

The Australian Pain Society  
**NEWSLETTER**

Volume 37, Issue 9



► **Editor's Note**

Personally, I love the placebo effect and I try to maximise its effect with every patient. Duncan Sanders draws our attention again to its importance and the very realness of its effects that also have the potential to be negative as well as positive. Nocebo effects are also significant, and it is important to communicate with our patients in a positive way. A clinically important therapeutic tool and one that is to be explored at the first Australian dedicated symposium on the placebo effect in Sydney 17-18th November this year.

Check out the Pain in Childhood SIG Journal Watch review of acceptance and commitment training involving both children and their parents as a recognised treatment for persistent pain and Kanstrup et al suggest it is as effective when delivered individually or in a group, which has implications for scalability and cost.

The multi-disciplinary or multi-modal approach to management of chronic pain surely is gaining more traction though out the world perhaps more rapidly in Australia than overseas. However, research into this is hampered not least by difficulties of definition. Tim Austin draws our attention to a topical review in the journal "Pain" that debates the standardisation of terms for research purposes to enable our ability to "prove" where we are all heading in our thoughts and clinical practice in pain medicine.

What really caught my eye was the visually arresting artwork by Danielle Sullivan that seems to pulsate on the page. It is the logo of the NSW ACI pain management network "Our Mob" resources for aboriginal people and the story that goes with it is equally informative. Can art and story-telling help communicate the messages that we need to get across to people with pain? Could this be another multi-modal approach? When we get down to it, is there also a potential for this to be part placebo in effect?

Dr Stephanie Davies  
 Editor



## RIDING A REVOLUTION FOR PEOPLE IN PAIN IN RURAL AUSTRALIA

By Lissanthea Taylor



What do you get when you put Professor Lorimer Moseley and 25 other cyclists on bikes and send them out in to rural Australia? You get the Pain Revolution Ride, which is heading back out on the road April 11-18th 2018, with the on-going support of the Australian Pain Society as an Association Sponsor. The ride's mission is to help people completely rethink persistent pain and re-engage with this massive problem. When those aims have been achieved, communities can be empowered with resources to recover from, and prevent persistent pain.

The inaugural ride was run in April this year, and the 22 "Pain Revolutionary" riders covered over 880kms between Melbourne and Adelaide. The riders finished up in Adelaide riding into the Convention Centre to the applause of the Australian Pain Society members who had supported the mission. The Pain Revolution shares the APS's vision to give optimal access to pain prevention and management to people throughout their lives. In this case, the Pain Revolution aims to deliver it to rural communities that have trouble accessing care that helps people to recover from persisting pain.



In 2017, the ride was accompanied by some petrol-powered Revolutionaries. NOI's David Butler joined Lorimer in "Explain Pain" style evening workshops for the general public and health professionals. Dr Tasha Stanton and Dr Dan Harvie crewed the Brain Bus, an interactive perceptual science lab on wheels. The combined efforts of the riders, the workshops and the bus allowed the message of changing pain to reach more than 1,500 people. The story of the ride has created a growing global community supporting the Pain Revolution message, and the calls for more help from rural communities has established the ride as an annual event.

The fundraising efforts of the riders and supporters exceeded \$80,000 in 2017. Those funds are being

## RIDING A REVOLUTION FOR PEOPLE IN PAIN IN RURAL AUSTRALIA

By Lissanthea Taylor

used to support the development of an ongoing Local Pain Educator Network. This network of local champions will extend the reach of the ride to provide an ongoing syllabus of evidence-based pain education and self-efficacy training. The programs will train and up-skill rural health professionals to become local pain educators, via a comprehensive pain science curriculum supported by the University of South Australia. This community-based approach is in line with the mission of the APS to support multidisciplinary help for people in pain, and ensure that no-one is left behind in suffering when there are evidence-based approaches available.

Addressing the problem of pain with a whole community approach gives everyone a place to be a part of the solution to this big problem of pain. The program aims to assist people to rethink the causes of, and solutions to, persistent pain. It gives health providers and people in pain the tools to re-engage with active evidence-based approaches to improving quality of life. It also gives them the confidence to take a self-management approach to recovery with community support.

In 2018, the ride will launch from the Australian Pain Society Annual Scientific Meeting in Sydney, and

ride south to Wollongong. The riders will continue along the coast to Nowra, heading up to Canberra and through the Snowy Mountains to finish in Albury-Wodonga. Rider expressions of interest are still open for those cyclists who'd like to challenge their legs (and fundraising skills!). Pain Revolution is a collaborative effort, and we're keen to work with existing groups and infrastructure in the locations that we visit. Those people interested in getting involved in community events or the Local Pain Educator Network can email [angie.clerc-hawke@unisa.edu.au](mailto:angie.clerc-hawke@unisa.edu.au).



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International Convention Centre Sydney | 8-11 April 2018

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P 61 2 9954 4400 | E [apsnzps2018@dconferences.com.au](mailto:apsnzps2018@dconferences.com.au)

### SUBMISSION DEADLINES

Broadfoot Trust Prize **1 June 2017**

Topical Sessions **30 August 2017**

Free Papers & Posters **13 October 2017**

Rising Star Award **13 October 2017**

Early Bird Registration **23 February 2018**

Save the Date





Australian Pain Society 38th and  
 New Zealand Pain Society  
 Conjoint Annual Scientific Meeting  
 International Convention Centre Sydney  
**8 - 11 April 2018**

## REGISTRATIONS NOW OPEN

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<b>Early Bird</b> Before 23 February 2018	
Non-Member Registration Price VS <b>Becoming an APS Member</b>	\$1140 OR <b>Become a member and save up to \$280 after membership fees!</b>
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**We look forward to welcoming you to Sydney.**

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



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## PROGRAM NOW AVAILABLE

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Collaborate with the many professions that are involved with pain and pain management; educate alongside clinicians and researchers across many different aspects of pain management; and leave the conference enabled to make a difference in your sphere of work.

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**We look forward to welcoming you to Sydney!**



Australian Pain Society 38th and  
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International Convention Centre Sydney  
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## PRE-CONFERENCE WORKSHOP PICK'N' MIX

Just like the old-school Milk Bar, you have the option to pick 'n' mix your pre-conference workshop selection. For example, you may want to attend the Fundamentals of Pain Workshop in the morning and then head over to the Pain in Childhood afternoon session. This gives you the freedom to customise your conference experience.

**Date:** Sunday 8 April 2018

**Venue:** International Convention Centre, Sydney

**Website:** [www.dconferences.com.au/apsnzps2018Pre-Conference\\_Workshops](http://www.dconferences.com.au/apsnzps2018Pre-Conference_Workshops)

### Acute Pain

Kick start your journey at the APS/NZPS Conjoint Scientific Meeting by attending the Acute Pain Day Pre-Conference Workshop. The workshop promises to address recent advances and controversies in Acute Pain Management. The programme is suitable for the occasional pain specialist, regular APS consultants and nurses. The workshop is split into two half day programs. Join us for the morning, afternoon or both.

### Pain in Childhood

*Excellence in Communication and Education*

Covering varied topics of practical and pragmatic relevance to the practice of paediatric pain medicine.

It will involve discussion groups and be relevant to the whole of the multidisciplinary team looking after the child with pain.

### Basic Pain Research

The workshop will aim to present current basic pain research in Australia and provide evidence of its importance for our understanding of mechanisms underlying nociception.

Audience: Researchers, health professionals including students with interest in basic pain mechanisms and current research.

### Fundamentals of Pain

Fundamentals of Pain is a half day workshop exploring current perspectives on the physiology of acute and persistent pain, including psychological aspects, the clinical approach to assessment, and treatment options. Whilst developed for a GP audience, this workshop is pertinent to the interdisciplinary practitioner or early career clinician. Using lecture presentations on physiology,

pharmacology and psychological aspects of pain, case studies and open discussion/forum, the fundamentals of contemporary pain management will be covered in a stimulating, open and audience centred manner.

### **Pharmacology in Pain Management**

The pharmacological management of pain is increasingly becoming a worldwide challenge. International experts are involved in intensive research to address concerns with regard to treatment.

The aim of the Pharmacology in Pain Management 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. Scientific, regulatory or strategy issues that are highly relevant to the optimisation of acute and chronic pain treatment will also be exchanged and discussed.

This workshop will consist of invited lectures, abstract presentations and roundtable discussions.

Time will be allocated to questions, answers and discussion in order to set up an intimate interactive workshop.

#### **Topics will include:**

- Update on ketamine use for management of chronic pain
- Update on clinical trials for new drugs for pain management

- Pharmacological pain management in the elderly population
- Drug-drug and drug-disease interactions
- New chronic pain drug development tools
- Clinical case studies in palliative care and chronic non-cancer pain

The target audience for this workshop is clinical pharmacologists, pharmacists, industry researchers, pain specialists, paediatricians, clinical nurse consultants, government representatives and other experts with an interest in clinical pharmacology.

### **Physiotherapy in Pain Management**

This year's workshop has at its central theme the most topical issue of the use of guidelines and protocols by clinicians. This relates to appropriateness of both assessment and treatment of various pain conditions. This workshop is designed for any Physiotherapist who works with people in pain.

#### **Pain Toolkit – Run by Pete Moore**

The Pain Toolkit originated back in 2002 when Pete Moore was writing a self-management article for pain health care professionals. Living with pain himself, Pete recognised while writing his article, that he had developed a toolkit of pain management skills to enable himself to become an active self-manager and to lead a better life.

[Click here for more workshop information](#)

## REPORT FROM THE AUSTRALIAN PHYSIOTHERAPY ASSOCIATION (APA) CONFERENCE

By Tim Austin, NSW Director

The Biennial APA conference (Momentum 2017) was held at the International Convention Centre (ICC) Darling Harbour in Sydney from October 18-21. APS members will be delighted to know that the recently rebuilt ICC, which is the venue for our very own ASM next year, is a tremendous conference and exhibition space (make sure that you come to Sydney next April!!)

Many APS members (of the Physiotherapy discipline) were in attendance at the conference. Of note was the increasing number of lectures and concurrent sessions with a "Pain" theme. Many speakers that are well-known in APS circles (along with recent Plenary speakers) presented, including Siobhan Schabrun, Tasha Stanton, Chris Maher and James McAuley (amongst many others).

The APS sponsored the Pain pre-conference workshop, which was enormously successful. Speakers Julia Hush, Catherine Ketsimur and Duncan Sanders covered a variety of topics, from "What is pain education in practice?" to "How to help patients make sense of scans" and "physiotherapy approaches to assessing neuropathic pain". The delegates were most engaged with the presentations, and particularly enjoyed the practical workshop approach to learning from each other.

The APA Pain special interest group has extended its thanks to the APS for sponsoring this session, and looks forward to strengthening ties in the future.

Footnote: The APA has sponsored a pre-conference workshop at the past five APS scientific meetings.



Photo L to R: Duncan Sanders, Catherine Ketsimur and Julia Hush

## SCHOLARSHIP FEATURE

### Current Scholars

PhD Scholarship Sponsor	<b>Seqirus #1-APS-APRA</b>
Scholar	<b>Sherelle Casey</b>
Topic	<i>"Cannabinoids for neuropathic pain"</i>
Clinical Research Grant	<b>Cops for Kids #1-APS-APRA</b>
Scholar	<b>Dr Adrienne Harvey</b>
Topic	<i>"A pilot study of gabapentin for managing pain in children with dystonic cerebral palsy"</i>

### Past Scholars

PhD Scholarship Sponsor	<b>APS #1-APRA</b>
Scholar	<b>Samantha South</b>
Completed	<b>1999</b>
Topic	<i>"Antinociceptive pharmacology of morphine and its major glucuronide metabolites"</i>
PhD Scholarship Sponsor	<b>CSL #1-APS-APRA</b>
Scholar	<b>Lara Winter</b>
Completed	<b>2004</b>
Topic	<i>"Antinociceptive properties of the neurosteroid alphadolone"</i>
PhD Scholarship Sponsor	<b>CSL #2-APS-APRA</b>
Scholar	<b>Anne Pitcher</b>
Completed	<b>2006</b>
Topic	<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	<b>Mundipharma #1-APS-APRA</b>
Scholar	<b>Kathryn Nicholson Perry</b>
Completed	<b>2007</b>
Topic	<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	<b>APS #2-APRA</b>
Scholar	<b>Debbie Tsui</b>
Completed	<b>2008</b>
Topic	<i>"Preclinical studies in painful diabetic neuropathy"</i>
PhD Scholarship Sponsor	<b>Mundipharma #2-APS-APRA</b>
Scholar	<b>Zoe Brett</b>
Completed	<b>2011</b>
Topic	<i>"Individual differences in vulnerability to the development of chronic pain following injury"</i>

## SCHOLARSHIP FEATURE

### Past Scholars

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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 2017</b> <i>"An investigation of the role of sleep in chronic pain"</i>
PhD Scholarship Sponsor Scholar Completed Topic	<b>Mundipharma #3-APS-APRA</b> <b>Audrey Wang</b> <b>Due 2017</b> <i>"An investigation of the role of the brain in recovery from CRPS, using fMRI"</i>
PhD Scholarship Sponsor Scholar Completed Topic	<b>Janssen Cilag #2-APS-APRA</b> <b>Sarah Kissiwaa</b> <b>Due 2017</b> <i>"Pain induced synaptic plasticity in the amygdala"</i>
PhD Scholarship Sponsor Scholar Completed Topic	<b>APS #5-APRA</b> <b>James Kang</b> <b>Due 2017</b> <i>"Epigenetic influence in cognitive impairments in chronic neuropathic pain"</i>



**Congratulations to Cops for Kids on being awarded an 'Outstanding Achievement' (OAA) in [The Australian Charity Awards 2017](#).**



The Australian Charity Awards are a partner program of The Australian Business Awards and have been established to identify, recognise and reward organisations for exceptional work undertaken through charitable initiatives. This program provides organisations with the opportunity to raise awareness of their important causes by having their projects, initiatives, contributions and achievements highlighted at a national level.

Entrants are required to demonstrate the execution of innovative, well-managed, high-performing charitable initiatives. The World Business Awards Framework is utilised as a structured model of assessment that enables the participating organisations to be benchmarked against world class performance standards.

A significant part of the CFK application was based on the partnership with APS/APRA in the establishment of an Australian first paediatric pain clinical research grant. This award recognised that these studies will ultimately lead to improving health outcomes for children across the globe; not just in South Australia.

This independent recognition of the partnership with APS/APRA ratifies the grant and those who have worked tirelessly to bring it to fruition, particularly APS President-Elect, Anne Burke and APRA Vice-President, Michael Farrell, with the support of the APS Project Officer, Tracy Hallen.

Cops for Kids have also recently reached a significant milestone, raising one million dollars in donations and were recognised in the local South Australian media.

The APS and APRA are proud to continue our sponsorship relationship with Cops for Kids and look forward to announcing the APS/APRA/CFK#2 Clinical Research Grant recipient.

Stories about placebo tablets and placebo effects have always been popular in the media, with many anecdotal accounts. But recently, this interest has been further stimulated by a growing body of good research. For example, several reports of well-conducted open-label placebo trials have shown clear potential for using lessons from placebo research to improve healthcare outcomes generally. One study by A/Prof. Claudia Carvalho and colleagues examined individuals with chronic low-back pain who were given treatment as usual with and without a non-deceptive open-label placebo. The authors found greater reductions in both pain intensity and pain-related disability in the open-label placebo group, relative to the treatment as usual group. However, despite results such as these, there is still a general air of scepticism, and even amusement, in the medical and health care world around placebos and placebo effects. For example, in the area of pharmacological development, it has been proposed the main reasons for high failure rates, particularly during the first three phases of clinical trials, were poor participant selection and significant placebo effects, with comments in the literature stating excessive placebo responses are “worrisome” and severely hindering drug development (e.g. Borsook et al, 2013). But, given the evident strength of these effects, it might be more useful to consider why these effects occur – what might explain them and whether they could be harnessed to improve (‘real’) treatment outcomes.

In fact, there is compelling evidence that placebo effects are a component of every health care interaction (even without administration of a ‘placebo’). As eloquently articulated by Dr. Charlotte Blease, Philosopher of Science, Fulbright-HRB Scholar 2017-8, Harvard Medical School and University College, Dublin, “There is a great deal of medical illiteracy about the placebo effect... it’s the science behind the art of medicine”. In this view, the outcome of any given treatment is the effect from the index treatment itself and the psychosocial (therapeutic) context in which it is given (placebo mechanisms). Equally importantly, negative elements on the therapeutic context have the ability to turn on discrete “nocebo” mechanisms (such as cholecystokin release), which worsen outcomes.

Placebo and nocebo mechanisms operate at both physical and psychological levels (they are not simply ‘all in the mind’) and they have been shown to be present in routine health care and have the ability to significantly interact with current and future therapies, either positively or negatively (Wager & Atlas, 2015; Finniss et al., 2011).

The context and manner in which we deliver treatments include the language we use and the way we speak when introducing and explaining a treatment to a patient. For example, in a clinical context it has been found that the language we use can not only increase analgesia, but also reduce negative emotions associated with pain, including anxiety (Verne et al, 2003; Vase et al 2003 & 2005). Additionally, recent work by Dr. Kate Faasse and colleagues has shown that individuals taking analgesics for headache pain have larger placebo responses to brand name rather than generic labelled medicines (Faasse, Martin, Grey, Gamble, & Petrie, 2015). Providing education about generic medicines improved people’s perceptions and understanding of generic medicines. Perhaps surprisingly, but importantly, for prescribers and pharmacists, these improved perceptions did not lead to better treatment outcomes. Instead, individuals who received this education about generic medications actually had reduced headache pain relief from generic ibuprofen compared to participants in the control condition, even though the active ingredients in the tablets were identical (Colgan et al., 2016).

With the exponential growth in this field over the last 5-10yrs, it is often difficult as clinicians to know where to start and/or how to ethically apply such information in clinical practice and no one wants to feel they are trying to deceive their patients. It is in the context of this fast developing, but often confusing, research that the Placebo SIG of the International Association for the Study of Pain (IASP) and the Pain Management Research Institute have organised a clinical research meeting to explore the latest research and consider how this information may be applied clinically to enhance patients’ outcomes. This will be the first dedicated symposium on placebo effects to be held in Australia and will have world experts from the USA, Germany, Portugal

and Australia covering every aspect of the field. If you are interested in finding out more, visit <http://sydney.edu.au/medicine/pmri/education/continuing/symposia.php>.

**About Duncan Sanders**

Duncan Sanders is a Senior Lecturer, Sydney Medical School at the Pain Management Research Institute, University of Sydney and private practitioner. He studied at The Institute of Psychiatry, Psychology & Neuroscience, King's College London, where he explored the brain mechanisms and modulation of persistent pain. This further consolidated his clinical interest in complex body-mind interactions.



## Several PhD Scholarships at FRESCO@CNAP in Denmark

Frontier Research Competences @ Center for Neuroplasticity and Pain (FRESCO@CNAP)

The programme FRESCO@CNAP aims to install early stage researchers (PhD fellows) in CNAP, conducting frontline research on novel tools for identifying and modulating human pain mechanisms. Several PhD Scholarships including a competitive salary, all university fees, health insurance, experimental running costs, and well-equipped office and laboratory facilities are available from February 2018. The successful applicants should investigate neuroplasticity and pain aiming on models for provocation, probing and modulation of such.

The candidate for a CNAP PhD Scholarship holds a master degree in biomedical engineering, neuroscience, psychology, pharmacology, medicine or equivalent with the prospect of pursuing studies on the human pain neuroplasticity utilizing biomedical technologies (e.g. quantitative assessment) and human pain and itch biomarkers. Translational animal studies, human experimental and clinical studies are within the scope of CNAP aiming at improving the understanding of human pain neuroplasticity. Insight into fundamental pain mechanisms and their clinical impact is an advantage, but not a requirement. A high proficiency in oral and written English is required. Good dissemination skills are important.

You may obtain further information from the CNAP Director, Professor Thomas Graven-Nielsen, DMSc, PhD: [tgn@hst.aau.dk](mailto:tgn@hst.aau.dk) or at [www.cnap.hst.aau.dk](http://www.cnap.hst.aau.dk).

Further information concerning the [PhD Scholarships](#).

Application deadline: 13 December 2017.

## RECENT PUBLICATION

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Thank you to APS members Mark Russo, Michael Cousins, Charles Brooker and Tillman Boesel and colleagues N Taylor, Richard Sullivan, L Poree, NH Shariati, E Hanson and J Parker for sharing the following recent publication:

### EFFECTIVE RELIEF OF PAIN AND ASSOCIATED SYMPTOMS WITH CLOSED-LOOP SPINAL CORD STIMULATION SYSTEM: PRELIMINARY RESULTS OF THE AVALON STUDY.

Russo M, Cousins MJ, Brooker C, Taylor N, Boesel T, Sullivan R, Poree L, Shariati NH, Hanson E, Parker J

**Article first published online:** 18 September 2017

*Neuromodulation*

**DOI:** 10.1111/ner.12684 [Epub ahead of print]

**Link:** <https://www.ncbi.nlm.nih.gov/pubmed/28922517>

#### ABSTRACT:

##### Objectives

Conventional spinal cord stimulation (SCS) delivers a fixed-input of energy into the dorsal column. Physiologic effects such as heartbeat, respiration, spinal cord movement, and history of stimulation can cause both the perceived intensity and recruitment of stimulation to increase or decrease, with clinical consequences. A new SCS system controls stimulation dose by measuring the recruitment of fibers in the dorsal column and by using the amplitude of the evoked compound action potentials (ECAPs) to maintain stimulation within an individualized therapeutic range. Safety and efficacy of this closed-loop system was evaluated through six-month postimplantation.

##### Materials and Methods

Chronic pain subjects with back and/or leg pain who were successfully trialed received a permanent system (Evoke; Saluda Medical, Sydney, Australia). Ratings of pain (100-mm visual analogue scale [VAS] and Brief Pain Instrument [BPI]), quality of life (EuroQol instrument [EQ-5D-5L]), function (Oswestry Disability Index [ODI]), and sleep (Pittsburgh Sleep Quality Index [PSQI]) were collected at baseline and repeated three and six months after implantation.

##### Results

Fifty-one subjects underwent a trial procedure; permanent implants were placed in 36 subjects. The proportion of subjects with  $\geq 50\%$  relief was 92.6% (back) and 91.3% (leg) at three months, and 85.7% (back) and 82.6% (leg) at six months.

The proportion with  $\geq 80\%$  pain relief was 70.4% (back) and 56.5% (leg) at three months, and 64.3% (back) and 60.9% (leg) at six months. Statistically significant improvements in mean BPI, EQ-5D-5L, ODI, and PSQI were also observed at both time points.

##### Conclusions

The majority of subjects experienced profound pain relief at three and six months, providing preliminary evidence for the effectiveness of the closed-loop SCS system. The exact mechanism of action for these outcomes is still being explored, although one likely hypothesis holds that ECAP feedback control may minimize recruitment of A $\beta$  nociceptors and A $\delta$  fibers during daily use of SCS.

##### Declarations

Source(s) of financial support: Saluda Medical provided funding for the study, statistical support in analysing the data with input from Dr Russo and Professor Cousins, and also provided funding for editorial support.

**Conflict of Interest:** Dr Russo is a consultant for Saluda Medical; Professor Cousins is a consultant for Saluda Medical; D. Poree, PhD is a consultant for Saluda Medical; Parker, Hanson, and Shariati are employees of Saluda Medical. Dr Brooker previously consulted for Sequirus. He also served as an investigator on sponsored research for Saluda Medical, Abbott, Medtronic, Phospha genics and RR Medsciences. Drs Boesel and Taylor have no relevant financial relationships to disclose.

## PAIN IN CHILDHOOD SIG: JOURNAL WATCH

**A Clinical Pilot Study of Individual and Group Treatment for Adolescents with Chronic Pain and Their Parents: Effects of Acceptance and Commitment Therapy on Functioning.**



Kanstrup, M., Wicksell, R. K., Kemani, M., Wiwe Lipsker, C., Lekander, M., & Holmström, L.

*Children* (2016, Nov 16), 3(4), 30, <https://www.ncbi.nlm.nih.gov/pubmed/27854323>

### Reviewer:

Bronny Trewin, Senior Clinical Psychologist, Burwood Pain Management Centre and

Dr Jessica Mills, Clinical Psychologist, Burwood Pain Management Centre

### Study group:

Participants were 24 female and six male adolescents (mean age = 16), and 28 parents, referred to a tertiary pain management service in Stockholm, Sweden.

### Aims:

The aims of this study were two-fold:

1. To evaluate and compare the effectiveness of an Acceptance and Commitment Therapy (ACT) based intervention for adolescents with disabling chronic pain on functioning, pain intensity, and psychological flexibility.
2. To evaluate an ACT based parental support programme on parent emotional functioning, pain reactivity, and psychological flexibility.

### Methodology:

This used a convenience sample of patients referred to a tertiary level pain service.

Adolescents, and their parents, were randomized into two treatment arms -individual and group based ACT intervention. Group participants received 14 two hour long sessions, with their parents attending four two hour group sessions, one of which was a joint parent-adolescent session. Participants within the individual arm received 14, 45 minute sessions, and their parents four 45 minutes sessions, including a

joint parent-adolescent session.

Self-report data from both parents and adolescents was collected pre-treatment, mid-way, and post-intervention. Data points were compared for significant change across the time, using non-parametric analysis. Individual clinically significant change was assessed using Reliable Change Index Scores (RCIs).

### Results:

Authors found no significant differences between the two treatment arms (group vs. individual) on any of the measures used. Significant improvements were found for both groups on pain interference, depression, pain reactivity, and psychological flexibility measures post-treatment. For all significant outcomes, clinically significant changes were found for 21-63% of adolescents across the different measures.

Authors also report significant improvement in parent pain reactivity and psychological flexibility, with clinically significant improvements found in 54-76% of parents for these same measures.

### Conclusions:

The authors conclude that ACT, whether provided in an individual or group format, is supported as an intervention for improving adolescent, and parent, self-reported outcomes on pain interference, pain reactivity, depressive symptoms, and psychological flexibility post treatment.

### Take home message:

It is always encouraging to see published articles on real world intervention trials for the individuals that we work with on a day-to-day basis. With mounting pressure on services to provide care to a growing number of referrals, there is a very real need to provide effective interventions in flexible and cost effective formats such as groups. This study usefully extends the literature on the effectiveness of ACT in

both chronic pain and paediatric fields, as well as the important finding of equivocal results between group and individual formats.

The authors clearly articulate the steps taken to undertake the study, making it easy for other centres to replicate; however, it was not clear from the paper how 'disabling chronic pain' was operationalized for the purposes of participant inclusion, nor whether they no longer met this threshold post-intervention.

Psychometric outcome measures used tapped into the areas theoretically targeted by the intervention; however, the over reliance on self-report measures, and no use of real world functioning (e.g., school attendance/functioning, social engagement, physical functioning) or observational data, makes it difficult to ascertain whether those variables theorised to mediate functioning in patients with disabling chronic pain correspond to actual change in functioning beyond the intervention. The use of multi-informant and multi-modal outcome data would improve the robustness of positive findings and provide an indication of the generalisation of psychological gains to behavioural changes within different settings (i.e., home and school).

It was positive to see the use of much underutilized measures of clinical significance via RCI's; however, again it would have been good to see how these changes compared to real world functional gains. Longer follow-ups, to see if gains were maintained and/or continued to improve, would also be valuable.

The gender distribution of the participants is reflective of the greater incidence of chronic pain within the female population; however, as the authors recognise, further research on the effectiveness of interventions with male participants is needed to improve the generalisability of these findings. This also holds for the parental group, which was overwhelming made up of mothers.

Recognising the importance of a family focused approach, given the influence of parents on chronic pain trajectories in paediatric populations, was a

strength of this study. The adequacy of 3-4 parent sessions for this purpose is questionable, however, and future research elucidating required dose is an important consideration.

Developmental stage of the participants did not appear to be considered in this study, nor the changing role of the parents for this age group. This appears to be a fairly large omission, especially given the authors initial intention of a broad age inclusion range (12-18) of whom participants would have been at potentially marked differences in developmental goals and corresponding parental needs. It is important for paediatric intervention research to consider the influence of developmental stage on treatment effectiveness for both adolescent and parental roles.

A lack of control group, while understandable given the constraints of real world research, prevents the comparison of gains resulting from common factors or regression toward the mean. This latter point might have been in some way remediated by a multiple baseline design or waitlist controls.

With regard to treatment acceptability, it would have been good to have feedback from the participants. While the relatively high level of attainment may be a positive indicator of acceptability, this could be further assessed in future research.

Testing programmes outside of stringently controlled environments (i.e. RCTs) is essential to the development of treatments that will be effective within the contexts that they are used and the patients that they are used with. Limitations on research within clinical settings make it difficult to address many of the above raised issues; however, Wicksell and colleagues make an excellent start and we hope we will continue to see real world research that extends on their good work.

**Declaration:**

The reviewers declare no competing interests.

No conflicts of interest.

## PAIN IN CHILDHOOD SIG: JOURNAL WATCH

### Pain Assessment and Treatment in Children with Significant Impairment of the Central Nervous System



Hauer J, Houtrow AJ, AAP SECTION ON HOSPICE AND PALLIATIVE MEDICINE, COUNCIL ON CHILDREN WITH DISABILITIES. *Pain Assessment and Treatment in Children with Significant Impairment of the Central Nervous System. Pediatrics. 2017;139(6): e20171002*

#### Reviewer:

Dr Jordan Wood, Specialist Anaesthetist and Pain Medicine Physician, Christchurch Public Hospital, New Zealand.

#### Review of article:

Whilst not a groundbreaking Randomised Controlled Trial (RCT), this journal article is an extremely useful update on assessment and management of pain in a complex patient group.

Individuals with severe neurological impairment are far more likely (approx. 45% vs <10%) to experience pain on a daily basis compared to healthy children. These children frequently cannot self-report pain intensity or location, and are thus challenging to assess. This paper describes several behavioural pain assessment tools, of which the most commonly used in the Australasian setting is the revised Faces, Legs, Activity, Cry and Consolability (r-FLACC) scale.

Nociceptive pain is common (e.g. hip dislocation, fractures, constipation). Nociceptive pain may co-exist with non-nociceptive pain. Central neuropathic pain, visceral hyperalgesia, autonomic dysfunction, dystonia, muscles spasms, spasticity and delirium are discussed.

Children with neurological impairment may undergo exhaustive procedures to attempt to find an 'organic' source for their pain. These procedures may be painful for the child and entail risk. It is important to remember that pain can be due to an impaired central nervous system, and requires empirical medication trials directed at causes that cannot be identified by diagnostic tests.

This paper extensively details pharmacological and non-pharmacological strategies for pain management for children with severe neurological impairment. It also discusses specificity of agents for different sources of pain, with the expectation that carers will have a variety of strategies for the child's common pain problems.

Important issues of realistic goal-setting for pain management and clarifying carer expectations are included, along with helpful sample clinician questions, "I know that comfort is an important goal. I worry that it has been difficult to meet this goal or that it will only be possible with increased sedation. What are your thoughts?"

#### Take home message:

This area of complex pain management shares many principles with palliative care medicine. Hopefully after reading this paper, the reader feels empowered to engage with children and adults with severe neurological impairment in a structured way to provide effective pain management care.

#### Declaration:

No competing interests to declare.

**MULTIMODAL PAIN THERAPY IN CHRONIC NONCANCER PAIN—GOLD STANDARD OR NEED FOR FURTHER CLARIFICATION?**

Kaiser U, Treede R-F and Sabatowskia R

**Article published:** October 2017

Pain 158(10):1853-1859

**DOI:** 10.1097/j.pain.0000000000000902

**Link:** <https://www.ncbi.nlm.nih.gov/pubmed/28328572>

From the October edition of the journal "Pain", this is a fantastic article, which surely should be read by anyone with an interest in Inter-Disciplinary care (that is all of us, right?). As an inter-disciplinary organisation, it is crucial that we understand this topic and how to apply it to the care of our patients.

The overall aim of the article is to present the challenges of implementing inter-disciplinary care when there are numerous fundamental stumbling blocks. Inconsistent definitions of key terms, variable research protocol and "what care for what conditions?" are a few of these.

The article gives a delightfully concise history of multi-modal care, from the days of JJ Bonica (who coincidentally was born 100 years ago; a fact also celebrated in this edition of Pain). Initially, the clinical beginnings of care involving multiple practitioners, then the conceptual psychosocial enlightenment of luminaries such as Fordyce, Engel and Sullivan, and finally, the more recent push to a research agenda to determine efficacy.

At the most basic level, past research articles (and reviews) use the terms "multi-disciplinary", "interdisciplinary" and "multi-modal" interchangeably, and this makes it almost impossible to make sense of outcomes.

The article ends with a suggested research agenda, highlighting a resolution of many of the issues noted above, as well as identifying the need to address systemic barriers to the provision of quality care and cost-benefit analyses of multi-modal care.

The article challenges the reader to consider their own view of multi-modal care. What are the absolutely necessary components of inter-disciplinary care? Are all of these features equal? Which clinical conditions require which components? How can we, as the Australian Pain Society promote the most effective management of pain, for the well-being of our patients and the society in which we live?

# NSW ACI Pain Management Network: Our Mob Resources for Aboriginal People

Accessibility options ▾

 Search... 

 For Everyone For Youth: PainBytes Spinal Cord Injury Pain Health Professionals  

 **Our Mob**

ReSourceS for Aboriginal People



**About the Artwork**

The artist Danielle Sullivan was born in Fairfield Sydney NSW, an urban community that is a far reach from the remote dust of Brewarrina where her mother came from. She acknowledges her culture through the Kurja peoples of the Cunnamulla region in South Western Queensland, and pays respect to the broader family and their special places on both sides of the Queensland and New South Wales borders.

Click on a section below to highlight the artwork:

- Healthy food, bush tucker, fresh food
- The purple represents calmness. No Stress.
- Get active. Exercise. Raising heartbeat.
- People around us to support.
- Red, orange, and yellow circles represent flare ups. Some bigger than others.
- Black line represents chronic pain, continuous line - life journey.
- Green line represents healthy outer with white glow (dots) the healthy life we strive for.

**Artworks and Stories**

A statewide art competition was initiated to identify a logo that was suitable for the website 'Our mob'. Aboriginal artists were requested to enter pieces that signified pain for Aboriginal people and communities. Thirteen pieces of art were received. These artworks have been purchased by the NSW Agency for Clinical Innovation. [View artworks together with their story](#)

Check out this excellent new resource developed by the NSW ACI.  
It includes beautiful and meaningful artworks and several yarnings captured on video.

## SUBMISSIONS TO THE NEWSLETTER

We welcome submissions, whether brief or extended, about matters of interest to our readers - for example, reports of educational activities or articles about basic science or clinical research. Please allow time for modifications to be made to optimise a submission's suitability for publication. As we release monthly in advance, submissions received by the 15th of each month will be reviewed for publication in the newsletter of the following month.

*Stephanie Davies, Editor*



## FUNDING OF UP TO \$8,000 FOR WOMEN'S LEADERSHIP DEVELOPMENT: HEALTH SECTOR

Building on the significant developmental momentum achieved earlier in the year, Women & Leadership Australia is administering a national initiative to support the development of female leaders across Australia's health sector.

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

The scholarship funding is provided with the

specific intent of providing powerful and effective development opportunities for health sector women; however, the funding is strictly limited and has to be allocated prior to the end of 2017.

### Expressions of Interest

Find out more and register your interest by completing the Expression of Interest form prior to December 15, 2017: <https://www.wla.edu.au/health>



### Share your views on opioids, overdose and take-home naloxone

A new study based at Curtin University aims to explore health professionals' opinions on opioid consumption, overdose risks and take-home naloxone.

The purpose of the study is to gather information on health professionals' experience working with issues related to opioid consumption, perspectives on overdose risks and awareness of take-home naloxone. The perspectives of pain management specialists are particularly important for this issue.

Participation involves a confidential audio recorded interview of about one hour. Compensation of a \$75 gift voucher for your time is also available. The interviews will be conducted in a location convenient to you.

For additional information, or to participate in the study, please contact

Dr Adrian Farrugia on 03 9079 2205 / 0467 633 751 or at: [adrian.farrugia@curtin.edu.au](mailto:adrian.farrugia@curtin.edu.au)

## HAVE YOU HAD AN ARTICLE ACCEPTE 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*



1<sup>st</sup> Asia Pacific Conference  
on Integrated Care  
6-8 November 2017 | Brisbane, Australia



Inspiring new ideas  
and stronger partnerships for improving population health

# ANZSCoS 2017

15-17 November 2017  
Brisbane Convention & Exhibition Centre  
[www.dccconferences.com.au/anzscos2017](http://www.dccconferences.com.au/anzscos2017)

# PLACEBO SYMPOSIUM 2017

## Harnessing placebo mechanisms to improve clinical outcomes

A unique, clinically-focused international symposium featuring experts from Germany, USA, Portugal, and Australia.

Manly Beach | Sydney, Australia  
17-18 November 2017



# AusACPDM 2018

**Empowerment and Partnership**  
21-24 March 2018 | The Langham | Auckland NZ



**AusACPDM**

Australasian Academy of Cerebral Palsy  
and Developmental Medicine

[www.ausacpdm.org.au](http://www.ausacpdm.org.au)



**SAVE  
THE DATE**

NSANZ is pleased to announce its 2018 keynote speakers –  
**Professor Julie Pilitsis**, neurosurgeon from the University of  
Massachusetts, USA and **Professor Frank Huygen**, anaesthesiologist  
from the University Hospital Rotterdam, the Netherlands.

[www.dconferences.com.au/nsanz2018](http://www.dconferences.com.au/nsanz2018)

**nsanz**

Neuromodulation Society  
of Australia and  
New Zealand

A chapter of the International Neuromodulation Society **ins**

**13th Annual  
Scientific Meeting  
7 – 8 April 2018**  
International Convention  
Centre, Sydney

Expressions of interest online at [www.dconferences.com.au/nsanz2018](http://www.dconferences.com.au/nsanz2018)

For sponsorship, exhibition or more information contact the NSANZ Conference Secretariat

**DC Conferences Pty Ltd** | P 61 2 9954 4400 | E [nsanz2018@dconferences.com.au](mailto:nsanz2018@dconferences.com.au)

**KEY DATES**

Poster submission opens	<b>1 September 2017</b>
Poster submission deadline	<b>27 October 2017</b>
Registration opens	<b>1 November 2017</b>
Early Bird deadline	<b>23 February 2018</b>

**SYDNEY 2018**  
**APS  
NZPS**

Collaborate. Educate. Disseminate.

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

**International Convention Centre Sydney | 8-11 April 2018**

**Join us online – #anzpain18**

Expressions of interest online at [www.dconferences.com.au/apsnzps2018](http://www.dconferences.com.au/apsnzps2018)

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

P 61 2 9954 4400 | E [apsnzps2018@dconferences.com.au](mailto:apsnzps2018@dconferences.com.au)



## SUBMISSION DEADLINES

Broadfoot Trust Prize **1 June 2017**

Topical Sessions **30 August 2017**

Free Papers & Posters **13 October 2017**

Rising Star Award **13 October 2017**

Early Bird Registration **23 February 2018**

**Save the Date**



## ITEMS OF INTEREST FOR OUR MEMBERS

- **Painaustralia eNewsletter latest issue**, available online at <http://www.painaustralia.org.au/media-news/e-news.html>
- **ePPOC: electronic Persistent Pain Outcomes Collaboration**  
For more information about ePPOC, refer to the website: <http://ahsri.uow.edu.au/eppoc/index.html>
- **Indigenous health education and guides** <http://www.humanservices.gov.au/health-professionals/subjects/indigenous-health-education>
- **PainHEALTH website** <http://painhealth.csse.uwa.edu.au/>
- **Pain Series**  
An excellent series of articles run late 2015 by The Conversation: <https://theconversation.com/au/topics/pain-series>
- **Low Back Pain (LBP) in Aboriginal Australians**  
A very informative series of 5 videos developed by WA Centre for Rural Health about low back pain in Aboriginal Australians: <https://www.youtube.com/playlist?list=PLGsL0Kp0YWFwUly-Ki1oCG7NwFucLFyVlJ>
- **ANZCA/FPM Free Opioid Calculator App**  
Smart phone app that converts opiates to milligrams of morphine, available for both iPhone and Android: <http://fpm.anzca.edu.au/Front-page-news/Free-Opioid-Calculator-App>
- **Stanford University**  
CHOIR Collaborative Health Outcomes Information Registry: <https://choir.stanford.edu/>
- **Global Year Against Pain After Surgery**  
See information and resources on our website: <http://www.apsoc.org.au/global-year-against-pain>
- **Opioid Podcasts for GPs**  
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: <https://audioboom.com/channel/airingpain/episodes>
- **National Strategic Framework for Chronic Conditions**  
Final report released 22MAY17: <http://www.health.gov.au/internet/main/publishing.nsf/Content/nsfcc>
- **Podcast: Pain Science and Sensibility Episode 24: Trigger Points, the “Third Space”, and the Merit of Pain Theories with Dr Milton Cohen**  
Recorded on 01JUN17: <http://ptpodcast.com/pain-science-and-sensibility-episode-24-trigger-points-the-third-space-and-the-merit-of-pain-theories-with-dr-milton-cohen/>
- **ABC TV “Ask the Doctor”, Series 1, episode 5: Pain**  
Broadcast 13JUN17, available until 02SEP20: <http://iview.abc.net.au/programs/ask-the-doctor/DO1625V005S00>
- **ABC Lateline: Australians’ addiction to prescription opioids soaring**  
Broadcast 23JUN17: <http://www.abc.net.au/lateline/content/2016/s4690991.htm>
- **Digital Health Guide**  
Developed by Primary Health Network Tasmania: <https://digitalhealthguide.com.au/Account/Login?ReturnUrl=%2fSpecialtyFormulary%2f2>  
At login, Username: connectingcare, Password: health
- **ABC Radio Nightlife: Living with Chronic Pain**  
Interview with Dr Chris Hayes, broadcast 18SEP17: <http://www.abc.net.au/radio/programs/nightlife/pain/8958330?platform=hootsuite>
- **Health Care Home resources:** <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes#one>

## HEALTH CARE HOMES

- **Health Care Home resources:** <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes#one>

**Update 10MAY17:** <http://healthcarehomes.cmail19.com/t/ViewEmail/r/7237191369B-01B262540EF23F30FEDED/1FA9272E4DDC-2B64A29558A201773426>

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

- **The Second Australian Atlas of Healthcare Variation 2017, released 07JUN17:** <https://www.safetyandquality.gov.au/atlas/atlas-2017/>
- **Online interactive Second Australian Atlas of Healthcare Variation 2017, released 07JUN17:** <http://acsqhc.maps.arcgis.com/apps/MapAn-dAppGallery/index.html?appid=fd3b04ebe-3934733b7ecb8514166c08f>
- **Australian Atlas of Healthcare Variation released 26NOV15:** <http://www.safetyand-quality.gov.au/atlas/>
- **Chapter 5: Opioid medicines: NEW LINK** <http://acsqhc.maps.arcgis.com/apps/MapJournal/index.html?appid=4d683b6e1df04a658cfd3a3f-b9c46f24>
- **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> and [https://www.nps.org.au/medical-info/clinical-topics/news/chronic-pain?utm\\_medium=twitter&utm\\_source=17-07-24&utm\\_campaign=pain&utm\\_content=painweek-MN#key-points](https://www.nps.org.au/medical-info/clinical-topics/news/chronic-pain?utm_medium=twitter&utm_source=17-07-24&utm_campaign=pain&utm_content=painweek-MN#key-points)
- **Choosing Wisely Australia – News & media:** <http://www.choosingwisely.org.au/news-and-media>
- **Over the counter codeine – changes to supply:** <https://www.nps.org.au/medical-info/clinical-topics/over-the-counter-codeine-changes-to-supply>

- **Medicines with codeine – what you need to know:** <https://www.nps.org.au/medical-info/consumer-info/medicines-with-codeine-what-you-need-to-know>

### TGA

- **Codeine information hub:** <https://www.tga.gov.au/codeine-info-hub>
- **Access to medicinal cannabis products:** <https://www.tga.gov.au/access-medicinal-cannabis-products>

### NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:

- **Our Mob: Resources for Aboriginal People:** <https://www.aci.health.nsw.gov.au/chronic-pain/our-mob>
- **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:** [https://www.aci.health.nsw.gov.au/data/assets/pdf\\_file/0006/281067/Pain\\_Management\\_Network\\_Multicultural\\_report\\_2015.pdf](https://www.aci.health.nsw.gov.au/data/assets/pdf_file/0006/281067/Pain_Management_Network_Multicultural_report_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](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)

## FYI

- **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>
- **Centric Wealth Newsletters:** APS member funds are invested with Centric Wealth. Market reports are available on the Members Only Area of our website.

### MEMBERS ONLY AREA OF APS WEBSITE:

- **APS 2016 Plenary Recordings:** As an exclusive benefit to APS members, the following Plenary videos are now available for free access:
  - 2017 conference in Adelaide
  - 2016 conference in Perth.
- **Better Pain Management online learning modules:** APS members receive a 20% discount

### APS MEDIA RELEASES:

- Refer to our website for a full listing of media releases: <http://www.apsoc.org.au/Media>
- Our next conference, combined with the New Zealand Pain Society, will use the Twitter hashtag: #anzpain18

## NEW MEMBERS

TITLE	FIRST NAME	LAST NAME	DISCIPLINE GROUP
Mrs	Kylie	Chuter	Nursing
Dr	Adrian	Farrugia	Education
Mr	Mohammad Zafar	Imam	Pharmacy
Mrs	Kirsty	Norris	Nursing
Mr	Joshua	Pate	Physiotherapy
Mr	Simon	Summers	Exercise Physiologist
Dr	Jeremy	Taylor	Surgery
Mrs	Suzanne	Williams	Nursing



## POSITION VACANT

**Expression of Interest: Clinical Psychologist**

**Pain Management Unit Barwon Health, Vic**

Job Reference: 150915

Employment Status: Permanent

Hours per week: negotiable

Contact: Louise Brennan Email [lbrenn@BarwonHealth.org.au](mailto:lbrenn@BarwonHealth.org.au). (03)42151901

Applications Close: Friday 22nd December 2017

There is an opportunity for a Clinical Psychologist at the Pain Management Unit, Barwon Health. We are looking for a positive, enthusiastic, team-orientated clinician to join this Multidisciplinary Department. The Unit is undergoing a process of service redesign. This would be an ideal opportunity for those interested in innovation, service development and leadership. Research and professional development opportunities will be supported.

Please direct enquiries to: **Dr Louise Brennan**

[lbrenn@BarwonHealth.org.au](mailto:lbrenn@BarwonHealth.org.au)

(03) 4215 1901



THE  
AUSTRALIAN  
PAIN SOCIETY

## APS MEMBERSHIP RENEWALS 2018

**Renewal notices for 2018 will be sent  
by email to members in late November.**

**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.

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

**Payments can be made by Credit Card or Cheque**

## CALENDAR OF EVENTS

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**6-8 Nov 2017**

### **International Foundation for Integrated Care - IFIC**

*APIC1 - 1st Asia Pacific Conference on Integrated Care*

Brisbane Convention and Exhibition Centre Brisbane QLD

<https://integratedcarefoundation.org/events/apic1-1st-asia-pacific-conference-on-integrated-care>

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**12 Nov 2017**

### **Ride for Pain**

*2017 Ride for Pain*

University of South Australia Magill Campus, Adelaide, SA

[Tracy.jones@unisa.edu.au](mailto:Tracy.jones@unisa.edu.au)

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**12-15 Nov 2017**

### **Australasian Professional Society on Alcohol and other Drugs**

*APCAD Scientific Alcohol and Drug Conference Pullman Melbourne Albert Park Melbourne VIC*

Pullman Melbourne Albert Park, Melbourne, VIC

<https://ashm.eventsair.com/QuickEventWebsitePortal/apsad2017/home>

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**15-17 Nov 2017**

### **2017 Australian & New Zealand Spinal Cord Society Annual Scientific Meeting**

*Building Bridges*

Brisbane Convention and Exhibition Centre Brisbane QLD

<http://www.dconferences.com.au/anzscos2017/home>

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**17-18 Nov 2017**

### **University of Sydney, Pain Management Research Institute**

*Placebo Symposium 2017: Harnessing placebo mechanisms to improve clinical outcomes*

Novotel Manly Sydney NSW

<http://sydney.edu.au/medicine/pmri/education/continuing/symposia.php>

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**22-23 Nov 2017**

### **2017 Australasian Cochrane Symposium**

*Towards Living Evidence*

Monash University Law Chambers Melbourne VIC

<http://symposium.cochrane.org.au>

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**3-6 Dec 2017**

### **Australasian Neuroscience Society 37th Annual Scientific Meeting**

*Building Bridges*

International Convention Centre Sydney NSW

<http://ans2017.aomevents.com.au>

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## CALENDAR OF EVENTS

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**5-15 Feb 2018**

**Pain Management Research Institute, The University of Sydney**

*Pain Management Multidisciplinary Workshop*

Royal North Shore Hospital, St Leonards Sydney NSW

<http://sydney.edu.au/medicine/pmri/education/continuing/workshop.php>

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**2-3 Mar 2018**

**Centre for Pain Medicine 6th Intl Symposium Invasive Procedures in Motion 2018 & 20th Anniversary Centre for Pain Medicine**

*Lessons from the Past, Criticism of the Present and Vision for the Future*

Swiss Paraplegic Centre Lucerne Switzerland

[http://www.schmerz-nottwil.ch/de/pub/zsm/fortbildungkongresse/invasives\\_procedures\\_motion\\_18.htm](http://www.schmerz-nottwil.ch/de/pub/zsm/fortbildungkongresse/invasives_procedures_motion_18.htm)

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**17-18 Mar 2018**

**Malaysian Association for the Study of Pain 6th Biennial Scientific Meeting 2018**

*Delivering Better Relief for Cancer Pain*

National Cancer Institute, Putrajaya, Malaysia

<http://www.masp.org.my/eventsmaster.cfm?&menuid=12&action=viewevent&retrieveid=69>

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**19 Mar 2018**

**Pain Adelaide Stakeholders' Consortium**

*Pain Adelaide 2018*

National Wine Centre, Adelaide, SA

[Tracy.jones@unisa.edu.au](mailto:Tracy.jones@unisa.edu.au)

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**21-24 Mar 2018**

**Australasian Academy of Cerebral Palsy and Developmental Medicine (AusACPDM) 2018**

*Empowerment and Partners.*

The Langham, Auckland, New Zealand

<https://www.ausacpdm.org.au/conference/>

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**27-29 Mar 2018**

**Exercise & Sports Science Australia (ESSA)**

*Research to Practice 2018*

Brisbane Convention and Exhibition Centre, Brisbane, QLD

<http://researchtopractice2018.com.au>

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**7-8 Apr 2018**

**Neuromodulation Society of Australia and New Zealand 13th Annual Scientific Meeting**

*Neuromodulation - Delivering on Patient Outcomes*

International Convention Centre, Sydney, NSW

<http://www.dconferences.com.au/nsanz2018/>

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## CALENDAR OF EVENTS

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**8-11 Apr 2018**

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

*Collaborate. Educate. Disseminate.*

International Convention Centre, Sydney, NSW

<http://www.dconferences.com.au/apsnzps2018/>

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**11-12 Apr 2018**

**National Rural Health Alliance 6th Rural and Remote Health Scientific Symposium**

*Outback Infront: 20 years of rural and remote health research*

Hyatt Hotel, Canberra, ACT

<http://www.ruralhealth.org.au/6rrhss/>

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**11-18 Apr 2018**

**Pain Revolution 2018**

*Rural Outreach and Cycling Tour*

Various venues, Sydney, Wollongong, Moss Vale, Canberra, Jindabyne, Albury, NSW, ACT

<http://painrevolution.org>

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**9-12 May 2018**

**World Institute of Pain (WIP)**

*9th World Congress*

Convention Centre Dublin, Dublin, Ireland

<http://wip2018.kenes.com>

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**30 May 2018**

**Choosing Wisely Australia**

*2018 National Meeting*

National Convention Centre, Canberra, ACT

<http://www.choosingwisely.org.au/members/2018-choosing-wisely-australia-national-meeting>

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THE  
AUSTRALIAN  
PAIN SOCIETY

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

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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 minimise 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 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