



VOLUME 39, ISSUE 8



AUSTRALIAN PAIN SOCIETY NEWSLETTER

EDITOR'S NOTE

STEPHANIE DAVIES

I must congratulate Lincoln on producing this series of articles on the careers and advice from leaders in the Pain Medicine world. It was a bit of a coup for our co-editor Lincoln Tracey, who managed to finesse an interview with Professor Sean Mackay of Stanford University, when he attended our 2019 APS conference at the Gold Coast. Sean, a titan in the pain medicine world, provides interesting insights into how to progress research as a post-doc in the field of pain medicine.

Nutrition in management of persistent pain is an ever-expanding subject. Claire Collis et al, provide a concise overview of the basic principles for the elderly and I would like to encourage future contributions from dietitians and nutritional educators in this important aspect of managing persistent pain. Food as medicine is also become increasingly relevant to the management of persistent pain

Dr John Quintner, friend and colleague, has always enjoyed talking about the derivation of words describing medical terms from Latin and ancient Greek. John, with Melanie Galbraith and Milton Cohen, have co-authored two chapters of the second volume of Meanings of Pain edited by Simon Van Rysewyk, which is the featured recent publication in this edition of the newsletter. An impressive book that covers many aspects of pain, pain stories, pain conditions, terminology, philosophy and history. A good read and a great resource.

An online resource for people with persistent pain has been developed by St Vincent's Hospital - the Reboot Online Program. They are attempting to improve this resource by seeing if additional telephone support improves outcomes. They are searching for volunteers to test the hypothesis in a randomised controlled trial. If you have a suitable person for this study please email them or click on the link.

The IASP survey asking for feedback on the new definition of pain has closed and we will be getting the results soon. In this issue we have a link to Pain Education Resource Center (PERC), a resource for Pain Professionals. PERC was set up by the IASP for its members, to access an increasing array of presentations, lectures, workshops and webinars, which are searchable by content, and by author. This is available to members only and another good reason to join the IASP, as well as our local chapter.

Stephanie Davies,
Editor

FOCUS AND FRANK: A CONVERSATION WITH SEAN MACKEY

Sean Mackey, PhD, is the Chief of the Division of Pain Medicine and Redlich Professor of Anesthesiology, Perioperative and Pain Medicine, Neurosciences and Neurology at Stanford University, USA. His full profile can be viewed [here](#), or you can follow him on Twitter [@DrSeanMackey](#). His research interests include functional neuroimaging of pain, the neural plasticity contributing to chronic pain, and the development and implementation of an open-source learning healthcare system [CHOIR](#), used for the measurement and tracking of chronic pain outcomes. Mackey spoke with Lincoln Tracy, a research fellow from Monash University, Australia, at the 2019 Australian Pain Society Annual Scientific Meeting, which took place April 7-10, 2019, on the Gold Coast, Australia. Below is an edited transcript of their conversation.



What are some important things you try to teach the early career researchers that you work with?

The first thing we learn from picking up a PhD is the f-word: focus. We must always remember focus because it is very easy to get pulled in multiple directions. You may spend a lot of energy and end up with many publications and projects. But when reviewers are looking at you for that next career development grant, they are looking for a clear thematic path from your work. They

want to say, “Lincoln, we can see who you are—and where you are going.”

What I try to do with the postdocs I work with is plan a thematic career trajectory where they are developing their own independent research projects—but at the same time getting involved in analysing existing data sets and doing secondary analyses to generate additional peer-review publications. I think it’s very important at this early stage of your career to be getting as many

first author positions as you can. However, at the same time, there is value in demonstrating collaboration and collegiality—that you can be a good team player and a get involved with other people’s projects. It’s always a balance between being a good citizen and being *too* good a citizen. I don’t think there’s any hard and fast rule in that—it’s just about portioning your time and keeping your eye on the ball. Where do you see yourself going, and how are you going to move the ball there?

Do the secondary analyses of existing data and collaborative involvement in other people’s projects need to be related to your thematic path, or is there some flexibility on this?

I don’t think there’s any absolutes to that. I really think it depends on whose lab you end up in and what resources are available to you. I feel I’m extremely lucky I can provide a range of resources and opportunities to the early career researchers I work with. This means I can give my post docs more flexibility when they try and figure out what they are all about—and what focus they want to take with their research.

For example, I’m working with an Israeli post doc who is very interested in the intersection between anger and pain, so we’re focusing on emotion regulation. Another post doc is focusing on acupuncture. Now, my knowledge of acupuncture could fill a thimble—but she has been very effective in moving that forward and has also been involved in some of the secondary analysis of data we have in the clinic through the Collaborative Health Outcomes Information Registry ([CHOIR](#)) relating to acupuncture. My role with her is to provide higher level career mentoring to help navigate the turbulent waters of an academic path.

If you have a particular set of skills that provide added value to other people’s projects, then you can readily get involved with these and end up as a middle author on publications, which further establishes your CV. A recent post doc of mine, [Drew Sturgeon](#)—who is now on faculty at the University of Washington—came in with wonderful

analytical skills around structural equation modelling. He enjoyed data analysis, and was able to keep his own projects moving forward but also be involved with half a dozen of other people’s projects. By the time he finished his post doc at Stanford he had 24 publications. It’s all about finding where your skills can add value to other people’s projects without being *too* helpful. If you’re too helpful you feel like you have worked your ass off doing all these projects and you have a lot of middle author papers, but people will just wonder “what are *you* all about?”

Do you have a favourite song, or a piece of music that you enjoy?

Well, I have my grant writing music, which is [Sinatra](#). For reasons unclear to me, when I put Frank Sinatra on it immediately puts my brain into a mode where I tend to focus more, and I think about writing grants and papers. It might have something to do with my father listening to Sinatra songs as I was growing up, but I’m not sure. I can’t write as well with some of the more adult contemporary, pop, and rock music. I find it’s the type of music where it’s in the background—it’s not attentionally demanding—but it somehow puts my brain into this mode where it is comfortable. I find it fascinating how music can either lend to creativity or can be a distraction depending on the individual, the music, and the situation. But what’s really interesting is that I can put on Michael Buble—[who sings the Sinatra songs](#)—but I don’t write as well. I find it more attentionally demanding. The key is to find your own environment where you are most productive. Experiment and tweak it until it works well for you.

Lincoln Tracy is a postdoctoral research fellow in the School of Public Health and Preventive Medicine at Monash University and freelance writer from Melbourne, Australia. He is a member of the Australian Pain Society and enthusiastic conference attendee. You can follow him on Twitter ([@lincolntracy](#)) or check out some of his other writing on his [website](#).



2020 AUSTRALIAN PAIN SOCIETY 40TH ANNUAL SCIENTIFIC MEETING

In the IASP Global Year for the Prevention of Pain

5 - 8 APRIL 2020

HOTEL GRAND CHANCELLOR, HOBART TAS

TOPICAL SESSION SUBMISSIONS

Hurry!!!!

Deadline Extended!

Submission Deadline: Tuesday 8 October 2019

The Scientific Program Committee (SPC) and the Local Organising Committee (LOC) for the 2020 Australian Pain Society 40th Annual Scientific Meeting invites the submission of topical sessions.

For the submission instructions and the submission portal please [click here](#)

Should you have any queries regarding your submission or the process, please contact the Conference Secretariat (aps2020@dcconferences.com.au)

We look forward to receiving your submissions!



**2020 AUSTRALIAN PAIN SOCIETY
40TH ANNUAL SCIENTIFIC MEETING**
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ABSTRACT SUBMISSIONS

Hurry! Deadline for Submission is Thursday 31 October 2019

There are only few days left to submit an abstract for inclusion in the 2020 Australian Pain Society 40th Annual Scientific Meeting. Submit your abstract before the deadline to ensure you don't miss out.

Please note the following points regarding the submission process:

- The submitting author **MUST** be the main author and the person who will present the work at the ASM.
- If your abstract is accepted, either as a free paper or poster, there is an expectation that you will attend the conference to present this paper.
- Expressions of Interest (EOI) for travel grant applications are also being collected as part of the submission process

Categories for Abstract Submission

Experimental Studies (Clinical Studies, Basic Science, Public Health) and Clinical Trials
For further information, an abstract template and the submission portal please [click here](#)

Clinical Practice & Service Delivery (Poster Only)

For further information, an abstract template and the submission portal please [click here](#)

Case Reports (Poster Only)

For further information, an abstract template and the submission portal please [click here](#)

EOI for PhD / Nurse / AHP Travel Grant Applications

Delegates wishing to apply for a PhD / Nurse / Allied Health Professional (AHP) travel grant must:

- be the major contributor and submitting author of the abstract
- complete the *PhD / Nurse / AHP Travel Grant* section of the abstract submission process
- Complete and submit the travel grant application form

For further information, to ensure you meet the terms and conditions for travel grant applications and to complete the travel grant application form, please [click here](#)

To view the abstract submission guidelines please [click here](#)

We look forward to receiving your submissions!



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RISING STAR AWARD

Hurry! Deadline for Submission is Thursday 31 October 2019

Deadline will not be extended!

The Rising Star Award showcases rising star pain researchers in Australia, and may be awarded annually subject to the application of suitable candidates. The Rising Star Winner will receive a return airfare, accommodation, and complimentary registration to attend APS 2020, where they will present a plenary talk to showcase their work and ideas.

Applications are now open, for further information and to apply, please [click here](#)

Eligibility criteria

- Nominees must hold a PhD, and be within 5 years of conferral by the deadline of this award application
- Applicants can be working in any field of pain research, including basic science, biomedical, clinical and other applied or cross- disciplinary sciences
- Only individual scientists are eligible (not research teams)
- Applicants must be available to attend APS 2020
- Applicant must be a member of the APS ([join here](#))
- Australian citizen/resident, currently working in Australia and have spent at least two post-doctoral years in Australia, or have returned to continue working in Australia

The selection committee will take into account personal or extenuating circumstances that might provide grounds for consideration if the above eligibility criteria are not met.

Selection criteria

This award will be based on excellence in pain-related research achievement, demonstrated from the applicant's track record, including:

- Specific research achievements or discoveries
- Research impact/application
- Collaboration achievements – independent of your supervisor
- Publication record (quality and impact of publications; e.g., H-index, standing of journals, citations)
- Grants obtained (as a Chief Investigator)
- Patents held
- Peer recognition: Awards or prizes, national profile, international profile.

[For further information and to apply please visit the conference website.](#)

We look forward to receiving your submission!



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REGISTRATIONS OPEN FRIDAY 1 NOVEMBER!

Start planning your conference experience today!

Read the biographies of the international keynote speakers and
the national plenary speakers [here](#).

Learn what APS 2020 has in store:

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[Social Program](#)

[Discipline Sub-Group Meetings](#)

[Topical Concurrent Workshops](#)

[Sponsored Sessions](#)

[Trainee Session](#)

For information on APS 2020 visit the [website](#)

We look forward to welcoming you to [Hobart, Tasmania!](#)

PAIN IN CHILDHOOD SIG: JOURNAL WATCH

Association of Perioperative Opioid Prescriptions With Risk of Complications After Tonsillectomy in Children.

Chua KP, Harbaugh CM, Brummett CM, Bohm LA, Cooper KA, Thatcher AL, Brenner MJ. JAMA Otolaryngol Head Neck Surg. 2019 Aug 8. [Epub ahead of print]

Reviewer

Laura Burgoyne, Senior Staff Specialist, Children's Anaesthesia, Women's and Children's Hospital, Adelaide.

Study group

15,793 children who had undergone tonsillectomy. The mean age was 7.8 years, with 81% younger than 12 years.

Aims of study

To determine if perioperative opioid prescription filling was associated with return visits to the hospital on days 2-14 for pain, dehydration, secondary haemorrhage or constipation.

Methodology

A claims database of a large national insurer was used to identify opioid naïve children who had tonsillectomy with or without other minor ENT procedures during 2016 and 2017. The authors looked at prescription drug claims for opioids in the period immediately before surgery and up until 1 day after the surgery (defined as perioperative fills). The authors assessed return visits to hospital for pain, intravenous fluid administration, haemorrhage beyond 24 hours and opioid overdose.

Summary of the results

59.6% of children had perioperative opioid fills. The vast majority of which were for hydrocodone, followed by oxycodone and then tramadol. Having a perioperative opioid fill was positively associated with higher (presumed parental) educational level and negatively associated with obstructive sleep apnoea and other chronic conditions. 4.3% of children had a return visit for pain or dehydration. 3.1% of children had a return visit for secondary haemorrhage. Pain and dehydration and secondary haemorrhage were not associated with perioperative opioid fills. There was one opioid overdose (0.01%) in the 9411 patients with perioperative fills.

Conclusions

The findings of the study do not appear to contradict guidelines that non-opioids be used as first line analgesics for children following tonsillectomy.

Reviewer's critique & take home message

This is an interesting study as it addresses a common operation in children often associated with moderate to severe pain. The issue of whether to provide opioid prescriptions after tonsillectomy has been a recent topic of debate at our institution and others. It appears that filling perioperative opioid prescriptions was not associated with decreased number of return visits for pain and dehydration. There was 1 return for opioid overdose in almost 10,000 patients, but the circumstances and severity of this case was not reported. Although this sort of data lacks detail (for example number of doses of opioid taken and patient comfort) it is still a valuable snapshot of opioid use after tonsillectomy in children.

Declaration

No conflicts of interest to declare.





PAIN IN CHILDHOOD SIG: JOURNAL WATCH

Inhaled Methoxyflurane (Pentrox®) Versus Placebo for Injury-associated Analgesia in Children-the MAGPIE Trial (MEOF-002): Study Protocol for a Randomised Controlled Trial.

Hartshorn S, Barrett MJ, Lyttle MD, Yee SA, Irvine AT and in collaboration with Paediatric Emergency Research in the UK and Ireland. *Trials*. 2019 Jul 4;20(1):393.

Reviewer

Laura Burgoyne, Senior Staff Specialist, Children's Anaesthesia, Women's and Children's Hospital, Adelaide.

Study group

Planned recruitment is 220 children aged 6-17 years (110 in each arm) presenting to an emergency department with moderate to severe injury pain.

Aims of study

To assess the effectiveness of inhaled methoxyflurane for treating acute traumatic pain in children. The primary outcome will be the change in VAS or equivalent at 15 minutes. There are many secondary outcomes, including 30% reduction in VAS or equivalent at 5, 10, 15 and 20 minutes, number of patients requesting rescue medication as well as measures of correct device use, safety and adverse events.

Methodology

This is a protocol for an international multi-centre randomized placebo controlled

study in which patients will be given up to 2 x 3 ml doses of methoxyflurane via an inhaler as treatment for moderate to severe injury pain in the Emergency Department. The patients will be stratified by age into 3 groups (6-8 years, 9-11 years, and 12-17 years) in a 2:2:1 ratio. The patients will need to have a pain score of 6-8 on VAS or Wong-Baker Faces scales to qualify for entry into the trial.

Reviewer's critique & take home message

This is an interesting study as methoxyflurane is a drug in widespread usage in Australia with very little published data in children. Methoxyflurane has potential advantages in prehospital and emergency department care as administration does not require IV access and may be more acceptable than intranasally administered analgesia. It is interesting and a little surprising that methoxyflurane is being compared to placebo in this trial. If I was assessing this drug for use in a clinical setting I would like to know how it compared to intranasal fentanyl or similar. Nevertheless, the results of this trial will likely interest clinicians who manage or advise on acute traumatic pain in children.

Declaration

No conflicts of interest to declare

PAIN IN CHILDHOOD SIG: JOURNAL WATCH

Corrected QT Interval Prolongation in Pediatric and Young Adult Patients on Methadone for Cancer-Related Pain.

Madden K, Jo E, Williams JL, Liu , Bruera E. *J Pain Symptom Manage.* 2019 Jun 11. [Epub ahead of print]

Reviewer

Laura Burgoyne, Senior Staff Specialist, Children's Anaesthesia, Women's and Children's Hospital, Adelaide.

Study group

42 children and young adults starting methadone for cancer pain. Median age 16 years, range 1-25 years.

Aims of study

To evaluate the frequency and factors associated with prolongation of the QTc interval in children and young adults receiving methadone to manage cancer pain.

Methodology

A retrospective study at a paediatric cancer hospital which had previously instituted a protocol for commencing oral methadone to treat pain uncontrolled by oral immediate acting opioids. Methadone was given at a dose of 0.1 mg/kg per dose Q12H, with a maximum of 5 mg/dose or an equianalgesic dose. The protocol included taking a baseline personal/family history of prolonged QT or sudden death, baseline ECG and follow up ECGs at 1-2 weeks and 4-6 weeks.

Summary of the results

42 consecutive patients were included. No patient was excluded because of baseline QTc prolongation. 100% had ECG at baseline, 91% at 1-2 weeks and 74% at 4-6 weeks. There was a statistically significant increase in QTc interval at one week, but the magnitude of this was clinically insignificant (391 vs 399 ms). One patient (20 year old male) developed a prolonged QTc (513 ms at week 1-2), which resolved when the methadone was stopped. He had no new medications added and no electrolyte disturbance. His baseline QTc was 451 ms. On further questioning the patient gave a history of prolonged QTc not disclosed initially.

Conclusions

Prolonged QTc only occurred in one patient who had a history of prolonged QTc.

Reviewer's critique & take home message

The use of methadone in children is an area of interest as it addresses the perennial problem of unrelieved acute pain with an agent that is long acting and comes in liquid form. Patients with unrelieved acute pain are often on multiple other medications and have reasons for electrolyte disturbance, as they did in this cohort. The one patient who developed prolonged QTc in this study had a history of prolonged QTc and a borderline prolonged QTc on baseline ECG. I would be very cautious about commencing methadone for patients with borderline prolonged QTc at baseline, and only do it with close monitoring, including serial ECGs.

Declaration

I have no conflicts of interest to declare.



NUTRITIONAL CONSIDERATIONS FOR PAIN MANAGEMENT IN OLDER PEOPLE

BY CLARE COLLINS, KATHERINE BRAIN, LAURA BRUGGINK

Prof Clare Collins is a Fellow of the Dietitians Association of Australia and Senior Research Fellow in Nutrition & Dietetics at the University of Newcastle. Katherine is an Accredited Practising Dietitian and Research Academic in Nutrition & Dietetics at the University of Newcastle. Laura is an APA Titled Pain Physiotherapist who works with Hunter Integrated Pain Service and involved in running a brief pain management program for CALD populations in the Hunter.



L-R CLARE COLLINS, KATHERINE BRAIN, LAURA BRUGGINK

The next article in the series to support: The Global Year Against Pain in the Most Vulnerable will explore the role of nutrition in a whole person approach to chronic pain management in **older people**.

Older people, chronic pain & nutrition

Nationally, the population is living longer and with that comes an increase in chronic conditions, including chronic pain. Advancing age is a major risk factor

for developing chronic pain. One third of people aged 65 years or above experience chronic pain with prevalence rates higher in residential aged care (40-80% residents experiencing chronic pain). Of these, 90% have some degree of cognitive impairment and half are diagnosed with dementia.

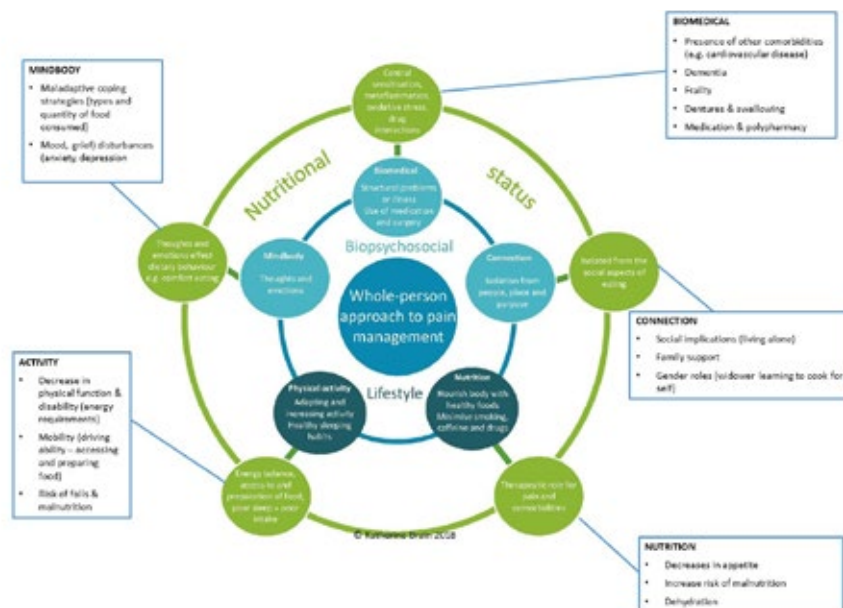


FIGURE 1: NUTRITION & THE WHOLE-PERSON APPROACH TO PAIN MANAGEMENT IN OLDER PEOPLE

Key issues and strategies

1. **Dementia** can significantly impact one's ability to communicate which is especially difficult when it comes to reporting pain as the experience is subjective and relies on communication. Compounding this, dementia can impact on dietary intake. For example, someone with dementia may not be able to interpret hunger signals and/or forget to eat and drink. In the absence of communication, observation and identifying red flags are relied upon to identify pain and maintain dietary intake. Some red flags include:

- Does someone have impaired gait or mobility
- Have they had a recent procedure
- Have they had a fall
- Has their weight or dietary intake changed
- Does the family have concerns

There are two great tools that can be used to help identify pain and improve nutrition

2. [The Abbey Pain Scale](#)

3. [ESPEN guidelines on nutrition in dementia](#)

2. **Polypharmacy:** Symptoms of polypharmacy can include constipation, nausea, appetite changes, dry mouth, urinary retention and respiratory depression. Constipation is common in both older people and those taking opioid medications. It can also exacerbate the symptoms of dementia. From a nutritional perspective people should boost dietary fibre; both soluble (psyllium husk) and insoluble fibre (wheat bran) AND fluid intake. More information on treating constipation can be found on the [Dietitians Association of Australia website](#).

3. **Dehydration** is linked to an increased sensitivity to pain and is common among the elderly. Over half of the hospitalisations which occur due to dehydration are for people aged 65 years and above. Of these, those aged 85-99 years old are 6 times more likely to be hospitalised due to dehydration compared to those aged 65-69 years of

age. Older people don't drink enough and this is often due to a number of reasons such as: urinary incontinence, lack mobility, pain, dementia and don't feel thirsty. Other issues affecting hydration include: frequent urination, use of laxatives and/or diuretics, diarrhoea and increased sweating. Look for the red flags:

- Missing drinks between meals
- Increased fatigue
- Feelings of thirst
- Dry mouth
- Urine colour/volume

Strategies to increase consumption of fluids include: small frequent drinks between meals and foods with higher water content e.g. soup, fruit and yoghurt. Note this is contraindicated with some conditions such as heart failure and fluid retention.

4. Malnutrition: The risk of malnutrition significantly increases with age and impacts on pain experiences, falls risk and overall health and wellbeing of an older person. It is vital to use malnutrition screening tools such as the [Mini-Nutritional Assessment](#). Energy and protein intake should also be closely monitored. One of the key treatment options is to increase protein and energy without increase the volume of food. Stimulating appetite is another way to prevent malnutrition and optimize dietary intake. Some ways to do this include:

- Enhance appearance, colours, odours, flavours and textures.
- Offer smaller portion sizes and easy to eat snacks
- Have liquids between meals instead of with meals
- Meals should be a social occasion
- Use simple and appropriate crockery and cutlery

- Where appropriate, offer small amounts of alcohol to stimulate appetite (contraindicated in those with increased risk of falls/use of some medications)

Resources

- Australian Pain Society; Pain in Residential Aged Care Facilities (2nd edition): <https://www.apsoc.org.au/publications>
- Dietitians Association of Australia: <https://daa.asn.au/find-an-apd/>
- Department of Veteran's Affairs; Cooking for 1 or 2 Program: <https://www.dva.gov.au/about-dva/publications/health-publications/cooking-one-or-two-program>
- Agency for Clinical Innovation; Pain, lifestyle and nutrition: <https://www.aci.health.nsw.gov.au/chronic-pain/for-everyone/pain-lifestyle-and-nutrition>

Acknowledgements

The authors would like to acknowledge and thank the Accredited Practicing Dietitians (APD's) and Advanced APD's who wrote the Pain & Nutrition chapter in the Pain in Residential Aged Care Facilities 2nd edition: Dr Tracy Schumacher, A/Prof Tracy Burrows, Dr Megan Rollo & Prof Clare Collins.

Declaration

- Professor Clare Collins is a NHMRC senior research fellow (2016-2020) and a Gladys M Brawn Senior Research Fellow in the Faculty of Health and Medicine at the University of Newcastle.
- Katherine Brain was supported by an Australian Postgraduate Award and Hunter Medical Research Top Up Scholarship during her PhD (2015-2018).
- Laura Bruggink has nothing to declare.

Thank you to APS members John Quintner, Melanie Galbraith, and Milton Cohen for sharing the following recent publication.

Connotations of Pain in a Socio-Psycho-Biological Framework

John Quintner FFPMANZCA, Melanie Galbraith MSc Med (Pain Mgt), Milton Cohen FFPMANZCA

Article first published online:

1 September 2019

Journal Reference: In: van Rysewyk S, editor. Volume II: Meanings of Pain. Springer International Publishing AG: Switzerland; 2019: 233-247.

DOI: https://doi.org/10.1007/978-3-030-24154-4_12

LINK: https://link.springer.com/chapter/10.1007%2F978-3-030-24154-4_12

ABSTRACT

Introduction

From the dawn of civilization pain has received special attention as part of “disease”. In recent years, pain has emerged as a clinical problem worthy of study in its own right. Changing concepts on the phenomenology of pain have flowed as a continuous process from the most ancient writings on medicine to the present day. Because of its multidimensional properties, pain is now viewed in a socio-psycho-biological framework.

Methods

The major milestones in the history of pain theory from a Greco-Judeo-Christian perspective have been reviewed in order

to provide a background to the different connotations or meanings of pain that have emerged in Western society.

Results

Many contemporary connotations of pain mirror those found in the language used by ancient Greek philosophers and others. However, some have evolved to reflect negatively upon pain sufferers.

Conclusion

As these negative connotations can give rise to stigmatisation of pain sufferers, it is time to remove them from the pain discourse and replace them with options that have sound foundations in biology.

Declaration

The authors have nothing to declare.

Thank you to APS member Julia M. Hush and colleagues Emre Ilhan, Verity Pacey, Laura Brown, Kaye Spence, and Amit Trivedi for sharing the following recent publication.

Systematic review and meta-analysis suggest that varying prevalence of non-acute pain in critically ill infants may be due to different definitions



EMRE ILHAN (LEAD AUTHOR)

Emre Ilhan, Verity Pacey, Laura Brown, Kaye Spence, Amit Trivedi, and Julia M. Hush,

Article first published online: 31 July 2019

Journal Reference: Acta Paediatr. 2019; 00: 1– 13.

DOI: doi.org/10.1111/apa.14956

LINK: https://link.springer.com/chapter/10.1007%2F978-3-030-24154-4_12

ABSTRACT

Aim

Our aim was to quantify the prevalence of non-acute pain in critically ill infants and to identify how non-acute pain was described, defined and assessed.

Methods

This systematic review and meta-analysis used multiple electronic databases to search for papers published in any language to March 2018. 2029 papers were identified, and 68 full texts were screened. Studies reporting the prevalence of non-acute pain in infants younger than 2 years and admitted to critical care units were included. The extracted data included the use of non-acute pain descriptions, definitions and pain assessment tools.

Results

We included 11 studies published between 2002 and 2018 that comprised 1204 infants from Europe, the USA, Canada and India. They were prospective observational ($n = 7$) and retrospective observational ($n = 1$) studies and randomised controlled trials ($n = 3$). The prevalence of non-acute pain was 0%-76% (median 11%). Various pain assessment tools were used, and only two could be pooled. This gave a pooled prevalence of 3.7%-39.8%. A number of different descriptors were used for non-acute pain, and all of these were poorly defined.

Conclusion

The prevalence of non-acute pain in infants admitted to critical care units varied considerably. This could have been because all the studies used different definitions of non-acute pain.

Declaration

The authors have nothing to declare.



What is the perk of “PERC”?

We all want more education in pain management, don't we?

In response to this call, in April this year, IASP launched its [Pain Education Research Centre](#), most appropriately abbreviated to PERC. The PERC site is obviously expanding steadily, but already includes a range of educational offerings.

There are a large number of Plenary lectures, workshops and webinars, substantially recorded from the 2018 Boston and 2016 Yokohama Pain Congresses. CME certificates are available following completion of some of these recordings.

Importantly, these are only available to members of IASP, but, given what is available, joining IASP would be worth considering!

CAULFIELD PAIN MANAGEMENT AND RESEARCH CENTRE

CELEBRATING 40 YEARS OF SERVICE

By Yvette Harding, Manager of Caulfield Pain Management and Research Centre



CAULFIELD PAIN MANAGEMENT AND RESEARCH CENTRE TEAM MEMBERS PAST AND PRESENT

For 40 years, the Caulfield Pain Management and Research Centre (CPMRC) has been providing specialist assessment and treatment for adults with chronic non-malignant pain and cancer survivors with chronic pain.

To celebrate this milestone CPMRC held a series of forums in the first week of September to engage and enhance Alfred Health staff understanding of pain and explore the practices used within the service to support those with chronic pain.

The forums presented focused on:

- The Physiology of Pain presented by Dr P Keogh
- Pain Neuroscience presented by Elizabeth O'Leary, Physiotherapist
- Eye Movement Desensitization and Reprocessing presented by Beth Vella, Psychologist
- Sensory Profiling presented by, Fiona Thomas, Occupational Therapist
- Addiction medicine in context of pain, presented by Dr Mathew Frei

- The epidemic of opioid prescribing presented by Dr Kerry McLaughlin
- History of Pain Medicine as a speciality in Australia presented by A Prof Carolyn Arnold

The forums were targeted at all Alfred Health staff and were well attended across the board with positive feedback such as;

"I would like to thank you very much for organising outstanding in-services for pain management week. They were really informative and relevant and well presented"

Community Health

To cap off Caulfield's week of pain forums we had a special celebration focusing on our 40 years of service. The event was attended by Alfred Health executives and staff both past and present. One highlight of the day was a presentation from APS member Laura Prendergast, who explored the CPMRC contributions to the APS over this time.

The other presentations were held by long standing staff members Pauline Gardner and A Prof Carolyn Arnold, who detailed the humble beginnings of the Pain Centre. Established in 1979, the Centre initially operated with four staff working one 4.5 hours session a week. Over the last four decades there has been a gradual increase of Allied Health and Medical staff to the current roster of 21 part time staff and three medical trainee's working across four days a week. The Pain Centre is a dynamic and evolving service that trains the next generation of medical and allied health staff, introduces new and novel approaches to pain management, has a very active research department, has championed outcome assessment through ePPOC, and has strong links with continuum of pain services in Alfred Health including acute pain and palliative care.

Prof Stephen Gibson (Director of Research) and Dr Melita Giummarra (Research Fellow) highlighted the extensive work conducted over this time with 470 publications and 454 conference presentations amassed through more than 325 national and international collaborators.

It has been the resilience, passion, and commitment of staff past and present who have made this service what it is today. The celebration was also a way to say thank you to everyone who has supported the service over time to ensure that the clients at the centre of it all receives quality of care with measurable outcomes.

HAVE YOU HAD AN ARTICLE ACCEPTED FOR PUBLICATION THIS YEAR?

Reminder that we are keen that members inform us when they have publications so that this can be shared with your APS colleagues.

Please send the newsletter editor (via the APS Secretariat, aps@apsoc.org.au) the title, authors and reference (i.e. the journal, volume etc.) of the article, preferably with a short explanatory note to give our readers the gist of the article, e.g. the conclusions part of the abstract; if you would like to supply a short commentary on the article, even better.



Would you like to participate in an online program for chronic pain?

The Department of Pain Medicine and the Clinical Research Unit for Anxiety and Depression (CRUFAD), both based at St. Vincent's Hospital, have developed an effective online program to help people with chronic pain. We want to test whether additional telephone support will make it better. We are currently recruiting patients to participate in a Randomised Controlled Trial of the Reboot Online Program. The study involves completing 8 lessons over 16 weeks. Successful applicants will be randomly allocated to a group commencing the program as usual or a group who will be offered the online treatment with additional fortnightly telephone support. If you have experienced persistent pain for three months or more, have a computer with internet access and a printer, and are 18 years or over, this may be the program for you.

If you are interested in taking part in randomised controlled trial, please go to: <https://redcap.stvincents.com.au/surveys/?s=XD3NRFDCFP> or email us at taniam.gardner@svha.org.au

This study has been approved by St Vincent's Hospital Human Research Ethics Committee reference number: HREC/2019/ETH08682

Pain Management Research Institute

ROYAL NORTH
SHORE HOSPITAL



Specialising in Clinical Pain Management

➔ Formal Degree Course (Online)

Graduate Certificate, Graduate Diploma and Masters

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

The program has been developed and is taught by The Faculty of Medicine and Health's Pain Management Research Institute (PMRI), based at Royal North Shore Hospital and the The University of Sydney's Kolling Institute.

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



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

T: +61 2 9463 1516
E: paineducation@sydney.edu.au

NHMRC CRE in Recovery Following Road Traffic Injuries



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA



3 October 2019

WHIPLASH 2019

Expanding Horizons

- 1-DAY SYMPOSIUM
- UQ VIEWPOINT ROOM ST LUCIA
- EARLY-BIRD REGISTRATION DEADLINE **31 JULY 2019**

Contemporary Rehabilitation Knowledge Translation, Collaboration and Community Engagement



RMSANZ2019

Rehabilitation Medicine Society of Australia and New Zealand 4th ASM
Sun 20 - Wed 23 October 2019 • Adelaide Convention Centre, SA

IMPORTANT DATES

ALL ABSTRACT SUBMISSIONS OPEN 10 DECEMBER 2018

CONCURRENT WORKSHOPS CLOSE 8 APRIL 2019

FREE PAPER AND POSTERS CLOSE 20 MAY 2019

ONLINE REGISTRATIONS OPEN MAY 2019

CONTACT

For further information or to complete
an Expression of Interest visit:
www.dconferences.com.au/rmsanz2019

DC Conferences Pty Ltd
P: +61 2 9954 4400
E: rmsanz2019@dconferences.com.au

Delving into Pain in Vulnerable Populations Professional Development One-Day Program

Friday 25 October 2019 | Sydney Masonic Centre

You are invited...

On behalf of the 2019 Organising Committee, I would like to invite you to our Pain Interest Group Nursing Issues (PIGNI) Annual Professional Development Day. All health professionals are welcome.

This year's theme "Delving into Pain" aligns with the International Association for the Study of Pain (IASP) Global Year Against Pain in the Most Vulnerable. Our speakers will explore the complexity of managing pain and the evolving issues in acute and chronic pain in vulnerable populations.

The day also provides the opportunity to learn and network with other clinicians involved in the management of pain.

We look forward to welcoming you to Sydney.

Debbie Wallace

Chairperson, Pain Interest Group Nursing Issues



Registration is NOW OPEN!

Registration Fees

Early Bird rate - for registrations up until Thursday 12 September 2019:

Members	\$120
Non-members	\$170

For registrations from Friday 13 September 2019:

Members	\$150
Non-members	\$200

CPO

Continuing Professional Development: 5 hours

For more information contact:

DC Conferences Pty Ltd
Email: pign2019@dconferences.com.au
Tel: 02 9954 4400 / Fax: 02 9954 0666
www.dconferences.com.au/pign2019

Speakers

Dr Clare Ashton-James

Social psychologist and senior lecturer, Pain Management Research Institute, University of Sydney

Professor Fiona Blyth

Professor of Public Health and Pain Medicine, University of Sydney

Professor Debra Jackson

Professor of Nursing, University of Technology, Sydney

Professor Andrew McLachlan

Dean, School of Pharmacy, University of Sydney

Dr Regina Schultz

Project Manager, Chronic Pain and Traumatic Brain Injury, Agency for Clinical Innovation, NSW Health

Dr Swapnil Sharma

Psychiatrist, Prince of Wales Hospital, senior lecturer, University of NSW

Associate Professor Paul Wrigley

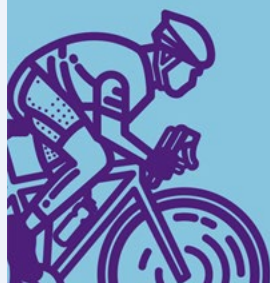
Pain Medicine Physician, Royal North Shore Hospital, Associate Professor, University of Sydney

You're invited to two events hosted by Innervate Pain Management

NEW UNDERSTANDINGS IN PAIN MANAGEMENT

- Harbour to Vine Cycle Classic Sunday October 27, 2019
- Half Day Workshop @ Rydges Newcastle Monday October 28, 2019

Join our team entering the Harbour to Vine Cycle Classic, or come to the workshop, or participate in both



AN IMPORTANT & POWERFUL EXPLORATION INTO THE EVIDENCE AND UNDERSTANDINGS FOR HEALTH PROFESSIONALS AND HEALTH DECISION MAKERS



2nd Asia Pacific Conference on Integrated Care

11-13 November 2019
Melbourne, Australia

APIC2 The 2nd Asia Pacific Conference on Integrated Care will bring together researchers, clinicians, policy makers, industry, NGOs and consumer representatives from Australia and across the Asia-Pacific region. Led by colleagues at IFIC Australia, the Scientific Committee. Call for papers is now open until Friday, 28 June.

THEMES

- Achieving Value for People and Populations
- Implementing Integrated Care
- Empowering and Engaging People and Communities
- Integrated Care Innovations, Models and Systems
- Evaluation, Monitoring and Quality Improvement
- Improving People's Health and Wellbeing through Integrated Care



International Foundation for Integrated Care
IFIC Australia



Email events@integratedcarefoundation.org

Web www.integratedcarefoundation.org/apic2

Twitter #apic2 @IFICinfo

New Zealand Pain Society

NEW ZEALAND PAIN SOCIETY 2020

19 - 21 MARCH 2020
COPTHORNE HOTEL, BAY OF ISLANDS, NEW ZEALAND

Making the Connection —
Cortex, Culture and Community



**2020 AUSTRALIAN PAIN SOCIETY
40TH ANNUAL SCIENTIFIC MEETING**
In the IASP Global Year for the Prevention of Pain

5 - 8 APRIL 2020
HOTEL GRAND CHANCELLOR, HOBART TAS

Expressions of interest online at
www.dconferences.com.au/aps2020

For sponsorship and exhibition
opportunities or more information please
contact the APS Conference Secretariat

DC Conferences Pty Ltd
P: 61 2 9954 4400
E: aps2020@dconferences.com.au

Submission Deadlines

Topical Sessions 1 October 2019
Free Papers & Posters 31 October 2019
Rising Star Award 31 October 2019
Early Bird Deadline 19 February 2020

Join us online [#AusPainSoc](https://twitter.com/AusPainSoc) www.dconferences.com.au/aps2020



THE
AUSTRALIAN
PAIN SOCIETY

**Neuromodulation Society of Australia & New Zealand
14th Annual Scientific Meeting (NSANZ 2020)**

Neuromodulation, Value Based Care

7-9 AUGUST 2020
Sofitel Brisbane Central, Queensland

Cadaver Workshop

7 AUGUST 2020

QUT Medical Engineering
Research Faculty, Brisbane

www.dconferences.com.au/nsanz2020



**SAVE
THE
DATE!**

nsanz
Neuromodulation Society
of Australia and
New Zealand
A chapter of the International Neuromodulation Society **ins**

NEW!

- **Latest opioids data from the Australian Bureau of Statistics:** <https://www.abs.gov.au/ausstats/abs@.nsf/MediaReleasesByCatalogue/CC21BEAE2026450DCA25847F0013A28F?OpenDocument>

OTHER ITEMS OF INTEREST FOR OUR MEMBERS:

- **Australia's annual overdose report 2019:** <http://www.penington.org.au/australias-annual-overdose-report-2019/>
- **Chronic Pain:** Is Australian health-care really helping people who have chronic pain? Radio National discussion on 23JUN19: <https://radio.abc.net.au/programitem/pgE7Pk0jLV>
- **New videos from NSW Health:** Working with Aboriginal People <https://www.youtube.com/watch?v=AV4Muq87ekQ&feature=em-uploademail>
- **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:** 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/>
- **2019 Global Year Against Pain in the Most Vulnerable** Launched 31JAN19 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>
- **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>

MEMBERS ONLY AREA OF APS WEBSITE:

- **APS Plenary Recordings**

As an exclusive benefit to APS members, the following Plenary videos are now available for free access:

- 2018 conference in Sydney
- 2017 conference in Adelaide
- 2016 conference in Perth

- **Better Pain Management online learning modules**

APS members receive a 20% discount

- **BPR SIG Expert Database**

Survey and Results

APS MEDIA RELEASES:

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

CURRENT SCHOLARS

PHD SCHOLARSHIP SPONSOR	SCHOLAR	TOPIC
Seqirus #1 — APS — APRA	Sherelle Casey	<i>"Cannabinoids for neuropathic pain"</i>
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>
Cops for Kids #3 — APS — vAPRA	Dr Nicole Andrews	<i>"An evaluation of the usability of a paediatric version of the Pain ROADMAP app"</i>

PAST SCHOLARS

PAST SCHOLARS

PHD SCHOLARSHIP SPONSOR	SCHOLAR	COMPLETED	TOPIC
APS #1 — APRA	Samantha South	1999	<i>"Antinociceptive pharmacology of morphine and its major glucuronide metabolites"</i>
CSL #1 — APS — APRA	Lara Winter	2004	<i>"Antinociceptive properties of the neurosteroid alphadolone"</i>
CSL #2 — APS — APRA	Anne Pitcher	2006	<i>"Conditional comfort: A grounded theory study in nursing approaches to acknowledging and responding to pain in nursing home residents with dementia"</i>
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>
APS #2 — APRA	Debbie Tsui	2008	<i>"Preclinical studies in painful diabetic neuropathy"</i>
Mundipharma #2 — APS — APRA	Zoe Brett	2011	<i>"Individual differences in vulnerability to the development of chronic pain following injury"</i>

PAST SCHOLARS

PHD SCHOLARSHIP SPONSOR	SCHOLAR	COMPLETED	TOPIC
APS #3 — APRA	Susan Slatyer	2013	<i>“Caring for patients experiencing episodes of severe pain in an acute care hospital: Nurses’ perspective”</i>
APS #4 — APRA	Amelia Edington	2013	<i>“Defining inhibitor binding sites unique to the glycine transporter, GLYT2: A potential target for the treatment of chronic pain”</i>
Janssen Cilag #1 — APS — APRA	Mary Roberts	Due	<i>“An investigation of the role of sleep in chronic pain”</i>
Mundipharma #3 — APS — APRA	Audrey Wang	2017	<i>“The cortical integration of tactile sensation in complex regional pain syndrome”</i>
Janssen Cilag #2 — APS — APRA	Sarah Kissiwaa	2017	<i>“Pain induced synaptic plasticity in the amygdala”</i>
APS #5 — APRA	James Kang	2019	<i>“The effect of nerve injury on behavioural selection and its relationship to prefrontal function”</i>
Cops for Kids #1-APS-APRA	Dr Adrienne Harvey		<i>“A pilot study of gabapentin for managing pain in children with dystonic cerebral palsy”</i>

NEW MEMBERS

NEW MEMBERS AT 25 SEP 2019

TITLE	FIRST NAME	LAST NAME	DISCIPLINE GROUP
Mr	Daniel	Searle	Physiotherapy
Ms	Mamata	Tamraker	Musculoskeletal Medicine
Miss	Marise Shu Min	Tan	Anaesthesia

NOMINATION FOR AUSTRALIAN PAIN SOCIETY

DISTINGUISHED MEMBER AWARD – 2020



The Board of Directors is seeking nominations from all APS members for candidates to be considered for the Distinguished Member Award/s to be presented at the APS 40th Annual Scientific Meeting to be held in Hobart from 5-8 April 2020.

Eligibility criteria:

Candidates must be Australian Pain Society member/s who are generally approaching retirement and have:

- Made major contribution¹ towards the Society, and
- Significantly contributed to the science of pain management, and/or
- Played a significant clinical, educational or research role in the field of Pain Management in Australia

¹ Major contributions include, but are not limited to:

- SPC involvement
- Pain research
- APS projects
- Subcommittee involvement
- Board liaison
- Contributions to ASM presentations

Nomination Guidelines:

- A 'Nomination for Distinguished Member Award' form must be completed
- As a guide, it is desirable that nominees have held continuous APS membership for over 10 years
- Nominations must include an 800-900 word biography of the nominee. The Board will not consider incomplete nomination forms.
- Unsuccessful nominations are not automatically put forward in subsequent years.
- The nominator must be prepared to present a brief summary of the Distinguished Member biography in the ASM program, or arrange a suitable alternate for the presentation segment.

Submission

- All nominations to be submitted to the [APS Secretariat](#) by 31 October 2019.

Notification:

- The APS Board will notify successful nominees by 31 December 2019.
- Distinguished Member recipients are actively encouraged to attend the Annual Scientific Meeting in order to receive their award in person from the APS President.

A listing of past recipients of the [Distinguished Member Award](#), including their biographies, can be found on the APS website.

APS MEMBERSHIP FEES



THANK YOU FOR YOUR CONTINUED SUPPORT AND MEMBERSHIP OF THE APS.

We are proud to confirm that APS membership fees have not increased since 2017.

In order to continue to improve our output and achieve our mission across our priority areas, the Australian Pain Society Board resolved at the Strategic Planning Meeting in August 2019, that membership fees will increase for 2020 to the following rates:

- a. Regular A \$110
- b. Regular B \$205
- c. Regular C \$310
- d. Retired \$ 65 Concessional Rate
- e. Student \$ 65 Concessional Rate

(Please note that such resolutions by the APS Board are permitted under clause 6.7 of the new APS constitution, adopted on 10 April 2019.)

3 Oct 2019

UQ RECOVER Injury Research Centre

Whiplash 2019: Expanding Horizons

University of Queensland, ViewPoint, Building 33, Brisbane, QLD

<https://cre-rftri.centre.uq.edu.au/event/367/whiplash-2019-expanding-horizons>

7 Oct 2019

GATE Pain Management Interest Group Victoria

Pain Matters 5

Melbourne Convention and Exhibition Centre, Melbourne, VIC

<https://www.eventbrite.com.au/e/pain-matters-5-tickets-62292809470?aff=ebdshpsearchautocomplete>

17-19 Oct 2019

Australian Physiotherapy Association

Transform 2019

Adelaide Convention Centre, Adelaide, SA

<https://transform.physio>

17-19 Oct 2019

Academy of Child & Adolescent Health

ACAH2019 Annual Conference

Hotel Grand Chancellor, Adelaide, SA

admin@acah.org.au

18-20 Oct 2019

Faculty of Pain Medicine (FPM) Spring Meeting

Cancer pain management, exploring different angles

The Byron, Byron Bay, NSW

<http://fpm.anzca.edu.au/events/2019-spring-meeting>

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.dccconferences.com.au/rmsanz2019/>

24-26 Oct 2019

RACGP - GP19

Your patients. Your community. Your solutions.

Adelaide Convention Centre, Adelaide, SA

<https://www.gp19.com.au>

24-26 Oct 2019

Australian College of Rural and Remote Medicine (ACRRM) and Rural Doctors Association of Australia (RDAA)
Rural Medicine Australia - RMA19 - Riding the wave of change
 The Star, Gold Coast, QLD
<https://rma.acrrm.org.au>

25 Oct 2019

Pain Interest Group Nursing Issues (PIGNI) Professional Development Day
Delving into Pain
 SMC Conference & Function Centre, Sydney, NSW
<https://dcconferences.eventsair.com/pigni2019/>

11 Nov 2019

Wodonga TAFE
"Pain Day Conference" Global Year Against Pain in the Most Vulnerable
 Commercial Club, Albury, NSW
https://www.stickytickets.com.au/88288/pain_day_conference_global_year_against_pain_in_the_most_vulnerable.aspx

11-13 Nov 2019

International Foundation for Integrated Care - IFIC Australia
APIC2 - 2nd Asia Pacific Conference on Integrated Care
 Melbourne Convention and Exhibition Centre, Melbourne, VIC
<https://integratedcarefoundation.org/events/apic2-2nd-asia-pacific-conference-on-integrated-care>

22-24 Nov 2019

Australia New Zealand Headache Society
 ANZHS Scientific Headache Meeting
 Pullman on Albert Park, Melbourne, VIC
<http://anzhs.org/index.php/events/>

25-27 Nov 2019

2019 Australasian Cochrane Symposium & Cochrane Handbook Launch
Of Bias and Synthesis
 Monash University School of Public Health and Preventative Medicine, Melbourne, VIC
<https://symposium.cochrane.org.au>

29 Nov 2019

Pain Management Research Institute - University of Sydney
Descending the analgesic ladder: A landmark forum on opioid de-prescribing for chronic pain
 Taronga Centre, Taronga Zoo, Sydney, NSW
<https://sydney.edu.au/medicine/pmri/education/continuing/forum-deprescribing-opioids.php>

11-12 Feb 2020

Australia & New Zealand Musculoskeletal Clinical Trials Network - ANZMUSC
 2020 ANZMUSC Annual Scientific Meeting and Pre-meeting Planning Workshop
 TBA, Wellington, New Zealand
admin@anzmusc.org

18-21 Mar 2020

New Zealand Pain Society Annual Scientific Meeting 2020
Making the Connection - Cortex, Culture and Community
 Copthorne Hotel, Bay of Islands, New Zealand
<https://www.nzccp.co.nz/events/conferences/new-zealand-pain-society-2020-conference/>

2-4 Apr 2020

Exercise & Sports Science Australia (ESSA)
Research to Practice 2020
 Perth Convention and Exhibition Centre, Perth, WA
<http://researchtopractice2020.com.au>

5-8 Apr 2020

Australian Pain Society 40th Annual Scientific Meeting
In the IASP Global Year for the Prevention of Pain
 Hotel Grand Chancellor, Hobart, TAS
<https://www.dcconferences.com.au/aps2020/>

1 May 2020

Faculty of Pain Medicine (FPM) Symposium
Impart Nurture Grow
 Pan Pacific Hotel, Perth, WA
<http://fpm.anzca.edu.au/events/2020-fpm-symposium>

1-5 May 2020

Australian and New Zealand College of Anaesthetists (ANZCA) Annual Scientific Meeting 2020
Inform Inspire Influence
 Perth Convention and Exhibition Centre, Perth, WA
<https://asm.anzca.edu.au>

15-17 May 2020

Australian Psychological Society College of Clinical Psychologists 2020 Annual Conference
Complexity in Practice
 Sofitel Brisbane Central, Brisbane, QLD
<https://www.psychology.org.au/APS-CCLIN-Conf/2020>

31 Jul - 2 Aug 2020

Pharmaceutical Society of Australia - PSA20

TBA

TBA, Sydney, NSW

<https://www.psa.org.au/networking-events/information-on-major-events-and-conferences/>

4-8 Aug 2020

International Association for the Study of Pain (IASP)

19th World Congress on Pain

RAI Amsterdam Convention Centre, Amsterdam, Netherlands

<https://www.iaspworldcongress.org>

7-9 Aug 2020

Neuromodulation Society of Australia & New Zealand (NSANZ) 14th Annual Scientific Meeting

Neuromodulation, Value Based Care

Sofitel Brisbane Central, Brisbane, QLD

<https://dcconferences.eventsair.com/nsanz2020/>

23-25 Jun 2021

Occupational Therapy Australia

TBA

Cairns Convention Centre, Cairns, QLD

<https://www.otaus2021.com.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 association whose mission is to advance pain prevention, management and clinical practice.

PRIORITIES:

In order to achieve our mission, the Australian Pain Society will provide:

- Education
- Advocacy
- Research
- Services and resources
- Membership
- Good governance and operations

DIRECTORS

PRESIDENT:

Dr Anne Burke

Central Adelaide Local Health Network, Royal Adelaide Hospital
Adelaide SA 5000
Tel: 08 8222 5403 | Fax: 08 8222 5904



QLD DIRECTOR:

Mrs Joyce McSwan

Gold Coast Primary Health Network
Persistent Pain Program, QLD
Tel: 0412 327 795 | Fax: 07 3539 9801



PRESIDENT-ELECT:

Ms Trudy Maunsell

Acute Pain Service
Princess Alexandra Hospital
Woolloongabba QLD 4102
Tel: 07 3176 5547 | Fax: 07 3176 5102



SA DIRECTOR:

Dr Michelle Harris

Royal Adelaide Hospital and
Lyell McEwin Hospital
Adelaide SA
Email: michelle.harris2@sa.gov.au



SECRETARY:

Dr Will Howard

Director, Pain Service
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TAS DIRECTOR:

Dinah Spratt

Physiotas Physiotherapy
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Tel: 03 6428 7500 | Fax: 03 6424 7811



TREASURER:

Mr Tim Austin

Camperdown Physiotherapy
Inner West Pain Centre
100 Carillon Avenue
Newtown NSW 2042
Tel: 02 9517 1787 | Fax: 02 9516 2491



VIC DIRECTOR:

Dr Laura Prendergast

Pain Service, Austin Health
Chronic Pain Clinic, Goulburn Valley
Health VIC
Tel: 03 9496 3134 or 03 5832 3020



ACT DIRECTOR:

Dr Andrew Watson

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