populations:

- Pain in older persons (including pain in dementia)
- Pain in infants and young people
- Pain in individuals with cognitive impairments (non dementia-related) or psychiatric disorders
- Pain in survivors of torture

The IASP have developed a number of webpages and resources dedicated to this year's global year. Through the IASP website, you can access publications on the topic (including new and archived PAIN journal articles), webinars and factsheets for the assessment and management of pain in specific vulnerable patient groups. There are also instructions on

how you might participate in this year's global activities, including how to add the Global Year logo and hyperlink to your email signature, and how to follow the #GYPainVulnerable conversations. These can all be found, along with the IASP President's GY message, at <https://www.iasp-pain.org/GlobalYear>

The Australian Pain Society, as a chapter of the IASP, fully supports the 2019 Global Year against Pain in the Most Vulnerable and asks you to get involved. You may wish to participate by writing an article for our newsletter telling members what you have done (contact the newsletter editor aps@apsoc.org.au) There are other ways to participate, such as; providing your APS State Director with information on events/education/research occurring in your work area focused on this year's global year; becoming a member of the APS Pain In Childhood Special Interest Group; or most appropriately, by attending this year's APS conference on the Gold Coast.

As 2019 progresses, we will include more Global Year updates in these Newsletters.

Di Black



OFFICIAL MINISTERIAL LAUNCH OF THE AUSTRALIAN PAIN SOCIETY, PAIN IN RESIDENTIAL CARE FACILITIES - MANAGEMENT STRATEGIES, 2ND EDITION

As President of the Australian Pain Society, I am very proud to inform the membership of our “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.

It was such a testament to the importance of this new Aged Care Pain resource that there was such diverse representation from various Department of Health units, the Aged Care Sector, Dementia, Palliative Care, Arthritis, National Aging Research Institute and Industry supporters. We had the Peak Pain bodies, the Faculty of Pain Medicine and PainAustralia as well as our expert multidisciplinary pain stakeholders and clinicians of which many were involved in this publication, doing much of this work in their own time, and were present at the launch. Most importantly, we also had some Aged Care Residents from St Andrews Village in Canberra as our special guests, for whom this resource was intended to benefit.

In 2005 the Australian Pain Society published the highly recognised first edition, which was considered a landmark document that shaped pain management in residential aged care facilities (RACF) across Australia. With this 2nd edition, it's important we get it right, especially as the population rapidly ages and many more of

us will require care in residential aged care facilities and pain management will always be a top priority towards the end of life.



L-R

Authors: O. Twigg, S. Savvas, S. Mantopoulos, R. Goucke, M. Vaughan, Minister Wyatt, F. Hodson, S. Scherer, M. Wallace



L-R

St Andrews Village Residents: P. Nieforf, O. Murray, L. Marlow, Minister Wyatt, Y. Davies, D. Booth, CEO D. Pritchard

With the recently commenced “Aged Care Quality and Safety Royal Commission”, many issues have been raised around untreated or poorly treated chronic pain that can severely reduce function

and quality of life for residents. The prevalence of acute and chronic pain amongst those with dementia requires recognition in the severe behavioural and psychological symptoms of dementia (BPSD), that has led to many residents being over medicated with inappropriate use of physical or chemical restraints and reliance on antidepressants. This can also be compounded by cognitive or other



L-R
T. Hallen, C. Bennett Pain Australia CEO, F. Hodson APS President,
Minister Wyatt, M. Craigie FPM Dean

communicative impairments of residents, inadequate training of aged care staff and workloads that prevents adequate pain assessment, can all be barriers to effective treatment for residents.

This 2nd edition, has revised and expanded content with additional chapters on Pain at the End of Life and Pain and Nutrition which have also been highlighted as key areas of concern for the elderly at the Aged Care Quality and Safety Royal Commission.

[Palliative Care Australia Chief Executive Officer \(CEO\), Rohan Greenland](#), welcomes the inclusion of a new chapter on pain at the end of life. He states that: “60,000 Australians die in residential aged care facilities each year”

“This updated publication will help staff know how to recognise and manage the pain of residents so they can have the best quality of life, right to the end of life.”

This new edition was designed as a “one stop shop” with easy-to-use information and resources at the fingertips of the entire multidisciplinary workforce in RACF’s. Renewed focus within the documents are on the benefits of implementing a multidisciplinary, multimodal approach to assessing and managing pain that includes both pharmacological and non-pharmacological strategies.

The Minister was very complementary of this APS self-funded resource and commended the Australian Pain Society and the dozen dedicated co-authors of this critical resource that he will be promoting to all Residential Aged Care Facilities nationally.

“Access to high-quality pain management is a human right and this is about making a real difference to the daily quality of life of tens for thousands of senior Australians,” stated by [Aged Care Minister Wyatt](#).

We therefore hope managers and owners of residential aged care facilities will find the book of great value. We will continue to work with the Department of Health regarding the new Single Aged Care Quality Framework, by embedding pain management across the New Aged Care Quality Standards to ensure providers have the capacity to manage chronic pain across the aged care sector. The content will enable them to understand the importance of pain and its appropriate management for all their residents by developing policies and procedure reviews and staff training to ensure that care is provided to a “best-practice” standard within their facilities.

The APS also held a forum later the same day, also at Parliament House, Canberra, with many of the invitees from National Peak and Pain related bodies. This session allowed us all to strategically discuss and plan on how we can all “collaborate better” on Pain and Aged Care related issues

in the future, particularly in light of the commencement of the “Aged Care Quality and Safety Royal Commission.”

Key issues discussed were:

1. Pain in Residential Care Facilities – Management Strategies, 2nd Edition
 - Distribution plan
 - Implementation Toolkit
2. Aged Care Royal Commission discussion
 - Key issues
 - Plan of approach for pain management

3. National Action Plan – Pain Management
 - Aged Care issues

This forum enabled very positive discussion and strategic planning around National Aged Care and Pain related issues with some tangible outcomes to further discuss and progress. The APS will continue to collaborate with these organisations and will ensure to keep the membership updated on any progress.

Fiona Hodson
President



Pain in Residential Aged Care Facilities: Management Strategies, 2nd Edition
Post Launch Meeting: Outside Private Dining Room 1, Australian Parliament House, Canberra

Photo label left to right

Front Row: Dr Meredith Craigie - PFM dean, Ms Fiona Hodson - APS President, Mrs Joy Burdack - APS ACT Director, Ms Tracy Hallen - APS Project Officer

Second Row: Ms Carol Bennett - Painaustralia CEO, Dr Sam Scherer - co-author, Ms Maree Vaughan - co-author, Ms Helen Morris - FPM General Manager

Third Row: Mr Steven Mantopoulos - co-author, Ms Michelle Wallace - co-author, Ms Petrea Messent - Dementia Australia GM, Dr Steven Savvas - co-author, Ms Kristine Riethmiller - Arthritis Australia Chair, Ms Priyanka Rai - Painaustralia Policy Manager

Back Row: Mr Rohan Greenland - Palliative Care Australia CEO, Ms Olivia Twigg - co-author, Ms Judy Gregurke - Director, Aged Care Reform Secretariat, National Aged Care Alliance, Dr Roger Goucke - Medical Editor, Ms Kelly Gourlay - Palliative Care Australia National Policy Advisor, Ms Katharine Silk - Integration & Innovation Manager AHHA - ELDAC



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

PROGRAM NOW AVAILABLE

The Committee is pleased to announce the final line up for the APS 2019 Conference.

Available now on the website is:

Keynote Speakers

Read the biographies of the international keynote speakers, and national plenary speakers

Pre-Conference Workshops

8 workshops available!

Topical Sessions

An outline of each topical session included in the program

Free Paper Sessions

An outline of each free paper session included in the program

SOCIAL PROGRAM

As well as a jam-packed conference program, we also have lots of exciting social functions on offer! We encourage delegates to make the most of your conference experience and attend as many of the social functions as possible.

An exciting social program will include:

Welcome Reception

Sunday 7 April, 6.00pm to 7.30pm, Gold Coast Convention Centre

Monday Networking Drinks

Monday 8 April, from 6.00pm, Garden Kitchen & Bar at The Star Gold Coast (each guest will be entitled to a complimentary drink voucher)

Gala Dinner

Tuesday 9 April, 7.00pm till 11.00pm, HOTA, Home of the Arts

For details on all activities visit the website [here](#).

The Local Organising Committee also wants you to enjoy all the Gold Coast has to offer and they have arranged a number of additional activities you can get involved with. Network with colleagues and enjoy the following options:

Monday 8 April – beach walk or run

Tuesday 9 April – beach yoga / pilates

Daily – the morning coffee run

https://www.dcconferences.com.au/aps2019/social_program

TOUR OPTIONS

APS 2019 also provides you with the opportunity to experience the Gold Coast before and after the Conference with a range of local tour options available through a local tour operator. Visit the [website](#) and see what is on offer from all the theme parks to Currumbin Wildlife Sanctuary.

Take a look at the conference website for further details on what is on offer, and be sure to add them to your registration when you register online.

REGISTER TODAY!

We look forward to welcoming you to the Gold Coast in April.

Should you have queries, please contact the [Conference Secretariat](#).

PAIN IN CHILDHOOD SIG: JOURNAL WATCH

Development and feasibility testing of a pain neuroscience education program for children with chronic pain: treatment protocol.

Pas, R., Meeus, M., Malfiet, A., Baert, I., Van Oosterwijck, S., Leysen, L. & Ickmans, K. (2018). *Brazilian Journal of Physical Therapy*, 22(3): 248-253. <https://doi.org/10.1016/j.bjpt.2018.02.004>

Reviewer:

Jules Richards / Rebecca Fechner
Nurse Practitioner / Senior Physiotherapist
Queensland Interdisciplinary Paediatric
Persistent Pain Service

Study group:

18 children (9 girls, 9 boys) aged between 6 and 12 years old.

Aims:

The aim of the study was to develop a pain neuroscience education program for children with persistent pain, and test its feasibility.

Methodology:

A literature review was completed to search for existing resources that would be useful in providing neurophysiology education to children. The information from this review was used to develop the Pain Neuroscience Education program for children – entitled 'PNE4Kids'. The program was tested for feasibility in three groups of healthy children (aged between 6 and 12). The education sessions were recorded on video and reviewed by experts in the field of pain neuroscience education.

Summary of the results:

The education program was successfully developed, and includes 3 sections: nociceptive system and its function, explanation of adaptations within the nociceptive system in persistent pain and the application of this information to the patient's everyday life. The paper does not explore the effectiveness of the program in a cohort of patients with persistent pain.

Conclusions:

The paper provides an example of a program that can be used to explain neurophysiology to children with persistent pain. The paper supports the feasibility of delivering this education program, however the program has not been tested in patients with persistent pain. Outcome measures after completion of the program have not been undertaken.

Reviewer's critique and take-home message:

The paper outlines an innovative way to provide neurophysiology education to children, using language and explanations that are developmentally appropriate. The authors provide access to this resource via their website: <http://www.paininmotion.be/PNE4Kids>. The game developed within this paper would be a useful resource for clinicians, however it is not clear if the game is available for purchase. Other useful resources including slides and an educational booklet entitled 'A journey to learn about pain' are available via the website.

The paper opens opportunities to look at the association between the child's and parents understanding of pain; and if parental involvement in the education sessions has an influence on the pain related outcomes for the child.

Further research is required to explore the effectiveness of this education program and establish if the program positively influences pain-related outcomes (function



and participation in combination with pain scores) for children with persistent pain. The program is currently aimed at children aged 6-12, options to modify the content and resources to make it developmentally appropriate for children over 12 years could also be considered. Outcome measures for neurophysiology education for adults is measured via rNPQ (revised neurophysiology questionnaire), the development of a child-version of this questionnaire would be beneficial in assessing learning outcomes.

Declaration:

Nil declaration to make.

PAIN IN CHILDHOOD SIG: JOURNAL WATCH

Is Virtual Reality Ready for Prime Time in the Medical Space? A Randomized Control Trial of Pediatric Virtual Reality for Acute Procedural Pain Management.

Gold J I, and Mahrer N E. *Journal of Pediatric Psychology*, 43(3), 2018, 266-275.

Reviewer:

Dr Christine Mott, Acting Clinical Lead, Queensland Interdisciplinary Paediatric Persistent Pain Service, Queensland Children's Hospital.

Study group:

This was a randomized control trial with 143 young people aged 10 to 21 years old (mean age 15.43). Young people were considered as a "triad" participant including also results from their caregiver (where under 18) and their phlebotomist. Excluded participants included those with cognitive disability, developmental delay, seizure history, use of pain or anxiety medications, flu-like symptoms, visual or auditory impairment.

Aims:

To conduct a randomized control trial to evaluate the feasibility and efficacy of virtual reality compared with standard care for reducing pain, anxiety, and improving satisfaction associated with blood draw in children.

Methodology:

Subjects were recruited from an outpatient phlebotomy department at a paediatric hospital and randomized to receive either

virtual reality or standard care when undergoing routine blood testing. Patients and caregivers completed pre-procedural and post-procedural standardized measures of pain, anxiety and satisfaction, and phlebotomists reported about the patient's experience during the procedure. The pre-procedure testing was done with study personnel not aware of what the subject had been assigned to, but there was no attempt to blind participants, caregivers or phlebotomists as to which intervention the young person received. The Childhood Anxiety Sensitivity Index was used to review how negatively the young person viewed symptoms of anxiety.

Summary of the results:

Virtual reality was associated with significantly reduced acute procedural pain and anxiety compared to standard care, as well as significantly better affect. A significant interaction between patient-reported anxiety sensitivity and treatment condition indicated that patients undergoing routine blood draw benefit more from virtual reality intervention when they are more fearful of physiological sensations related to anxiety. Patients with a low anxiety sensitivity had no difference in their procedural anxiety with use of virtual reality. Patients and caregivers using virtual reality reported high levels of satisfaction with the procedure. Mild to moderate nausea was reported in 5.2% of patients, but no other adverse effects were reported. Phlebotomists viewed the virtual reality very positively and 98% reported that it had helped and they wanted to use it with other patients.

Conclusions:

Virtual reality is feasible, tolerated, and well-liked by patients, caregivers and phlebotomists alike for routine blood testing. Given the immersive and engaging nature of the virtual reality experience, it has the capacity to prevent pain and distress associated with blood testing



in paediatric patients, especially where patients have high anxiety sensitivity. It holds promise to reduce negative health outcomes for children and reduce distress in caregivers, while facilitating increased satisfaction and throughput in hectic outpatient phlebotomy clinics.

Reviewer's critique and take-home message:

The introduction of this paper references many studies suggesting a potential role for virtual reality in decreasing pain and distress associated with a range of unpleasant medical procedures. This study states it is the largest RCT of virtual reality compared to standard care in paediatric pain management, and aimed to take this a step further by attempting to define types of patients that might benefit most from a virtual reality intervention. While the lack of blinding to intervention randomization affects the validity of post-procedure results, the study was able to demonstrate the potential for individual participant factors to influence the efficacy of virtual reality for preventing procedural anxiety. No difference was seen across ages, genders or previous venipuncture experience. It would be interesting for future research to expand this study to define further relevant individual factors. The other potential issue with the study is the main author serving as a scientific advisor for the virtual reality company used.

Interestingly the phlebotomists did not feel the virtual reality intervention altered participant pain, anxiety or compliance, but were still very positive about its use. The study hypothesizes this may be to do with work pride or lack of accuracy in judging subjective experience, but further exploration of the experience of using virtual reality for phlebotomists would be important in progressing to routine use of this technology.

Virtual reality equipment has become cheaper and more accessible over time, and the technology continues to become more sophisticated so that a multimodal sensory experience demanding conscious attention is possible. This study used virtual reality through a smartphone with a headset for 5 minutes duration total including before, during and after the procedure, although it did acknowledge the need for time for cleaning equipment. This study indicates virtual reality may be an accessible, quick, and well-tolerated intervention that improves the medical experiences of young people and their carers, as well as being positive for paediatric phlebotomists.

Declaration:

Nil declaration to make.

PAIN IN CHILDHOOD SIG: JOURNAL WATCH

Assessment of Pain Anxiety, Pain Catastrophizing, and Fear of Pain in Children and Adolescents with Chronic Pain: A Systematic Review and Meta-Analysis

Fisher E, Heathcote L C, Eccleston C, Simons L E, Palermo T M. *Journal of Pediatric Psychology*, 2018, April 1;43(3):314-325

Reviewer:

Dr. Mark Alcock, Clinical Lead of the Queensland Interdisciplinary Paediatric Persistent Pain Service, Queensland Children's Hospital, Brisbane.

Study group:

This was a systematic review and meta-analysis of studies that had used self-report cognitive-affective measures to assess pain anxiety, pain catastrophizing and fear of pain in patients less than 18 years old, who had pain for 3 months or longer. Studies on pain associated with a life limiting condition, acute pain and peri-operative pain were excluded.

Aims:

This systematic review stated three aims:

1. To identify cognitive-affective measures assessing pain anxiety, pain catastrophization, and fear of pain in youth with persistent pain summarizing their content, psychometric properties and use
2. To use evidence-based assessment criteria to rate each cognitive-affective measure according to guidelines from the Society of Pediatric Psychology

3. To assess the construct validity of pain anxiety, pain catastrophization and fear of pain by meta-analyzing their reported correlations with the primary outcome variables specified in the pediatric fear-avoidance model of pain (pain intensity, disability, general anxiety and depression).

Methodology:

This systematic review and meta-analysis appears to comply with the PRISMA statement (checklist and flow diagram).

Summary of the results:

1. For aim one, seven relevant cognitive-affective measures were identified from 54 studies:
 - a. One measure for pain anxiety – Bath Adolescent Pain Questionnaire (subscale)
 - b. Three measures for pain catastrophizing
 - i. Pain Catastrophizing Scale for Children (PCS-C) – most frequently used of all the measures included in the systematic review (30 studies)
 - ii. Pain Coping Questionnaire (PCQ) – subscale
 - iii. Pain Response Inventory (PRI) – subscale
 - c. Three measures on Fear of Pain:
 - i. Fear of Pain Questionnaire for Children (FOPQ-C)
 - ii. Pediatric Pain Fear Questionnaire (PPFQ)
 - iii. Photographic series of Daily Activities (PHODA-youth)

As an assessment of reliability, internal consistency was reported as good for all measures except the PCQ subscale. This



indicates the items within each measure are likely asking about the same thing (e.g. pain anxiety, catastrophization or fear) in different ways.

2. For aim two, using the SPP evidence-based assessment criteria, 5 measures were classed as well established, and two measures PPFQ and PHODA-youth) classed as promising.
3. For aim 3, there was only enough data available from four cognitive-affective measures (PCS-C, FOPQ-C, BAPQ subscale, and PCQ-IC subscale) which enabled 10 out of a possible twenty-eight meta-analysis to be completed. The results of these meta-analyses can be summarized as follows:
 - a. Small to moderate correlations were identified between all four cognitive-affective measures and pain-related disability
 - b. Correlations identified between cognitive-affective measures and pain intensity were weak
 - c. There were moderate strength correlations between PCS-C and generalized anxiety and depression

Conclusions:

This systematic review identified seven cognitive-affective measures assessing pain anxiety, pain catastrophization and pain related fear, with the pain catastrophization scale for children being the most researched measure. Five of these measures were assessed as well-established using guidelines from the Society of Pediatric Psychology however these guidelines are not stringent. Although internal consistency was well reported for these measures, other psychometric assessments such as test-retest reliability, sensitivity to change and discriminant validity were lacking. There was a significant degree of similarity in items across all seven cognitive-affective

measures, which raises the question, are the constructs of pain anxiety, catastrophization and fear separate constructs or the same?

The meta-analysis was incomplete due to limited data being available, therefore the findings should be interpreted with caution. The strongest correlation between the four measures included in the meta-analysis and the primary outcome variables specified in the pediatric fear avoidance model of pain was with pain related disability.

Reviewer's critique and take-home message:

This systematic review and meta-analysis conducted by a group of leading paediatric persistent pain researchers looks at the cognitive-affective measures available to objectively assess patients using the pediatric fear avoidance model of pain. It was a thorough review of the relevant literature and provides a good description of the included cognitive-affective measures. However, the criteria led assessment of the measures is of questionable value, and the meta-analysis is limited, in part due to the authors decision to not take on the onerous task of contacting authors of original manuscripts for further data.

This systematic review and meta-analysis shows that the psychometric assessment of the seven included cognitive-affective measures, and their validation through correlation to specific components of the pediatric fear avoidance model of pain is incomplete. Therefore, in the clinical setting, they should be used with caution, and, as with any questionnaire, should judiciously complement rather than replace clinical assessment.

Some of these measures have been incorporated into service benchmarking programs (for example, the BAPQ subscale on pain anxiety in the paediatric

electronic persistent pain outcomes collaboration (ePPOC)), where there is a temptation misuse them as indicators of service performance despite incomplete psychometric analysis, and it being as yet unclear exactly what they are assessing.

Whilst the pediatric fear avoidance model of pain has a growing evidence base, is well supported in clinical practice, and used to guide therapy for many patients, it should be noted that this model does not apply to all patients seen in the paediatric persistent pain clinic. Empirical approaches to therapy for our complex patient population has a risk of therapy failure. The importance of clinical assessment and formulation to inform the interdisciplinary team's approach to therapy cannot be understated.

Declaration:

Nil declaration to make.

Thank you to APS members Katherine Brain, Chris Hayes, Fiona Hodson and colleagues Tracy Burrows, Megan Rollo, Li Kheng Chai, Erin Clarke and Clare Collins for sharing the following recent publication:

A systematic review and meta-analysis of nutrition interventions for chronic noncancer pain

Katherine Brain, Chris Hayes, Fiona Hodson, Tracy Burrows, Megan Rollo, Li Kheng Chai, Erin Clarke and Clare Collins

Article first published online: October 2018

Journal Reference: Journal of human nutrition and dietetics: 2018.

DOI: 10.1111/jhn.12601

Link: <https://onlinelibrary.wiley.com/doi/abs/10.1111/jhn.12601>

ABSTRACT

Background

Optimizing dietary intake is an important part of pain management and associated comorbidities such as obesity and cardiovascular disease. However the current evidence for nutrition interventions for pain management has not been collated and critically evaluated. This systematic review aimed to evaluate the impact of nutrition interventions in people experiencing chronic pain on self-reported pain severity.

Methods

Keywords for 'chronic pain' and 'diet therapy' were systematically searched across eight electronic databases. Studies were considered eligible if they included an

adult population (≥ 18 years) with a chronic pain condition, a nutrition intervention and a measure of pain. Relevant data was extracted and quality assessment was performed by two independent reviewers using the Academy of Nutrition and Dietetics Criteria Checklist for primary research. Where available, data from studies using a visual analogue scale (VAS) to measure pain were pooled using meta-analysis in order to determine the overall effect of dietary interventions on pain outcomes.

Results

Seventy-one studies were included with 23 being eligible for meta-analysis. Study quality was rated as positive in twenty studies, 33 neutral and four studies as negative quality. Studies included a median of 46 participants (range 12-2121) and the majority had $\geq 50\%$ female participants. The range of mean ages varied from 30.9 to 65.7 years and range of mean BMI was 18.3kg/m² to 31.8kg/m². The most common measurement tool was the VAS which was used in 37 studies. The included studies were categorized by their intervention which included: (i) Altered overall diet where participants were prescribed a vegan, vegetarian or Mediterranean diet. Of the 16 studies in this category, 12 studies found a significant reduction in self-reported pain. (ii) Altered single nutrient where participants altered the intake of a specific nutrient (e.g. fat, fibre, protein and water). Two (fat and protein) of the five studies in this category had significant reduction in pain scores. (iii) Nutrition supplements were used in 46 studies with a wide variety of supplements prescribed to participants (e.g. omega-3 fatty acids, vitamin, mineral, amino acids). Of these, 11 studies showed significant results where participants had a reduction in pain scores. (iv) Four studies used fasting therapy where the participants intake was restricted to 300-350kJ/day, only one study reported a significant

reduction in pain. Findings from the meta-analysis showed that, when combined, all nutrition interventions had a significant effect on pain reduction (-0.905, $p < 0.001$), as measured using a VAS. Those studies which altered overall dietary intake (-1.415, $p = 0.03$) or a single nutrient (-1.415, $p < 0.001$) had the greatest effect.

Conclusions

This review highlights the importance and effectiveness of nutrition interventions for people who experience chronic pain. However, the review also demonstrated that there is a large variation in the types of nutrition interventions which have been investigated to date with varying methodological quality. It shows there is a need for more good quality studies which include nutrition advice and support, not only addressing pain itself but also weight management and other comorbidities such as cardiovascular disease.

Declaration

This study forms part of the thesis work for Katherine Brain from the University of Newcastle who was supported by the Australian Postgraduate Award and Rainbow Foundation Top Up Scholarship through Hunter Medical Research Institute (HMRI). Li Kheng Chai is supported by the University of Newcastle International Postgraduate Research Scholarship, The Barker PhD Top Up Scholarship and Emlyn and Jennie Thomas Postgraduate Medical Research Scholarship through HMRI. Tracy Burrows is supported by a University of Newcastle Faculty of Health and Medicine Early Career Brawn Fellowship and Clare Collins is a NHMRC Senior Research Fellow and a University of Newcastle Faculty of Health and Medicine Gladys M Brawn Senior Research Fellow.

Thank you to APS member Michele Sterling and colleagues Rob Smeets, Gerben Keijzers, Jacelle Warren and Justin Kenardy for sharing the following recent publication:

Physiotherapist-delivered stress inoculation training integrated with exercise versus physiotherapy exercise alone for acute whiplash-associated disorder (StressModex): a randomised controlled trial of a combined psychological/physical intervention

Michele Sterling, Rob Smeets, Gerben Keijzers, Jacelle Warren and Justin Kenardy

Article first published online: 19 January 2019

Journal Reference: British journal of Sports Medicine

DOI: 10.1136/bjsports-2018-100139.

Link: <https://www.ncbi.nlm.nih.gov/pubmed/30661011>

ABSTRACT

Objective

Whiplash Associated Disorder (WAD) is a common and costly problem. There are few effective treatments for acute WAD. Early symptoms of post-injury stress predict poor recovery. We aimed to compare the effectiveness of physiotherapist-led stress inoculation training integrated with exercise to guideline-based exercise alone for people with acute whiplash-associated disorder at risk of poor recovery.

Design

StressModex is a prospective, parallel group, assessor-blinded, randomised, 12 month clinical trial.

Setting

The trial was conducted at a university centre and community physiotherapy practices in Queensland, Australia.

Participants

People with acute (< 4 weeks) whiplash-associated disorders (Grade 2 or 3) at risk of poor recovery (at least moderate pain related disability ($\geq 32\%$ on the Neck Disability Index) and ≥ 3 on the hyperarousal symptom sub-scale of the posttraumatic stress diagnostic scale) were included. They were recruited by advertisement in local and metropolitan newspapers, radio and online media, from primary care practices (GP and physiotherapy) as well as from the Emergency Department of the Gold Coast University Hospital.

Methods

Participants were randomly assigned to either physiotherapist-led stress inoculation training and guideline-based exercise (n=53) or guideline-based exercise alone (n=55). Both interventions comprised 10 sessions over 6 weeks. Sealed opaque envelopes were used to conceal allocation. The primary outcome was the Neck Disability Index (NDI) on a 0-100 scale. Outcomes were measured at 6 weeks, 6 and 12 months. Analysis was by intention to treat, and treatment effects were calculated using linear mixed models. The trial is registered with the Australian and New Zealand Clinical Trials Registry ACTRN 12614001036606.

Results

Of the 108 randomised participants (mean age 41.3 years (standard deviation 14.2) and 62% female), 102 (94.4%) completed the 6 week follow-up, 98 (90.7%) the 6 month follow-up and 98 (90.7%) the 12 month follow-up. The stress inoculation training and exercise intervention was more effective than guideline-based exercise alone for pain related disability at all follow-up points. At 6 weeks, the treatment effect on the 0-100 NDI was -10 (95% CI - 15.5 to -9.0), at 6 months was -7.8 (95% CI -13.8 to -1.8), and at 12 months was -10.1 (95% CI -16.3 to -4.0). A significant benefit of the stress inoculation and exercise intervention over guideline-based exercise was found for some secondary outcomes including mental health outcomes. No serious adverse events related to the interventions were reported.

Conclusions

A physiotherapist-led intervention of stress inoculation training and guideline-based exercise results in greater improvements in pain related disability than guideline-based exercise alone, the most commonly recommended treatment, for patients with acute whiplash-associated disorders. These results support the utilisation of physiotherapists to deliver psychological interventions to improve outcomes post whiplash injury in those at risk of poor recovery.

Declaration

Funding for this study was received from The National Health and Medical Research Council of Australia, Grant ID: APP1069443. There are no conflicts of interest to declare.

Thank you to APS member John Quintner and colleagues Asaf Weisman and Youssef Masharawi for sharing the following recent publication:

Congenital Insensitivity to Pain – A Misnomer

John Quintner, Asaf Weisman and Youssef Masharawi.

Article first published online: 2 February 2019

Journal Reference: Journal of Pain

DOI: <https://doi.org/10.1016/j.jpain.2019.01.331>

Link: [https://www.jpain.org/article/S1526-5900\(18\)30687-4/pdf](https://www.jpain.org/article/S1526-5900(18)30687-4/pdf)

ABSTRACT

“Congenital insensitivity to pain (CIP)” is an umbrella term used to describe a group of rare genetic diseases also classified as “Hereditary Sensory Autonomic Neuropathies (HSAN)”. These are intriguing conditions with potential to shed light on the poorly understood relationship concerning nociception and the experience of pain. However, the term CIP is epistemologically incorrect and is the product of historical circumstances. The term conflates pain and nociception and thus prevents researchers and caregivers from grasping the full dimensions of these conditions. The aims of this article are to review the epistemological problems surrounding the term, to demonstrate why the term is inaccurate and to suggest a new term: “Congenital Nociceptor Deficiency”. The suggested term better reflects the nature of the conditions, and incorporates current understandings of nociception.

Implications

The umbrella term “Congenital Insensitivity to Pain” conflates pain and nociception, which is epistemologically unacceptable. We suggest a new term – Congenital Nociceptor Deficiency - that overcomes this problem and is concordant with current neurobiological knowledge.

Declaration

The authors have nothing to declare

AUSTRALIA DAY HONOURS 2019

We are delighted to congratulate the following APS members who have been awarded a Member of the Order of Australia (AM):



Dr Penny BRISCOE AM

For significant service to medicine and medical education, particularly to chronic pain management.



Professor Milton COHEN AM

For significant service to medical education in the field of pain management.

We also acknowledge **Ms Lesley Brydon AM** for her significant service to community health through the implementation of the National Pain Strategy.

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Mundipharma #1-APS-APRA	Kathryn Nicholson Perry	2007	<i>“Pain Management Programmes in Spinal Cord Injury: Cognitive Behavioural Pain Management Programmes in the Management of Sub-acute and Chronic Spinal Cord Injury Pain”</i>

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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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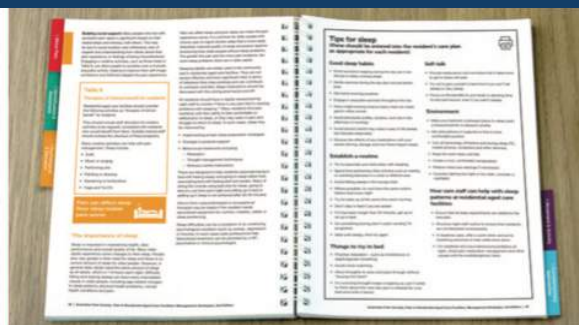
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For dates & further information visit: sydney.edu.au/medicine/pmri/education T: +61 2 9463 1516
E: paineducation@sydney.edu.au

New Zealand Pain Society
NZPS 19
NEW ZEALAND PAIN SOCIETY
ANNUAL SCIENTIFIC MEETING
7—10 March 2019
RYDGES LATIMER HOTEL CHRISTCHURCH, NEW ZEALAND

FROM WHERE WE STAND

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For more information please contact the SSA
Conference Secretariat: DC Conferences Pty Ltd
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KEY DATES

Call for Abstracts opens	16 October 2018
Abstract Submission Deadline	8 January 2019
Early bird Registration Deadline	1 March 2019



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Submission Deadlines

Topical Sessions	21 September 2018
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Professor Beth Darnall

Professor Beth Darnall, PhD is Clinical Professor in the Department of Anesthesiology, Perioperative and Pain Medicine at Stanford University. She is principal investigator for \$13M in federally funded pain and opioid reduction research projects that test the effectiveness and mechanisms of psychological strategies in individuals with chronic pain. She investigates mechanisms of pain catastrophising, targeted pain psychology treatments she has developed, prevention of post-surgical pain, and patient-centered outpatient opioid tapering.

Dr Nanna Finnerup

Dr Nanna Brix Finnerup (MD, DrMedSc) is Professor in pain research at the Danish Pain Research Centre, Department of Clinical Medicine, Aarhus University, Denmark. Since 1998 she has worked at the Danish Pain Research Center at Aarhus University. She obtained her degree of Doctor of Medical Sciences from Aarhus University in 2008, and is currently Professor at the Danish Pain Research Center. Her main research interest is the pathophysiology and therapy of neuropathic pain.

Professor Tor Wager

Tor Wager is Professor of Psychology, Neuroscience, and Cognitive Science at the University of Colorado, Boulder. Since 2010, he has directed Boulder's Cognitive and Affective Neuroscience laboratory. Much of the lab's work centers on the neurophysiology of pain and emotion and how they are shaped by cognitive and social influences. In particular, he is interested in how thoughts and beliefs influence affective experiences, affective learning, and brain-body communication.



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Building Collaborations In Pain Management



FYI

NEW!

- **The Hon Ken Wyatt AM, MP Minister for Senior Australians and Aged Care, Minister for Indigenous Health Working with Aboriginal People:**

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)

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>

OTHER ITEMS OF INTEREST FOR OUR MEMBERS:

- **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

- **The Third Australian Atlas of Healthcare Variation:** latest issue, available online at <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://healthinfor.net.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://digitalhealth-guide.com.au/Account/LogOn?ReturnUrl=%2fSpecialtyFormulary%2f2>

At login. Username: connectingcare
Password: health

- **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>

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

- **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

NPS MEDICINEWISE RESOURCES:

- **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>

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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Dr	Raj	Anand	Pain Medicine Physician
Ms	Aila-Nica	Bandong	Physiotherapy
Dr	Felicity	Braithwaite	Physiotherapy
Ms	Anne	Brennan	Physiotherapy
Mr	Jarryd	Brown	Physiotherapy
Mrs	Laura	Bruggink	Physiotherapy
Miss	Shantel	Chang	Physiotherapy
Mrs	Megan	Chapman	Physiotherapy
Mr	Luke	Chester	Nursing
Dr	Prem	Chopra	Psychiatry
Dr	Andrew	Claus	Physiotherapy
Mr	Alexander	Culvenor	Physiotherapy
Dr	Jennifer	Dawson	Pain Medicine Physician
Mrs	Terri-anne	Dowling	Nursing
Dr	Esther	Dube	Palliative Care
Mrs	Jacqui	Francis	Psychology
Dr	Leah	Goodwin	Rehabilitation Medicine
Dr	Elizabeth	Grosso	Rehabilitation Medicine
Mrs	Tunde	Hadnagy Velezdi	Nursing
Ms	Lisa	Hardwick	Psychology
Mrs	Lucinda	Harris	Nursing
Mrs	Rebecca	Ioannidis	Nursing
Miss	Anna	Kersch	Paediatrics

TITLE	FIRST NAME	LAST NAME	DISCIPLINE GROUP
Miss	Nicole	Kirchner	Occupational Therapy
Ms	Annette	Mackney	Nursing
Mrs	Tara	Malone	Occupational Therapy
Mr	Kevin	Mulrain	Physiotherapy
Dr	Jonathan	Newchurch	Pain Medicine Physician
Mrs	Anne	Noble	Psychology
Dr	Olivia	Ong	Pain Medicine Physician
Miss	Kathryn	Parry	Pharmacy
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From where we stand

Rydges Latimer Hotel, Christchurch, New Zealand

<http://www.nzps2019.nz>

12 Mar 2019

Pain Adelaide Stakeholders' Consortium

Pain Adelaide 2019

National Wine Centre, Adelaide, SA

<https://painadelaide.org>

16-23 March 2019

Pain Revolution 2019

Rural Outreach and Cycling Tour

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24-27 March 2019

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<http://www.ruralhealth.org.au/15nrhc/>

5-7 April 2019

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30th Annual Scientific Meeting

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<http://www.dconferences.com.au/ssa2019/>

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11-14 Apr 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>

28 Apr 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

[TBA](#)

29 Apr-3 May 2019

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

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

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Innovation & Practice Forum 2019

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<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>

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

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International Convention Centre, Sydney, NSW

<http://www.otaus2019.com.au>

12-14 Aug 2019

Dietitians Association of Australia, 36th National Conference

More than meets the eye

Gold Coast Conference and Exhibition Centre, Gold Coast, QLD

<https://daa2019.com.au>

10-13 Sep 2019

Palliative Care Australia

19APCC

Perth Convention and 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



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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