

# The Australian Pain Society NEWSLETTER

Volume 37, Issue 2



## ► Editor's Note

### **Are Apps and validated tools replacing the philosophy of pain?**

An eclectic range of items in this month's issue. Quintner and Cohen look deeply into the philosophy of managing a patient whose persistent pain is not quantifiable in some cases by modern investigations but is there, none the less. They philosophise on the interaction between the clinician and the patient and their mutual interaction. As I read this I could hear echoes of Einstein's special theory of relativity where the subject by the very act of being observed changes the observer.

Three reviews relevant to a subject dear to my heart; Pain in children and adolescents.

An excellent overview has been done by Lalloo C. et al on the current state of Apps for managing persistent pain. These are proliferating hugely. He suggest a five point scheme for measuring their effectiveness and tests the apps against these criteria. Apps are thought to be a future in managing patients with persistent pain especially the young and the quality seems to be improving. "Are we there yet?" No, but we are getting closer.

Adding another tool to our armamentarium for the multi-modal management of pain. Heathcote LC et al observed children's eye movements to assess their level of attention control and found this inversely associated with anxiety, anticipation of pain, and pain tolerance.

And finally Feinstein AB et al look at how catastrophising predicts both pain interference and pain intensity and the way this is different in children adolescent and young adults.

Only a few weeks left until the APS annual scientific meeting in Adelaide 9th-12th of April. Follow this on twitter #auspain2017. Attendances are climbing each year and there is a wonderful scientific and great social program. Always a happy social conference; this year is going to be awesome!

Stephanie Davies  
Editor





Whilst you are making plans to come to our Annual Scientific Meeting in April in Adelaide I will share with you some insights from the ASEAPS 2017 Annual Scientific Meeting which I attended in February in Myanmar. This was the 7th biennial ASM of the Association of South East Asian Pain

Societies all being chapters of IASP.

There were 467 attendees from 14 countries thriving on the packed three-day conference covering all facets of pain management, just as we do. The presence of numerous Australian presenters plus attendees, around 20, does great service to our strengthening ties with Asia, and does not go unnoticed.

ASEAPS is strongly and regularly supported by

the IASP who provide a 4 day Pain Camp prior to this meeting. This Pain Camp included major contributions from the likes of Troels Jensen, Judith Turner (coming to our ASM in April as well), Andrew Rice, Cynthia Goh, Mary Cardosa, and from Australia including Michael Nicholas, Fiona Blyth, and Roger Goucke.

There is a very strong and growing interest amongst health professionals in pain management in Asia and through the conference. This extends to the use of interventions in pain management. This was wonderful to see but also very humbling given the resources and nature of the communities in which they work. For example, opioids which we take for granted as an essential part of acute, cancer and to a varying extent chronic pain management are barely available in Asia. Even then often it is almost impossible to supply due to the logistical and administrative burdens.

In Myanmar at least, I was informed, several decades ago morphine and pethidine were readily available for medical use. However the military government stepped in to control the uncontrolled



ASEAPS 2017 Opening Ceremony

opium gangs and thus prohibited any usage of opiates for medical purposes. It brought home with sadness the impact that nonmedical use of opiates has had on our human kin around the world.

I was honoured to be able to present our regular APS Award to the best poster abstract. It was even more thrilling to be able to present it to a



young Rehabilitation Physician working in Yangon, Myanmar, Dr Shwe Yee Aung. The \$500 Prize plus free registration to one of our conferences is held with extremely high regard by ASEAPS as was repeatedly mentioned to me through the conference. To place this in context, the salary of a junior staff Specialist is just \$190 per month.

As you continue packing bags for our ASM I cannot too strongly recommend that you consider attending the next ASEAPS pain conference which will be in 2019 in the city of Kuching, Sarawak, Malaysia. The multidimensional Asian cultural influences on both content and delivery was most revealing and charming, lending a unique flavour to a valuable and informative pain conference which is not to be missed.

**See you all in Adelaide at our Annual Scientific Meeting, April 9-12!**

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**6 WEEKS TO GO!**  
**REGISTER TODAY!**  
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## EXPANDING HORIZONS



Australian Pain Society  
 37th Annual Scientific Meeting  
 9 - 12 April 2017  
 Adelaide Convention Centre

**BECOME AN APS MEMBER  
 AND START SAVING  
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Secure your place at Australia's only multidisciplinary conference offering insights into the complex nature of pain management from a variety of medical, nursing and allied health perspectives. With an overriding theme of "Expanding Horizons", APS 2017 will focus on molecular biology, neural plasticity, psychological therapies, body-behaviour-environment links, issues associated with opioid therapy and contemporary approaches to outcome assessment, plus much more.

[Register Here](#)

	<b>REGULAR</b> AFTER 24 FEBRUARY 2017
Non-Member Registration Price VS <b>Becoming an APS Member</b>	\$1255 OR <b>Become a member and save up to \$295 after membership fees!</b>
<b>APS Student Member Registration Price</b>	Only \$330 <b>Become a member and save up \$865 after membership fees!</b>

**Benefits of full membership**, include but are not limited to:

- Discounted ASM registration
- Login access to the "Members Only" area of the website - now with free recordings of past ASM plenaries
- Free advertising of Positions Vacant for up to 2 months and 2 editions of the newsletter
- Listing on the APS Facility Directory and/or the Public Listing of Members to list their private practice
- Access to PhD scholarships, Clinical Research Grants, Travel Grants, Clinical Attachment Grants
- Access to Special Interest Groups

**Non-member registrants automatically become Provisional Affiliate APS Members.**

**This membership type only includes:**

- Receive the APS newsletter by email from after the ASM to the end of the same calendar year

We look forward to welcoming you to Adelaide.  
 Should you have queries, please contact the  
[Conference Secretariat](#).

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**2017 PROGRAM  
UPDATE**  
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# EXPANDING HORIZONS



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**SEE THE FULL PROGRAM HERE:**  
[Program Overview](#)

## INTERNATIONAL SPEAKERS

### **Professor Stephen Hunt**

Monday 10 April, 9.05 – 9.40am

New treatments for chronic pain: Rethinking the problem

Wednesday 12 April, 9.00 – 9.25am

Epigenetics and the challenge of chronic pain

### **Dr Sean Mackey**

Monday 10 April, 10.45 – 11.15am

Brain Based Biomarkers of Acute and Chronic Pain

Tuesday 11 April, 9.00 – 9.25am

Learning Health Systems: A New Dawn in Personalized Pain Care and Real-World Discovery Research

### **Dr Judith Turner**

Monday 10 April, 11.45am – 12.15pm

Sunderland Lecture – Cognitive-behavioural treatments for chronic pain: Recent innovations, new insights and future directions

Tuesday 11 April, 11.00 – 11.30am

Opioids, chronic pain and function: Recent findings and clinical perspective

## PRE-CONFERENCE WORKSHOPS

The 37th ASM has 8 half-day pre-conference workshops running on Sunday 9 April. Choose to attend for one or two and mix and match as you desire.

## **Full Day Workshops**

- Acute Pain
- Pain in Childhood

## **Morning Workshops**

- Fundamentals of Pain
- Basic Pain Research

## **Afternoon Workshops**

- Pharmacology in Pain Management
- Physiotherapy in Pain Management

## MEET THE SPEAKERS BREAKFAST

This session is offered to junior researchers, PhD students and post doctorate fellows on Tuesday 11 April 2017, 7.30am - 8.30am. Meet the Speakers Breakfast aims to give younger scientists and clinicians an opportunity to ascertain career advice and guidance from the APS 2017 international plenary speakers.

## SPONSORED SESSIONS

There are 4 Sponsored Sessions available to delegates to attend.

**Monday 10 April, 7.30-8.30am – includes breakfast**  
*Mundipharma*

### **Challenging the standard approach to managing chronic pain**

Associate Professor Tillman Boesel, Dr Tim Ho and Mr Tony Merritt will present a case study based discussion on complex chronic pain patients: how to manage, re-motivate and improve their functional outcomes.

**Monday 10 April, 5.15-6.15pm – includes canapés and drinks**

*iX Biopharma*

### **Ketamine and buprenorphine – Old analgesics in a novel sublingual formulation**

In this talk, Professor Stephan Schug will summarise the literature on the use of ketamine and buprenorphine in pain management, and



Chronic pain is reported to affect one in five persons in Australia and a staggering one in three people over the age of 65. (Blyth et al, 2001; Henderson et al, 2013). Our ageing population estimates an increase of persons with persistent pain from 3.2 million in 2007 to 5 million by 2050. In economic terms this reflects a direct \$7 Billion in health care costs, \$11 Billion in lost productivity (MBF Foundation, 2007). In 2012, 40 percent or 280,000 people between 45–64 years-old sought early retirement associated with their chronic pain. Leading causes are stated to include unresolved pain from injury, sporting, car, work and home accidents (Pain Australia et al, 2013).

In 2010 the National Pain Strategy report an initiative led by the Australian Pain Society and others outlined the importance of streamlining services and resource with a mission, “To improve quality of life for people with pain and their families, and to minimise the burden of pain on individuals and the community”.

In response, Western Australian based clinicians, academics, government advisers, not for profit, consumers and carer representatives formed a Working Group in 2015 under the musculoskeletal health network to develop the WA Framework for Persistent Pain (2016-2021). The Working Group, alongside the Department of Health for WA, consulted over an 18-month period to reach a diverse, collaborative and comprehensive vision for persistent pain management in Western Australia.

Consultation on the Framework was also opened for public comment from 23 November 2015 – 18 December 2015.

### **The priority areas and objectives cover:**

1. Increasing the awareness of the burden and impact of persistent pain in WA.
2. Improving clinical management of persistent pain.
3. Improving navigation of and access to persistent pain services.
4. Improving the integration of care for people with persistent pain.

These key areas encapsulate the future of persistent pain services as a strategic direction for public

and private health sectors as well as address vital progress towards reducing the burden of care on the health system, community and individuals. Targeted focus was given to:

- Funding considerations and economic evaluation,
- Streamlining health pathways to reduce service gaps,
- Enhancing multidisciplinary healthcare in pain management
- Upskilling practicing clinicians and Aboriginal health workers in best practice through improved educational opportunities and understanding of pain.

The Framework further highlights the significant contribution of the individual with persistent pain when well informed and equipped in self-management strategies to facilitate active participation in their health outcomes. It is foreseen this Framework will provide holistic guidance encompassing complex management of persistent pain in the correct manner and method for increased productivity and reducing the burden of care on all which persistent pain impacts.

To review the full WA Framework for Persistent Pain (2016 – 2021) please refer to: [http://www.healthnetworks.health.wa.gov.au/docs/WA\\_Framework\\_for\\_Persistent\\_Pain.pdf](http://www.healthnetworks.health.wa.gov.au/docs/WA_Framework_for_Persistent_Pain.pdf)

### **References:**

Henderson JV, Harrison CM, Britt HC, Bayram CF, Miller GC. (2013) *Prevalence, causes, severity, impact, and management of chronic pain in Australian general practice patients*. Pain Med 2013;14:1346–61

Blyth FM, March FM, Brnabic AJ, Jorm LR, Williamson M, Cousins MJ. (2001) *Chronic pain in Australia: a prevalence study*. Pain, Jan; 89(2-3): 127–134

MBF Foundation. (2007). *The high price of pain: the economic impact of persistent pain in Australia*. Pain management research institute; University of Sydney.

Pain Australia and National Rural Health Alliance Incorporated. (2013). Fact sheet - chronic pain – a major issue in rural Australia. Retrieved on December 2, 2016 from: [http://www.painaustralia.org.au/images/pain\\_australia/Healthcare/nrha-factsheet-pain.pdf](http://www.painaustralia.org.au/images/pain_australia/Healthcare/nrha-factsheet-pain.pdf)

## RECENT PUBLICATION - MAR17

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Thank you to APS members John Quintner and Milton Cohen for sharing their recent Chapter publication in the following book:

### **BOOK: MEANINGS OF PAIN, VAN RYSEWYK S, ED**

*Chapter: The Challenge of Validating the Experience of Chronic Pain: The Importance of Intersubjectivity and Reframing pp281-293*

**Article first published online:** 09-Feb-2017

**ISBN Reference:** 978-3-319-49022-9

**Chapter Link:** [http://link.springer.com/chapter/10.1007%2F978-3-319-49022-9\\_17](http://link.springer.com/chapter/10.1007%2F978-3-319-49022-9_17)

#### **Abstract:**

A fundamental tenet of Western biomedicine is the validation of a patient's predicament by the clinician through demonstration of a disease process underlying illness. For the person experiencing chronic pain, however, the absence of demonstrable pathophysiological evidence of disease is a challenge to the clinician's ability to discharge that role. What may not have been appreciated is that the reverse situation can also hold true, insofar as the patient cannot validate the clinician as possessing sufficient knowledge and expertise to relieve their pain. In an effort to understand and remediate this

impasse, this chapter explores the dynamics of the clinical encounter through the lens of the French sociologist Pierre Bourdieu, and examines the effects on the players when dealing with the aporia of pain. Then, in the novel approach of reframing the field of the clinical encounter through considerations of intersubjectivity, empathy and prospection, ethical possibilities for clinician and patient to achieve mutual validation of their predicaments are canvassed.

#### **Declaration:**

The authors have nothing to declare.



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

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

*Christin Bird, Assistant Editor*

## REPORT ON THE 8TH NATIONAL DEMENTIA CONFERENCE, 23-24 FEB 17, ADELAIDE, SA

By Dr Joanne Harmon

Many thanks to APS for facilitating the opportunity for my attendance and for being such a fabulous sponsor of this conference. This multi-disciplinary conference was attended by 150 + people who came from all over Australia and New Zealand. Interspersed between key speakers were many presentations showcasing the latest developments within each state or territory, on improvements in dementia care and strategies that have been used to effect change within practice- be it clinical, residential or community.

Day one started with a bang with the conference chair, Kathryn Quintal CEO of Alzheimer's Australia SA, providing opening remarks. The keynote address by Rae Lamb, Aged Care Complaints Commissioner, was very interesting in her outline of the work that they do. We also heard from Kate Swaffer a consumer advocate and SA Australian of the year 2016, about her journey as a person who is living with early onset dementia. The pitfalls and perils of the person living with dementia on navigating the system was spoken of by Maree McCabe CEO Alzheimer's Australia. She outlined the sobering statistics of people diagnosed with dementia, with only 30% living in Residential Aged Care Facilities (RACF) and the remaining 70% living in the community being cared for by 1.2 million carers. The rest of the first day was jam packed with updates provided on the direction of funding 'bench to bedside' that the NHMRC National Institute has allocated for Dementia Research (sorry- no mention of monies for pain research) and talk of capacity building for 75 Early Career Researcher Dementia Fellowships. Virginia Mathews, from the Aged Care Quality Agency outlined how accreditation standards for aged care have changed in relation to ACFI. At the end of day one a panel was held to discuss the unmet needs of people diagnosed with dementia.

Day two we heard from Tim Parry the Director of Communications and Brand from UK Alzheimer's research on reducing stigmatization of dementia diagnosis. Tim Parry shared the startling statistic that only 23% of people polled in the UK recognized that dementia is driven by a brain disease. This was then followed by a presentation on a hospital educational package developed by Judy Bartholomew from Alzheimer's Australia NSW,



and its use to provide insight into the inpatient experiences of how a person diagnosed with dementia perceives the clinical environment. It was uplifting to hear about the development of a nurse led clinic to improve care and provide continuity from hospital to home that has been developed in NZ by Nurse Practitioner candidate Lesley Maskery.

An emerging theme I noticed was the use of the older person diagnosed with dementia and in pain, being often cited and used as an example to showcase when person centred best practice outcomes resulted. For instance Rae Lamb, the Aged Care Complaints Commissioner shared a story of an older person's family who had lodged a complaint about care that was resolved by provision of appropriate pain relief. Similarly, within the presentation by Dr Catherine Travers and Fred Graham we saw the use of the pain tools PAINAID and the verbal numerical scale being shown as a component of a clinical chart for the older hospitalised person in acute care with delirium. The issue of pain in the older person who has a diagnosis of dementia was also mentioned by A/ Prof Gaynor Parfitt when speaking on the benefits of re-enablement by exercise physiology in RACF.

Although pain was often mentioned by many of the presenters in this manner, it was often merely a fleeting referral and no research findings were outlined.

Absent from the conference was a presentation that provided depth about pain in the older person living with dementia. Much needed translation of practical findings supported by research or evidence was noted to be absent. I feel that the conference attendees would have benefited from an Evidence-Based Practice (EBP) viewpoint on aspects of pain care provision for the older person living with dementia. For instance outlining the benefits by undertaking a holistic pain history, use of EBP pain assessment tools and management

as well as education. Input into issues such as the known challenges of provision of continuity of pain care provision for the older person who is transferred between facilities such as home to hospital or residential aged care could have provided some much needed practical strategies for implementation in a multi-disciplinary clinical setting. On reflection I am mindful that as a pain researcher that there is a need for us to submit abstracts for presentation at multi-disciplinary conferences in order to facilitate translation of findings into clinical practice.

Once again I thank APS for providing me with the opportunity to attend a very worthwhile conference.

## POSITION VACANT



### PAIN PSYCHOLOGIST / EMPOWER REHAB, VIC.

Join the team at Empower Rehab in providing quality psychological therapy to clients in the North Eastern suburbs of Melbourne. Be involved in providing quality interdisciplinary pain management treatment to clients with persistent pain, including group and individual treatment.

In addition, you will have the opportunity to work with clients with a broad range of presenting issues, including mood issues, anxiety, sleep difficulties, and relationship difficulties.

To be considered for this role we require experience in providing pain management treatment.

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**Telephone:** 03 9459 3344 | **Email:** [Jacqui@empowerrehab.com](mailto:Jacqui@empowerrehab.com)

**Applications Close:** 13 March 2017

## SCHOLARSHIP FEATURE

### Current Scholars

PhD Scholarship Sponsor	<b>Mundipharma #3-APS-APRA</b>
Scholar	<b>Audrey Wang</b>
Topic	<i>"An investigation of the role of the brain in recovery from CRPS, using fMRI"</i>
PhD Scholarship Sponsor	<b>Janssen Cilag #2-APS-APRA</b>
Scholar	<b>Sarah Kissiwaa</b>
Topic	<i>"Pain induced synaptic plasticity in the amygdala"</i>
PhD Scholarship Sponsor	<b>APS #5-APRA</b>
Scholar	<b>James Kang</b>
Topic	<i>"Epigenetic influence in cognitive impairments in chronic neuropathic pain"</i>
PhD Scholarship Sponsor	<b>Seqirus #1-APS-APRA</b>
Scholar	<b>Sherelle Casey</b>
Topic	<i>"Cannabinoids for neuropathic pain"</i>

## SCHOLARSHIP FEATURE

### Past Scholars

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

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**2017 SOCIAL  
PROGRAM**  
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## EXPANDING HORIZONS



Australian Pain Society  
37th Annual Scientific Meeting  
9 - 12 April 2017  
Adelaide Convention Centre

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*Network, socialise, relax, enjoy! There's an exciting social program available to delegates with multiple opportunities to meet and connect with peers and build upon professional networks.*

### **SUNDAY 9 APRIL 2017**

**Welcome Reception** at Exhibition Hall, Adelaide Convention Centre  
6.00pm – 7.30pm

**Basic Pain Research and Pain in Childhood SIG Dinners** at the Riverside Restaurant, Intercontinental Adelaide  
7.30pm - Late

### **MONDAY 10 APRIL 2017**

**Drinks at 2KW**  
5.30pm – Late

### **TUESDAY 11 APRIL 2017**

**APS Gala Dinner** at Ian McLachlan Room, Adelaide Oval  
7.00pm – 11.00pm

### **WEDNESDAY 12 APRIL 2017**

**Blend Your Own** at the Lane Vineyard  
1.30pm – 5.00pm

### **ADELAIDE SIGHTSEEING TOURS**

See more of Adelaide and South Australia with a pre or post conference tour! Adelaide Sightseeing offer 15% discount off selected popular tours for all APS 2017 conference delegates and their travelling companions. Visit the wine regions, tour the Murray River or enjoy a day or two on Kangaroo Island. There's so much to explore.

See the full social program here: [Social Program](#)

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## PAIN IN CHILDHOOD SIG: JOURNAL WATCH

### “There’s a Pain App for That” Review of Patient-targeted Smartphone Applications for Pain Management



Laloo C, Jibb LA, Rivera J, Agarwal A, Stinson JN. “There’s a pain App for that”: Review of patient-targeted smartphone applications for pain management. *The Clinical Journal of Pain*. 2015;31(6):557-63.

**Reviewer:** Dr Hemakumar Devan, Assistant Research Fellow, School of Physiotherapy, University of Otago, Wellington, New Zealand

#### **Study group:**

All age groups

#### **Aims:**

A review of pain smartphone applications (mobile apps) was conducted to appraise the app contents related to self-management skills.

#### **Methodology:**

All major app stores iOS (iTunes), Android (Google Play), BlackBerry OS (BlackBerry World), and Windows Phone (Windows Store) were searched until July 2014. For apps to be included, they have to be designed for use by individuals with persistent pain. Two reviewers independently searched the app stores and extracted the contents. The functionality of apps was assessed based on meeting five core self-management skills such as:

- 1) Self-management strategies (e.g. information related to self-management strategies such as exercises, relaxation, guided imagery)
- 2) Pain education
- 3) Self-monitoring of symptoms
- 4) Goal setting
- 5) Provision of social support by means of access to sharing information with others with persistent pain. Furthermore, involvement of healthcare providers in app development was also assessed.

#### **Results:**

A total of 279 apps were included. Majority of included apps were available from Android platform. Close to 50% of included apps were free to download. For the remaining apps, the average price of an app was about 3.5 AUD. With regards to meeting self-management criteria, majority of the apps (77.4%) provided instructional audio-visual information related to self-management strategies (e.g. relaxation, exercises). Around 46% of the included apps provided information on pain-specific education and management. One-fifth (20%) of the included apps had the capacity to record and/or track pain intensity (self-monitoring). A small number of apps (N = 10) provided access to share information via social media (Facebook and Twitter). Only two of the included apps provided information on goal-setting. None of the included apps met all the five self-management criteria and only one app (CatchMyPain) underwent scientific validation. Only 9% of the included apps reported healthcare provider involvement in the development of content or functionality. Further, none of the included apps provided a scientific theory or a clinical rationale as a basis of its development.

#### **Conclusions:**

Pain self-management via smartphone applications has the potential to provide ongoing support in individuals with persistent pain. However, the contents of most of the available pain self-management apps are poor with majority of the included apps meeting only one or two self-management criteria. Furthermore, very few apps had inputs from healthcare providers and underwent scientific validation thereby limiting the confidence in recommending the apps for pain self-management in individuals with persistent pain.

#### **Take home message:**

The review is an update of previous review on mobile apps for pain self-management conducted Rosser and Eccleston in 2010. A major strength

of the current review is the explicit definition of assessing the functionality of apps based on five major self-management skills. Clinicians have to be cognizant about the limited self-management contents in the available pain apps. Given the lack of a comprehensive pain self-management app, there is an urgent need to develop pain self-management

apps with inputs from people with persistent pain and healthcare providers based on self-management principles (e.g. self-monitoring and goal-setting) to facilitate ongoing self-management in people with persistent pain.

**Declaration:** No conflict of interest.

## PAIN IN CHILDHOOD SIG: JOURNAL WATCH

**Child attention to pain and pain tolerance are dependent upon anxiety and attention control: An eye-tracking study**



Heathcote LC, Lau JYF, Mueller SC, Eccleston C, Fox E, Bosmans M, et al. Child attention to pain and pain tolerance are dependent upon anxiety and attention control: An eye-tracking study. *European Journal of Pain (United Kingdom)*. 2017;21(2):250-63. doi <http://dx.doi.org/10.1002/ejp.920>

**Reviewer:** Dr Mavis Duncanson, Senior Lecturer, Department of Women and Children's Health, Dunedin School of Medicine, University of Otago, New Zealand

This study examined the interaction between anxiety-related variables and attention control in relation to children's attention to pain cues and response to a painful stimulus.

### **Study group:**

An opportunistic sample of 54 children was recruited through follow-up from a previous classroom study and social media advertisement. Children were aged 8–17 years (median age 12.1 years) with 19 boys and 35 girls. Exclusion criteria included developmental delay and recurrent or chronic pain.

### **Methodology:**

Children's eye movements were tracked with a table-mounted eye tracker whilst they viewed photographs of other children displaying painful facial expressions during a cold pressor test (CPT) in which they were asked to immerse a hand in cold water 10 °C(±1 °C) and keep it there as long as possible. Each participating child then underwent a CPT for themselves. The total time of immersion of

the child's hand in was measured using a stopwatch as an indicator of pain tolerance. Attention control and current anxiety state were assessed using standardised Dutch instruments. A situation-specific measure, based on the Pain Catastrophizing Scale for Children, was used to assess the level of each child's catastrophizing thoughts about the upcoming pain task.

### **Results:**

Data from 17 participants was discarded due to inadequate eye tracking (apparently in line with previous such studies). Findings indicated that anxiety and attention control did not affect whether the children's first looked pained or neutral faces, but did impact how long they dwelled on each. For children assessed as having low levels of attention control, higher anxiety was associated with less time looking at on pained faces compared with neutral faces, and the opposite pattern was observed for children with high attention control. For children with low attention control, increasing anxiety was associated with anticipating more pain and tolerating pain for a shorter time and the opposite pattern was observed for children with high levels of attention control.

### **Conclusion:**

The apparent moderating effect of attention control on anxiety and on the association between anxiety and pain tolerance is a key finding from this small pilot study. It reinforces the importance of building a wide repertoire of emotional strengths to assist children and young people to manage pain they experience.

## PAIN IN CHILDHOOD SIG: JOURNAL WATCH

### The Effect of Pain Catastrophizing on Outcomes: A Developmental Perspective Across Children, Adolescents, and Young Adults With Chronic Pain.



Feinstein AB, Sturgeon JA, Darnell BD, Dunn AL, Rico T, Kao MC, Bhandari RP. *Journal of Pain*, 2017; 18(2): 144-154

**Reviewer:** Ross Drake, Clinical Lead, Complex Pain Service, Starship Child Health, Auckland, New Zealand

Pain catastrophizing (PC) is “the negative cognitive and emotional pattern characterised by rumination, magnification and helplessness toward actual or anticipated pain” and well recognised as a predictor of disability and increased psychological distress in adults with chronic pain. Clinical insight would suggest a similar impact from catastrophizing in children and adolescents. However, the effects from a developmental perspective have not been scrutinised although there has been research into the impact of PC on functional disability and health-related quality of life in children.

#### Methodology:

This cross-sectional study used a database, the Collaborative Health Outcomes Information Registry (CHOIR) and its paediatric version, Peds-CHOIR, to assess and compare patient-reported outcomes across 4 age cohorts – 8 to 12 years (children), 13 to 17 years (adolescents), 18 to 23 years and 24 to 29 years (adult) from two tertiary pain clinics (one large adult, one moderate-sized paediatric) affiliated to the same university.

Standard demographic data including primary pain diagnosis was collected with pain intensity (Numeric Rating Scale), Pain Catastrophizing Scale, pain interference, anxiety, depression (adult and child versions of all four), and emotional distress (composite variable created from mean score of anxiety and depression scores) collated.

Two models were then employed using multiple regression analysis to examine the predictive value of PC on pain interference and pain intensity across the cohorts with age serving as a moderator.

#### Results:

The adult cohort consisted of 703 individuals (294 aged 18 to 23 years, 409 aged 24 to 29 years) and 325 in the younger age groupings; children (n = 73) and adolescents (n = 252).

The measures of PC and pain intensity did not vary significantly with age under 1-way analysis of variance but emotional distress was higher in the adult groups compared to children and adolescents while pain interference was higher in the adult age groups (older > younger) compared to children and adolescents. More sophisticated analyses indicated significant correlations between all study variables across the age groups with the exception of the relationship between PC and pain intensity in children.

The first model found pain interference to be significantly and positively correlated to all parameters with the effect of pain intensity ( $\beta = 0.355$ ) > emotional distress ( $\beta = 0.276$ ) > PC ( $\beta = 0.137$ ). However, age had a major effect on pain interference, above and beyond the other parameters, with scores meaningfully higher in older versus younger patients. Age was then tested against each predictor of pain interference with this suggesting the effects of PC ( $P = 0.016$ ) and emotional distress ( $P = 0.017$ ) on pain interference declined as a function of age. Further analysis suggested PC was a stronger predictor ( $P = 0.036$ ) of pain interference scores in teenagers than adults aged 24 to 29 years. Age did not moderate the effect of pain intensity on pain interference.

The second model analysed PC, emotional distress and age as concurrent predictors of pain intensity with only PC ( $P < 0.001$ ) found to be significant. Moreover, there was a stronger effect from PC on pain intensity ( $P = 0.02$ ) for adults aged 24 to 29 years than for children.

### Discussion:

The primary finding was age moderates the relationship between PC and pain interference with the effect declining with increasing age; specifically from adolescents through the adult cohorts as children had a similar strength of association to adults. Furthermore, this study suggests emotional distress (composite of anxiety and depression scores) was a better predictor of pain interference than catastrophized thinking. This does put the findings at odds with previous research although rational arguments based on physiologic and behavioural developmental changes from childhood to adolescents can be made to support the discrepant findings.

There was a good discussion of the studies limitations with, amongst other things, the appropriateness of the cohorts, differences between sexes and the mismatch of cohort numbers highlighted as potentially important confounders. The study may also have benefited from a fuller

exploration of the pain demographics within cohorts, such as including multiple pain sites, not just primary pain site, into the analysis.

### Conclusion:

This study does raise the importance of considering the developmental trajectory when we conceptualize the impact any psychological parameter may have on the children and adolescents we work with. It reinforces that the adult literature can only inform work in the paediatric field so far and by extension makes an argument for it to be injudicious to completely apply adult-based research to the child and adolescent experience. Once again, more child and adolescent specific research is required.

As a final observation this study also provides research support for what can be realised by outcome collaborations including specific paediatric versions such as has been accomplished by the electronic Persistent Pain Outcomes Collaboration (ePPOC).



## CALLING FOR EXPRESSIONS OF INTEREST TO BE PART OF THE #AUSPAIN2017 TWITTER TEAM

## EXPANDING HORIZONS



Australian Pain Society  
37th Annual Scientific Meeting  
9 - 12 April 2017  
Adelaide Convention Centre

We are looking forward to the upcoming APS ASM in Adelaide in just 6 weeks time.

We are keen to increase the Twitter engagement via our hashtag: **#auspain2017** and welcome everyone to tweet and/or follow the hashtag during the meeting.

This year we are also looking to recruit a formal Twitter Team to tweet during the conference, no Twitter experience necessary (in fact this might be a great opportunity to learn how to use Twitter.)

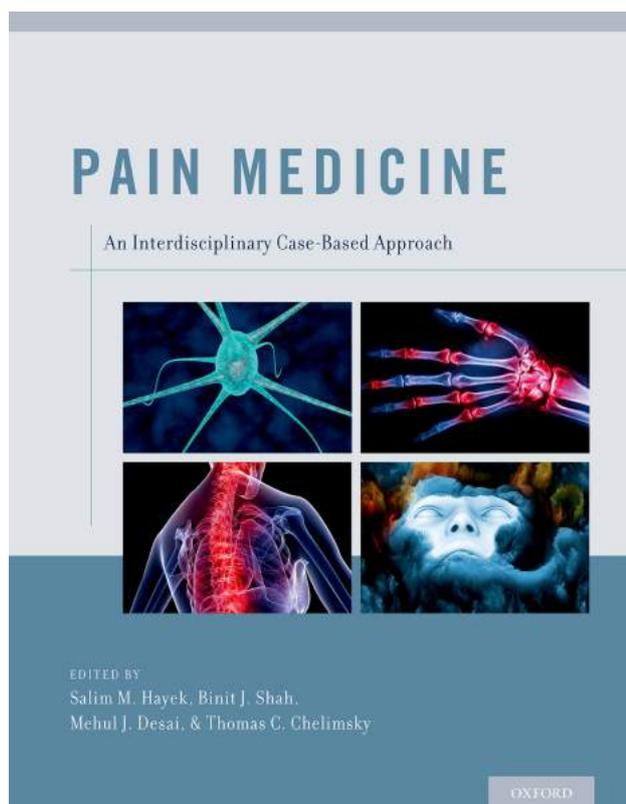
If you are interested in being a part of the volunteer #auspain2017 Twitter Team, please contact Tracy Hallen at the [APS Secretariat](#) by Thursday 23 March 2017.

Twitter Team members will be provided with some basic instructions and suggestions on how to maximize tweeting at the conference.

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

## PAIN MEDICINE – AN INTERDISCIPLINARY CASE-BASED APPROACH

Hayek S.M., Shah B.J., Desai J.D., Chelimsky T.C.  
(Editors) 2015 *Pain Medicine. An Interdisciplinary Case-Based Approach* ISBN: 9780199931484



This book aims to approach pain medicine in the spirit of J. Bonica, the founding father of multidisciplinary pain management, who pioneered the concept of bringing multiple specialities together to manage patients by formulating a comprehensive treatment plan.

It is edited by four American physicians working in Anaesthesiology, Neurology, Intensive Care and Pain Medicine and is written by predominantly North American authors, with some contributions from New Mexico, Canada and Belgium.

There are several disciplines involved in the compilation of this text: Neurology, Pain Medicine, Neurosurgery, Rehabilitation Medicine, Orthopaedic

Medicine and Psychiatry to name a few.

The book is laid out in 26 chapters, covering seven topics, with an attempt to organise the book within the classification of pain (neuropathic, visceral, cancer related pain etc.). Unfortunately a disproportionate allocation is dedicated to spine related disorders, which dominates the book.

Each chapter is subdivided, opening with a realistic case study, which unfolds into several avenues of enquiry from definition of condition, pathophysiology, differential diagnosis and management to evaluation of the patient. It offers practical considerations throughout the chapter, and relates to the clinical scenario throughout the chapter in most cases. Clinicians may find exploration of these questions useful, and chapters one to five offer well laid out and evidence based explanations. In other chapters (for example chapter 2 - Post Herpetic Neuralgia) more depth is offered in the questions asked: incidence and prevalence, how vaccination may affect prevalence, incidence and chronicity.

Unfortunately, in other chapters this is not followed through. For instance, in chapter seven on Tendinopathies, the psychological state of the patient is explored in relation to development and presentation of physical symptoms. This exploration seems somewhat disconnected from the patient described in the case study as it goes on to discuss Somatisation in depth. Similarly in chapter 8 on Discogenic Pain, an entire section is dedicated to smoking cessation under psychiatric intervention. This is disappointing, as the initial chapters are comprehensive and address the evidence based interdisciplinary perspective very well.



**NEEDS YOUR HELP, IT WILL ONLY TAKE 15 MINUTES!**

The Florey Institute of Neuroscience and Mental Health are conducting an online study that is looking at pain following stroke (Stroke Laterality Study: Recognising left from right arms by individuals with stroke). They need as many people as possible to participate, regardless of pain history or stroke. If you can spare around 15 minutes to participate they'd greatly appreciate it. If you can also forward info to anyone who may also like to participate, even better (particularly if they have a history of chronic pain, OR have had a stroke). The more numbers in each group, the more power!

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

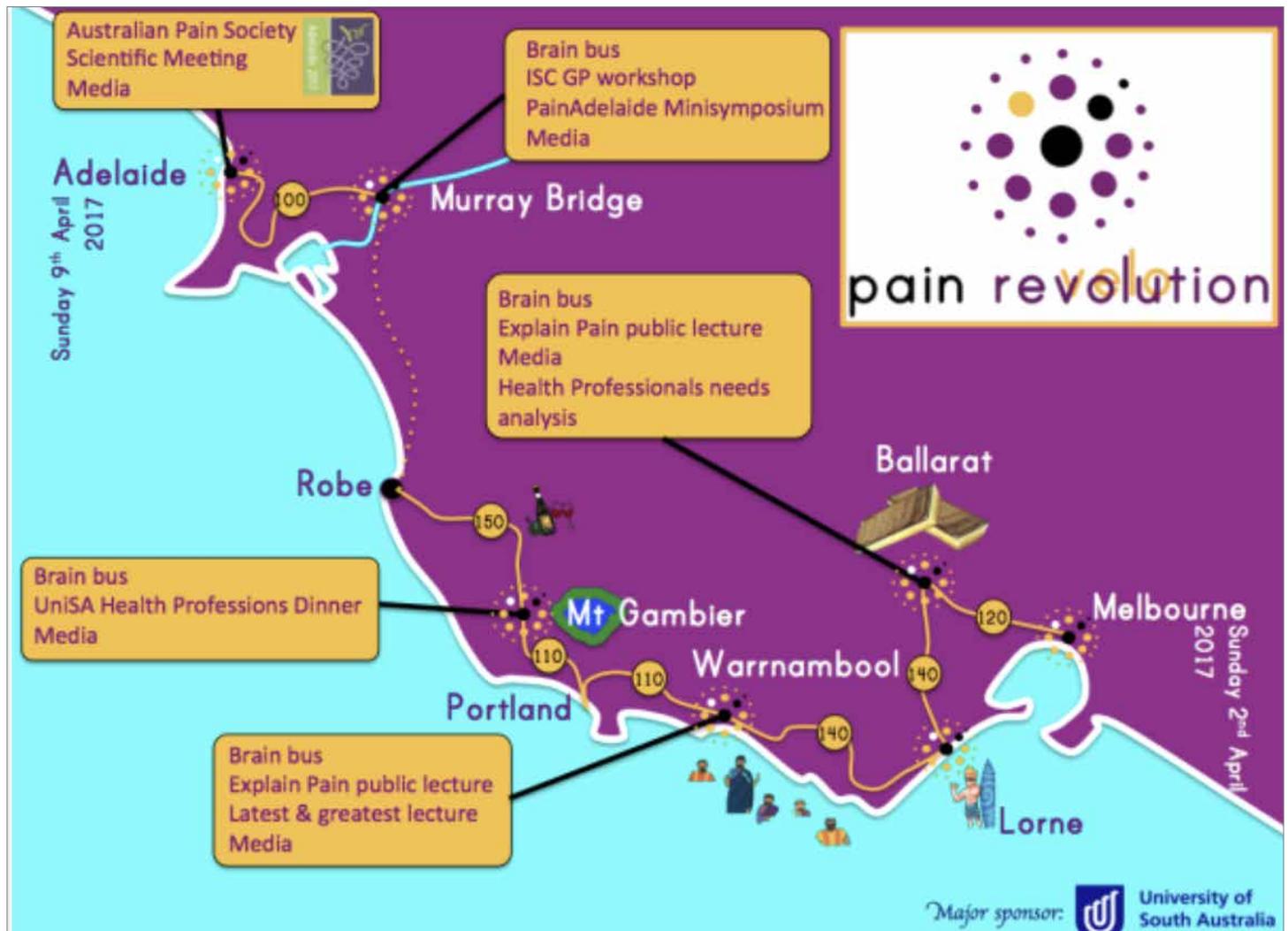
To participate, simply go to [http://research.noigroup.com/?\\_p=stls](http://research.noigroup.com/?_p=stls)

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

If you would like more details about the study, please contact one of the researchers, Brendon Haslam at [Haslam.b@florey.edu.au](mailto:Haslam.b@florey.edu.au)

The survey closes 30 June 2017.

# PAIN REVOLUTION 2017 TOUR



## MELBOURNE TO ADELAIDE / 870 KM

2-9 APRIL 2017 - 8 DAYS / NIGHTS

**FINISHES AT OUR ADELAIDE  
ASM ON SUNDAY 09 APR 17  
AT 2:45 PM. BE THERE TO GREET  
THEIR ARRIVAL!**





## EXPRESSIONS OF INTEREST APS MEMBERS ONLY FACEBOOK PAGE: VOLUNTEER MODERATOR(S) NEEDED!

Several members have expressed a desire for increased opportunities to network with their APS colleagues outside of the annual scientific meeting. Establishing a forum to facilitate regular communication seems a great way to boost the advantages of APS membership. Imagine being able to do things like:

- Post a question on line and receive helpful feedback from your peers.
- Share new learnings with your colleagues as they happen.
- Have genuine robust conversations about topical issues with people in the know.

Sound helpful? Yep, we thought so too. As such, the board has decided to pilot a closed Facebook page – available only to APS members. Guidelines for the page have been drafted but we need to find a moderator(s) – someone who will keep an eye on things and make sure it all runs smoothly. It could be a single person or a small group.

The moderator(s) would:

- Report directly to the Australian Pain Society Board of Directors. This would require attendance at the start of bi-monthly Board teleconferences (Wednesdays 7.30pm AEDT) to report on happenings.
- Add new members to the group (after checking they are APS members) and remove members if APS membership lapses
- Monitor posts to ensure material is appropriate and, as necessary remove posts and/or members from the group.

The moderator(s) is critical to the success of the trial – it can't start until the position has been appointed!

**So, if you're passionate about wanting to have regular contact with your national peers and have some time to spend on Facebook then this position could be perfect for you. Expressions of interest can be sent to [aps@apsoc.org.au](mailto:aps@apsoc.org.au) – please include a brief biography and outline what you think you could bring to this role.**

APPLICATIONS CLOSE 1 APRIL 2017



**NZPS17**  
ANNUAL SCIENTIFIC MEETING  
2-4 MARCH 2017 — NELSON

**ACTIVE & ABLE**  
INDEPENDENT WITH PAIN



# ALBURY WODONGA PRIVATE HOSPITAL

MONDAY 6TH MARCH 2017

6TH ANNUAL GLOBAL PAIN DAY: AN EDUCATION  
DAY FOCUSING ON PAIN AFTER SURGERY

VENUE: COMMERCIAL CLUB, ALBURY, NSW

The International Association for the Study of Pain (IASP) Global Year Against Pain initiative provides an ideal forum for us to explore and raise the profile of important pain issues.

This education day focuses on the 2017 IASP Global Year Against Pain After Surgery, which officially launched on Thursday 19th January 2017.

**Who should attend:** All nurses, physiotherapists and other allied health professionals are invited to attend. This education seminar features a great line up of guest speakers, trade displays, morning tea, lunch and afternoon tea.

**Speakers include:** Prof Stephan Schug, Dr Graham Libreri, Danielle Witty, Trudy Maunsell, Lisa Gephart, Pamela Goldspink and Kim O'Brien

Further info contact Pamela Goldspink: T: 02 6022 4245

E: [goldspinkp@ramsayhealth.com.au](mailto:goldspinkp@ramsayhealth.com.au)

## MECHANISMS OF ACTION

NEUROMODULATION SOCIETY OF  
AUSTRALIA AND NEW ZEALAND

12<sup>TH</sup> ANNUAL SCIENTIFIC MEETING

8-9 APRIL 2017

Adelaide Convention Centre, South Australia  
[www.dconferences.com.au/nsanz2017](http://www.dconferences.com.au/nsanz2017)

ins

International  
Neuromodulation  
Society

SAVE  
THE DATE!

For sponsorship and exhibition opportunities or more information, please contact the NSANZ 2017 Conference Secretariat:  
DC Conferences Pty Ltd • P: 61 2 9954 4400 • E: [nsanz2017@dconferences.com.au](mailto:nsanz2017@dconferences.com.au)

## EXPANDING HORIZONS



Australian Pain Society  
37th Annual Scientific Meeting  
9 - 12 April 2017  
Adelaide Convention Centre

### YOU ARE INVITED TO ATTEND THE ACUTE PAIN DAY PRE-CONFERENCE WORKSHOP

When: Sunday 9 April 2017, 9.00 am – 5.00 pm  
Where: Adelaide Convention Centre, SA  
Cost: \$180 per person – **Standard Registration**  
**Deadline: 7 April 2017**

This workshop is aimed at anyone with an interest in acute pain management.  
Attendees have the option to register for a half-day if they prefer.

To register or for further information please visit,  
[www.dconferences.com.au/aps2017/Pre-Conference\\_Workshops](http://www.dconferences.com.au/aps2017/Pre-Conference_Workshops)

## EXPANDING HORIZONS



Australian Pain Society  
37th Annual Scientific Meeting  
9 - 12 April 2017  
Adelaide Convention Centre



### YOU ARE INVITED TO ATTEND THE PAIN IN CHILDHOOD PRE-CONFERENCE WORKSHOP

**When:** Sunday 9 April 2017, 8.30 am – 5.00 pm  
**Where:** Adelaide Convention Centre, SA  
**Cost:** \$180 per person – **Standard Registration**  
**Deadline:** 7 April 2017

This year the Pain in Childhood Pre-Conference Workshop has evolved to a full day programme.  
The morning session will focus on complex and chronic pain.

The afternoon session will cover acute and procedural pain.

Attendees have the option to register for a half-day if they prefer.

We are excited to be able to conclude the day with a 90min workshop by local procedural hypnosis expert Dr Allan Cyna. It will be a stimulating day for experienced practitioners as well as those new to paediatric pain.

To register or for further information please visit,  
[www.dconferences.com.au/aps2017/Pre-Conference\\_Workshops](http://www.dconferences.com.au/aps2017/Pre-Conference_Workshops)

## EXPANDING HORIZONS



Australian Pain Society  
37th Annual Scientific Meeting  
9 - 12 April 2017  
Adelaide Convention Centre



### YOU ARE INVITED TO ATTEND THE BASIC PAIN RESEARCH PRE- CONFERENCE WORKSHOP

**When:** Sunday 9 April 2017, 8.30 am – 12.30 pm **Where:** Adelaide Convention Centre, SA **Cost:** \$135 per person – Early Bird – **Standard Registration Deadline:** 7 April 2017

The workshop will aim to present current basic pain research in Australia and provide evidence of its importance for our understanding of mechanism underlying nociception. Area experts will provide latest research in areas such as impact of the immune system on nociceptive processing, role of the spinal cord in processing of nociceptive information, how we might be able to measure pain, how toxins can be used to treat pain and what the difference is between pain in internal organs and the rest of the body. In addition the presentations will introduce latest research techniques ranging from deep sequencing and optogenetics to comprehensive analysis of animal behaviour.

To register or for further information please visit,  
[www.dccconferences.com.au/aps2017/Pre-Conference Workshops](http://www.dccconferences.com.au/aps2017/Pre-Conference_Workshops)

## EXPANDING HORIZONS



Australian Pain Society  
37th Annual Scientific Meeting  
9 - 12 April 2017  
Adelaide Convention Centre

### YOU ARE INVITED TO ATTEND THE FUNDAMENTALS OF PAIN PRE-CONFERENCE WORKSHOP

**When:** Sunday 9 April 2017, 8.30 am – 12.30 pm  
**Where:** Adelaide Convention Centre, SA  
**Cost:** \$135 per person – **Standard Registration Deadline:** 7 April 2017

This workshop will equip participants with the basic knowledge of pain neurobiology, psychology and therapeutic agents, using an interactive case study and multimedia. This workshop is aimed at all allied health and general practitioners, or anyone wishing to update their knowledge on the pathophysiology and treatment of pain.

To register or for further information please visit,  
[www.dccconferences.com.au/aps2017/Pre-Conference Workshops](http://www.dccconferences.com.au/aps2017/Pre-Conference_Workshops)

## EXPANDING HORIZONS



Australian Pain Society  
37th Annual Scientific Meeting  
9 - 12 April 2017  
Adelaide Convention Centre

### YOU ARE INVITED TO ATTEND THE PHARMACOLOGY IN PAIN MANAGEMENT PRE-CONFERENCE WORKSHOP

When: Sunday 9 April 2017, 1.15 pm – 5.00 pm  
Where: Adelaide Convention Centre, SA  
Cost: \$135 per person – **Standard Registration Deadline:**  
7 April 2017

The aim of the Pharmacological Management in Pain half-day workshop is to make a significant contribution to the optimisation of pain treatment by bringing experts together to discuss the latest scientific findings within the pain management clinical pharmacology field. The target audience for this workshop consists of clinical pharmacologists, pharmacists, industry researchers, pain specialists, paediatricians, clinical nurse consultants, government representatives and other experts with an interest in clinical pharmacology.

To register or for further information please visit,  
[www.dconferences.com.au/aps2017/Pre-Conference\\_Workshops](http://www.dconferences.com.au/aps2017/Pre-Conference_Workshops)

## EXPANDING HORIZONS



Australian Pain Society  
37th Annual Scientific Meeting  
9 - 12 April 2017  
Adelaide Convention Centre

### YOU ARE INVITED TO ATTEND THE PHYSIOTHERAPY IN PAIN MANAGEMENT PRE-CONFERENCE WORKSHOP

When: Sunday 9 April 2017, 1.30 pm – 5.00 pm  
Where: Adelaide Convention Centre, SA  
Cost: \$135 per person – **Standard Registration Deadline:**  
7 April 2017

#### MORE THAN MEETS THE EYE: THE INVISIBLE CHALLENGES OF PAIN ASSESSMENT

This workshop is designed for any Physiotherapist who works with people in pain. Specifically, this workshop will address issues related to the assessment of people with persistent pain.

To register or for further information please visit,  
[www.dconferences.com.au/aps2017/Pre-Conference\\_Workshops](http://www.dconferences.com.au/aps2017/Pre-Conference_Workshops)

Are you living with pain? Do you have an interest in pain?

# LIVING WELL WITH PAIN Consumer Symposium

Your chance to hear leading Australian  
pain management experts

Bookings - [www.trybooking.com/OTNA](http://www.trybooking.com/OTNA)  
Tickets \$25/\$15 Concession



Sunday  
9 April 2017  
1.00pm - 5.00pm

The Braggs  
Lecture Theatre  
University  
of Adelaide  
North Terrace  
Campus



**Adelaide 2017**

## EXPANDING HORIZONS

2017 Australian Pain Society 37th Annual Scientific Meeting  
9 - 12 April 2017 | Adelaide Convention Centre

**SUBMISSION DEADLINES**  
Topical Sessions  
**19 August 2016**  
Free Papers & Posters  
**21 October 2016**  
Early Bird Registration  
**24 February 2017**

Expressions of interest online at [www.dconferences.com.au/aps2017](http://www.dconferences.com.au/aps2017)  
For sponsorship and exhibition opportunities or more information please contact the Conference Secretariat  
**DC Conferences Pty Ltd** | P 61 2 9954 4400 | E [aps2017@dconferences.com.au](mailto:aps2017@dconferences.com.au)

# Pain Management in Practice

Extend your clinical skills with this interactive 2 day workshop

Develop specialised assessment techniques  
for your clients with persistent pain

Implement practical techniques to empower  
your clients to achieve their goals

"Given me skills and insights for difficult  
patients who are getting stuck" - Physiotherapist

"Really useful approach to implement  
into clinical practice" - Titled Musculoskeletal Physiotherapist

"Helps identify ways to work with  
resistance and challenge" - Psychologist

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

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





5-6 MAY 2017

Whiplash  
2017

Meeting the Challenge

Earlybird Registration Deadline **30 JAN 2017**

Abstract Submission **NOW OPEN**

### CROWNE PLAZA SURFERS PARADISE, QLD

This 2-Day Symposium is designed for researchers, clinicians, policy makers and anyone interested in the treatment of whiplash. The program will reflect the 2017 theme - *Meeting the Challenge* and will feature distinguished international and local speakers presenting in plenary and free paper sessions.

Expressions of interest online at [griffith.edu.au/whiplash2017](http://griffith.edu.au/whiplash2017)

**PLUS**

Launch of International Consortium | 5 May 2017

One Day Post Conference Course | 7 May 2017

Improving Recovery: Management of WAD in Primary Care



THE UNIVERSITY OF  
SYDNEY

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 Sydney Medical School'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](http://sydney.edu.au/medicine/pmri/education)

T: +61 2 9463 1516  
E: [paineducation@sydney.edu.au](mailto:paineducation@sydney.edu.au)



**ISPP 2017**

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

**WHEN** 6<sup>th</sup> - 9<sup>th</sup> July 2017

**WHERE** Kuala Lumpur, Malaysia

Organised by



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

Supported by



ISPP Registration opens on 1 November 2016



Visit us at [www.ispp2017.org](http://www.ispp2017.org)



Email us at [secretariat@ispp2017.org](mailto:secretariat@ispp2017.org)

Deadline for Workshop Proposals 15 August 2016

Deadline for Poster Abstract 31 January 2017



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

- **Australian Atlas of Healthcare Variation released 26NOV15:** <http://www.safetyandquality.gov.au/atlas/>
- **Chapter 5: Opioid medicines:** <http://www.safetyandquality.gov.au/atlas/chapter-5-opioid-medicines/>
- **Online interactive Australian Atlas of Healthcare Variation released NOV16:** <http://acsqhc.maps.arcgis.com/home/index.html>

### NPS MEDICINEWISE RESOURCES

- **Chronic Pain edition issued 01JUN15:** <http://www.nps.org.au/publications/health-professional/nps-news/2015/chronic-pain>
- **Chronic pain communication tool:** <http://www.nps.org.au/conditions/nervous-system-problems/pain/for-individuals/pain-conditions/chronic-pain/for-individuals/communication-tool>
- **Managing chronic pain videos with Dr Malcolm Hogg:** <http://www.nps.org.au/conditions/nervous-system-problems/pain/for-individuals/pain-conditions/chronic-pain/for-individuals/pain-management>
- **Choosing Wisely Australia – News & media:** <http://www.choosingwisely.org.au/news-and-media>

### NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:

- **A Framework for working effectively with Aboriginal people, NOV13:** <http://www.aci.health.nsw.gov.au/about-aci/cultural-respect>
- **Pain Management Network Multicultural report 2015:** <http://www.apsoc.org.au/PDF/Useful Links/ACI Report multi cultural focus groups 2015.pdf>

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

### MEMBERS ONLY AREA OF APS WEBSITE:

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

### APS MEDIA RELEASES:

- Refer to our website for a full listing of media releases: <http://www.apsoc.org.au/Media>
- Our next conference will use the Twitter hashtag: #auspain2017

## NEW MEMBERS

TITLE	FIRST NAME	LAST NAME	DISCIPLINE GROUP
Dr	Sandra	Armstrong	General Practice
Dr	Alison	Blight	Palliative Care
Dr	Camila	De La Rosa	General Practice
Dr	Scott	Farrell	Physiotherapy
Dr	Claire	Forsyth	Psychology
Dr	Michelle	Harris	Anaesthesia
Miss	Maree	Hawkswell	Psychology
Ms	Serena	Hong	Physiotherapy
Mrs	Le-Anne	Jones	Nursing
Ms	Emma	Karran	Physiotherapy
Ms	Julie	Lanzendorfer	Nursing
Dr	Monica	Leung	General Practice
Mrs	Lynda	Lotstra	Nursing
Dr	Dusan	Matusica	Science Research
Dr	Annick	Maujean	Psychology
Miss	Kim	McManus	Physiotherapy
Mrs	Alla	Melman	Physiotherapy
Dr	Afnan	Nassar	Dentistry
Dr	Tom	Perkins	Science Research
Mrs	Rochelle	Peterson	Science Research
Mr	Kane	Rodda	Physiotherapy
Mr	Robert	Schütze	Psychology
Mrs	Tiffany	Slejko	Nursing
Mrs	Vasiliki (Vicky)	Staikopoulos	Science Research
Mr	John	Stevens	Exercise Physiologist
Dr	Aston	Wan	Pain Medicine Physician
Mr	Michael	Wewege	Exercise Physiologist
Dr	Samuel	Whittle	Rheumatology
Ms	Jasmine	Wong	Psychology



THE  
AUSTRALIAN  
PAIN SOCIETY

## APS MEMBERSHIP RENEWALS 2017

### RENEWAL NOTICES FOR 2017 HAVE BEEN SENT TO MEMBERS BY EMAIL.

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

#### Please note:

1. We understand that circumstances change, so each year we ask you to select your appropriate level of membership.
2. This system of self-reporting subscription levels was implemented in 2009 for the benefit and fairness of all members.
3. As resolved at the AGM in March 2016, fees will increase for 2017 to the following:
  - a. Regular A \$100
  - b. Regular B \$180
  - c. Regular C \$260
  - d. Retired \$60 Concessional Rate
  - e. Student \$60 Concessional Rate

Before renewing online, please ensure you **review and update your member profile**.

Payments can be made by Credit Card or Cheque.

[Login here](#) and renew online via the APS Website.

**Your prompt renewal would be greatly appreciated.**

## APS MEMBERSHIP SURVEY – THANK YOU

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

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

## PRIZE WINNERS:

Our 2 lucky prizewinners, each winning a Gala Dinner Ticket at the Adelaide conference are:

1. Joyce McSwan
2. Lee MacDonald

## CALENDAR OF EVENTS

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**6 Mar 2017**

**Albury Wodonga Private Hospital**

*6th Annual Global Pain Day: Pain After Surgery*

Commercial Club, Albury, NSW

[goldspinkp@ramsayhealth.com.au](mailto:goldspinkp@ramsayhealth.com.au)

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**24-26 Mar 2017**

**RANZCP, RACP & RACGP**

*International Medicine in Addiction Conference IMiA17*

International Convention Centre Sydney, Sydney, NSW

<http://www.imia17.com.au>

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**25-Mar-17**

**Pain Association of Singapore**

*Annual Scientific Meeting 2017*

One Farrer Hotel, Singapore, Singapore

<http://www.pas-asm.com>

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**30 Mar - 1 Apr 2017**

**Study In Multidisciplinary PAin Research - International Symposium of Ultrasound for Regional Anesthesia and Pain Medicine**

*IX SIMPAR-ISURA 2017*

Palazzo dei Congressi, Florence, Italy

<http://www.simpar-pain.com/EN/index.xhtml>

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**8-9 Apr 2017**

**Neuromodulation Society of Australia and New Zealand 12th Annual Scientific Meeting**

*Mechanisms of Action*

Adelaide Convention Centre, Adelaide, SA

<http://www.dconferences.com.au/nsanz2017/>

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**9 Apr 2017**

**Australian Pain Society 37th Annual Scientific Meeting - Pre-Conference Workshops**

*Acute Pain Day, Pain in Childhood, Basic Pain Research, Fundamentals of Pain, Physiotherapy in Pain Management and Pharmacology in Pain Management*

Adelaide Convention Centre, Adelaide, SA

[https://www.dconferences.com.au/aps2017/Pre-Conference\\_Workshops](https://www.dconferences.com.au/aps2017/Pre-Conference_Workshops)

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## CALENDAR OF EVENTS

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**9-12 Apr 2017**

**Australian Pain Society 37th Annual Scientific Meeting**

*Expanding Horizons*

Adelaide Convention Centre, Adelaide, SA

<https://www.dconferences.com.au/aps2017>

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**26-29 Apr 2017**

**National Rural Health Alliance 14th National Rural Health Conference**

*A World of Rural Health in Australia*

Cairns Convention Centre, Cairns, QLD

<http://www.ruralhealth.org.au/14nrhc/about>

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**Various dates 4 May to 22 Jun 2017**

**Empower Rehab**

*Pain Management in Practice 2 day workshop*

Various Venues, Melbourne, Brisbane, Sydney, VIC, QLD, NSW

<http://www.empowerrehab.com/Workshops/>

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**5-6 May 2017**

**Griffith University**

*Whiplash 2017 Symposium*

Crowne Plaza, Surfers Paradise, QLD

<https://www.griffith.edu.au/health/centre-research-excellence-road-traffic-injury/whiplash-symposium>

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**12-May-17**

**Faculty of Pain Medicine (FPM)**

*Refresher Course Day - Big Specifics*

Brisbane Convention and Exhibition Centre, Brisbane, QLD

<http://fpm.anzca.edu.au/events/2017-refresher-course-day>

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**12-16 May 2017**

**Australian and New Zealand College of Anaesthetists (ANZCA) Annual Scientific Meeting 2017**

*Think Big*

Brisbane Convention and Exhibition Centre, Brisbane, QLD

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

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## CALENDAR OF EVENTS

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**15-18 Jun 2017**

**IASP NeuPSIG 6th International Congress on Neuropathic Pain**

*The Path to Relief Starts with Understanding*

Svenska Massan Gothia Towers, Gothenberg, Sweden

<http://neupsig2017.kenes.com>

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**6-9 Jul 2017**

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

*ISPP 2017 11th International Symposium on Pediatric Pain: Understanding Pain In Children - Take the First Step*

Shangri-la, Kuala Lumpur, Malaysia

<http://www.ispp2017.org>

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**19-21 Jul 2017**

**Occupational Therapy Australia**

*Partnership, Inclusion and Innovation*

Perth Convention and Exhibition Centre, Perth, WA

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

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**6-8 Sep 2017**

**Palliative Care Australia**

*Connection with Community*

Adelaide Convention Centre, Adelaide, SA

<http://pca2017.org.au>

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**6-9 Sep 2017**

**European Pain Federation EFIC 10th Congress**

*Bringing Pain Relief to All Patients*

Bella Center Copenhagen, Copenhagen, Denmark

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





THE  
AUSTRALIAN  
PAIN SOCIETY

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**VISION:**

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

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**MISSION:**

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

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**AIMS:**

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

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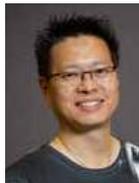
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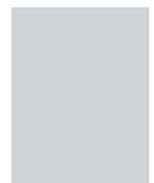
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THE  
AUSTRALIAN  
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