It is good to see inspired debate with opposing views in this edition of the newsletter. The range of different viewpoints is modulated by research, training and clinical experience. Emerging areas are glial changes, polyvagal theory, microbiome, as well as anatomical (microscopic and macroscopic), biochemical, genomic expression, psychological, sociological and environmental models. All are useful. None are completely wrong; none are the whole picture.

Pam Macintyre wrote to us, to say that buprenorphine should not be considered to be a partial agonist for analgesia as this has never been shown in humans, and although there is a ceiling effect for respiratory depression, patients can still get it. She provided these useful references:


Professor Mark Hutchinson has developed painHS. The test uses light measurement tools (Hyperspectral (HS)) imaging analysis to identify the colour frequencies of molecular structures in circulating immune cells. These structures change in the presence of pain and can be identified by a change in colour. Please click the link in the FYI section rather than relying on my simplistic explanation.

One group of patients, and probably the most disadvantaged group of patients are those in Residential care. I wonder if these patients will benefit from a pain colour test in view of their multiple difficulties with communication. The second issue of “Pain in Residential Aged Care Facilities (RACFs)” is available via the APS. I found it very comprehensive and thoughtful, and I would love a review for our newsletter by practitioners who work in the front line in RACFs. Is anyone able to volunteer to write a review for our newsletter (please)?

Stephanie Davies
Editor
Dear Editor,

The recent (June 2018) APS newsletter included an extended account of interventional pain management (IPM). My attention was roused by the first sentence which stated - “Interventional pain procedures are used for diagnosis and localisation of pain” and other related statements such as “a dominant anatomical pain source”.

I am confident that the author would not consider this a precise statement, but rather a simplification of a complex topic. The terrific advances in our understanding of pain, from the primary nociceptor to the brain connectome, leave no doubt that pain is not an entity or property held within the tissues of the body, nor is it transmitted. There are APS members who are among those at the forefront of this field and I imagine they gasped at reading this, just as I did. The APS has missed a trick here by perpetuating a common shortcut that was recognised to be highly problematic over 30 years ago\(^1\) and remains highly problematic, and I would argue is now inexcusable\(^2\). In the IASPs year of excellence in pain education, I just couldn’t let this one go through to the keeper because this ‘shortcut’ only serves to misinform readers about what pain is and how we should go about treating it.

So, are we really able to localise pain or is it more accurate to state that this element of pain management is perhaps beneficial only in localising possible nociception contributions which will vary over time and place?

While this may appear to be pedantic, this terminology feeds powerful influential beliefs and expectations in health practitioners and patients which may be of greater importance than any sources of nociception\(^3\).

My interpretation of the neurobiology, which invites appropriate correction, is that pain is one of a number of protective outputs generated from central processing of an array of inputs and existing networks. Structural changes are regularly noted in asymptomatic screening and severe pain can be present with no demonstrable structural change in the region. Pain is contextual during all stages of the pain experience with all tissues capable of extraordinary adaptation. This interpretation suggests that by amplifying the significance of the nociceptive input contribution compared with other idiosyncratic and contextual factors, we may compromise re-adaptive processes by embedding the belief that there is ‘damage’ needing to be ‘fixed’, and therefore ‘protected’.
To my knowledge, the higher-level evidence base for the direct, reliable and long-term effectiveness of IPM, i.e.: independent of underappreciated ‘expectation’ responses, is not all that impressive.

Much as there is excellent information in this article on application of IPM in a broader management approach, the reality in my world is that patients are seductively attracted to any and all offered ‘fixes’ to the detriment of other offered information and management. I may not be alone in this consideration.(4)

I often ponder these questions:

1. If there is robust evidence for the direct and reliable effectiveness of IPM techniques, why is this not reflected in higher level evidence and best evidence-based guidelines on management of eg: back pain?

2. If pain is a protective response, could there be unhelpful potential in the practice of targeting informed ‘damage’ to the recipient, often repeatedly?

3. Is the greater good served by empowerment of re-adaptive processes via the viewing of structural contributors in appropriate perspective, or by risking maladaptive protective processes by highlighting them with undue significance as implied by comments such as the “localisation of pain”?

References considered include:


Kal Fried
Sports & Exercise Physician
APS member and Pain Revolutionary
Melbourne
Surgeons also operate to fix or replace body parts, where there are anatomical inputs to pain, such as removing appendixes (for appendicitis when a patient has an inflamed appendix), performing a total hip replacement (following diagnostic LA hip injection), performing a microdiscectomy for focal disc protrusions resulting in radicular pain (often due to inflammation from chemical radiculitis). The approach of removing or replacing an anatomical body part, from which pain inputs can arise, is an anatomical solution. Utilising procedures to reduce pain inputs, prior to entering the nervous system which then modulates these pain inputs, is another alternative.

The point of interventional pain procedures is to determine if there is (or is not) a dominant contribution to a person’s pain, from a specific anatomical location. To ignore, ban, or reduce funding for surgical or procedural alternatives, would result in withholding evidence-based treatment for many patients (ourselves, and relatives included).

Example: Specific spinal pain is the opposite of non-specific low back pain

Spinal pain may have components of the four different pain types, such as inflammatory, neuropathic, nociceptive, and plastic pain. Plastic pain is a simplification of the other changeable
LETTER FROM THE EDITOR

People with pain should be encouraged to undertake daily walking, simple movements, pacing activities, mindfulness meditation and threat-reduction activities before pain procedures.

Pain cannot be localised using current imaging techniques, so pain procedures are used to help diagnose anatomical pain sources.

Therapeutic pain procedures can provide three to 12 months of pain reduction, which can provide a therapeutic window for the patient to progress with their active behavioural pain strategies.

If therapeutic procedures provide the patient with pain relief and the pain then recurs, a repeat procedure will usually provide similar relief if the pain sources are shown to be the same.

Timing of the procedures: the sequence of events

We also suggest trialling low risk medical options (behavioural and low risk compounds), prior to procedures. Procedures are performed on the basis that a person in pain can have specific anatomical pain sources. When people have diagnosed specific pain sources, there is usually a subsequent therapeutic procedure that provides medium-term pain relief for a few months, or long-term pain relief for years. The length of benefit increases for people who are already engaged with a good movement physiotherapist, doing a daily walk, pacing their activities, and engaged in addressing their stress – anxiety – mood – sleep issues.
In our experience, combining behavioural options prior to procedures (prehabilitation), improves the positive effects of the procedure, and prolongs the length of benefit, so that for some people, their pain doesn’t return. We try not to do procedures on people as a “stand alone” fix it, to avoid the situation that when the procedure wears off, the person is back in the same situation as prior to the procedure.

I summarised my views above with the following statement, “This article presents a simplified version of anatomical pain and how interventional procedures are used. In clinical practice and research, healthcare professionals and patients need to be aware that the clinical reality is not always straightforward”.

The references for the original article included 6 systematic reviews, and 2 guidelines / consensus statement. The following references relate to the complexity of pain:


We are calling for Expressions of Interest to fill the role of Assistant Newsletter Editor.

Primarily the duties of the Assistant Editor are to:

• Assist with the scientific content and strength of the newsletter (book reviews and recent publications)
• Act as second reviewer for the newsletter content
• Be the senior editor when the editor is unavailable and/or on rotation

We issue 10 editions each year and have 4 more newsletters scheduled through to December 2018.

Please send your EOI via the APS Secretariat in the first instance.

Stephanie Davies
Editor
On behalf of the Scientific Program Committee and the Local Organising Committee, we are pleased to advise topical session submissions for APS 2019 are now open.

The deadline for Topical Session submissions is: **FRIDAY 21 SEPTEMBER 2018**

View the [topical session submission guidelines](#). Visit the [online topical session submission portal](#).

We look forward to receiving your submissions. Should you have any queries regarding your submission or the process, please contact the [Conference Secretariat](#).
CALL FOR FEEDBACK

PM10 Statement on “Medicinal Cannabis” with particular reference to its use in the management of patients with chronic non-cancer pain.

CALL FOR FEEDBACK

The Faculty of Pain Medicine (FPM) has promulgated a revised position statement on medicinal cannabis PM10 Statement on “Medicinal Cannabis” with particular reference to its use in the management of patients with chronic non-cancer pain.

This revised professional document is being piloted and will be reviewed again in December 2018. The FPM welcomes feedback during this time.

Please provide your feedback to Penny McMorran, Professional Affairs Co-ordinator via email: painmed@anzca.edu.au and copy the APS Secretariat:aps@apsoc.org.au
MAKING SENSE OF PAIN: 
AN INTERDISCIPLINARY WORKSHOP 
FOR HEALTH PROFESSIONALS

by Melanie Galbraith, John Quintner and Jennifer Persaud

Our 8th workshop was our most successful yet. We attracted 26 registrants: 18 physiotherapists; 2 psychologists; 2 nurses; and one each from general practice, occupational therapy, podiatry and rehabilitation. Registration was affordable, thanks to Arthritis & Osteoporosis WA (AOWA) and WA Health Department for their sponsorship. Formal feedback indicates that all learning goals that we had set for participants were achieved.

We plan to attract more general practitioners to our next workshop by offering CE points through AOWA’s agreement with the Royal Australian College of General Practitioners.

Our five new Pain Champions thoroughly enjoyed the novel experience and their expectations were met. It was the first opportunity for them to learn of the practical difficulties often faced by health care professionals when delivering their services. All agreed that obtaining accurate information and advice on self-management of their painful condition(s) remained unmet needs in the community.

The enthusiastic support we received from Ric Forlano, CEO of AOWA, and from Jennifer Persaud and her team at AOWA considerably lightened the administrative load that we had previously both been carrying.

MELANIE GALBRAITH AND JOHN QUINTER

Impressions from Ms Jennifer Persaud, Manager, Health, Education and Research (AOWA)

As an experienced Physiotherapist, I wanted to engage in pain education that would extend beyond the basics and provide an up to date, evidence-based learning opportunity. I was already aware of the Making Sense of Pain (MSOP) course as it is organised and hosted by my employing organisation - Arthritis and Osteoporosis Western Australia (AOWA). After exploring the course further, I enrolled in it, hopeful that it would meet my learning needs.
The MSOP course ran at AOWA’s Shenton Park location on 21st to 22nd June 2018. The speakers formed an impressive line-up of clinicians and academics from various speciality areas and professions. Speakers used a variety of teaching styles and modalities to inform course participants across a range of topics, with highlights including:

- making a rational pain diagnosis;
- role of the multi-disciplinary team;
- engaging in ethical discourse with patients in pain;
- effectiveness of medical treatment for persistent pain;
- role of the dysregulated stress response system in chronic pain;
- motivational interviewing;
- providing an accurate explanation for patients with persistent pain;
- impact of chronic pain across social, psychological, medical and functional domains; and
- use of validated assessment tools and outcome measures for those experiencing persistent pain.

Most of the concepts were not entirely new to me; however, the information was presented in an interesting and thought provoking way. One lecture in particular (the role of the dysregulated stress response system in chronic pain) unravelled and demystified complex neurophysiological processes involved in chronic pain. I now have confidence that I will be able to translate this information in the clinical setting to provide patients with a credible explanation behind their ongoing pain.

Another helpful insight was afforded through the review of pain terminology according to the International Association for the Study of Pain (IASP). Revision of the definitions provided clarity about the different types of pain and their underlying mechanisms which helped to form a useful construct to aid appropriate treatment planning.

I really appreciate that the course aimed to assist clinicians to apply learning in practice. An example was a Psychologist-led session which taught strategies to engage with patients who may feel stigmatised and alienated by their pain predicament. Simple counselling interventions were introduced that can be easily applied in the clinical environment.

A great strength of the course was its ability to attract people from diverse backgrounds. This provided a useful opportunity to learn about the skills that Allied Health, Medical, Nursing and other professionals bring to the management of chronic pain. It also presented ideal
conditions for networking to occur, to enable continued discussion, interaction and learning. Of interest, was the consistent theme communicated by participants, that the course content is not limited to chronic pain as it is applicable across many clinical speciality areas.

It was not just the mustering of Health Professionals that left me with a good impression of the course. Indeed, the authentic examples given through the lived experience of patients with chronic pain who have become “Pain Champions” provided particularly helpful insights. Specifically, an afternoon was dedicated to break out group sessions where Pain Champions shared their stories with course participants.

KATHLEEN DONALD, PAIN CHAMPION WITH DELEGATES

The opportunity to be liberated from the usual constraints of time, cost and resource enabled me to apply the skills learnt on the course and engage in active listening. Taking an inductive approach to the discourse between patient and health professional during the history taking was interesting and enlightening. The Pain Champions did not require prompts; rather, they spoke freely about their journey. In doing so, they problem-solved along the way and described strategies to aid self-management of their condition. The Pain Champions also revealed impressions of their care journey and the professionals involved. This was both encouraging and confronting, and provided an opportunity for learning, reflection and improvement as a clinician.

In summary, my overall impression of the course was a good one. I have come away having learnt new information and skills, as well as the confidence to apply learning in practice. I would recommend this course to any health professional seeking to improve their capabilities in the assessment and management of patients with persistent musculoskeletal pain. This course is likely to have particular appeal to clinicians who appreciate the biopsychosocial approach and value the concept of multi-disciplinary, patient-centred care to assist those with persistent musculoskeletal pain.
### PLENARY VIDEOS NOW AVAILABLE

**FREE TO APS MEMBERS**

Login to the APS Website [Members Area](#).

If you would like to purchase recordings of other APS—NZPS2018 sessions, please use the [EverTechnology online order form](#).

Check out our [brief promotional video](#).

### CURRENT SCHOLARS

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<td>Seqirus #1 — APS — APRA</td>
<td>Sherelle Casey</td>
<td>“Cannabinoids for neuropathic pain”</td>
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<td>Cops for Kids #1 — APS — APRA</td>
<td>Dr Adrienne Harvey</td>
<td>“A pilot study of gabapentin for managing pain in children with dystonic cerebral palsy”</td>
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<tr>
<td>Cops for Kids #2 — APS — APRA</td>
<td>Dr Tasha Stanton</td>
<td>“Reframe the pain: Dividing attention and altering memory to reduce needle pain and distress in children”</td>
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## PAST SCHOLARS

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<tr>
<td>APS #1-APRA</td>
<td>Samantha South</td>
<td>1999</td>
<td>“Antinociceptive pharmacology of morphine and its major glucuronide metabolites”</td>
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<td>CSL #1-APS-APRA</td>
<td>Lara Winter</td>
<td>2004</td>
<td>“Antinociceptive properties of the neurosteroid alphadolone”</td>
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<td>CSL #2-APS-APRA</td>
<td>Anne Pitcher</td>
<td>2006</td>
<td>“Conditional comfort: A grounded theory study in nursing approaches to acknowledging and responding to pain in nursing home residents with dementia”</td>
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<td>APS #2-APRA</td>
<td>Debbie Tsui</td>
<td>2008</td>
<td>“Preclinical studies in painful diabetic neuropathy”</td>
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<td>Mundipharma #2-APS-APRA</td>
<td>Zoe Brett</td>
<td>2011</td>
<td>“Individual differences in vulnerability to the development of chronic pain following injury”</td>
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<td>APS #3-APRA</td>
<td>Susan Slatyer</td>
<td>2013</td>
<td>“Caring for patients experiencing episodes of severe pain in an acute care hospital: Nurses’ perspective”</td>
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<td>APS #4-APRA</td>
<td>Amelia Edington</td>
<td>2013</td>
<td>“Defining inhibitor binding sites unique to the glycine transporter, GLYT2: A potential target for the treatment of chronic pain”</td>
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<td>Janssen Cilag #1-APS-APRA</td>
<td>Mary Roberts</td>
<td>Due</td>
<td>“An investigation of the role of sleep in chronic pain”</td>
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<td>Mundipharma #3-APS-APRA</td>
<td>Audrey Wang</td>
<td>2017</td>
<td>“The cortical integration of tactile sensation in complex regional pain syndrome”</td>
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<td>Janssen Cilag #2-APS-APRA</td>
<td>Sarah Kissiwa</td>
<td>2017</td>
<td>“Pain induced synaptic plasticity in the amygdala”</td>
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<tr>
<td>APS #5-APRA</td>
<td>James Kang</td>
<td>Due 2018</td>
<td>“Epigenetic influence in cognitive impairments in chronic neuropathic pain”</td>
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ANNOUNCING THE APS/APRA/CFK CLINICAL RESEARCH GRANT #3

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

The Australian Pain Relief Association (APRA) is a registered charity with the Australian Taxation Office and works closely with the APS to support education and research in pain.

Cops for Kids (CFK) is a South Australian based charity focused on supporting initiatives that strive to improve the lives of children in that state. Part of the CFK mandate includes the provision of funds for research to assist in the care of sick children and/or enhance the life quality of a child.

APS/APRA are pleased to announce our partnership with Cops For Kids, for the second Clinical Research Grant Program.

In brief, the award is to enable clinical research meeting the following criteria:

• Approach a meaningful conclusion in one year
• Conducted in Australia and must be relevant to the South Australian population
• The applicant must be an Australian citizen or permanent resident
• The applicant and their supervisor (if applicable) must be members of the Australian Pain Society and its Pain in Childhood Special Interest Group
• The funded project can be related to any aspect of a childhood pain complaint - including theoretical, mechanistic, diagnostic, treatment, epidemiological and/or sociological approaches;
• The grant funding will be paid quarterly in arrears upon the submission and acceptance of a combined Progress Report-Acquittal Form

Further information about the Clinical Research Grant can be obtained from APRA via the APS Secretariat.

Clinical Research Grant Application forms are available online and must be submitted by:
5PM ON MONDAY 10 SEPTEMBER 2018.
Thank you to those who have already contributed to the BPR SIG Expert Database Survey.

To view the results and complete the survey, login to the APS Website Members Area and check out the Latest News section.

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

Please send the newsletter editor (via the APS Secretariat, aps@apsoc.org.au) the title, authors and reference (i.e. the journal, volume etc.) of the article, preferably with a short explanatory note to give our readers the gist of the article, e.g. the conclusions part of the abstract; if you would like to supply a short commentary on the article, even better.
NOMINATION FOR AUSTRALIAN PAIN SOCIETY DISTINGUISHED MEMBER AWARDS — 2019

The Board of Directors is seeking nominations from all APS members for candidates to be considered for the Distinguished Member Award/s to be presented at the APS 39th Annual Scientific Meeting to be held on the Gold Coast from 7-10 April 2019.

ELIGIBILITY CRITERIA

CANDIDATES MUST BE AUSTRALIAN PAIN SOCIETY MEMBER/S WHO HAVE:

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

NOMINATION GUIDELINES:

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

SUBMISSION:

• All nominations to be submitted to the APS Secretariat by 31 October 2018.

NOTIFICATION:

• The APS Board will notify successful nominees by 31 December 2018.
• Distinguished Member recipients are actively encouraged to attend the Annual Scientific Meeting in order to receive their award in person from the APS President.

A listing of past recipients of the Distinguished Member Award, including their biographies, can be found on the APS website.
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
The aim of this study is to explore the language (in particular, the metaphors) which people living with chronic pain use to describe their pain experience. As there is currently no objective biomedical test for the existence or nature of pain, language is of vital importance to the chronic pain experience.

After completing the survey, you will have the chance to enter the draw to win one of five $100 Visa Gift Cards.

To participate, you will need to have chronic pain (pain lasting 12 weeks or longer) and be aged 18 years or older, with good English comprehension and writing ability.

What is involved: Completion of an anonymous online survey, which should take approximately 15-20 minutes to complete.

To read the Participant Information Sheet and Consent Form and complete the survey please click here.
• Collaborative & Integrated Palliative Care in Haematology
• Palliative Care in Transplantation
• Adolescent & Young Adult Palliative Care
• Difficult Encounters
• Long Term Care

www.anzspm.org.au/anzspm18

See You in Boston!
September 12-16, 2018

57th IScoS
The International Spinal Cord Society
Annual Scientific Meeting
Combined with the 30th Australia and New Zealand Spinal Cord Society (ANZSCoS) Annual Scientific Meeting
13-15 September 2018
Sydney, Australia

REGISTRATION NOW OPEN
EARLY BIRD REGISTRATION CLOSES 16TH JUNE 2018

www.57iscos.com.au
EVENTS

FPM SPRING MEETING
OCTOBER 19-21, 2018
PULLMAN CAIRNS INTERNATIONAL, QLD
Artwork: Rosella Namok

REGISTER NOW

LOOKING NORTH
LOOKING UP
AT PAIN

Children’s Pain Management Clinic

Paediatric Chronic Pain Symposium

Saturday 10\textsuperscript{th} November 2018
At the Ella Latham Auditorium, The Royal Children’s Hospital
50 Flemington Road, Parkville, VIC 3052

Presented by the clinicians of the multidisciplinary team, the purpose of this one day symposium is to provide the guiding principles of chronic pain management in children and adolescents.

It is directed towards all health care professions that may encounter paediatric chronic pain presentations in their practice. The full programme for the Symposium will be provided in due course.

Cost (including morning and afternoon tea): $250.00 (incl. GST)
Bookings via Eventbrite: https://bit.ly/2IBKc1n

Save the Date!

ICFTD 2018
11\textsuperscript{th} International Conference on Frontotemporal Dementias
www.icftd2018.org.au

KEY DATES

- Call for Papers opens: 1 March 2018
- Call for Papers deadline: 1 June 2018
- Online registration opens: 1 May 2018
- Early Bird deadline: 6 August 2018

11 - 14 November 2018
International Convention Centre
Sydney, Australia
EVENTS

PAIN REFRESH

—

PAIN MANAGEMENT MULTIDISCIPLINARY WORKSHOP 2019

WEEK 1: FEBRUARY 4-7
WEEK 2: FEBRUARY 11-14

SAVE THE DATE!

Spine Society of Australia
30th Annual Scientific Meeting
Gold Coast Convention &
Exhibition Centre, Queensland
5–7 APRIL 2019

Expressions of interest online at:
For more information please contact the SSA
Conference Secretariat: DC Conferences Pty Ltd
E  ssa2019@dcconferences.com.au  |  P 612 9954 4400
**2019 Australian Pain Society**

**39th Annual Scientific Meeting:**

*In the IASP Global Year Against Pain in the most Vulnerable*

7 – 10 April 2019  Gold Coast Convention and Exhibition Centre, QLD

Expressions of interest online at

For sponsorship and exhibition opportunities or more information please contact the APS Conference Secretariat - DC Conferences Pty Ltd
P: 61 2 9954 4400
E: aps2019@dcconferences.com.au

**Submission Deadlines**

- Topical Sessions: 21 September 2018
- Free Papers & Posters: 31 October 2018
- Rising Star Award: 31 October 2018
- Early Bird Registration: 22 February 2019


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**Save The Date**

**Date:** 11th – 14th April 2019
**Venue:** Pullman Kuching, Sarawak, Malaysia

8th Association of South-East Asian Pain Societies (ASEAPS) Congress, Malaysia 2019

www.aseaps2019.com  secretariat@aseaps2019.com
FYI

NEW!


OTHER ITEMS OF INTEREST FOR OUR MEMBERS:


- Stanford University: CHOIR Collaborative Health Outcomes Information Registry: [https://choir.stanford.edu/](https://choir.stanford.edu/)


- Airing Pain: Pain resources via an online radio show produced by Pain Concern, a UK registered Charity: [http://painconcern.org.uk/airing-pain/](http://painconcern.org.uk/airing-pain/)

  At login. Username: connectingcare, Password: health


FYI

• IASP Statement on Opioids:
  Approved February 2018: https://www.iasp-pain.org/Advocacy/OpioidPositionStatement

  This reference can also be found on the APS Position Papers webpage.

• NSW Cannabis Medicines Advisory Service (CMAS): Launched 29JAN18

  Fact Sheet on our website: https://www.apsoc.org.au/PDF/Fact_Sheets/20180129_NSW-CannabisMedicinesAdvisoryService-CMAS_Fact_Sheet_FINAL.PDF

  Service available: 9am-5pm Monday-Friday

  Hotline: (02) 4923 6200 or email: HNELHD-CMAS@hnehealth.nsw.gov.au

HEALTH CARE HOMES


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


• Online interactive Second Australian Atlas of Healthcare Variation 2017, released 07JUN17: http://acsqhc.maps.arcgis.com/apps/MapAndAppGallery/index.html?appid=fd3b04ebe3934733b7ec-b8514166c08f

NPS MEDICINEWISE RESOURCES:


• Over the counter codeine – changes to supply: https://www.nps.org.au/medical-info/clinical-topics/over-the-counter-codeine-changes-to-supply


TGA

• Codeine information hub: https://www.tga.gov.au/codeine-info-hub

NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:


MEMBERS ONLY AREA OF APS WEBSITE:

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

• 2018 Annual Scientific Meeting, Sydney – Media Coverage:

  1. Chronic Back Pain
     a. 22MAR18 – Prof Peter O’Sullivan (Curtin Uni), ABC Perth: https://soundcloud.com/user-857774869/prof-peter-osullivan-22318

  2. Diet and Chronic Pain
     a. 26MAR18 – Katherine Brain (Newcastle Uni), ABC Newcastle: https://soundcloud.com/user-857774869/katherine-brain-abc-newcastle-26318
3. Pain in Children and Adolescents
   a. 28MAR18 – Dr Tinna Jaaniste, Dr Meg Goodison-Farnsworth, Broke Peterson, ABC RN Life Matters: http://www.abc.net.au/radio-national/programs/lifematters/kids-chronic-pain/9587850
   b. 05APR18 – Dr Meredith Craigie, ABC Adelaide: https://soundcloud.com/user-857774869/abc-adelaide-5418 paediatric-pain

4. Sea Snail Venom as Pain Relief
   e. 04APR18 - Prof Macdonald Christie (Sydney Uni), Daily Mail: http://www.dailymail.co.uk/wires/aap/article-5576359/Sea-snail-venom-source-pain-relief.html

5. Placebo Power
   a. 08APR18 – A/Prof Damien Finniss (Sydney Uni), ABC RN All In The Mind: http://www.abc.net.au/radio-national/programs/allinthemind/placebo-power/9613346

6. Psycho Social Factors of Pain
   a. 11APR18 – Anne Burke and Dr Tonya Palermo (Uni Washington), ABC RN The Drawing Room: http://radio.abc.net.au/programitem/pga6E383G?play=true
NEW MEMBERS AT 31 JULY 2018

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<th>FIRST NAME</th>
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<td>Bernadette</td>
<td>Hurley</td>
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<tr>
<td>Mrs</td>
<td>Areej</td>
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<td>Ms</td>
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PAINLESS CLINIC IS PLEASED TO INVITE EXPRESSIONS OF INTEREST FROM OCCUPATIONAL THERAPISTS, PHYSIOTHERAPISTS, AND PAIN PSYCHOLOGISTS WITH EXPERIENCE IN HELPING PEOPLE WITH PAIN. WE ARE A PRIVATE PRACTICE THAT SEES MANY PATIENTS, INCLUDING THOSE COVERED BY WORKERS COMPENSATION, MOTOR VEHICLE ACCIDENT INSURANCE, AND DEPARTMENT OF VETERAN’S AFFAIRS. WE CONDUCT EDUCATIONAL EVENTS, AND ENCOURAGE A PATIENT CENTRED TEAM APPROACH.

THE POSITIONS ARE SESSIONAL WITH AN OPTION TO INCREASE WITH DEMAND. PLEASE EMAIL A SHORT BIOS (MAX ONE PAGE) WHICH INCLUDES YOUR EXPERIENCE IN HELPING PEOPLE WITH PAIN, AND YOUR AREAS OF INTEREST, AS WELL AS A SEPARATE FULL CV.

PLEASE EMAIL APPLICATIONS AND ENQUIRIES TO: stephanie.davies@painless.life
**CALCER OF EVENTS**

8 Aug 2018

**NSW Agency for Clinical Innovation (ACI) Aboriginal Chronic Conditions Network**

*Walk a mile in my shoes ... do we ever factor in social determinants into how we deliver health care?*

Rydges, World Square, Sydney, NSW


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17-18 Aug 2018

**Medico-Legal Society of Queensland Inc.**

*HIGH Society: The Misuse of Opioids*

Surfers Paradise Marriott Resort, Surfers Paradise, QLD


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28-30 Aug 2018

**Australian College of Nursing**

*The National Nursing Forum 2018 - Diversity and Difference*

Gold Coast Convention and Exhibition Centre, Gold Coast, QLD


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6-9 Sep 2018

**Australian & New Zealand Society of Palliative Medicine ANZSPM**

*New Frontiers*

Novotel Manly Pacific, Sydney, NSW


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12-16 Sep 2018

**International Association for the Study of Pain (IASP)**

*18th World Congress on Pain*

Boston Convention and Exhibition Center, Boston, USA

[https://www.iaspworldcongressonpain.org](https://www.iaspworldcongressonpain.org)
13-15 Sep 2018
International Spinal Cord Society
ISCoS 2018 57th Annual Scientific Meeting of the International Spinal Cord Society with the 25th Australia and New Zealand Spinal Cord Society Annual Scientific Meeting
International Convention Centre, Sydney, NSW
http://www.iscosmeetings2018.org/

21 Sep 2018
Pain Interest Group Nursing Issues (PIGNI) Professional Development Day
Pain: A Balancing Act
SMC Conference & Function Centre, Sydney, NSW

6-9 Oct 2018
Australian Society of Anaesthetists
National Scientific Congress 2018
Adelaide Convention Centre, Adelaide, SA

11-13 Oct 2018
RACGP - GP18
General practice: The centre of health in Australia
Gold Coast Convention and Exhibition Centre, Gold Coast, QLD
http://gp18.com.au

19-21 Oct 2018
Faculty of Pain Medicine Spring Meeting
Looking North Looking Up at Pain
Pullman Cairns International, Cairns, QLD
http://fpm.anzca.edu.au/events/2018-spring-meeting
23 Oct 2018

Bionomics & MSD 6th Annual Neuroscience Symposium

*At the Frontiers of Neuroscience: Signs & Symptoms*

Pullman Hotel, Hindmarsh Square, Adelaide, SA


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25-27 Oct 2018

Australian College of Rural and Remote Medicine (ACRRM) and Rural Doctors Association of Australia (RDA)

*Rural Medicine Australia - RMA 2018*

Darwin Convention Centre, Darwin, NT


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2 Nov 2018

Pain Interest Group Nursing Issues (PIGNI) ACT

*Workshop theme: 2018 Global Year for Excellence in Pain Education*

Function Rooms, Lewisham Building, Calvary Hospital Public, Bruce, ACT

Joy.Burdack@calvary-act.com.au

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10 Nov 2018

The Royal Children’s Hospital Melbourne

*The RCH Paediatric Chronic Pain Management Symposium*

The Ella Latham Auditorium at The Royal Children’s Hospital, Melbourne, VIC

https://bit.ly/2IBKc1n

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11-14 Nov 2018

International Society on Frontotemporal Dementias

*11th International Conference on Frontotemporal Dementias*

International Convention Centre, Sydney, NSW

16-17 Nov 2018
Occupational Therapy Australia National Paediatrics Symposium 2018
*Community, Collaboration and Capability*
SMC Conference & Function Centre, SYDNEY, NSW

21-24 Nov 2018
AOCPRM 6th and Rehabilitation Medicine Society of Australia and New Zealand (RMSANZ) 3rd Annual Scientific Meeting
*North to South, East to West*
SkyCity, Auckland, New Zealand
http://www.aocprm2018.com/aocprm18

4-14 Feb 2019
Pain Management Research Institute, The University of Sydney
*Pain Refresh - Pain Management Multidisciplinary Workshop*
Royal North Shore Hospital, St Leonards, Sydney, NSW

7-10 Mar 2019
New Zealand Pain Society Annual Scientific Meeting - NZPS19
*From where we stand*
Rydges Latimer Hotel, Christchurch, New Zealand
http://www.nzps2019.nz

5-7 Apr 2019
Spine Society of Australia
*30th Annual Scientific Meeting*
Gold Coast Convention & Exhibition Centre, Gold Coast, QLD
7-10 Apr 2019
Australian Pain Society 39th Annual Scientific Meeting
In the IASP Global Year Against Pain in the Most Vulnerable
Gold Coast Convention and Exhibition Centre, Gold Coast, QLD

11-14 Apr 2019
ASEAPS 2019 - 8th Association of South-East Asian Pain Societies Congress
Building Collaborations In Pain Management
Pullman Kuching, Sarawak, Malaysia
http://www.aseaps2019.com

10-12 Jul 2019
Occupational Therapy Australia
Together Towards Tomorrow
International Convention Centre, Sydney, NSW
VISION:
All people will have optimal access to pain prevention and management throughout their life.

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

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