

VOLUME 38, ISSUE 7



AUSTRALIAN PAIN SOCIETY NEWSLETTER

EDITOR'S NOTE

BY STEPHANIE DAVIES

All of us in the broad and varied field of pain management have seen cases of that perplexing condition Chronic Regional Pain Syndrome (CRPS). Marc Russo et al have gathered together studies and basic science to produce a new hypothesis for the patho-physiology of CRPS. An exciting and fascinating new overarching hypothesis to explain the condition with four components. An insightful article linking together so many facets of what is already known within the field of pain science. Merging research on what is known about pain and how it is mediated via immune cells, dendritic cells and the importance of the parasympathetic nervous system amongst others. They link theories about the mind-gut connection, parasympathetic involvement via the vagus nerve, and the gut microbiome. The importance of the immune system in neuro-regulation becomes more prominent every day. This is a must read.

Online learning has been for so long the norm that only dinosaurs like me remember attending lectures and scribbling notes. Judi Hunter and colleagues have drawn our attention to the PEIR study on eLearning from the University of Toronto. Many thanks to Sir Tim Berners-Lee for the world-wide web as the internet has become a game changer for sharing knowledge.

Excellent reviews in the Pain in Childhood SIG section. One suggesting a good

prognosis for intensive treatment for CRPS amongst other conditions. In another review article, an at-risk attachment style as described by Ratnamohan et al. is it the mechanism or part of the mechanism?

I find long term and longitudinal intergenerational studies fascinating. How much do the illnesses of the parent's impact on the illnesses of the children? Nature or nurture? Genotype or phenotype? Coenen et al in the Pain in Childhood SIG section seem to suggest there is a link, perhaps there is an opportunity here for preventative population health to intervene early in at-risk populations.

September is International Pain Awareness Month, and the American Chronic Pain Association is leading various organisations to raise awareness about worldwide chronic pain. There are links to many useful resources.

A good news story is that the third and final Clinical Research Grant from APS/APRA/Cops for Kids is now seeking applicants please see the advertisement within.

Finally, don't forget that the APS 2019 conference (April 7th-10th) on the Gold Coast, is now calling for free paper submissions that are open until 31st of October.

Stephanie Davies
Editor

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SPOTLIGHT ON OUR NEW ASSISTANT NEWSLETTER EDITOR



We are pleased to confirm that Dr Lincoln Tracy has joined the Australian Pain Society newsletter team as the Assistant Editor.

Dr Tracy completed his PhD in the School of Psychological Sciences at Monash University in 2017. His doctoral research focused on the psychological and physiological modulation of pain experience, and included testing the effects of intranasal oxytocin on pain in people with chronic neck and shoulder pain. He is currently employed as a Research Fellow in the School of Public Health and Preventive Medicine at Monash University, where he works on the Burns Registry of Australia and New Zealand.

TOPICAL SESSION SUBMISSIONS NOW OPEN



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

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](#).



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

ABSTRACT SUBMISSION

SUBMISSION DEADLINE - 31 OCTOBER 2018

The Call for Free Papers Submission is now open and the Committee encourages you to submit your abstract now. Abstracts will be accepted for Free Communications (10 mins presentation followed by 5 mins Q&A) and Poster Presentations. Opportunities to be involved in the Rapid Communication Sessions are also available.

Rapid Communication Sessions

Poster presenters may be offered an opportunity to present their posters in a rapid communication session for one and half minutes each before lunch on Monday and Tuesday of the conference. Authors of accepted abstracts will receive information regarding the processes involved in a rapid communication prior to the meeting. Please indicate on your submission if you wish to be considered for the Rapid Communication Session.

Prize for the Best Paper and the Best Poster

The prize for the best paper will be \$2000 and for the best poster \$500. Assessment will be based on content and presentation. The judges will be appointed by the

Scientific Program Committee and their decision will be final. The awards will be presented at the Meeting.

EOI for Travel Grant Applications - APS Members only

Delegates wishing to apply for a travel grant must be the major contributor and submitting author of the abstract. Only delegates who have ticked 'yes' to the *Travel Grant* section of the abstract submission process **and** completed the associated application form will be considered. For further information **and** to ensure you meet the terms and conditions please [CLICK HERE](#).

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

We look forward to receiving your submission!

SPC SCHOLAR POSITION AVAILABLE



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

DEADLINE: FRIDAY 28 SEPTEMBER 2018

The Scientific Program Committee have introduced a scholar position on the APS SPC.

This is an opportunity for an active PhD student to gain invaluable experience and skills from senior pain researchers and clinicians on the SPC.

If you're an APS member, commencing your second year or higher of your PhD, and you seek a strong career in pain research then

APPLY TODAY!

For further information please [CLICK HERE](#)

We look forward to receiving your submissions!

RISING STAR AWARD



**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

DEADLINE: WEDNESDAY 31 OCTOBER 2018

This award showcases rising star pain researchers in Australia, and may be awarded annually subject to the application of suitable candidates.

The Rising Star Winner will receive a return domestic airfare, accommodation, and complimentary registration to attend the 2019 APS 39th ASM, where they will give a plenary presentation to showcase their work and ideas.

For further information please [CLICK HERE](#)



2019 Australian Pain Society 39th Annual Scientific Meeting:

In the IASP Global Year Against Pain in the most Vulnerable



THE
AUSTRALIAN
PAIN SOCIETY

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

Expressions of interest online at
www.dconferences.com.au/aps2019

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

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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

Join us online - #auspain19 www.dconferences.com.au/aps2019



2019 Australian Pain Society 39th Annual Scientific Meeting:

In the IASP Global Year Against Pain in the most Vulnerable

Plus

- Pre-Conference Workshops
- Topical Sessions
- Extensive Industry Exhibition
- Discipline Sub Group Meetings
- Sponsored Sessions
- Welcome Reception
- Conference Gala Dinner



Professor Beth Darnall

Professor Beth Darnall, PhD is Clinical Professor in the Department of Anesthesiology, Perioperative and Pain Medicine at Stanford University. She is principal investigator for \$13M in federally funded pain and opioid reduction research projects that test the effectiveness and mechanisms of psychological strategies in individuals with chronic pain.

She investigates mechanisms of pain catastrophising, targeted pain psychology treatments she has developed, prevention of post-surgical pain, and patient-centered outpatient opioid tapering.



Dr Nanna Finnerup

Dr Nanna Brix Finnerup (MD, DrMedSc) is Professor in pain research at the Danish Pain Research Centre, Department of Clinical Medicine, Aarhus University, Denmark.

Since 1998 she has worked at the Danish Pain Research Center at Aarhus University. She obtained her degree of Doctor of Medical Sciences from Aarhus University in 2008, and is currently Professor at the Danish Pain Research Center.

Her main research interest is the pathophysiology and therapy of neuropathic pain.



Professor Tor Wager

Tor Wager is Professor of Psychology, Neuroscience, and Cognitive Science at the University of Colorado, Boulder.

Since 2010, he has directed Boulder's Cognitive and Affective Neuroscience laboratory. Much of the lab's work centers on the neurophysiology of pain and emotion and how they are shaped by cognitive and social influences. In particular, he is interested in how thoughts and beliefs influence affective experiences, affective learning, and brain-body communication.

Thank you to APS member Judi Hunter and colleagues Judy Watt-Watson, Michael McGillion, Leila Lax, Jon Oskarsson, Cameron MacLennan, Kerry Knickle and J Charles Victor for sharing the following recent publication:

Evaluating an Innovative e-Learning Pain Education Interprofessional Resource: A Pre-Post Study

Watt-Watson J, McGillion M, Lax L, Oskarsson J, Hunter J, MacLennan C, Knickle K and Victor JC

Article first published online: 20 June 2018
Pain Medicine (2018)

DOI: 10.1093/pm/pny105. [Epub ahead of print]

Link: <https://www.ncbi.nlm.nih.gov/pubmed/29931315>

ABSTRACT

Objective

The challenges of moving the pain education agenda forward are significant worldwide, and resources, including online, are needed to help educators in curriculum development. Online resources are available but with insufficient evaluation in the context of prelicensure pain education. Therefore, this pre-post study examined the impact of an innovative eLearning model: the Pain Education Interprofessional Resource (PEIR) on usability, pain knowledge, beliefs, and understanding of pain assessment skills including empathy.

Methods

Participants were students (N = 96) recruited from seven prelicensure health

sciences programs at the University of Toronto. They worked through three multifaceted modules, developed by an interprofessional team, that followed a patient with acute to persistent postsurgical pain up to one year. Module objectives, content, and assessment were based on International Association for the Study of Pain (IASP) Pain Curricula domains and related pain core competencies. Multimedia interactive components focused on pain mechanisms and key pain care issues. Outcome measures included previously validated tools; data were analysed in SPSS. Online exercises provided concurrent individual feedback throughout all modules. **Results**

The completion rate for modules and online assessments was 100%. Overall usability scores (SD) were strong 4.27/5 (0.56). On average, pain knowledge scores increased 20% ($P < 0.001$). The Pain Assessment Skills Tool was sensitive to differences in student and expert pain assessment evaluation ratings and was useful as a tool to deliver formative feedback while engaged in interactive eLearning about pain assessment.

Conclusions

PEIR is an effective eLearning program with high student ratings for educational design and usability that significantly improved pain knowledge and understanding of collaborative care.

Declaration

The authors have no conflicts of interest to declare.

Funded by Canadian Institute of Health Research/Community Alliances for Health Research grant No. FRN86786. We thank our colleagues in basic sciences and clinical practice for their input on the animations and patient scripts.



Authors Judy Watt-Watson, Michael McGillion, and Leila Lax contributed equally to the leadership of manuscript preparation.

Thank you to APS members Christine Barry, Rainer Haberberger and Dusan Matusica and colleagues Harman Sharma, Esther Ji, Pauline Yap, Pat Vilimas, Mel Kyloh and Nick Spencer for sharing the following recent publications.

Two decades since vaginal hyper-innervation and nociceptor sensitisation were described as key features of vulvodynia, there remains a dearth of treatments that specifically address this pathophysiology, and psychological interventions are first-line recommended treatment. Recently, animal models have advanced our understanding of neuropathology in the female genital tract and are helping to identify potential targets for intervention.

Innervation Changes Induced by Inflammation in the Murine Vagina

H. Sharma, E. Ji, P. Yap, P. Vilimas, M. Kyloh, N.J. Spencer, R.V. Haberberger, C.M. Barry

Article first published online:

30 December 2017

Neuroscience, 372 (2018) 16-26

DOI: 10.1016/j.neuroscience.2017.12.026

Link: <https://www.ncbi.nlm.nih.gov/pubmed/29294338>

ABSTRACT

Objective

Vulvodynia is a prevalent chronic pain disorder associated with high medical

costs and often ineffective treatments. The major pathological feature is proliferation of vaginal nerve fibers. This study aimed to develop a highly reproducible animal model to study neuroproliferation in the vagina and aid the identification of appropriately targeted treatments for conditions such as vulvodynia.

Methods

Mild chronic inflammation was induced using microinjection of complete Freund's adjuvant in the distal vagina of C57Bl/6 mice. Control mice received saline. Inflammation and innervation density were assessed at 7 and 28 days after a single administration or 14 days following repeated administration of complete Freund's adjuvant or saline. Histochemistry and blinded-analysis of images were used to assess vaginal morphology (H & E) and abundance of macrophages (CD68-labeling), mast cells (toluidine blue staining, mast cell tryptase-immunoreactivity), blood vessels (alphaSMA-immunoreactivity) and nerve fibers immunoreactive for the pan-neuronal marker PGP9.5. Subpopulations of nerve fibers were identified using immunoreactivity for calcitonin gene-related peptide (CGRP), substance P (SP), vasoactive intestinal peptide (VIP) and neuropeptide Y (NPY).

Results

Single administration of complete Freund's adjuvant resulted in vaginal swelling, macrophage infiltration, vascular proliferation and increased abundance of nerve fibers immunoreactive for CGRP, SP, VIP and/or PGP9.5 but not NPY, evident at seven days. Inflammation further increased following repeated administration of complete Freund's adjuvant but nerve fiber proliferation did not. Nerve fiber proliferation continued to be evident at 28 days.

Conclusions

The inter-individual differences within each treatment group were small, indicating that this model may be useful to study mechanisms underlying vaginal nerve fiber proliferation associated with inflammation.

Declaration

Christine Barry received funding from the Flinders Centre for Neuroscience for this study.

The authors have no conflict of interest to declare.

Peptidergic nerve fibers in the urethra: Morphological and neurochemical characteristics in female mice of reproductive age

C.M. Barry, E. Ji, H. Sharma, P. Yap, N.J. Spencer, D. Matusica, R.V. Haberberger

Article first published online: 20 October 2017

NeuroUrol Urodyn, 37 (2018) 960-970

DOI: 10.1002/nau.23434

Link: <https://www.ncbi.nlm.nih.gov/pubmed/29053899>

ABSTRACT

Background

Peptidergic nerve fibers provide important contributions to urethral function. Urethral innervation of female mice is not well documented.

Aims

To determine the distribution and projection sites of nerve fibers

immunoreactive for vasoactive intestinal peptide (VIP), calcitonin gene-related peptide (CGRP), substance P (SP), and neuropeptide Y (NPY) in the urethra of wild-type control mice and compare innervation characteristics between the proximal and distal urethra of young nullipara and older multipara mice. Furthermore, to identify the location and neurochemical coding of the spinal afferent nerve endings in the urethra, whose sensory neurons reside in lumbosacral dorsal root ganglia (DRG).

Methods

Multiple labeling immunohistochemistry of urethral sections of nulliparous (6-8 weeks old), and multiparous (9-12 months old) mice, and anterograde axonal tracing from L5-S2 (DRG) in vivo.

Results

Abundant VIP-, CGRP-, SP-, and NPY-immunoreactive nerve fibers were identified in the adventitia, muscularis, and lamina propria of proximal and distal segments of the urethra. A proportion of fibers were closely associated with blood vessels, glands, and cells immunoreactive for PGP9.5. The epithelium contained abundant nerve fibers immunoreactive for CGRP and/or SP. Epithelial innervation was increased in the distal urethra of multipara mice. Abundant fibers were traced from L5-S2 DRG to all urethral regions.

Conclusions

We present the first identification of spinal afferent endings in the urethra. Peptidergic nerve fibers, including multiple populations of spinal afferents, provide rich innervation of the female mouse urethra. The morphology of fibers in the epithelium and other regions suggests multiple nerve-cell interactions impacting on urethral function.

Declaration

The authors have no conflict of interest to declare.

Thank you to APS member Marc Russo and colleagues Peter Georgius and Danielle Santarelli for sharing the following recent publication.

A new hypothesis for the pathophysiology of complex regional pain syndrome

Marc Russo, Peter Georgius, Danielle M Santarelli

Article first published online: Epub ahead of print 27 July 2018

Medical Hypotheses, 119 (October 2018) 44-53

DOI: 10.1016/j.mehy.2018.07.026

Link: [https://www.medical-hypotheses.com/article/S0306-9877\(18\)30566-8/fulltext](https://www.medical-hypotheses.com/article/S0306-9877(18)30566-8/fulltext)

ABSTRACT

Complex Regional Pain Syndrome (CRPS) has defied a clear unified pathological explanation to date. Not surprisingly, treatments for the condition are limited in number, efficacy and their ability to enact a cure. Whilst many observations have been made of physiological abnormalities, how these explain the condition and who does and doesn't develop CRPS remains unclear. We propose a new overarching hypothesis to explain the condition that invokes four dynamically changing and interacting components of tissue trauma, pathological pain processing, autonomic dysfunction (both peripheral and central) and immune dysfunction, primarily involving excessive and pathological activation of dendritic cells following trauma or atrophy. We outline pathophysiological changes that may initiate a cascade of events involving

dendritic cells and the cholinergic anti-inflammatory pathway resulting in the condition, and the changes that maintain the condition into its chronic phase. This hypothesis should provide fertile ground for further investigations and development of new treatments that holistically address the nature of the disorder along its developmental continuum.

Declaration

The authors have nothing to declare. No funding was received for the production of this manuscript.

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.

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)

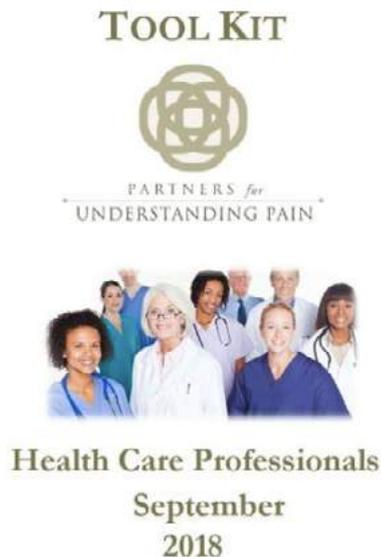
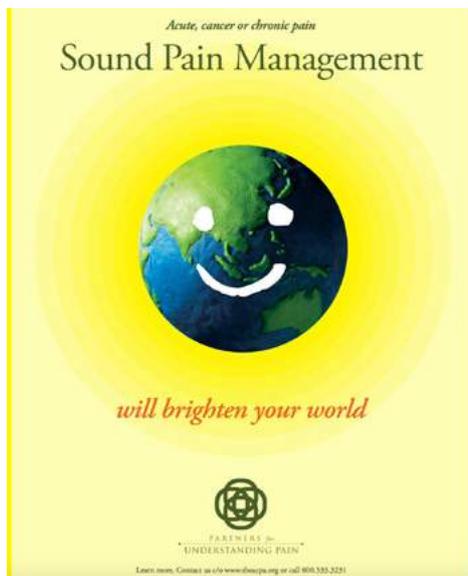
INTERNATIONAL PAIN AWARENESS MONTH - SEPTEMBER 2018

September is international Pain Awareness Month, a time when various organisations work to raise awareness about the growing problem of chronic pain in Australia and around the globe.

An initiative of a coalition of organisations under the umbrella of [Partners for Understanding Pain](#) and lead by the [American Chronic Pain Association](#), the event is gaining momentum globally as the major pain awareness raising event of the year.

The International Pain Awareness Month campaign provides an opportunity for Partners for Understanding Pain to join together with the [International Alliance of Patients' Organizations](#) and the International Pain Management Network to identify key challenges to pain management and develop strategies to put pain on the international health agenda.

In 2018 the Partners for Understanding Pain have released a [Tool Kit for Health Care Professionals](#).



CURRENT SCHOLARS

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

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>

PAST SCHOLARS

PHD SCHOLARSHIP SPONSOR	SCHOLAR	COMPLETED	TOPIC
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>



THE
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Australian Pain Relief Association



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 third and final [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.

PAIN IN CHILDHOOD SIG: JOURNAL WATCH

The association of adolescent spinal-pain related absenteeism with early adulthood absenteeism: A six-year follow-up data from a population-based cohort.

Coenen P, Smith A, Kent P, Harris M, Linton SJ, Pransky G, Beales D, O'Sullivan P, Straker L. (2018). The association of adolescent spinal-pain related absenteeism with early adulthood absenteeism: A six-year follow-up data from a population-based cohort. *Scand J Work Environ Health*. 34(6):420-429; doi: 10.5271/swjeh.3744

Reviewer:

Blaise Doran, Clinic Coordinator and Physiotherapist, Children's Pain Management Clinic, The Royal Children's Hospital, Melbourne, VIC.

Study group:

This study takes a specific sample from the larger, population-based the Western Australian Pregnancy Cohort Study (also called the Raine Study: www.rainestudy.org.au) which had 2868 babies enrolled at birth. A total of 1146 participants were followed up at year 22, of which 206 were excluded for either having incomplete data regarding work (n=7) or were not working (n=199). Of the remaining 940 individuals, 73 had missing data regarding work hours, leaving 876 potential data sets. When these were filtered to those who had complete information about spinal pain at year 17, the final cohort for which data were

analysed was from 476 individuals, all of whom were 22 year-olds (54% female, n=255).

Aims:

To assess the association between adolescent spinal-pain related absenteeism from school or work, with work absenteeism in early adulthood.

Methodology:

The study relied on data from self-report questionnaires.

At 17 years old, participants completed elements of a modified form of the Nordic Musculoskeletal Pain Questionnaire (NMQ), assessing neck and low back pain. Modifications made by the investigators were "yes/no" questions about pain in the last month and spinal pain-related absenteeism from school or work. Data for single (neck, low back*) and multiple spinal areas (low back and neck combined*) were collated into three categories:

1. no pain
2. pain without pain-related work or school absenteeism
3. pain with pain-related school or work absenteeism.

Work absenteeism at year 22 was recorded via the Health and Work Performance Questionnaire (HPQ), quarterly, using text messages and electronic forms of the questionnaire. The HPQ provided data to estimate work absenteeism relating to the preceding four week working period, with whole and part absent days recorded. Through averaging out hours worked per day on a weekly basis, mean work hours per quarter were calculated. Absent days from the preceding four weeks were multiplied by mean hours per day to produce hours lost over four weeks (partial days being counted as ½ days). This was then multiplied by 12 to arrive at an





estimate of absenteeism (hours per year) over a 48 week year, to account for the standard Australian four weeks of annual leave).

Data relating to other variables such as work status, occupation, weekly working hours, and after-tax weekly remuneration were collected. Data from 16 professionally diagnosed health conditions were also collected, counts made for each participant, and then categorised into 0, 1, 2, 3, or ≥ 4 for covariate analysis.

Data were analysed with negative binomial regression using with two models:

1. the three spinal variables*
2. health-related and total work absenteeism.

Using simple bivariate models, and models adjusted for sex, occupation and comorbidities, incidence rate ratios (IRRs) were calculated with 95% confidence intervals (95% CI). Alpha level was set at 0.05. It was expected that data would produce frequent zero observations for absenteeism, and data were further analysed with zero inflated binomial regression to check the robustness of results.

Summary of the results:

At follow-up, just over $\frac{1}{2}$ of the final group of respondents (n=252, 53%) reported no absenteeism at all, leaving just under $\frac{1}{2}$ (n=224, 47%) reported absenteeism (all reasons).

Of the 224 participants that reported absenteeism:

- Mean (SD) total absenteeism - 130.6 (1.53.3) hours/year
- Median (IQR) of 75.0 (36.0 – 169.7) hours/year

Association between adolescent spinal pain-related absenteeism and total

early adulthood work absenteeism for respondents reporting combined variable of low back- and neck pain with pain related absenteeism (n=40):

- Total absent hours per year - Mean (SD) = 148.7 (243.4)
- IRR (95% CI) not adjusted for sex, occupation and health comorbidities: 3.4 (1.3 – 8.9); P= 0.013
- IRR (95% CI) adjusted for sex, occupation and health comorbidities: 3.4 (1.2 – 9.2); P= 0.017

Association between adolescent spinal pain-related absenteeism and health-related early adulthood work absenteeism for respondents reporting combined variable of low back- and neck pain with pain related absenteeism (n=40):

- Health-related absent hours per year – Mean (SD) = 94.1 (201.5)
- IRR (95% CI) not adjusted for sex, occupation and health comorbidities: 3.2 (2.2 – 8.8); P=0.023
- IRR (95% CI) adjusted for sex, occupation and health comorbidities: 3.2 (2.2 – 8.8): 3.1 (1.1- 8.9); P=0.038

Result comparisons with zero inflated binomial regression demonstrated that the effect sizes were robust. Results for other variables were not reported as statistically significant.

Conclusions:

The study found just over a 3 fold increase in risk of work absenteeism in early adulthood when comparing those respondents who reported spinal pain-related school or work absenteeism as adolescents to those who did not.

Reviewer's critique & take-home message:

One of the major strengths of this study is the use of a population-based sample,

prospectively collecting longitudinal data. Analyses were made to ensure that the reported effect sizes were robust, and that the reported absenteeism was collected at multiple time points. The latter measure reduces recall bias, but is unlikely to eliminate it. There was a somewhat high drop-out rate, and the missing data may have (as the authors suggest) influenced the lack of statistical significance in the separated analyses of neck pain and back pain categories. The smallest group in this study reported spinal pain-related absenteeism for school and work, and had the largest reported total absenteeism. The authors also appropriately caution that statistically significant findings from the smallest comparison group (n=40) brings up the possibility of a Type 1 (false positive) error, as well as reducing the generalisability of the findings. The authors acknowledge that this study only analysed data for those in the workforce at year 22. There may be other interesting findings for those who were either unemployed or still in study. The authors have a clear preference for behavioural approaches to the management of low back pain, and advocate in the conclusion that such an approach should start in adolescence.

This Australian study should still resonate clinically, and it has important implications for workplace productivity of a proportion of individuals that are seen in paediatric pain management clinics.

Declaration:

No conflicts of interest to declare.

PAIN IN CHILDHOOD SIG: JOURNAL WATCH



Pain in School: Patterns of Pain-Related School Impairment among Adolescents with Primary Pain Conditions, Juvenile Idiopathic Arthritis Pain, and Pain-Free Peers

Agoston, A.M., Gray, L.S., & Logan, D. (2016). *Pain in School: Patterns of Pain-Related School Impairment among Adolescents with Primary Pain Conditions, Juvenile Idiopathic Arthritis Pain, and Pain-Free Peers*. *Children* 3:39; doi:10.3390/children3040039

Reviewer:

Dr Cate Sinclair, Senior Occupational Therapist, Children's Pain Management Clinic, Royal Children's Hospital, Melbourne, VIC.

Study Group

Two hundred and sixty adolescents participated in the study, including 129 with primary chronic pain (PCP), 61 with juvenile idiopathic arthritis (JIA), and 70 healthy peers (Healthy). Patients in the PPC and JIA groups were recruited from the tertiary pain clinic and pediatric rheumatology clinic respectively at Boston Children's Hospital, Boston, MA, US. The participants' ages ranged from 12 to 19 years (Mean (M) = 15.25, standard deviation (SD) = 1.67) with no significant difference between groups in age ($F(2,252) = 0.91, p = .41$). The grade in school ranged from 6th to 12th Grade. There was a higher proportion of participants who were female



(70.5%), but a higher proportion of the PCP group were female (81.4%) compared to the JIA group (62.3%) and the healthy peers (65.7%), and 85.8% of the participants were Caucasian. The eligibility of the PCP and JIA groups included current pain frequency of at least once per week or five days per month. Mental health conditions were not exclusionary.

Aims:

The aim of the study was to examine school functioning, defined as school attendance rates, overall quality of life in the school setting, and school nurse visits, among adolescents with PCP, those with JIA-related pain, and healthy peers. Clarifying the picture of school-related function of adolescents with PPC compared to other populations should improve understanding of risk and protective factors for school outcomes in adolescents with PCP.

Methodology:

Three groups of adolescents were recruited: the PCP group, JIA group and healthy peers, to complete measures on paper during a clinic visit or via a link electronically. The adolescents with PPC and JIA were identified in advance of clinic appointments, and sent information about the study beforehand. Those who did not choose to opt out were approached in the clinic. Healthy adolescents were recruited through advertisements that were posted on the hospital website and in the community. Parents provided demographic information, and reported the number of days that their adolescent missed school in the previous three months. Adolescents completed the Self-Report of School Functioning (Pediatric Quality of Life Scale (Peds-QL)) measure, and estimated the frequency of use of school medical services.

Summary of the results:

The PCP group had lower school functioning scores on the Peds-QL

compared to the JIA and Healthy group. ANCOVA analyses showed that group differences on the Peds-QL score were not accounted for by pain intensity, pain frequency or time since pain onset. However, pain intensity predicted school-related quality of life for the two pain groups (PCP, JIA). The PCP group had significantly high numbers of school days missed in the past three months, whereas the JIA and Health groups did not differ significantly. The PCP group also utilised the school nurse more than the JIA group (this variable was not collected for the Healthy group). Pain intensity was a significant independent predictor of frequency of school nurse visits.

Conclusions:

The study identified that primary chronic pain conditions interrupted school-related functioning more extensively for adolescents with PCP, compared with adolescents with JIA and Healthy peers. Adolescents with PCP also had high absenteeism and school-nurse visits.

Reviewer's critique and take-home message:

There were a number of limitations identified by the authors of the study: adolescents with PCP were attending clinic for management of symptom distress and disability, and therefore may represent a more disabled group than those with JIA who attended regular review appointments at clinic. Healthy adolescents did not complete information about school-nurse visits, so normal rates of this behaviour was not provided.

The reviewer also identified that adolescents self-reported information about school-related function and school-nurse visits, which may have been influenced by mood and memory. School-related function also encompasses physical and cognitive capacity to engage in school-related tasks, and social and academic

performance. Collecting objective information about academic performance from school teachers, and information about social functioning at school in future studies could provide a clearer picture of adolescents' capacity to participate in school-related function. Further, measuring the frequency of accessing support at school through teaching support, school counsellors and nurses, may indicate the application of coping strategies, and needs to be considered.

The take-home message: the study provides evidence that adolescents with primary chronic pain conditions have lower-school-related function than those with JIA or healthy peers; however, further investigation is required to better understand the challenges for these individuals in school-related contexts. A recent publication by Nelson and Logan (2018) (Nelson, S. & Logan, D. (2018) the role of adverse childhood experiences (ACEs) in school-related impairment in youth with chronic pain" *Journal of Pain*, Vol 19(3) pp S58-S58) showed a relationship between adverse child experiences (ACEs) and school-related function for youth with chronic pain. To optimise school-related function, clinicians working with children and adolescents with chronic pain need to address complex interactions between (1) the individual's physical, cognitive, social, and emotional capacities and development, and potentially trauma related to previous adverse experiences which may be triggered in the school environment, (2) social and physical aspects of the school environment, and (3) cognitive, physical and social aspects of school-related tasks. More research is required to understand the complex interactions between each of the factors and the functional capacity of children and adolescent with chronic pain.

Declaration:

No conflicts of interest to declare.

PAIN IN CHILDHOOD SIG: JOURNAL WATCH



When things get complicated: At-risk attachment in children and adolescents with chronic pain.

Ratnamohan, L., & Kozłowska, K. (2017). Clinical Child Psychology and Psychiatry, 22(4), 588-602.

Reviewer:

Dr Tanya Gruenewald, Senior Clinical Psychologist, Children's Pain Management Clinic, Royal Children's Hospital, Melbourne, VIC.

Study group:

48 children (32 girls, 16 boys) aged 9-17 with chronic functional pain having treatment at an inpatient rehabilitation program at a paediatric hospital. 48 healthy controls were recruited from community groups from a range of socioeconomic areas of the Sydney metropolitan area and matched for age and sex.

Aims:

This study examined patterns of attachment in children and adolescents with chronic functional pain compared to healthy controls.

Methodology:

Prior to being invited into the study patients participated in a psychiatric assessment which confirmed the diagnosis of chronic functional pain according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed.). Potential participants were excluded if there was a possibility



of an organic illness not sufficiently investigated, or a developmental disability. Controls were excluded if they had a chronic medical illness or had a family history of mental illness.

All participants engaged in an assessment of attachment, a laboratory assessment, and completed a checklist about adverse life events.

Participants in the pain group completed a visual rating scale, rating their pain for two circumstances; as they experienced it most of the time and when it was severe. They also located the site/s of their pain on a body map. Information about adverse life events was collected at the initial family assessment. Functional impairment was assessed with the Royal Alexandra Hospital for Children Global Assessment of Function (GAF), the DSM-IV-TR (APA, 2000) GAF modified GAF modified to include physical impairment from chronic pain or functional neurological symptoms.

All participants participated in an attachment interview, either the School Aged Assessment of Attachment (for children aged 9-12) or the Transition to Adulthood Attachment Interview (for children aged 13-17). These attachment interviews are based on Pat Crittenden's theory and assessment of attachment using her Dynamic Maturational Model (DMM) of attachment (for more information see: www.patcrittenden.com.au). Answers on the interviews were coded and each participant was put into an attachment category that best described their attachment pattern. Participants were placed in one of three categories, a normative cluster (Types A1-2, B1-5, C1-2) and two at risk groups an inhibitory A+ cluster (A3-6) and a coercive cluster C+ (C3-6). Attachment interviews were also assessed for discourse markers of unresolved loss or trauma.

Summary of the results:

Families of children with chronic pain reported higher rates of adverse life events compared the control group. Most (98%) of the children and adolescents with chronic pain were classified as having an at-risk attachment pattern, compared to 8% of the control group. Linguistic analysis identified 43% of pain patients as experiencing unresolved loss or trauma, compared to 13% of the control group.

Correlational analyses found no association between attachment and average pain score, maximal pain score or the number of pain sites. There was also no difference between pain patients using different attachment styles in their pain scores, impairment, and presence of somatic symptoms.

Conclusions:

The results of this study suggest that children and adolescents with chronic functional pain have experienced disruptions in the formation of early attachment relationships with primary caregivers and have developed complex attachment strategies which distort cognitive and affective information related to danger. It is probable that the at risk attachment styles adopted by this population may lead to the development and maintenance of chronic pain.

Reviewer's critique & take-home message:

The finding that families of children with functional chronic pain have experienced more negative life events and also have more unresolved loss or trauma compared to controls are important findings and indicate the need for trauma-informed practice. These dynamics have had an impact on the development of attachment relationships, and have a continuing impact on these relationships. When introducing a therapeutic relationship with the child/adolescent and family it is imperative to be mindful of creating a

context of safety, and use engagement strategies that can best connect with the attachment style of the child. A child/adolescent with an 'A+' attachment style requires support in voicing their own thoughts and feelings, putting them into language and having this listened to and respected and also getting support on how to manage their inner emotions and somatic sensations that are triggered by voicing their needs. A child/adolescent with a 'C+' attachment style needs structure, achievable goals and a set plan with clear expectations, responsibilities and consequences that place ownership for the process with the young person.

Although the article discusses the child's attachment style, of interest too is the parent's attachment style and how the dyad, and family at large manage attachment relationships. Family relationships can impact upon the acceptability of treatment strategies presented, compliance, and progress for the young person. Parents have a big role in endorsing or thwarting therapeutic interventions and engagement with these parents is best done when their own family of origin, pain narratives and attachment style are taken into account. It would be helpful for future research to assess both parent and child attachment styles and assess the value of family interventions to treat chronic pain through managing family attachment relationships and family narratives.

Declaration:

I declare no potential conflicts of interest in writing this review.

PAIN IN CHILDHOOD SIG: JOURNAL WATCH



Back to Living: Long Term Functional Status of Pediatric Patients Who Completed Intensive Interdisciplinary Pain Treatment.

Randall ET, Smith KR, Conroy C, Smith AM, Sethna N, Logan DE.

Back to Living: Long Term Functional Status of Pediatric Patients Who Completed Intensive Interdisciplinary Pain Treatment. Clin J Pain. 2018 Apr 10. doi: 0.1097/AJP.0000000000000616. [Epub ahead of print]

Reviewer:

A/Prof Greta M Palmer, Pain Medicine Specialist and Specialist Anaesthetist, Deputy Head of the Children's Pain Management Service, Dept of Anaesthesia and Pain Management, Royal Children's Hospital, Melbourne, VIC.

Study group:

95 former patients (with mean age of 20 years) treated for chronic paediatric pain (mostly CRPS) in an intensive interdisciplinary pain management program (at a US quaternary paediatric centre: Boston Children's Hospital) as children/adolescents at least 5 years previously.

Aims:

A descriptive long-term follow-up study to determine pain intensity, functional disability and quality of life and achievement of developmental goals (school completion and transition to



independent living) following an intensive inpatient interdisciplinary intervention comparing scores at admission, discharge and greater than 5 years later.

Methodology:

Patients with baseline data and treated >5 years prior approached to complete an online questionnaire using REDCaps survey tool.

Summary of the results:

Mean age of patients was 14.5 years at admission and 20 years at follow up. The majority (88%) were female. Most had CRPS 79%, the remainder had diffuse musculoskeletal pain (14%) and 1% each with abdominal pain, headache, other neuropathic pain and functional neurological disorder, with a skewed pain duration (median 9 vs mean 21 months).

The patients were inpatients and treated for a mean of 3.65 weeks with daily individual PT, OT, psychology (each for 1 hour) and group therapy for 2 hours with the 3 disciplines and 1 hour of family therapy.

Five years post-treatment:

- Mean worst pain score decreased from 9.2 preadmission to 7/10 ($p < 0.001$). Half of the patients reporting it as a clinically significant decrease; one third stating they had completely recovered. Most (86%) described recurrences since discharge (mean number of 14). One third (36%) described a new pain problem since discharge.
- Mean functional disability scores improved significantly from severely impaired at 32/60 to normal at 9.2/60 (where $< 13/60$ = minimally impaired). Most (78%) of respondents characterised themselves as functioning well with no difficulties.

- Mean Peds-QL score improved from 50 to 72 ($> 80/100$ normal; 70-75 indicative of children with moderate disease) with significant improvement in the mean physical (28 \rightarrow 66/100) and school related subscales (42 \rightarrow 87/100) but no change on the mean social subscale (65 \rightarrow 67/100 – where a raw cut off of 76/100 was proposed).
- Respondents reported developmentally appropriate status: 34% still in high school and 66% having completed schooling: most reporting graduating high school on schedule (89%) and 71% in tertiary education (full or part time – the same as national average). The number of patients living at home vs out of home with roommates or a romantic partner was the same as population norms for the US.
- Health care utilisation continued with 71% visiting a medical specialist, 33% visiting an ED for pain and 16% getting admitted for pain. 42% described getting a new medical diagnosis. 42% described using analgesics (any type; duration not sought) which is more than the national normative data of 12%) and 31% used sleep medication (vs 1.4%). 31% had received procedural intervention since discharge and 28% returned to or began use of assistive devices eg brace.
- 26% of patients were engaged currently in psychological therapy and 31% reported use of mood-control medication (3 times that of the national norms), with 10% having at least one inpatient psychiatric admission.

Conclusions:

Results show positive functioning at 5 years in former patients (mostly with CRPS) who underwent ~3.6 weeks of intensive (6 hours/day) inpatient interdisciplinary

rehabilitation treatment for chronic pain as children or adolescents. Most (despite experiencing one or more pain flares since treatment completion) report no ongoing functional disability, complete or partial resolution of pain symptoms, and developmentally appropriate progress toward goals (e.g. school completion, independent living).

Reviewer's critique & take-home message:

The majority of this relatively small sample of mostly CRPS patients report good functional outcomes, improvement in pain, functional and quality of life scores (with only a third reporting complete resolution) and achievement of developmentally appropriate goals equivalent to the population norm. The manuscript highlights the negatives in that between one to two thirds of former patients are still using services (including ED presentations and psychology), analgesia (although the type and duration is unknown), mood controlling and sleep medications.

Potential for responder bias and recall bias is appropriately highlighted by the authors. This intensive intervention mean treatment dose was 110 hours. This is interesting but the relevance for centres who offer mostly outpatient interdisciplinary pain management programs of lower intensity but longer duration for a wider range of chronic pain diagnoses is unclear.

Declaration:

I have no conflicts of interest to declare in reviewing this article.

(I was the Boston Children's pain fellow 20 years ago).





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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

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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.

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Joy Burdack,
CNC Pain Management &
Medication Safety, Calvary Public
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- **AIHW web report:** Alcohol, tobacco & other drugs in Australia: <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/non-medical-use-of-pharmaceutical-drugs>
- **Majority of opioid overdose deaths in Australia are related to pharmaceutical opioids:** <https://ndarc.med.unsw.edu.au/news/majority-opioid-overdose-deaths-australia-are-related-pharmaceutical-opioids>
- **2018 Global Year for Excellence in Pain Education:** Launched 22JAN18. See information and resources on our website: <http://www.apsoc.org.au/global-year-against-pain>
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- **Airing Pain:** Pain resources via an online radio show produced by Pain Concern, a UK registered Charity: <http://painconcern.org.uk/airing-pain/>
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- **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/>
- **ABC Radio Nightlife- Living with Chronic Pain:** Interview with Dr Chris Hayes, broadcast 18SEP17: <http://www.abc.net.au/radio/programs/nightlife/pain/8958330>
- **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:
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- **The Second Australian Atlas of Healthcare Variation 2017, released 07JUN17:** <https://www.safetyand-quality.gov.au/atlas/atlas-2017/>
- **Online interactive Second Australian Atlas of Healthcare Variation 2017, released 07JUN17:**
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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
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- **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>

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- **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>

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- 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>
 - b. 03APR18 - Katherine Brain (Newcastle Uni), Nine News digital: <https://www.nbnnews.com.au/2018/04/03/could-fruit-and-veg-help-alleviate-chronic-pain/>
 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
 - a. 04APR18 – Prof Macdonald Christie (Sydney Uni), ABC RN Breakfast: <http://www.abc.net.au/radionational/programs/breakfast/venomous-sea-snails-could-help-fight-the-opioid-epidemic/9616702>
 - b. 04APR18 - Prof Macdonald Christie (Sydney Uni), ABC News: <http://www.abc.net.au/news/2018-04-04/sea-snail-venom-could-be-the-holy-grail-in-pain-therapeutics/9617670>
 - c. 04APR18 - Prof Macdonald Christie (Sydney Uni), SBS News: <https://www.sbs.com.au/news/sea-snail-venom-a-source-of-pain-relief>
 - d. 04APR18 - Prof Macdonald Christie (Sydney Uni), Yahoo 7 News: <https://au.news.yahoo.com/sea-snail-venom-a-source-of-pain-relief-39725063.html>
 - 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/radionational/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/pga6bE383G?play=true>

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.

painless POSITIONS VACANT

**Healthcare Professionals
Painless Clinic, WA.**

Employment Status:
Casual Sessional

Hours per fortnight:
minimum 4 hours

Contact:
Stephanie Davies

Applications Close:
14th September 2018

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

6-9 Sep 2018**Australian & New Zealand Society of Palliative Medicine ANZSPM***New Frontiers*

Novotel Manly Pacific, Sydney, NSW

<https://willorganise.eventsair.com/QuickEventWebsitePortal/2018-anzspm/info>

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>

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

<https://dconferences.eventsair.com/QuickEventWebsitePortal/pigni-2018/website>

27-30 Sep 2018**Australian Psychological Society 2018 Congress***Psychology advancing into a new age*

International Convention Centre, Sydney, NSW

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

5-7 Oct 2018

Australian Physiotherapy Association

Next 2018

Hotel Grand Chancellor, Hobart, TAS

<http://apanext2018.com.au>

6-9 Oct 2018

Australian Society of Anaesthetists

National Scientific Congress 2018

Adelaide Convention Centre, Adelaide, SA

<http://asa2018.com.au>

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>

20 Oct 2018

RMSANZ Pain Special Interest Group Workshop

Head and Neck Pain

Orange Health Service, Orange, NSW

<https://www.rmsanzgroups.net/events-1/head-and-neck-pain-workshop>

23 Oct 2018

Bionomics & MSD 6th Annual Neuroscience Symposium

At the Frontiers of Neuroscience: Signs & Symptoms

Pullman Hotel, Hindmarsh Square, Adelaide, SA

<http://www.bionomics.com.au/upcoming-events/6th-annual-bionomics-msd-symposium>

25-27 Oct 2018

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

Rural Medicine Australia - RMA 2018

Darwin Convention Centre, Darwin, NT

<http://www.acrrm.org.au/the-college-at-work/rma>

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

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>

11-14 Nov 2018

International Society on Frontotemporal Dementias

11th International Conference on Frontotemporal Dementias

International Convention Centre, Sydney, NSW

<https://www.dconferences.com.au/icftd2018/>

16-17 Nov 2018

Occupational Therapy Australia National Paediatrics Symposium 2018

Community, Collaboration and Capability

SMC Conference & Function Centre, SYDNEY, NSW

<http://www.otausevents.com.au/events/national-paediatrics-symposium-2018/event-summary-147160654c18486a863a1345fd616cc9.aspx>

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>

7-8 Nov 2018

Ehlers-Danlos Society

Learning Conference Australia

MUSE Building, Macquarie University, Sydney, NSW

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

10-11 Nov 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>

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)

TBA, 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.

TBA, Kuala Lumpur, Malaysia

[TBA](#)

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/#.W3I2vTthLQM>

10-12 Jul 2019

Occupational Therapy Australia

Together Towards Tomorrow

International Convention Centre, Sydney, NSW

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

10-13 Sep 2019

Palliative Care Australia

19APCC

Perth Convention and Exhibition Centre, Perth, WA

<https://apcc.net.au>



THE
AUSTRALIAN
PAIN SOCIETY

VISION:

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

MISSION:

The Australian Pain Society is a multidisciplinary 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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