

VOLUME 40, ISSUE 5

# Australian Pain Society NEWSLETTER



BLOG

WEB



THE  
AUSTRALIAN  
PAIN SOCIETY



## Presidents Report



*Dr. Anne Burke*

What a year it's been. There's been highs and lows, but throughout it all I have been incredibly proud to represent the Australian Pain Society both nationally and internationally, and to work alongside a fantastic group of passionate and engaged colleagues.

So, first the year that was.....

The APS 2019-2021 Strategic Plan identified 6 key priority areas; namely EDUCATION, ADVOCACY, RESEARCH, SERVICES AND RESOURCES, MEMBERSHIP, and GOVERNANCE. A list of stratified goals was mapped against each area to ensure that we had a clear vision of how these priorities would be enacted and to enable us to track our progress over time. As it turns out, many of these goals have become even more pertinent since the onset of the Coronavirus pandemic.

### EDUCATION:

The board made a clear decision to expand our range of educational offerings, particularly across aged care and early careers researchers, and also via professional collaboration. The Annual Scientific Meeting remains our flagship event, but we have extended its reach via a targeted media strategy to disseminate ASM learnings across the globe. Two key arms of this strategy have been the promotion of social media, particularly Twitter, and, thanks to our Newsletter Editor Lincoln Tracy, connection with Pain Research Forum.

In terms of aged care, the board already had a vision to develop an electronic version of our second edition 'Pain in Residential Aged Care Facilities' book, but we've now escalated the priority status for this project to better align with current infection control mandates. APS also collaborated on several government grant submissions and were successful with a PMRI-led application for \$1 million to support multidisciplinary pain education. In that project, APS and NARI have been jointly tasked with developing a train-the-trainer module for pain

management in Residential Aged Care Facilities; a resource that will sit on the APS website alongside the PMG toolkit. I'd like to thank Michael Nicholas and the PMRI team for their leadership in that space – it's a really exciting project to be part of. The APS board is also in the preliminary stages of developing other aged care focussed training resources that can be flexibly delivered into the future.

The second area of educational expansion was the development of a Pain School to help foster research translation and better align our region with that of North American and Europe for early career offerings. With fantastic support from IASP, Dr Jeffrey Mogil, and Dr Christine Chambers, planning for a 2020 launch was well advanced before being deferred due to Coronavirus. PainSTAR (Pain School for Translation And Research) is now slated for launch in November 2021 and I'd like to acknowledge the efforts of the working group who are bringing this project to life – namely Rainer Haberberger, Christine Barry, Wendy Imlach, Ernie Jennings, and Will Howard.

Finally, in terms of professional collaboration, APS has completed numerous submissions promoting pain education in the nursing and aged care sectors, and has secured access to the APA Level 1 Pain Course for all APS members. The APS board and colleagues have also been promoting information curation on social media platforms to refine and extend the APS feed. We encourage all members to follow and contribute to the #AusPainSoc (hashtag).

### ADVOCACY:

This year, pain-related advocacy spanned the National Strategic Action Plan for Pain Management, national and international government policy, education, aged care reform, opioids, and cannabis.

APS actively advocated to all state and federal health ministers around the importance of



## SERVICES AND RESOURCES:

In order to ensure that APS resources remain current, review dates are now set at the point of publication. Accordingly, our position statement regarding the role of psychology in the management of persistent pain is currently being reviewed under the leadership of Laura Prendergast (VIC State Director). A review strategy has also been devised for our Pain in Residential Aged Care Facilities book and, as I've indicated, we are exploring options to release an electronic version of this resource. The PMG toolkit is also being updated to complement the second edition of our RACF guidelines and I'd like to thank Steven Savvas and the team at NARI for their leadership in this space, as well as Fiona Hodson for her ongoing support and contribution to this project. The first manuscript from the updated Waiting in Pain project is due for submission in the very near future, following which we will review the staffing data. There are also several other new educational resources in active development and we look forward to rolling these out in due course.

## MEMBERSHIP:

The 2019-2021 strategic plan called for the board to invigorate its approach to engaging with members and to strengthen the benefits that come with APS membership. To this end, we have:

- launched video messaging as a way of personalising communication
- added an early career research position to our SPC
- included an early career position to our education subcommittee
- made a deliberate decision to mentor early career individuals to co-chair sessions at the ASM
- expanded and re-branded our Professional Connection Grant, and
- successfully relaunched social networking events in TAS, QLD and ACT, with more to come in other states once Coronavirus restrictions are relaxed.

We have also had a change in our newsletter team, with Lincoln Tracy replacing Stephanie Davies as Editor, and Jo Harmon joining the team. We'd like to thank Steph for her many years of service to the APS and wish her the very best as she pursues other interests. APS have also recruited a new graphic designer for the newsletter and the team are sifting through some exciting idea to refresh the publication.

We've received a lot of feedback about these changes and I'd like to thank everyone who has taken the time to let us know what they thought. The overwhelming response thus far has been supportive of these new membership initiatives.

## GOVERNANCE AND OPERATIONS:

After several years of work, particularly by Tim Austin and Tracy Hallen, APS is now a registered charity with Deductible Gift Recipient (DGR) status. Our new constitution was officially adopted at our last AGM and today we will present the bylaws to support that change in our organisation. APS has also signed on as a member of the Australian Ethical Health Alliance (AEHA), with Michelle Harris (SA State Director) as our designated representative. This was a strategic decision on behalf of the APS board, to help ensure that we continue to strengthen and refine our governance practices.

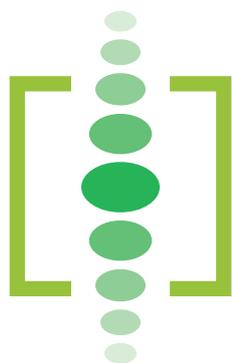
In order to support the above activity, we have increased our secretariat time from 1.2FTE to 1.4FTE and welcomed Kristy Gorenc to the team. As always, we would be lost without our secretariat and I offer my heartfelt thanks to Tracy, Kristy, and Sandhya for their incredible work.

So as you can see – last year was busy and productive. We developed an ambitious strategic plan with clear goals and accountabilities, against which we made solid progress.

## COVID-19 UPDATE

So that was then – where are we placed now? To say we had a stressful few months at the start of the year would be an understatement.





## 2021 AUSTRALIAN PAIN SOCIETY 41<sup>ST</sup> ANNUAL SCIENTIFIC MEETING

*In the IASP Global Year Against Back Pain*

18 - 21 April 2021 • National Convention Centre Canberra, ACT

APS 2021 will be held from 18-21 April 2021 at the National Convention Centre, Canberra.

**Please visit the conference website here:**  
[www.dccconferences.com.au/aps2021](http://www.dccconferences.com.au/aps2021)

Further information on APS 2021 will be sent out in the coming months, but we have some exciting speakers already confirmed and we can't wait to catch up with you all next year.

### IMPORTANT DATES FOR YOUR DIARY

#### Wednesday 8 July

Topical Session Submissions Open

#### Wednesday 29 July 2020

Rising Star Award Applications Open

SPC Scholar Position Applications Open

Free Paper/Poster Abstract Submissions Open

#### Wednesday 4 November 2020

Registrations Open

If you have any questions please contact the APS Conference Secretariat: [aps2021@dccconferences.com.au](mailto:aps2021@dccconferences.com.au)



## Chronic Pain management in the times of the Coronavirus



Dear all,

These are interesting and challenging times. But as with all challenging times, they are times and times will pass and humans will without a doubt carry on; they always do. I find most people around me, including my patients are relaxed about the situation and home schooling and teaching your child became an interesting experience for many parents.

When Covid-19 emerged and social distancing measures kicked in, I was wondering if the way of talking about and dealing with the Coronavirus situation needs to be different for children and adolescents with chronic pain conditions compared to healthy children or children with other chronic health conditions.

But I could not find any more specific suggestions for children and adolescents with pain beside the usual recommendations of social distancing and self-care while isolation measures are in place. Now after a couple of weeks, I find this true at least from my personal experience.

Like for all patients with a chronic health problem, the lack of access to family and friends, school, and after school activities like a walk at the beach, sports and social clubs, and the limited face to face visits to their professional health team is probably the most challenging aspect.

Hence, here I just want to give you a real good resource for families, parents, carers, children and adolescents about the Coronavirus, what one can do and how to talk to children and relieve all the anxiety and stress.

One of the best general resources is this website, it is run by Australian paediatricians and is continuously updated providing many resources for adults, teenagers, and young children, including for children with special needs:

<https://paediatrics.online/COVID-19>

Our patients with chronic pain have luckily not an increased risk for coronavirus complications.

There are some confusion and concerns about the use of non-steroidal anti-inflammatory drugs (NSAIDs) like Ibuprofen after a tweet from the French Health Minister Olivier Veran, a Neurologist. He warned these drugs could increase the risk for a more severe course of a coronavirus infection, as they dampen the immune system.

Another hypothesis is that NSAIDs could increase angiotensin-converting enzyme (ACE) expression and as the Coronavirus binds to the human target cells via ACE, this may increase the risk for more severe Covid-19 disease. ACE-inhibitors and angiotensin-receptor blockers (ARB) are naturally even more suspicious here.

So far, these concerns are only very theoretical and the World Health Organization, the American Food and Drug Administration and the Royal Australasian CPGs currently not recommending against the use of an NSAID if a patient requires it. There is though the advice to rather use Paracetamol if it is a possible alternative and good reputation medical journals have published articles suggesting pre-cautions with Ibuprofen.



# Global Year for the Prevention of Pain



## PREVENTING DENTAL PAIN

Dental pain – do you know anyone who hasn't experienced it? Most of us experienced dental pain before we turned two, and for way too many of us this is the start of a life of on, and hopefully off again, dental pain.

The Australian Dental Association (ADA) Dental Tracker 2020 found that while Australians adults are keeping their teeth for longer, “one in three of us is walking around with untreated tooth decay, while one in four has periodontal disease with gaping periodontal pockets 4mm or deeper.” (Australian Dental Association, 2020)

It's a fact that dental pain has been increasing in Australian adults, whilst decreasing in Australian children (Manton, et al., 2018). It's also a fact that dental disease is mostly preventable.

I love history and documentaries, and due to COVID-19 I have had the perfect excuse to indulge in this passion. This year is the [IASP Global Year for Pain Prevention](#), and who wouldn't like to prevent dental pain, right? So what can we learn from history that help us prevent orofacial pain today? Did you know that Queen Elizabeth I was plagued by dental pain? And she used to clean her teeth with honey! Most people in the middle ages actually had fairly good teeth, because they unknowingly prevented cavities by having a diet low in sugar.

Prevent dental caries and the dental pain that comes with it by reducing your sugar intake and brushing your teeth twice a day with a fluoride-based toothpaste.

Apparently Hitler only had four teeth left in his mouth when he died. After the war Hitler's dentist Dr Blaschke was interrogated by U.S. Intelligence, it was noted that although Blaschke didn't criticise Hitler for his war crimes he “blasted him as a frustrating patient who delayed appointments, was careless about dental

hygiene, and only called when he was in pain” (Parkinson, 2012). Regular dental hygiene and dental care can also reduce dental caries and identify issues and hopefully resolve them before they cause pain.

Prevent dental issues and the dental pain that comes with it by practicing good dental hygiene and by visiting your dentist at least once a year.

When I think about teeth blackening, I think of Japanese geishas. However, the practice started in the Heian period, the 8th century, when high status men and women blackened their teeth to mark their coming of age. *Ohaguro*, or brushing your teeth regularly with iron dissolved in vinegar, helped to prevent tooth decay and protect enamel. In a very similar way as fluoride works. In the 1930's, Dr McKay investigated the possible link between brown stains on the teeth of the residents of Colorado Springs and the reduction of dental caries and found that both were the result of the naturally higher than normal levels of fluoride in the water. On the 30th September 1953, Beaconsfield Tasmania was the first place in Australia to start adding fluoride to our drinking water (National Museum Australia, n.d.). So, I would say yes to fluoride and probably no to *Ohaguro*!

Protect your dental enamel and prevent dental caries by promoting the addition of fluoride to your drinking water by your local water authority.

Toothbrushes and toothpaste has been used by many cultures for millennia, but do you know that that dental floss has been around as long? It wasn't always the nice wax thread we are used to, but it not a new idea! Flossing works to improve your teeth and gum health, so there is no excuse really for not flossing regularly.



# Opportunities for Primary Health Networks (PHNs) to prevent chronic pain



Dr Simone De Morgan

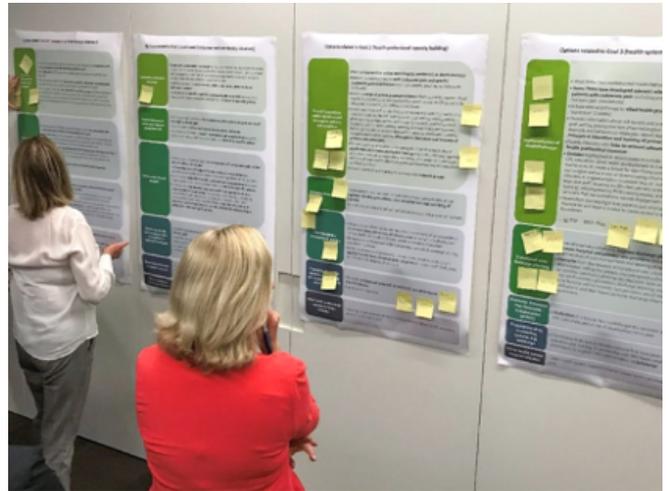
Dr Simone De Morgan is a research fellow at the Menzies Centre for Health Policy, University of Sydney and leads the Chronic Pain Project with Professor Fiona Blyth. The project is part of the Medical Research Future Fund Boosting Preventive Health Research Program initiative conducted by The Australian Prevention Partnership Centre (2018-2020).

A project currently being conducted by The Australian Prevention Partnership Centre focuses on Australia’s Primary Health Networks (PHNs) and the secondary prevention and management of chronic pain.

The project is led by University of Sydney researchers, Professor Fiona Blyth, Dr Simone De Morgan, and Ms Pippy Walker. The team recently brought together executive level staff and program leaders from PHNs in a ‘dialogue’ to discuss the options to improve the secondary prevention of chronic pain and to understand what PHNs would be most interested in implementing in their PHNs.

Dr De Morgan said, “We mapped current PHN chronic pain initiatives and found a gap related to the secondary prevention of chronic pain with most initiatives currently being implemented by PHNs related to the management of chronic pain. The aim of bringing PHN representatives together in the dialogue was to improve the awareness among PHNs of the opportunities for early intervention to prevent the progression to chronic pain.”

Professor Blyth said, “Identifying people at risk of developing chronic pain after injury, surgery, or with acute back pain is crucial. Many risk



PHN representatives at the dialogue selected the options that they were most interested in implementing in their PHNs to improve the secondary prevention of chronic pain

factors for poor recovery are modifiable such as depression, pain catastrophising, avoiding movement or activity while in pain, lack of social support, and poor job satisfaction.”

PHN representatives who participated in the dialogue valued the opportunity to share ideas with other PHNs and “find out what other ‘like’ PHNs are doing and what we could replicate or collaborate on.”

Opportunities for PHNs to help prevent chronic pain include consumer and community initiatives, health professional education and training, and health system support initiatives. Dr De Morgan said, “Many initiatives that are currently implemented in PHNs to address the management of chronic pain could also be adapted to help people with acute and subacute pain.”

One of these initiatives is face-to-face multidisciplinary consumer pain programs that incorporate education and physical and psychological strategies. These programs may involve one or several group-based education sessions and may involve individual consultation with primary care providers.



# In vivo intrathecal IL-1 $\beta$ quantification in rats: Monitoring the molecular signals of neuropathic pain

Thank you to APS member Mark R Hutchinson and their colleagues Azim Arman, Fei Deng, Ewa M Goldys, and Guozhen Liu for sharing the following recent publication.

**Article first published online:** 6 April 2020

**Journal Reference:** Science Direct

**DOI:** 10.1016/j.bbi.2020.04.009

**Link:** <https://doi.org/10.1016/j.bbi.2020.04.009>

## ABSTRACT

### Objective/Background/Aims/Introduction

Neuropathic pain, or pain after nerve injury, is a disorder with a significant reliance on the signalling of cytokines such as IL-1 $\beta$ . However, quantifying the cytokine release repeatedly over time *in vivo* is technically challenging.

To evaluate if changes in IL-1 $\beta$  are correlated with the presentation of mechanical allodynia over time, by repeatedly quantifying intrathecal IL-1 $\beta$  concentrations following chronic constriction injury of the sciatic nerve in rats. Also, to establish any possible correlation between biochemical spinal marker expression and the *in vivo* quantification of IL-1 $\beta$ . Finally, to assess the expression of the mature IL-1 $\beta$  in lumbar spinal cord samples.

### Methods

The Chronic Constriction Injury model (CCI) was used to initiate nerve injury in male Sprague Dawley rats and the generation of behavioural mechanical allodynia was quantified. Using an indwelling intrathecal catheter, a stainless steel (SS) wire biosensing device was repeatedly introduced to quantify intrathecal IL-1 $\beta$  concentrations at three timepoints of 0, 7, and 14 days post CCI. Fixed spinal cord samples (L4-L5), collected on day 14, were imaged for

the expression of glial fibrillary acidic protein (GFAP, astrocytes) and ionized calcium binding adaptor molecule 1 (IBA1, microglia). Snap frozen spinal cord tissues (L4-L5) were also processed for western blot analysis.

### Results

Using the novel SS based biosensing device we established that CCI caused a significant increase in intrathecal IL-1 $\beta$  concentrations from day 0 to day 7 ( $p = 0.001$ ) and to day 14 ( $p < 0.0001$ ), while the sham group did not show any significant increase. We also further showed that the degree of mechanical allodynia correlated positively with the increase in the intrathecal concentration of IL-1 $\beta$  in the active CCI animals ( $p = 0.0007$ ). While there was a significant increase in the ipsilateral GFAP expression in injured animals compared to sham animals ( $p = 0.03$ ), we did not find any significant correlation between *in vivo* IL-1 $\beta$  concentration on days 7 and 14 and the area of dorsal horn GFAP or IBA1 positive structures on day 14. The result of western blot analysis of whole lumbar spinal cord revealed that there was no significant change ( $p = 0.7579$ ) in IL-1 $\beta$  expression on day 14 in the CCI group compared to the sham group.

### Conclusions

For the first time we have established that the SS based immunosensing platform technology can repeatedly sample the intrathecal space for bioactive peptides, such as IL-1 $\beta$ . Using this novel approach, we have been able to establish the correlation of the intrathecal concentration of IL-1 $\beta$  with the extent of mechanical allodynia, providing a molecular biomarker of the degree of the exaggerated pain state.

The work was undertaken as part of the Australian Research Council Centre of Excellence for Nanoscale BioPhotonics and was funded by the CNBP CoE grant CE140100003



# Prognostic factors for pain and functional disability in children and adolescents with persisting pain: A systematic review and meta-analysis

Thank you to APS members Pate, J.W., Hush, J.M, and Pounder, M, and their colleagues Hancock, M.J, Gray,K, and Pacey, V, for sharing their following recent publication:

**Authors:**

Pate, J. W.<sup>1</sup>, Hancock, M. J.<sup>1</sup>, Hush, J. M.<sup>1</sup>, Gray, K.<sup>1</sup>, Pounder, M.<sup>1</sup>, Pacey, V.<sup>1</sup>

**Affiliations:**

- 1 Faculty of Medicine and Health Sciences, Macquarie University, Sydney, New South Wales, Australia
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**Article first published online:** 29 Jan 2020

**Journal Reference:** Pate, J. W., Hancock, M. J., Hush, J. M., Gray, K., Pounder, M., & Pacey, V. (2020). Prognostic factors for pain and functional disability in children and adolescents with persisting pain: a systematic review and meta-analysis. *European Journal of Pain*.

**DOI:** 10.1002/ejp.1539

**Link:** <https://onlinelibrary.wiley.com/doi/pdf/10.1002/ejp.1539>

## ABSTRACT

**Background and objective**

The aim of this study was to investigate prognostic factors for pain and functional disability in children and/or adolescents with persisting pain.

**Databases and data treatment**

To be included, studies had to be published, peer-reviewed prospective cohort studies of children and/or adolescents with persisting pain at baseline, that reported at least one baseline prognostic factor and its relationship with pain or functional disability at least 1 month after baseline. Two reviewers

independently assessed study eligibility, completed data extraction and undertook quality assessment. MetaAnalyses were performed when a prognostic factor was reported in two or more studies.

**Results**

Of 10,992 studies identified from electronic database searches, 18 were included, investigating 62 potential prognostic factors. In clinical settings, insufficient data were available for meta-analysis. Some positive associations with pain and/or disability were reported by single studies for older age, baseline pain intensity and baseline functional disability across multiple combinations of follow-up times and outcomes. In community settings, meta-analyses of two studies found that prognostic factors for the ongoing presence of pain at medium-term (1-year) follow-up were older age (OR 1.25; 95% CI = 1.05–1.47), weekly day tiredness (OR 1.69; 95% CI = 1.14–2.51), weekly abdominal pain (OR 1.44; 95% CI = 1.03–2.02) and waking during the night (OR 1.49; 95% CI = 1.05–2.13). No studies in community settings reported on prognostic factors for functional disability.

**Conclusions**

Prognostic factors having significant associations with future pain and disability were identified; however, as few were investigated in more than one comparable study, the results need to be interpreted with caution.

**Significance**

Prognostic factors from across the biopsychosocial spectrum are important to consider in paediatric pain clinical practice. However, most prognostic factors that experts have previously agreed upon have not been assessed in prospective cohort studies to date. The findings may help with prioritising data to collect during clinical assessments of children presenting with pain, in the context of pain and functional disability outcomes.

**Declaration**

Joshua Pate received funding from Macquarie University for his full-time PhD Scholarship



# Why are assumptions passed off as established knowledge?

*Thank you to APS members John Quintner and Melanie Galbraith for sharing their following recent publication:*

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**Article first published online:** 5th March 2020

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**Journal Reference:** Medical Hypotheses 2020; (in press).

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**DOI:** <https://doi.org/10.1016/j.mehy.2020.109693>

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## ABSTRACT

In this paper we attempt to explain the problems that can arise when assumptions made by experts in their respective fields of Medicine become widely accepted as established knowledge. Our hypothesis is that these problems are in large part attributable to a failure of the experts to follow the principles of logical argument.

Empirical data to evaluate our hypothesis derives from an analysis of the reasoning processes employed in the generation of three syndromes drawn from the clinical discipline of Pain Medicine: myofascial pain, shoulder impingement and central sensitisation.

We demonstrate a failure by the proponents of these syndromes to structure their scientific arguments in a logically valid fashion, which lead them to promote assumptions to the status of facts. In each instance those in relevant scientific journals responsible for content review accepted – and thereby promulgated – this fundamental error in reasoning. The wide acceptance of each of these assumptions as established knowledge affirms our hypothesis.

Furthermore, we show that such uncritical acceptance has had significant consequences for many patients.

## Implications

In the spirit of preventing further instances of this phenomenon, we encourage the adoption of three logical principles that ought to be invoked in the processes of review: (i) Assumptions should lead to testable hypotheses; (ii) Repeated observations of the same phenomenon do not add to the validity of the initial hypothesis; and (iii) Assumptions may become facts only after the hypotheses that they generate have withstood rigorous testing.

## Declaration

John Quintner & Melanie Galbraith have nothing to declare.



# Pregabalin and gabapentin for pain

thebmj Visual summary 

## Gabapentinoids for pain relief

A summary of the evidence for pregabalin and gabapentin

Pregabalin and gabapentin, collectively gabapentinoids, are primarily anticonvulsant drugs. Over the past decade, they have been increasingly prescribed for pain. They are recommended for neuropathic pain in adults, but are commonly used off-label for other pain disorders such as low back pain, sciatica, and migraine. Pregabalin was one of the highest selling drugs globally in 2017. In 2018, more than 14 million prescriptions of pregabalin and gabapentin were issued in England.



 Refer to Tables 1 and 2 in the paper for full information on the studies

Pain reduction	Pregabalin vs placebo		Gabapentin vs placebo	
	Events per 1000 people	GRADE score	Events per 1000 people	GRADE score
<b>Moderate to severe post herpetic neuralgia</b>	Licensed for indication in: UK, Australia		Licensed for indication in: UK, Australia	
Outcome	Events per 1000 people	GRADE score	Events per 1000 people	GRADE score
At least 50% pain reduction	410  260 more	150 ★★★★★ Moderate	320  150 more	170 ★★★★★ Moderate
<b>Moderate to severe diabetic peripheral neuropathy</b>	Licensed for indication in: UK, Australia		Licensed for indication in: UK, Australia	
Outcome	Events per 1000 people	GRADE score	Events per 1000 people	GRADE score
At least 50% pain reduction	410  130 more	280 ★★★★★ Low	380  170 more	210 ★★★★★ Moderate
<b>Fibromyalgia</b>	Licensed for indication in: US		NOT licensed for indication in: UK, Australia, US	
Outcome	Events per 1000 people	GRADE score	Events per 1000 people	GRADE score
At least 50% pain reduction	240  90 more	150 ★★★★★ High	No data	

Adverse events	Pregabalin vs placebo		Gabapentin vs placebo	
	Events per 1000 people	GRADE score	Events per 1000 people	GRADE score
<b>Moderate to severe neuropathic pain</b>	Events per 1000 people	GRADE score	Events per 1000 people	GRADE score
At least one adverse event	690  120 more	570 ★★★★★ Moderate	630  140 more	490 ★★★★★ Moderate
At least one serious adverse event	34  NO IMPORTANT DIFFERENCE	34 ★★★★★ High	32  NO IMPORTANT DIFFERENCE	28 ★★★★★ Moderate
Misuse	5  5 more	0	11  11 more	0
<b>Adverse events in detail</b>	Events per 1000 people	GRADE score	Events per 1000 people	GRADE score
Dizziness	240  180 more	60	190  124 more	66 ★★★★★ Moderate
Somnolence	170  120 more	50	140  88 more	52 ★★★★★ Moderate
Gait disturbance	No data		140  114 more	26 ★★★★★ Moderate



**Reminder**

## Have you had an article accepted for publication this year?

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



## Funding for pain management services Rural Health Outreach Fund (RHOF)



*Shadreck Tozana*

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**Author Name:** Shadreck Tozana

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**Author biography :** WA Director, University of Edinburgh scholar and principal OT of a multidisciplinary practice that specialises in pain management amongst other things.

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We all know that COVID-19 has been devastating to our economy, way of life, and most importantly how we deliver essential services such as pain management. The worst-hit locations have been the rural and remote regions due to travel restrictions, availability of health care clinicians to service those areas, and the effectiveness of telehealth connections. In addition, private practice clinicians are struggling to stay open as they recalibrate their business models with limited face to face contact. The availability of funding to support pain management services for rural and remote communities may assist clinicians to deliver services or upskill their capabilities.

Rural Health West (RHW) has specific funding available to promote the provision of Pain Management Services for two years throughout remote and rural Western Australia. This funding is also available to upskill clinicians interest in learning more about pain management. All medical and allied health clinicians are welcome to apply for access to this \$800 000 Rural Health Outreach Fund starting January 2020 to 30 June 2021.

A short survey was sent out end of 2019 to help identify at-risk groups and regions. Also, clinicians were asked for possible solutions. In the end, focus

was directed towards a multidisciplinary approach with extra efforts towards prescribing practices.

Activities supported include (obtained from RHW newsletter):

- Consultations, follow-up and review of patients;
- Medical procedures as required;
- Case discussions, preparation of reports to other relevant health professionals and support of patients as required;
- Upskilling activities for relevant persons in rural and remote areas; and
- Working with people and communities to build knowledge and support informed self-care.

Applications for funding or reimbursement should be directed to the rural health west outreach team at [outreach@ruralhealthwest.com.au](mailto:outreach@ruralhealthwest.com.au).

Opportunities to collaborate with RHW in developing educational materials or delivering pain management workshops is available. However, due to COVID-19, all plans of delivering face to face workshops are on hold. Currently, the RHOF team is working from home.

### **Declaration**

Nothing to declare



## Can you help improve psychological therapy for women chronic pelvic pain?

**FREE ebook 'Endometriosis and Pelvic Pain'**  
by pelvic pain experts Dr Susan Evans and Deborah Bush for every  
clinician who completes the survey! Usually retails for \$27.50!

We are looking for mental health clinicians who use psychological or talk-based therapies with women who have chronic pelvic pain conditions. We are interested in finding out what clinicians use and find effective.

The information sheet, consent form and survey can be accessed using the following link

<https://www.surveymonkey.com/r/Y3H98S8>

Your contribution will help us form a better evidence base for psychological interventions for women with chronic pelvic pain conditions. This project is part of a PhD project at the University of South Australia.

Participation is voluntary and your responses will be de-identified and kept confidential. This project has ethics approval from the University of South Australia.

If you have any further questions about this survey, contact information can be found at the end of the information sheet in the survey.

We are truly grateful for your time. Your responses have the potential to provide valuable contributions to both research and clinical practice in this area.

Best Wishes,  
**Tiffany Brooks**





**ANZSPM 20**  
 Auckland, New Zealand  
 17 - 20 September 2020  
 PALLIATIVE CARE IN AN UNCERTAIN WORLD



**ins**  
 International  
 Neuromodulation  
 Society

**2<sup>ND</sup> Joint Congress of the  
 INS European Chapters**  
 / 15-17 October 2020  
 / Paris, France



**2021 AUSTRALIAN PAIN SOCIETY  
 41<sup>ST</sup> ANNUAL SCIENTIFIC MEETING**  
*In the IASP Global Year Against Back Pain*  
 18 - 21 April 2021 • National Convention Centre Canberra, ACT

Expressions of interest online at:  
[deconferences.com.au/aps2021](http://deconferences.com.au/aps2021)  
**REGISTRATIONS OPEN  
 4 NOVEMBER 2020**

**DEADLINES**

Topical Sessions	28 September 2020
Free Papers & Posters	27 October 2020
Rising Star Award	27 October 2020
Early Bird Registration	23 February 2021

**INCLUDING**

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

**aps** THE AUSTRALIAN PAIN SOCIETY



# FYI

## NEW!

- **Statement regarding the use of opioid analgesics in patients with chronic non-cancer pain: Foreground Paper**

Released on 11MAY20 from the Faculty of Pain Medicine:

[http://fpm.anzca.edu.au/FPM/media/FPM-Images/PS01\(PM\)-Foreground-paper-FINAL-20200511.pdf](http://fpm.anzca.edu.au/FPM/media/FPM-Images/PS01(PM)-Foreground-paper-FINAL-20200511.pdf)

## Other items of interest for our members:

- **Latest opioids data from the Australian Bureau of Statistics:** <https://www.abs.gov.au/ausstats/abs@.nsf/MediaReleasesByCatalogue/CC21BEAE2026450DCA25847F0013A28F?OpenDocument>
- **Australia's annual overdose report 2019:**  
<http://www.penington.org.au/australias-annual-overdose-report-2019/>
- **New videos from NSW Health: Working with Aboriginal People**  
<https://www.youtube.com/watch?v=AV4Muq87ekQ&feature=em-uploademail>
- **The Third Australian Atlas of Healthcare Variation**  
<https://www.safetyandquality.gov.au/atlas>
- **Painaustralia eNewsletter latest issue, available online at**  
<http://www.pinaustralia.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://painhealth.csse.uwa.edu.au/>
- **Stanford University**  
CHOIR Collaborative Health Outcomes Information Registry: <https://choir.stanford.edu/>
- **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://digitalhealthguide.com.au/Account/LogOn?ReturnUrl=%2fSpecialtyFormulary%2f2>  
At login, Username: connectingcare, Password: health
- **Indigenous Resources**  
New webpage on the APS website aggregating Indigenous resources:  
<http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/quick-steps-to-manage-chronic-pain-in-primary-care>



## New Members at 02 June 2020

Mr Paul Attenborough	Osteopathy
Dr Michael Johnco	Osteopathy
Mrs Jennifer Collins	Nursing
Dr Ebony Gilbee	Gynaecology
Dr Andrew Jarzebowski	Anaesthesia
Ms Maja Kottayil	Nursing
Mrs Heidi Perera	Occupational Therapy



## Vision, Mission & Aims



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 association whose mission is to advance pain prevention, management and clinical practice.

### Priorities:

In order to achieve our mission, the Australian Pain Society will provide:

- Education
- Advocacy
- Research
- Services and resources
- Membership
- Good governance and operations



## Office Bearers



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THE  
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