



VOLUME 38, ISSUE 10



AUSTRALIAN PAIN SOCIETY NEWSLETTER

EDITOR'S NOTE

STEPHANIE DAVIES - EDITOR

Every clinician will approach a patient with persistent pain in their own way using a series of questions and tools to reach a diagnosis and formulate a treatment plan. The bio-psychosocial model of pain management and multidisciplinary care teams are the norm and solely treating pain with a pharmacological approach is very much last centuries approach. However, there are still many patients in the community being treated with opioids alone.

Karl Bagraith and Jenny Strong have analysed the content of multidisciplinary pain team assessments of function disability and health according to the standards of the International Classification of Functioning, Disability and Health. This provides a validated view of the approaches of different professional groups. I suggest you click through to the original article and see how your specialty within the field of pain medicine emphasises different aspects of care. Eye opening. It would be great to be able to link this in the future with outcomes. And interesting to see how low back pain core sets LBP-CS can be used to quantify pathology and guide future treatment.

As this year “The year of Global Pain Education” draws to an end, we look to the next year 2019 whose theme is the Global Year Against Pain in the Most Vulnerable. Often the most vulnerable are considered by the media to be the indigenous and

the most recent migrants but I would also include a population rarely mentioned, those in Residential Aged Care Facilities (RACFs). A recent updated version of Pain in the RACFs is available and a valuable resource for those who work in this field.

Finally, I would support our Immediate past president Geoff Speldewinde in advocating a world free of nuclear weapons. We have enough pain in the world without adding to it and we all need to play our part in making the world a safer place.

May you have a safe and happy holiday period and a happy new year with your family and friends and we look forward to more exciting new developments in the New Year.



PRESIDENTS REPORT

FIONA HODSON

It is hard to believe that another year has flown by so fast! I am sure like myself you are looking forward to enjoying some festive cheer and spending some quality time with family and friends over the Christmas and New Year period where possible.



FIONA HODSON

At this time, I would like to update members that the APS board continue to be very busy with multidisciplinary committee representation on the some key national initiatives such as the development of a National Action Plan for Arthritis and National Osteoarthritis Strategy in particular. As President of the APS, I attended the National Strategic Action Plan for Pain Management workshop in Canberra on 27th September 2018. This workshop included targeted representation from consumers, medical, nursing, allied health and other pain related key stakeholder professional organisations and societies. The workshop objective was to develop and finalise the National Strategic Pain Action Plan with a consensus of key priorities areas and initiatives for Government to consider funding to support the implementation of an updated National Pain Strategy. The Action Plan for Pain Management was submitted to the

Department of Health and Minister Hunt's office in early October 2018, for a round table consultation with all States and Territories to consider.

The board also continues to work collaboratively on key national pain related priority issues with the Faculty of Pain Medicine (FPM) and PainAustralia (PA) via collaborative media releases on concerns related to Pain MedsCheck Program, Private health Insurance reform (PHI) and National Real Time Prescription Monitoring Program.

Members Renewal:

The APS has now reached over 950 members from multiple health disciplines. This emphasises the great strength of being a multidisciplinary society especially when advocating to government on pain priority funding issues. You will have received your APS membership renewal notice by now which includes many benefits of membership such as the e newsletter and reduced conference registration. We encourage you to renew your subscription before 1st Jan 2019.

2019 Global Year Against Pain in the Most Vulnerable

In January 2019, IASP will launch the Global Year theme which is "**Against Pain in the Most Vulnerable**". This global year is an opportunity for members to highlight opportunities within their clinical practice

that will place a focus and importance on targeted multidisciplinary pain management approaches for vulnerable populations such as the elderly, children, adolescents, CALD and refugee groups, LGBTI and Aboriginal and Torres Strait Islander groups to name a few. Translated factsheets and resources that can assist will be made available via the IASP and APS website on this theme in early 2019.

We are working collaboratively with our colleagues from the New Zealand Pain Society, the Faculty of Pain Medicine and PainAustralia to produce a local poster to promote the 2019 IASP Global Year pain awareness theme. This year it is the APS turn to produce this poster resource. We are finalising this poster with the designer and when completed it will be available as a download on the APS website along with other 2019 IASP and APS Global theme year resources.

2019 Australian Pain Society 39th Annual Scientific Meeting

Early bird registration is now open for our annual conference to be held at the Gold Coast Convention and Exhibition Centre, Queensland on the 7th – 10th April 2019. <http://www.dconferences.com.au/aps2019>

Our international speakers include **Professor Beth Darnall** (Department of Anesthesiology, Stanford University: prevention of post surgical pain, targeted psychological strategies, opioid reduction); **Dr Nanna Finnerup** (Department of Clinical Medicine, Aarhus University, Denmark: pathophysiology and therapy of neuropathic pain); and **Professor Tor Wager** (Cognitive and Affective Neuroscience laboratory, University of Colorado: neurophysiology of pain and emotion, affective learning, and brain-body communication).

We also have our Pre Conference workshops in Acute Pain, Pain in

Childhood, Basic Pain Research, Pharmacology, Physiotherapy and Fundamentals of Pain with a broad multidisciplinary representation of excellent national speakers presenting in them and throughout the entire scientific conference program.

Finally, on behalf of the APS board we would like to wish everyone a very safe and happy festive season and look forward to a prosperous New Year for 2019 for all!



FAREWELL TO OUR RETIRING TAS DIRECTOR



We are sad to confirm that Simon Watt has retired from the Australian Pain Society Board as the Director for Tasmania.

Simon joined the APS Board in November 2013 and has made consistent and valuable contributions during this five year period. Simon was particularly active in the APS Membership Committee, playing a key role in the establishment and analysis of the recently introduced member surveys.

Simon will be missed as he moves on to focus his energies on areas outside of pain management. We all wish him well!

SPOTLIGHT ON OUR NEW TAS DIRECTOR



We are pleased to confirm that Dinah Spratt has joined the Australian Pain Society Board as the Tasmanian Director.

Dinah moved with her family to Tasmania from the UK in 2006 and has been working in an expanding private physiotherapy practice on the north-west coast for the past 11 years. She has also worked in an advanced scope role for an orthopaedic spinal surgeon in northern Tasmania for 6 years, assisting in both the diagnosis and management of spinal patients conservatively and pre and post operatively. Dinah has a special interest in the management of spinal and chronic pain conditions, as well as educating both patients and allied health professionals on chronic pain and its biopsychosocial influences. Dinah has completed a MSc in Medicine on Pain Management at Sydney University. She gives regular talks entitled 'Chronic pain from a biopsychosocial perspective' for patients and is involved in presenting talks to GPs and also to members of her local community on this subject.

We welcome Dinah's skills and input as an APS Board member



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

REGISTER EARLY AND SAVE!

Have you heard? APS2019 registrations are now open! Get in early and save!

Register online today to secure your place at the Australia's only multidisciplinary conference offering insights into the complex nature of pain management from a variety of medical, nursing and allied health perspectives.

EARLY BIRD DEADLINE: 22 FEBRUARY 2019

Don't delay, register early to secure the discounted Early Bird rate! For a full list of registration fees please visit the [conference website](#).

To register please [click here!](#)

Become an APS Member and save on your APS 2019 registration fee.

	EARLY BIRD: BEFORE 23 FEBRUARY 2019
Non-Member Registration Price vs Becoming an APS Member	\$1140 or Become a member and save up to \$280 after membership fees!
APS Student Member Registration Price	Only \$230 Become a member and save up \$850 after membership fees!

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

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

Non-member registrants automatically become Provisional Affiliate APS Members. This membership type only includes:

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

PROGRAM COMING SOON

There is a lot to look forward to in the extensive APS 2019 conference program, including pre-conference workshops, renowned speakers and topical sessions.

We are currently finalising the program and further details will be coming soon. Stay Tuned!

SOCIAL PROGRAM

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

There’s a Gala Dinner at HOTA, a guided Hinterland Walk, SIG Dinners, Beach Pilates/Yoga and more. These are just some of the social functions you won’t want to miss.

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

REGISTER TODAY!

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

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





The APS and APRA are proud to continue our sponsorship relationship with Cops for Kids and to announce the APS/APRA/CFK#3 Clinical Research Grant recipient, Dr Nicole Andrews.

Dr Andrews is a Senior Occupational Therapist from The Professor Tess Cramond Multidisciplinary Pain Centre at The Royal Brisbane and Women’s Hospital.

Dr Andrews’ research project is titled: “An evaluation of the usability of a paediatric version of the Pain ROADMAP app”.

We wish Nicole well and look forward to the outcomes of her study.

CURRENT SCHOLARS

CURRENT SCHOLARS

PHD SCHOLARSHIP SPONSOR	SCHOLAR	TOPIC
Seqirus #1 — APS — APRA	Sherelle Casey	“Cannabinoids for neuropathic pain”
Cops for Kids #1 — APS — APRA	Dr Adrienne Harvey	“A pilot study of gabapentin for managing pain in children with dystonic cerebral palsy”
Cops for Kids #2 — APS — APRA	Dr Tasha Stanton	“Reframe the pain: Dividing attention and altering memory to reduce needle pain and distress in children”
Cops for Kids #3 — APS — APRA	Dr Nicole Andrews	“An evaluation of the usability of a paediatric version of the Pain ROADMAP app”.



PAST SCHOLARS

PHD SCHOLARSHIP SPONSOR	SCHOLAR	COMPLETED	TOPIC
APS #1-APRA	Samantha South	1999	<i>“Antinociceptive pharmacology of morphine and its major glucuronide metabolites”</i>
CSL #1-APS-APRA	Lara Winter	2004	<i>“Antinociceptive properties of the neurosteroid alphadolone”</i>
CSL #2-APS-APRA	Anne Pitcher	2006	<i>“Conditional comfort: A grounded theory study in nursing approaches to acknowledging and responding to pain in nursing home residents with dementia”</i>
Mundipharma #1-APS-APRA	Kathryn Nicholson Perry	2007	<i>“Pain Management Programmes in Spinal Cord Injury: Cognitive Behavioural Pain Management Programmes in the Management of Sub-acute and Chronic Spinal Cord Injury Pain”</i>
APS #2-APRA	Debbie Tsui	2008	<i>“Preclinical studies in painful diabetic neuropathy”</i>
Mundipharma #2-APS-APRA	Zoe Brett	2011	<i>“Individual differences in vulnerability to the development of chronic pain following injury”</i>
APS #3-APRA	Susan Slatyer	2013	<i>“Caring for patients experiencing episodes of severe pain in an acute care hospital: Nurses’ perspective”</i>
APS #4-APRA	Amelia Edington	2013	<i>“Defining inhibitor binding sites unique to the glycine transporter, GLYT2: A potential target for the treatment of chronic pain”</i>
Janssen Cilag #1-APS-APRA	Mary Roberts	Due	<i>“An investigation of the role of sleep in chronic pain”</i>
Mundipharma #3-APS-APRA	Audrey Wang	2017	<i>“The cortical integration of tactile sensation in complex regional pain syndrome”</i>
Janssen Cilag #2-APS-APRA	Sarah Kissiwaa	2017	<i>“Pain induced synaptic plasticity in the amygdala”</i>
APS #5-APRA	James Kang	Due 2018	<i>“Epigenetic influence in cognitive impairments in chronic neuropathic pain”</i>

SOCIAL ADVOCACY

NUCLEAR NON-PROLIFERATION AS A SOCIAL ADVOCACY ROLE FOR APS MEMBERS.

By Dr Geoffrey Speldewinde

The “Nuclear Weapons Ban Treaty Health Organisations Appeal” is underway. The ‘sponsoring’ Medical Association for the Prevention of War (MAPW) plans to release the statement, listing supporting organisations and individuals, in December 2018, to raise public and political pressure for a change in Australia’s policy on nuclear weapons. This publicity will carry the names of organisations and individuals who have signed the Appeal, unless expressly wishing to avoid that. There is NO financial or administrative commitment associated with this.

I present to you as healthcare professionals **an opportunity to show your support for cessation and removal of this overwhelming threat to human and environmental health.** As we all know they have the capacity to cause death and suffering on an unprecedented scale, with widespread destruction of health, healthcare, food production, all other infrastructure and the natural environment. In the event of their use again, very little humanitarian response would be available to assist any survivors in whatever state they are in.

Moreover, as people working daily in the arena of pain and its management, we of all health professionals would be only too aware of the catastrophic pain-related potential of even the smallest unleashed nuclear weapon, by friend, foe or even temporarily disturbed individual.

Therefore, nuclear weapons must never be used again. **The only way to guarantee this is to abolish them.**

For these reasons, the Treaty on the Prohibition of Nuclear Weapons was adopted by the United Nations on 7th July 2017. The treaty recognises that all nuclear weapons, no matter which of the nine nuclear-armed nations they belong to, are illegal and illegitimate weapons of mass destruction.

As the risk of use of nuclear weapons – either deliberately or accidentally – is higher now than it has been for over half a century, action to reduce this risk is imperative. ‘There are no right hands for the wrong weapons’- Ban Ki-Moon. Chatham House in the UK, in a 2014 study called “*Too close for comfort*” listed at least 13 instances since the 1962 Cuban Missile Crisis when nuclear weapons were nearly used. The report noted “*Individual decision-making, often in disobedience of protocol and political guidelines, has on several occasions saved the day.*” So, we are relying on people breaking the rules to save humanity.

As healthcare professionals, we have an opportunity to call on the Australian Government to sign and ratify the 2017 UN Treaty on the Prohibition of Nuclear Weapons, and to call on all of our parliamentarians to work to achieve this

essential goal for our future generations to abolish the world's most terrifying devices.

The Medical Association for the Prevention of War (MAPW) has been part of the International Physicians for the Prevention of Nuclear War (IPPNW) which has achieved 2 Nobel Peace Prizes (1985 and 2017). Healthcare professionals in Australia played a pivotal role in achieving this historic milestone (see recent NEJM Editorial¹).

Furthermore, I am strongly of the view that should the Australian Pain Society as an Organisation could be supporting this initiative. It is closely aligned to the nature of our work and thereby advancing our Society's maturing social advocacy role and enhancing our prominence as a healthcare organisation. Please feel free to discuss this with your local Board Director, or myself.

So please I urge each and every one of you as individual health practitioners to consider this small obligation-free step to commit Australia to a nuclear weapon-free future for us and future generations.

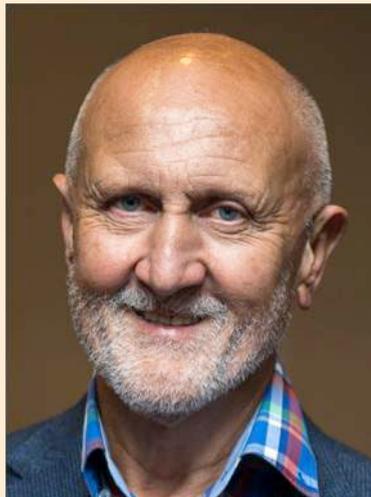
"Nuclear weapons ban treaty health organisations appeal", calling on our government to sign and then ratify this treaty, at the link:

<https://www.mapw.org.au/nuclear-weapons-ban-treaty-health-professionals-appeal/>

With best wishes, Merry Christmas and Happy and Safe New Year to you all!

1. The 2017 Nobel Peace Prize and the Doomsday Clock — The End of Nuclear Weapons or the End of Us?

L Forrow, M.D., T Ruff, M.B., B.S., and S Thurlow, C.M., M.S.W. June 14, 2018 N Engl J Med 2018; 378:2258-2261



DR GEOFFREY SPELDEWINDE
IMMEDIATE PAST PRESIDENT, APS
(a 35-year member of the Medical Association for the Prevention of War)

Thank you to APS members Karl Bagraith and Jenny Strong and colleagues Pamela Meredith and Steven McPhail for sharing the following recent publication:

What do clinicians consider when assessing chronic low back pain? A content analysis of multidisciplinary pain centre team assessments of functioning, disability, and health

Karl Bagraith, Jenny Strong, Pamela Meredith and Steven McPhail

Article first published online: October 2018

Journal Reference: *PAIN: October 2018 - Volume 159 - Issue 10 - p 2128-2136*

DOI: 10.1097/j.pain.0000000000001285

Link: https://journals.lww.com/pain/fulltext/2018/10000/What_do_clinicians_consider_when_assessing_chronic.24.aspx

ABSTRACT

Background

Beyond expert suggestions as to the appropriate subject matter for chronic pain assessments, little is known about the actual content of multidisciplinary pain centre (MPC) clinical assessments. The International Classification of Functioning, Disability and Health Low Back Pain Core Set (ICF LBP-CS) provides a universal language to support the consistent description of LBP-related assessments across disciplines within multidisciplinary teams (MDTs).

This study sought to map the content of MPC clinical assessments to the ICF to: (1) identify and compare the content of clinical MDT assessments using a cross-disciplinary framework and (2) examine the content validity of the LBP-CS.

Methods

A qualitative examination of MPC team clinical assessments of chronic low back pain was undertaken. Multidisciplinary

team (pain medicine, psychiatry, nursing, physiotherapy, occupational therapy, and psychology) assessments were audio-recorded and transcribed. Concepts were extracted from transcripts using a meaning condensation procedure and then linked to the ICF. Across 7 MDT assessments, comprised 42 discipline-specific assessments and 241,209 transcribed words, 8596 concepts were extracted. Contextual factors (ie, the person and environment), except for physiotherapy, accounted for almost half of each discipline's assessments (range: 49%-58%). Concepts spanned 113 second-level ICF categories, including 73/78 LBP-CS categories.

Results

Overall, the findings revealed novel insights into the content of MPC clinical assessments that can be used to improve health care delivery. International Classification of Functioning, Disability and Health-based assessment profiles demonstrated unique contributions from each discipline to chronic low back pain assessment.

Conclusion

Finally, users of the LBP-CS can be confident that the tool exhibits sound content validity from the perspective of MDT assessments of functioning, disability, and health.

Declaration

The authors have no conflict of interest to declare.

Supported by grants from the Royal Brisbane and Women's Hospital Foundation, Australian NHMRC Centre for Clinical Research Excellence in Spinal Pain, Injury and Health, and Allied Health Professions' Office of Queensland. S.M. McPhail was supported by a National Health and Medical Research Council (of Australia) fellowship. These agencies did not provide input on any aspect of the study, decision to publish, manuscript preparation, or submission.

IASP Boston 2018 Report

By **Diann Black**

NT State Director APS and IASP Membership and Chapter Committee representative

I was fortunate enough to attend the 17th IASP World Congress on Pain held in Boston, Massachusetts, USA. It was attended by over 5,500 multidisciplinary attendees from over 100 countries from basic scientists, policy makers to multidisciplinary health professionals. We were also introduced to our new IASP president, Professor Lars Arendt-Nielson from Aalborg University, Denmark whose overarching theme around his operational goals for IASP 2018-2020 is “IASP Connecting”.

This IASP World Pain Congress in Boston was similar to the last IASP conference I attended in Yokohama in 2016, with many of the sessions focused on research and new developments in the field of pain management. This year I saw some changes in content with more of a focus on the 2019 IASP theme of Global Year of Excellence in pain education.

One new initiative of IASP was the launch of the inaugural “Global Pain Alliance”. This included workshops held to engage and inform clinical practice for attendees run by patient advocates and consumer led organisations across the world. It fitted in well with the 2018 IASP Global Year of Excellence in pain education focus which included two areas, patients and clinicians, and advocacy and research. The consumer led workshops included educational resources and conversations for health professionals and people living with pain and the importance of integrating and engaging the patient narrative as part of effective healthcare and treatment for chronic pain patients

The IASP World Pain Congress includes a significant proportion of basic scientific



MS DIANN BLACK

content and research in its program. This year there was also some very practically based interactive sessions given by clinicians in a closed off area within the exhibition auditorium during lunch breaks. Most of these sessions took a discussion panel approach. There were varied multidisciplinary clinicians and consumers with a facilitator asking targeted questions about their clinical practice and pain related issues. I found these sessions to be very similar to those included at the International Symposium on Pediatric Pain (ISPP) conferences and our APS conference and topical workshop sessions.

Many of the presenters gave scenarios of how they manage pain patients in their own pain clinics and practices. Other sessions included the patient’s story, with patients and clinicians presenting these sessions together. These interactive sessions were very well attended and as there tended to be smaller groups in attendance thus promoting more audience discussion, you could come and go as you pleased.

There was an enormous number of high quality poster presentations which were displayed all around the Exhibition Hall with dedicated viewing time and changed

daily throughout the Congress. This was a great opportunity to speak directly with many authors on their chosen pain related interest and research and allow for international collaborative opportunities.

The Congress also had a new initiative clinical labs set up and had a co-ordinated process for visits to local hospitals organised. These sessions were extremely popular, so all sessions were full, and many people didn't get the opportunity to attend. It was pretty obvious that many clinicians liked the hands-on sessions and site visits organised.

Many Australians presented throughout the Congress. A clear standout was Professor Fiona Blyth AM, who opened the Congress with a very thought provoking session on the complexities involved in determining the global burden of pain, global pain policy and the need to create purposeful evidence to enable health policy prioritisation and future financial planning.

I look forward to hopefully attending the next IASP World Congress in August 4th- 8th 2020 Amsterdam, Netherlands



IASP 2018-2020
PRESIDENT,
PROFESSOR LARS
ARENDE-NIELSEN

SAVE THE DATE!



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August 4-8, 2020 Amsterdam, the Netherlands

Global Year Update

By Tim Austin

Well, we are now coming to the end of the 2018 Global Year for Excellence in Pain Education. I hope that you have been prompted in your own education, and have had the chance to avail yourself of some of the resources that the IASP has provided.

As noted in previous APS newsletters, the IASP Global Year described Pain Education in four domains: public and government education, patient education, professional education, and pain education research. The IASP has created a number of "Fact Sheets" to address these domains, which are available on the APS website <https://www.iasp-pain.org/GlobalYear>

The IASP has also encouraged members to participate in education in one or more of the domains listed above. If you have been involved in any of these activities, why don't you let the APS Newsletter Editor know, and it can be included in future editions?

Whilst we are talking about Education, did you know how much useful information is on our APS website? As well as providing many links to the IASP website, the APS website contains a wealth of information, such as resources specifically for Culturally and Linguistically Diverse (CALD) and Indigenous populations. There are also position papers (of the APS) and policy papers (from other organisations) on a range of topics, together with resources from topics such as the 2010 Pain Summit and National Pain Strategy. Plus, plenty more!

So, as this Global Year of Excellence in Pain Education comes to an end, why don't you do a bit of a "web surf" and explore what the IASP and APS websites have that could be useful for you?



TIM AUSTIN

As this Global year comes to end, members are reminded that the 2019 Global Year is "Against Pain in the Most Vulnerable". We hope to provide APS members with Newsletter updates through 2019 outlining the resources being made available by the IASP. APS members are also reminded that the APS Annual Scientific Meetings now follow the theme of the IASP Global Year; so, Pain in the Most Vulnerable will feature prominently in Gold Coast 2019. Make sure that you register for that Scientific Meeting as soon as possible – that is the best education you can have next year!

2019 GLOBAL YEAR AGAINST PAIN IN THE MOST VULNERABLE - LAUNCHES JANUARY 2019

We have included a 'sneak peak' at the local poster we have developed with our regular collaborators:

- New Zealand Pain Society
- Faculty of Pain Medicine, ANZCA
- Painaustralia

to help raise awareness of this important topic. **The anticipated launch will be mid-January 2019.** From then, fact sheets, media releases and posters will be available from our website and a limited number of A3 posters will be printed and available upon request. Watch this space!

If you conduct an event to raise awareness of Pain in the Most Vulnerable, please send us a report and photos to share with your fellow members.



PUBLISHED ARTICLES

HAVE YOU HAD AN ARTICLE ACCEPTED FOR PUBLICATION THIS YEAR?

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

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

PAIN IN CHILDHOOD SIG: JOURNAL WATCH

Injustice perceptions about pain: parent-child discordance is associated with worse functional outcomes

Miller M, Wuest D, Williams A, Scott E, Trost Z and Hirsh A. *Pain*. 2018; 159 (6)1083-1089

Reviewer:

Meg Pounder, Senior Physiotherapist, The Children's Hospital at Westmead NSW.

Study group:

253 dyads of children aged 8-18 years (mean age 14.1, 74% female) and one caregiver attending a 'Midwestern' tertiary pediatric pain clinic in the USA between January 2014 and March 2017, with both child and caregiver able to speak and read English.

Aims:

To examine the pain-related injustice perceptions of children and their parents and whether they affect pain-related outcomes.

Methodology:

Dyads who attended an initial or follow up appointment completed

1. Perceptions of injustice: Injustice Experiences Questionnaire-Child (IEQ-C) or -Parent (IEQ-PC)
2. Child-rated current pain: NRS-11
3. Child-rated current stress: NRS-11
4. Functional Disability Inventory (FDI)

5. Pediatric Quality of Life Inventory (Peds-QL)-Generic Core Scales.

Zero-order correlations were calculated to evaluate the bivariate relationships among all study variables. T-tests were used to assess differences between IEQ-C and IEQ-PC responses within each dyad.

Dyads were placed into 1 of 4 categories. Concordant dyads had difference scores within 1 SD of the mean difference score -6.29 (SD 12.19). Discordant dyads scored greater than 1 SD above or below the mean difference score:

1. Concordant-high (54%): Parent and child scored over 18 (suggested clinical cutoff 19)
2. Concordant low (15%): Parent and child scored below 18
3. Discordant high child (C)-low parent (P) (17%): Child scored higher than parent
4. Discordant low child (C)-high parent (P) (15%): Child scored lower than parent.

1-way analysis of variance was used to look at differences in pain intensity, stress, functional disability and quality of life across groups. Post hoc analyses were used to assess significant differences.

Summary of the results:

- Overall, parents reported significantly higher injustice scores than children ($t(254)=8.24, P < 0.01, d=57$)
- Child age did not significantly correlate with child-parent difference scores or dyad category.



CHILD REPORTED:	
PAIN INTENSITY	Highest for discordant high C-low P dyads (MD 1.77, P<0.05)
STRESS	Highest for discordant high C-low P dyads Significantly higher than discordant low C-high P (MD 3.34, P < 0.01), concordant-low (MD 3.25, P < 0.01) and concordant-high dyads (MD 1.98, P<0.01) with no significant difference between other groups
FUNCTIONAL DISABILITY	Highest for discordant high C-low P dyads, significantly higher than concordant-low dyads (MD 13.28, P<0.01) and discordant low C-high P dyads (MD 11.79, P<0.01). Second highest for concordant-high dyads, significantly more than concordant-low (MD -19.93, P<0.01) and discordant low C-high P dyads with no significant difference between concordant-low and discordant low C-high P dyads
QUALITY OF LIFE	Highest for discordant high C-low P dyads, significantly higher than concordant-low (MD -29.38, P<0.01), discordant low C-high P (MD -23.64, P<0.01) and concordant high dyads (MD -9.44, P<0.05). Second highest in concordant-high dyads and significantly poorer than concordant-low (M=-19.93, P<0.01) and discordant low C-high P dyads (M -14.19, P<0.01) with no significant difference between concordant-low and discordant low C-high P dyads

Conclusions:

The majority of children and parents report concordant pain-related injustice perceptions with parent reports higher than children’s overall. Children holding higher injustice perceptions had higher current pain, stress and functional disability and poorer quality of life. The poorest reported outcomes were from children who considered their pain as highly unjust but their parents did not.

Reviewer’s critique and take-home message:

These findings are consistent with research suggesting that negative pain appraisals are associated with poorer pain outcomes in children. In the context of other recent research, the authors suggest that children’s injustice perceptions

may influence outcomes negatively over and above influential factors such as catastrophizing. They suggest that parental injustice perceptions may operate similarly to parent catastrophizing in that parent beliefs may lead to overly protective and solicitous behaviours which adversely affect child functioning. The authors go on to discuss that similarly to high catastrophizing child-low catastrophizing parent dyads, children with higher injustice perceptions than their parents have the poorest outcomes. A child’s feeling of invalidation potentially drives maladaptive behaviours. Education and psychological interventions which address injustice perceptions for both children and carers may improve outcomes. In families where children hold higher injustice perceptions

than their carers, it may prove beneficial to train carers in providing empathetic and validating responses.

The limitations highlighted by the authors are the cross-sectional nature of the study, the use of self-report measures and that subjects were predominantly white, all English speaking and from a single pain clinic. The sex of the parent was also not defined, neither was the length of the pain complaint or treatment in the pain clinic. I would add that a single 'current' pain and stress NRS-11 is not an adequate assessment of what the child is experiencing in these domains.

High child perceived pain-related injustice may be associated with higher current pain, stress, functional disability and poorer quality of life for children with chronic pain. Children with high perceived injustice who have parents with low perceived injustice may be especially vulnerable.

Declaration:

Nil declaration to make.



PAIN IN CHILDHOOD SIG: JOURNAL WATCH

Dyadic analysis of siblings' relationship quality, behavioural responses, and pain experiences during experimental pain.

Schinkel MG, Chambers CT, Corkum P, Jacques. Dyadic analysis of siblings' relationship quality, behavioural responses, pain experiences during experimental pain. PAIN 2018; 159(8): 1569-1579.

Reviewer:

Dr Catherine Alexis Brown, Paediatric Pain Fellow, The Children's Hospital at Westmead, NSW.

Study group:

Ninety-two sibling dyads between 8 and 12 years old, and one of their parents/guardians (80 women and 12 men). There were 23 dyads composed of 2 sisters, 26 of 2 brothers and 43 dyads of one sister and one brother. Participants were recruited to the study from the community using advertisements and social media, and by contacting potential participants from the research centre's and the hospital's research registries.

Inclusion criteria: both siblings between the ages of 8-12 years, fluent in English, siblings live together at least 50% of the time, children both typically developing, generally healthy, and have no vision or hearing impairments not corrected by glasses or hearing aids.

Exclusion criteria: conditions that could increase their risk of an adverse outcome during cold-pressor task (CPT), previous participation in a CPT study.

Aims:

This study aimed to examine siblings dyads during a paediatric acute pain experience. The objectives of this study were to see whether sibling relationship quality is related to siblings' behaviours during experimental pain, and whether the behaviours of an observing sibling were related to children's pain outcomes.

Methodology:

Siblings also undertook a tower-building task together designed to understand the normal sibling interactions. Their behaviour was coded to provide an observational measure of sibling relationship quality. Each sibling also filled out a questionnaire surrounding their relationship with their sibling.

Children took turns completing a cold-pressor task (CPT) where they were asked to submerge their non-dominant hand in 10°C water for as long as possible. Children undertook the activity with only their sibling present in the room and the behaviour of the siblings was subsequently coded via video with audio footage of the event. Immediately after, siblings were asked (independently from their sibling) to provide ratings of their pain intensity and pain related fear. Structural equation modelling was used to analyse data.

Summary of the results:

Greater levels of warmth and positivity in the sibling relationship were related to children engaging in more non-attending behaviours that were non pain/task focused and acted as distraction.

Greater levels of attending behaviours by the observing child were related to the sibling having a lower pain tolerance, and greater levels of coping/encouragement behaviours by the observing child were related to the sibling reporting greater pain intensity and fear during the CPT.

Conclusions:

Children with a positive and warm relationship with their siblings engage in less pain oriented behaviours and in more behaviours that focus away from their pain (e.g. distraction). Pain-focused behaviours by an observing sibling are related to greater degree of child pain and fear during experimental pain.

Reviewer's critique and take-home message:

From reading this article it seems likely that having a warm and positive relationship with a sibling acts as a protective factor when experiencing acute pain. It does so by seemingly reducing attending behaviours between siblings during acute pain.

This article is in keeping with the knowledge that attending behaviours (those that are pain/task focused) act to reduce pain tolerance by being pain focused. As such in practice, for any acute pain procedures e.g. cannula insertion, siblings present should be encouraged to minimise behaviours that bring attention to the procedure being undertaken and should perhaps be provided with distraction materials.

Declaration:

Nil declaration to make.



PAIN IN CHILDHOOD SIG: JOURNAL WATCH

Perceived Diagnostic Uncertainty in Pediatric Chronic Pain

Pincus, T, Noel, M, Jordan, A, Serbic D. Pain. 2018; 159 (7) 1198-1201

Reviewer:

Anniefel Perez, Pediatric Pain Fellow, The Children's Hospital at Westmead NSW.

Study group:

Evidence from children (under 12 years) and adolescents (12-18 years).

Aims:

To provide a better understanding of the rising prevalence of pediatric pain, and how this relates to perceived diagnostic uncertainty in pediatric patients with idiopathic chronic pain and their parents - through well-designed research with pediatric populations.

Methodology:

Topical Review.

Results:

Diagnostic Uncertainty is defined as a “subjective perception of an inability to provide an accurate explanation of the patient’s health problem” and also refers to patients’ perceptions that label and explanations are missing, or incorrect.

In adults, there is strong evidence that support the association between perceived diagnostic uncertainty and poorer prognosis and adjustment, and there is evidence suggesting that the presence of

unhealthy beliefs and behaviors in parents is strongly associated with medically unexplained symptoms in their children.

Factors that make receiving, understanding and accepting explanations for pain complex in pediatrics are: different stages of cognitive and social development, parental involvement and influence on behavior and adherence and self-efficacy to manage their problem.

Studies on Diagnostic Uncertainty in Pediatric Pain

Table on following page

Priorities for research, changes in the process of care, and interventions:

The prevalence of diagnostic uncertainty among pediatric patients and parents of children and adolescents with chronic pain is not known, and diagnostic uncertainty has not been systematically assessed in pediatric pain research.

It is currently unknown how children’s rapidly evolving cognitive development may influence their understanding of chronic pain diagnosis, and how clinicians can best tailor their explanations to achieve certainty. Longitudinal investigations are needed to study change in the impact of diagnostic uncertainty and reassurance needs across age, cognitive comprehension, identity formation and autonomy development, and its influence on the child’s developing sense of identity and trust in the health care system.

Treatment Implications:

Psycho-educational interventions designed to increase understanding and “buy in” of parents and children to the diagnosis of chronic pain, will more directly influence diagnostic uncertainty.

TYPE OF STUDY AND POPULATION	FINDINGS
Systematic review of caregivers and youth with a variety of chronic illnesses	Construct of illness uncertainty was associated with illness distress and poorer psychological functioning
Narrative study of 53 children and adolescents with chronic pain	A sense of doctors being unable to identify and provide a satisfactory explanation for their pain and symptoms
Swedish qualitative study of parents and adolescents with unexplained pain	<p>The need for a label and explanation:</p> <ol style="list-style-type: none"> 1. So overwhelming for parents that they wished symptoms were due to a serious pathology, as this would offer more specific care options 2. For adolescents, this would provide justification to their peers, as the lack of medical explanation added strain to managing their condition, and raised difficult questions around the authenticity of their symptoms 3. Health care providers may resort to psychiatric labeling in the absence of clear organic pathways
Cross-sectional, observational study of pain narratives of 46 mothers of children aged 10-18 with chronic pain at the outset of a problem-solving skill training intervention targeting parent distress	<p>The content and effective tone of narratives were coded for: pain-related vulnerability (negative affect, anger and pessimism) and resilience (positive affect, humour, optimism, and benefit finding); and degree to which parents were “resolved” or “unresolved”</p> <p>Among parents, nearly 40% were unresolved about their child’s diagnosis. Parents who provided “resilience” (vs distress) tended to be “resolved” about the diagnosis, and were linked to less helplessness regarding child pain</p>
Qualitative study of 17 parents of adolescents with chronic pain	Parents reported an unrelenting, exhausting and resource-intensive research for an explanation for their child’s pain
Meta-analysis of 21 psychological intervention studies for children and adolescents with functional unexplained somatic symptoms	Identified some success of psychological interventions for reducing symptom load, disability, and school absence
Observational narrative studies	Up to 40% of parents of patients aged 10 to 18 in tertiary level chronic pain programs are uncertain about their child’s diagnosis
Other studies cited	<p>Parents reported a continued search for diagnostic certainty, even after their adolescent had received a diagnosis of idiopathic pediatric chronic pain</p> <p>Wider social context of diagnostic uncertainty, highlighting that both healthy peers and teachers question the legitimacy of pain in children and adolescents with chronic pain in the absence of a medical documentation and offer more support to children who are medically diagnosed rather than those with unexplained pain conditions</p>

Approaches based on acceptance might be more effective. Assumptions about somatic origins to the pain, might be perceived as judgmental, delegitimizing and patronizing.

In the absence of a diagnosis or explanation, recommendations include the exclusion of significant organic disease, education about psychosomatic mechanisms, and providing reassurance to parents about recognition of stressors.

Clear communication about diagnosis and treatment plan (specific actions and targets), reduces ambiguity in proposed care.

Future researches may be geared towards:

- Assessment of diagnostic uncertainty from the time of receiving a diagnosis, entry into a chronic pain program, and treatment course to determine how, and why uncertainty changes over time.
- Examination of the response to interventions, with whom, and in what settings it is most amenable to change.
- Examination of matching clinicians' language to pediatric patients' level of comprehension, and how to provide effective information in a sufficient time frame that allows exploration of concerns.

Conclusions:

In the presence of diagnostic uncertainty, we hypothesize that communication becomes ambiguous and confusing, and the interaction of patients and their parents with professionals are the index to adjustment. Parents find clear explanations about cause and prognosis the most reassuring, but in the presence of uncertainty, such reassurance is difficult to convey. The consequences of perceived

diagnostic uncertainty can cascade to all aspects of the child's life, and define how peers and teachers respond to their problem.

Reviewer's critique & take home message from the article:

The observational narrative findings in pediatric population are generalizable and consistent with adult findings. The impact of diagnosis uncertainty, while not clearly stated, are tangible in our experience with patients and their families in our encounters. Further studies on diagnostic uncertainty in children may be more complicated than in adults, as more factors have to be considered (age, cognitive level, parental influence), but I think that this will be very helpful for all medical providers in knowing how to approach this. Parental influence on our pediatric patients cannot be underestimated, and it is good to see from the studies done that this was well accounted for. Overall, this article gives us a brief overview of what is available pertaining to diagnostic uncertainty in children.

Declaration:

M. Noel is supported by the Vi Riddell Pain Initiative and the Alberta Children's Hospital Research Institute. The research on effective reassurance was supported by Eurospine. The authors have no conflict of interest to declare.

Faculty of Pain Medicine

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

Faculty of Pain Medicine

Position Statement on Procedures in Pain Medicine

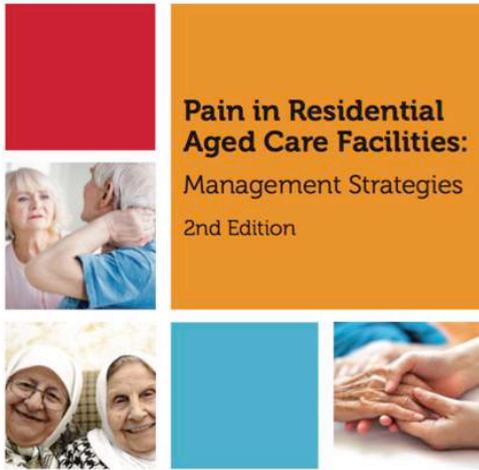
CALL FOR FEEDBACK

The Faculty of Pain Medicine (FPM) has promulgated a pilot [Position Statement on Procedures in Pain Medicine.](#)

This position statement is being piloted and will be reviewed again in January 2019. The FPM welcomes feedback during this time.

Please provide your feedback to Cassandra Sparkes, Education and Research Development Co-ordinator via email fpm@anzca.edu.au and copy the APS Secretariat: aps@apsoc.org.au

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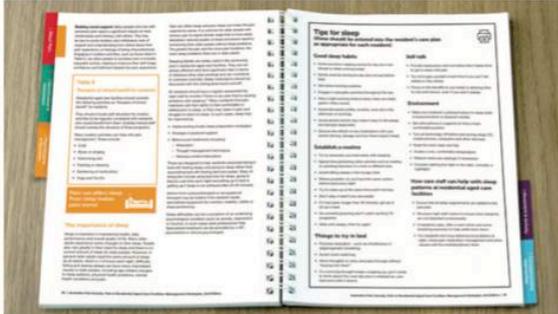






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E: paineducation@sydney.edu.au



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FROM WHERE WE STAND

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SAVE THE DATE!

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

SSA 2019 30th

KEY DATES

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

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www.dconferences.com.au/ssa2019

For more information please contact the SSA Conference Secretariat: DC Conferences Pty Ltd
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39th Annual Scientific Meeting:**
In the IASP Global Year Against Pain in the most Vulnerable

aps THE AUSTRALIAN PAIN SOCIETY

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Submission Deadlines

Topical Sessions	21 September 2018
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Early Bird Registration	22 February 2019

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8TH ASEAPS CONGRESS, MALAYSIA **2019**
www.aseaps2019.com

11th – 14th April 2019 Pullman Kuching, Kuching, Sarawak, Malaysia

1ST ANNOUNCEMENT

Building Collaborations In Pain Management

NEW!

- **The Third Australian Atlas of Healthcare Variation**

- Cardiac tests
- Thyroid investigations and treatments
- Gastrointestinal investigations and treatments
- Paediatric and neonatal health

Release date: 11 December 2018.

<https://www.safetyandquality.gov.au/atlas/>

- **Medicinal cannabis for chemotherapy-induced nausea and vomiting (CINV):** prescribing with limited evidence – Published 12 November 2018: https://www.mja.com.au/system/files/issues/210_01/10.5694/mja17.01099.pdf

prescribing with limited evidence – Published 12 November 2018: https://www.mja.com.au/system/files/issues/210_01/10.5694/mja17.01099.pdf

OTHER ITEMS OF INTEREST FOR OUR MEMBERS:

- **Palliative Care Australia (PCA) and Australian Indigenous HealthInfoNet (HealthInfoNet) has launched a new Palliative Care and End-of-Life Resource Portal for the workforce who support Aboriginal and Torres Strait Islander peoples at Parliament House in Canberra. The palliative care and end-of-life portal is designed to assist health professionals who provide care for Aboriginal and Torres Strait Islander people, their families and communities:**

<https://healthinfonet.ecu.edu.au/learn/health-system/palliative-care/>

- **PainAustralia eNewsletter:** latest issue, available online at <http://www.painaustralia.org.au/media/enews>

- **ePPOC- electronic Persistent Pain Outcomes Collaboration:** For more information about ePPOC, refer to the website: <http://ahsri.uow.edu.au/eppoc/index.html>
- **PainHEALTH website:** <http://pain-health.csse.uwa.edu.au/>
- **ANZCA/FPM Free Opioid Calculator App:** Smart phone app that converts opiates to milligrams of morphine, available for both iPhone and Android: <http://www.opioidcalculator.com.au>
- **Stanford University:** CHOIR Collaborative Health Outcomes Information Registry: <https://choir.stanford.edu/>
- **2018 Global Year for Excellence in Pain Education:** Launched 22 JAN 18. See information and resources on our website: <http://www.apsoc.org.au/global-year-against-pain>
- **Opioid Podcasts for GPs:** 20 week series from the Hunter Postgraduate Medical Institute: <http://www.gptraining.com.au/recent-podcasts>
- **Airing Pain:** Pain resources via an online radio show produced by Pain Concern, a UK registered Charity: <http://painconcern.org.uk/airing-pain/>
- **Digital Health Guide:** Developed by Primary Health Network Tasmania: <https://digitalhealth-guide.com.au/Account/LogOn?ReturnUrl=%2fSpecialtyFormulary%2f2>
At login. Username: connectingcare
Password: health

- **2017 Australia's Health Tracker by Socio-economic status:** Released 28NOV17: <https://www.vu.edu.au/australian-health-policy-collaboration/publications#goto-----australias-health-tracker-by-socioeconomic-status-----=1>
- **Indigenous Resources:** New webpage on the APS website aggregating Indigenous resources: <https://www.apsoc.org.au/Indigenous-Resources>
- **IASP Statement on Opioids:** Approved February 2018: <https://www.iasp-pain.org/Advocacy/OpioidPositionStatement>

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

- **NSW Cannabis Medicines Advisory Service (CMAS):** Launched 29JAN18 Fact Sheet on our website: https://www.apsoc.org.au/PDF/Fact_Sheets/20180129_NSW-CannabisMedicinesAdvisoryService-CMAS_Fact_Sheet_FINAL.PDF
Service available: 9am-5pm Monday-Friday
Hotline: (02) 4923 6200 or email: HNELHD-CMAS@hnehealth.nsw.gov.au

NPS MEDICINEWISE RESOURCES:

- **Chronic Pain edition issued 01JUN15:** <http://www.nps.org.au/publications/health-professional/nps-news/2015/chronic-pain> and https://www.nps.org.au/medical-info/clinical-topics/news/chronic-pain?utm_medium=twitter&utm_source=17-07-24&utm_campaign=pain&utm_content=painweek-MN#key-points

- **Choosing Wisely Australia – News & media:** <http://www.choosingwisely.org.au/news-and-media>
- **Over the counter codeine – changes to supply:** <https://www.nps.org.au/medical-info/clinical-topics/over-the-counter-codeine-changes-to-supply>
- **Medicines with codeine – what you need to know:** <https://www.nps.org.au/medical-info/consumer-info/medicines-with-codeine-what-you-need-to-know>

TGA

- **Codeine information hub:** <https://www.tga.gov.au/codeine-info-hub>
- **Guidance for the use of medicinal cannabis in the treatment of chronic non-cancer pain in Australia, v1-DEC17:** <https://www.tga.gov.au/publication/guidance-use-medicinal-cannabis-treatment-chronic-non-cancer-pain-australia>

NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:

- **Our Mob- Resources for Aboriginal People:** <https://www.aci.health.nsw.gov.au/chronic-pain/our-mob>
- **Brainman and Pain Tool Kit translations, SEP15:** <http://www.aci.health.nsw.gov.au/chronic-pain/translated-resources>
- **Pain Management Resources:** <http://www.aci.health.nsw.gov.au/resources/pain-management>

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

MEMBERS ONLY AREA OF APS WEBSITE:

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- 2017 conference in Adelaide
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APS MEDIA RELEASES:

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

NEW MEMBERS AT 28 NOV 2018

TITLE	FIRST NAME	LAST NAME	DISCIPLINE GROUP
Mr	Rocco	Cavaleri	Physiotherapy
Ms	Anonnya Rizwana	Chowdhury	Education
Mr	Roupen	Minassian	Science Research
Miss	Jacinta	Wong	Science Research

APS MEMBERSHIP RENEWALS 2019



RENEWAL NOTICES FOR 2019 HAVE BEEN SENT BY EMAIL TO MEMBERS.

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.**

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APS MEMBERSHIP SURVEY 2019



In order to align the invaluable feedback from our membership surveys to the APS President changeover cycle, we have again asked members to complete a survey with their 2019 membership renewal.

The survey results will assist the new APS leadership team to shape the strategic goals of our society.

We are also pleased to announce additional prizes (4 in total) for the 2019 membership survey. Enter the prize draw to win:

1 of 2 Gala Dinner Tickets on 09 April 2019 at the Gold Coast conference, or

Pain in Residential Aged Care Facilities: Management Strategies, 2nd Edition book

The following survey will be scheduled in two year's time in 2021.

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

7-8 Dec 2018

Ehlers-Danlos Society

Learning Conference Australia

MUSE Building, Macquarie University, Sydney, NSW

<https://www.ehlers-danlos.com/2018-eds-australia/>

7 Dec 2018

University Queensland IMB Centre for Pain Research

Brisbane Pain Research: Multidisciplinary Perspectives & Therapeutics

Institute for Molecular Bioscience, Brisbane, QLD

<https://www.eventbrite.com.au/e/brisbane-pain-research-multidisciplinary-perspectives-therapeutics-registration-43738707652>

10-11 Dec 2018

Ehlers-Danlos Society

Learning Conference Australia

Curtin University Building 410, Perth, WA

<https://www.ehlers-danlos.com/2018-eds-australia/>

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

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

14 February 2019

Pain Management Research Institute, The University of Sydney

Masterclass in Psychologically-Informed Practice: Early Intervention for Injury-related Pain

Taronga Centre, Taronga Zoo, Sydney, NSW

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

1-3 Mar 2019

RANZCP, RACP & RACGP IMiA

International Medicine in Addiction Conference IMiA19

Melbourne Convention and Exhibition Centre, Melbourne, VIC

<https://www.imia19.com.au>

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

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

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

<http://www.dconferences.com.au/aps2019/>

11-14 Apr 2019

ASEAPS 2019 - 8th Association of South-East Asian Pain Societies Congress

Building Collaborations In Pain Management

Pullman Kuching, Sarawak, Malaysia

<http://www.aseaps2019.com>

28 Apr 2019

Faculty of Pain Medicine (FPM)

Annual Pain Medicine Symposium: Pain at the interface (formerly Refresher Course Day)

Kuala Lumpur Convention Centre, Kuala Lumpur, Malaysia

[TBA](#)

29 Apr-3 May 2019

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

New worlds. Come explore.

Kuala Lumpur Convention Centre, Kuala Lumpur, Malaysia

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

4-5 May 2019

Exercise & Sports Science Australia (ESSA)

Innovation & Practice Forum 2019.

Pullman Melbourne Albert Park, Melbourne, VIC

<http://essaforum.com.au>

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9-11 May 2019

IASP NeuPSIG 7th International Congress on Neuropathic Pain

Advancing the Understanding of Neuropathic Pain

Hilton London Metropole Hotel, London, United Kingdom

<https://www.eventscribe.com/2019/NeuPSIG/>

25-30 May 2019

INS International Neuromodulation Society 14th World Congress

Neuromodulation - Leading a Global Revolution

International Convention Centre, Sydney, NSW

<https://ins-congress.com/2019/#.W3l2vTthLQM>

18-20 Jun 2019

Lowitja Institute International Indigenous Health and Wellbeing Conference 2019

Thinking Speaking Being First Nations Solutions for Global Change

Darwin Convention Centre, Darwin, NT

<https://www.conference2019.lowitja.org.au>

10-12 Jul 2019

Occupational Therapy Australia

Together Towards Tomorrow

International Convention Centre, Sydney, NSW

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

12-14 Aug 2019

Dietitians Association of Australia, 36th National Conference

More than meets the eye

Gold Coast Convention and Exhibition Centre, Gold Coast, QLD

<https://daa2019.com.au>

10-13 Sep 2019

Palliative Care Australia

19OPCC

Perth Convention and Exhibition Centre, Perth, WA

<https://oceanicpallcare.com>

17-19 Oct 2019

Academy of Child & Adolescent Health

ACAH2019 Annual Conference

Hotel Grand Chancellor, Adelaide, SA

admin@acah.org.au



THE
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PAIN SOCIETY

VISION:

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

MISSION:

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

AIMS:

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

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