



VOLUME 40, ISSUE 2



AUSTRALIAN PAIN SOCIETY NEWSLETTER

EDITOR'S NOTE

LINCOLN TRACY

There is growing recognition of the need for clinicians and researchers to consider the language they use when talking with patients, family members, carers, and the general public. At times, it can be challenging to talk about pain in a way that is understandable. This month's edition of the eNewsletter features two great contributions that highlight the importance of the language used when communicating different aspects of pain, ranging from explaining why pain persists through to various aspects of managing pain.

First, Karalyn Huxhagen, a Queensland-based pharmacist, provides a thought-provoking piece on how we use language when discussing pain in a clinical context. While referring to the "Talking About Pain: Language Guidelines for Chronic Pain" document released by Painaustralia in 2019, Karalyn explains how language can be used as a powerful tool assist and reassure patients regardless of whether we are communicating in a written or spoken format. Karalyn also shares her experience in discussing how to use language more effectively with other pharmacists and highlights changes being made within Australian hospitals to hopefully limit the amount of distress caused. It will be interesting to see the effect of these changes in the clinical setting.

Second, Hayley Leake and her collaborators share a recent publication describing the development of key learning objectives for an adolescent pain science education program. While evidence suggests that combining pain science education with other treatments in a biopsychosocial context offers benefits to adults with persistent pain, less is known about how effective education programs can be for adolescents with persistent pain. Hopefully it is not too long before the seven learning objectives identified for the program are piloted to determine the potential effects of education on pain-relevant outcomes.

Although early bird registration for the 40th Annual Scientific Meeting of the Australian Pain Society has come and gone, there is still time to register at standard rates! If you are still considering attending a pre-conference workshop, check out the overview of available sessions. There's bound to be something for everyone.

See you all in Hobart in early April!

Lincoln Tracy
Acting Editor

You are invited to attend the **Acute Pain Day Pre-Conference Workshop**



**2020 AUSTRALIAN PAIN SOCIETY
40TH ANNUAL SCIENTIFIC MEETING**
In the IASP Global Year for the Prevention of Pain
5 - 8 APRIL 2020
HOTEL GRAND CHANCELLOR, HOBART TAS

PAIN: 'WHERE AN OUNCE OF PREVENTION IS WORTH MUCH MORE.'

At the end of this session those attending the Acute Pain Workshop will become familiar with how and why some individuals are more susceptible to pain than others.

The program will briefly revisit the neurobiology of the brain, what can be done to educate the community in preventing the escalation of pain, and discuss initiatives from health care practitioners and Australian government bodies aimed to prevent further suffering. We will attempt an exploration into identifying the characteristics that make some people, both adults and children more vulnerable or conversely, more resilient to pain.

This dynamic workshop will be of interest to medical, nursing, and allied health staff.

When: Sunday 5 April 2020, 8.30 am – 5.00 pm

Where: Hotel Grand Chancellor, Hobart

Cost: Start from \$180 (Full Day) per person – Standard Registration
Deadline: 02 Apr 2020

To register or for further information please visit,

https://www.dconferences.com.au/aps2020/pre-conference_workshops

You are invited to attend the **Pain in Childhood Pre-Conference Workshop**



**2020 AUSTRALIAN PAIN SOCIETY
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5 - 8 APRIL 2020
HOTEL GRAND CHANCELLOR, HOBART TAS



This workshop will run a full day workshop covering acute and chronic pain topics. The program will include didactic presentations on the implementation of Australia's newest paediatric chronic pain service, the use of accelerometry in the chronic pain clinic, and in-line with the 2020 IASP global year, biopsychosocial interventions for the prevention of pain. There will also be two interactive sessions: a case-based discussion exploring the challenges of assessing and managing complex pain in both the acute care and outpatient settings, and a workshop on pain education, and its application in various contexts. The intended audience will be anyone with an interest in the management of pain in children, from community services through to tertiary level children's hospitals.

When: Sunday 5 April 2020, 8.30 am – 5.00 pm

Where: Hotel Grand Chancellor, Hobart

Cost: Start from \$180 (Full Day) per person
Standard Registration Deadline: 02 Apr 2020

To register or for further information please visit,

https://www.dconferences.com.au/aps2020/pre-conference_workshops

You are invited to attend the **Basic Pain Research Pre-Conference Workshop**



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40TH ANNUAL SCIENTIFIC MEETING**
In the IASP Global Year for the Prevention of Pain
5 - 8 APRIL 2020
HOTEL GRAND CHANCELLOR, HOBART TAS



This workshop will present current basic pain research in Australia to showcase the community, and discuss mechanisms underlying nociception: from characterisation of basic molecular and cellular processes, though to their impact on clinical outcomes.

The workshop will showcase the next generation of pain researchers, including local Tasmanian research, and a special “neuro-immune” topical session, to look deeper into processes and therapeutic opportunities for inflammatory pain conditions. This will involve presentations from clinical and basic pain research investigators with expertise in arthritis, followed by a panel discussion.

When: Sunday 5 April 2020, 8.30 am – 12.30 pm

Where: Hotel Grand Chancellor, Hobart

Cost: Start from \$130 per person – Standard Registration Deadline: 02 Apr 2020

To register or for further information please visit,

https://www.dconferences.com.au/aps2020/pre-conference_workshops

You are invited to attend the **Fundamentals of Pain Pre-Conference Workshop**



**2020 AUSTRALIAN PAIN SOCIETY
40TH ANNUAL SCIENTIFIC MEETING**

In the IASP Global Year for the Prevention of Pain

5 - 8 APRIL 2020

HOTEL GRAND CHANCELLOR, HOBART TAS

The Fundamentals of Pain pre-conference workshop is a succinct overview of the physiology, pharmacology and clinical approach to the assessment and management of pain. Aimed at the general practitioner, specialist or allied health clinician wishing to update their knowledge and approach to the patient suffering pain.

This workshop will utilise a socio-psycho-bio model of pain, developing a mechanistic based approach to pain management. A case study will be presented for open discussion, utilising the perspectives of a multidisciplinary audience.

This workshop will compliment those with an interest in attending an afternoon session on pharmacology, acute pain or physiotherapy topics.

When: Sunday 5 April 2020, 8.30 am – 12.30 pm

Where: Hotel Grand Chancellor, Hobart

Cost: Start from \$130 per person – Standard Registration Deadline: 02 Apr 2020

To register or for further information please visit,

https://www.dconferences.com.au/aps2020/pre-conference_workshops

You are invited to attend the
Pharmacology in Pain Management Pre-Conference Workshop



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5 - 8 APRIL 2020

HOTEL GRAND CHANCELLOR, HOBART TAS

NEW HORIZONS IN THE PREVENTION OF PAIN

In line with the IASP Global year for the prevention of pain, this workshop will address the need for early identification and preventative treatment in rheumatology, women's health and substance use disorder. With growing interest in the use of nutraceuticals for the prevention of pain, this workshop will closely explore the pharmacology of such modalities and the evidence for and against its use.

The workshop will include a case study for practical application of principles that will be addressed by the various expert speakers. There will be opportunities for questions and networking with peers, so that current evidence-based science can be optimised in everyday practice.

The intended audience includes GPs, Pharmacists, Specialists and other Allied Health professionals with interest in pharmacology and its application in persistent pain within the clinical setting.

When: Sunday 5 April 2020, 1.30 pm – 5.00 pm

Where: Hotel Grand Chancellor, Hobart

Cost: Start from \$130 per person – Standard Registration Deadline: 02 Apr 2020

To register or for further information please visit,

https://www.dconferences.com.au/aps2020/pre-conference_workshops

You are invited to attend the
Physiotherapy in Pain Management Pre-Conference Workshop



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HOTEL GRAND CHANCELLOR, HOBART TAS

THE MUSCULOSKELETAL CLINICAL TRANSLATION FRAMEWORK: PAIN CLINICAL REASONING IN PRACTICE

The Musculoskeletal Clinical Translation Framework was released in 2018, to assist clinicians identify different factors that may influence the development, maintenance or resolution of musculoskeletal pain.

This workshop will be appropriate for any clinician who deals with any pain condition, not only musculoskeletal pain.

The workshop will be highly practical, incorporating training in the use of the framework. This will be immediately useful in clinical practice.

When: Sunday 5 April 2020, 1.30 pm – 5.00 pm

Where: Hotel Grand Chancellor, Hobart

Cost: Start from \$130 per person – Standard Registration Deadline: 02 Apr 2020

To register or for further information please visit,

https://www.dconferences.com.au/aps2020/pre-conference_workshops



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PRE-CONFERENCE WORKSHOP

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

Date: Sunday 5 April 2020

Venue: Hotel Grand Chancellor, Hobart

Website: https://www.dconferences.com.au/aps2020/pre-conference_workshops

ACUTE PAIN

(Morning and Afternoon Workshops)

Pain: 'Where an ounce of prevention is worth much more.'

At the end of this session those attending the Acute Pain workshop will become familiar with how and why some individuals are more susceptible to pain than others.

The program will briefly revisit the neurobiology of the brain, what can be done to educate the community in preventing the escalation of pain, and discuss initiatives from health care practitioners and Australian government bodies aimed to prevent further suffering. We will attempt an exploration into identifying the characteristics that make some people, both adults and children more vulnerable or conversely, more resilient to pain.

This dynamic workshop will be of interest to medical, nursing, and allied health staff.

Workshop proudly sponsored by:





PAIN IN CHILDHOOD

(Morning and Afternoon Workshops)

This workshop will run a full day workshop covering acute and chronic pain topics. The program will include didactic presentations on the implementation of Australia's newest paediatric chronic pain service, the use of accelerometry in the chronic pain clinic, and in-line with the 2020 IASP global year, biospsychosocial interventions for the prevention of pain. There will also be two interactive sessions: a case-based discussion exploring the challenges of assessing and managing complex pain in both the acute care and outpatient settings, and a workshop on pain education and its application in various contexts. The intended audience will be anyone with an interest in the management of pain in children, from community services through to tertiary level children's hospitals.



BASIC PAIN RESEARCH

(Morning Workshop)

The workshop will showcase basic pain research in Australia. Presentations will discuss the underlying mechanisms of nociception from the characterisation of basic molecular and cellular processes through to their impact on clinical outcomes.

This program will showcase the next generation of pain researchers, including local Tasmanian research, and a special "neuro-immune" topical session to look deeper into processes and therapeutic opportunities for inflammatory pain conditions. This session will involve presentations from clinical and basic pain research investigators with an expertise in arthritis, and a panel discussion.

FUNDAMENTALS OF PAIN

(Morning Workshop)

The Fundamentals of Pain pre-conference workshop will provide a succinct overview of the physiology, pharmacology, and clinical approach to the assessment and management of pain. This workshop is aimed at the general practitioner, specialist, or allied health clinician wishing to update their knowledge and approach to the patient suffering pain.

This workshop will utilise a socio-psycho-bio model of pain to develop a mechanistic-based approach to pain management. A case study will be presented for open discussion, utilising the perspectives of a multidisciplinary audience.

This workshop will complement those with an interest in attending an afternoon session of pharmacology, acute pain, and physiotherapy topics.

Workshop proudly sponsored by:



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PHARMACOLOGY IN PAIN MANAGEMENT

New Horizons in the Prevention of Pain (Afternoon Workshop)

In line with the IASP Global Year for the Prevention of Pain, this workshop will address the need for early identification and preventative treatment in rheumatology, women's health, and substance use disorders.

With growing interest in the use of nutraceuticals for the prevention of pain, this workshop will closely explore the pharmacology of such modalities and the evidence for and against its use. The workshop will include a case study for practical application of principles that will be addressed by the various expert speakers. There will be opportunities for questions and networking with peers, so that current evidence-based science can be optimised in everyday practice.

The intended audience for this session includes general practitioners, pharmacists, specialists, and other allied health professionals with an interest in pharmacology and its application in persistent pain within the clinical setting.

Workshop proudly sponsored by:



PHYSIOTHERAPY IN PAIN MANAGEMENT

The Musculoskeletal Clinical Translation Framework: Pain clinical reasoning in practice

(Afternoon Workshop)

The Musculoskeletal Clinical Translation Framework was released in 2018 to assist clinicians identify different factors that may influence the development, maintenance, or resolution of musculoskeletal pain.

This workshop will be appropriate for any clinician who deals with any pain condition, not only musculoskeletal pain.

The workshop will be highly practical, incorporating training in the use of the framework. This will be immediately useful in clinical practice.

Workshop proudly sponsored by:



Workshop supported by:





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REGISTER HERE!

For further information on each of the Pre-Conference Workshops, programs and associated costs, [please visit the conference website here.](#)

2020 PROGRAM UPDATE

The Australian Pain Society 40th Annual Scientific Meeting will be held from 5-8 April 2020 at the Hotel Grand Chancellor Hobart, Tasmania. We are only 4 weeks away!

Click here for the Program Overview

https://www.dconferences.com.au/aps2020/program_overview

Here are just a few things we are excited about:

International Speakers

https://www.dconferences.com.au/aps2020/keynote_speakers

Dr Janet Bultitude

Monday 6 April, 3.45 – 4.20pm

Sunderland Lecture: The role and relevance of neuropsychological changes in chronic pain

Tuesday 7 April, 09.35 – 10.00am

Bodily & sensory sensitivity in complex regional pain syndrome & fibromyalgia: Systemic changes beyond the diagnostic criteria

Professor John F. Cryan

Monday 6 April, 09.40 – 10.15am

Tuesday 7 April, 10.45 – 11.10am

Dr Erin E. Krebs

Tuesday 7 April, 08.45 – 09.10am

Effectiveness of opioids for chronic pain

Wednesday 8 April, 09.00 – 09.30am

Patient-centered opioid tapering

PRE-CONFERENCE WORKSHOPS

https://www.dconferences.com.au/aps2020/pre-conference_workshops

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

Morning Workshops

- Acute Pain AM
- Pain in Childhood AM
- Basic Pain Research
- Fundamentals of Pain

Afternoon Workshops

- Acute Pain PM
- Pain in Childhood PM
- Pharmacology in Pain Management
- Physiotherapy in Pain Management

TRAINEE SESSION

Practical tips for building your career in pain research - From basic science to the clinician researcher

This session will focus on research career-development for junior researchers and clinicians wanting to understand how to build on their research strengths to establish their research careers. Topics of discussion include publishing, getting project and fellowship funding, and doing research with impact.

[Don't miss out, register today!](#)

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

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



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4 WEEKS TO GO! REGISTER TODAY!

Have you secured your place at Australia's only multidisciplinary conference?

The conference offers insights into the complex nature of pain management from a variety of medical, nursing, and allied health perspectives.

Don't miss out on your opportunity to join us this April in Hobart.

REGISTER HERE!

	Regular Before 3 April 2020
<p>Non-Member Registration Price</p> <p>VS</p> <p>Becoming an APS Member</p>	<p>\$1255</p> <p>OR</p> <p>Being a member saves you up to \$395 after membership fees!</p>
<p>APS Student Member Registration Price</p>	<p>Only \$330</p> <p>Being a member saves you \$925 after membership fees!</p>



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BENEFITS OF FULL MEMBERSHIP

include, but are not limited to:

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

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

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

We look forward to welcoming you to Hobart.

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



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2020 SOCIAL PROGRAM

Network, socialise, relax, enjoy!

There's an exciting social program available to delegates with multiple opportunities to meet and connect with peers and build upon professional networks.

Sunday 5 April

Welcome Reception at the Exhibition Hall, Hotel Grand Chancellor
From 6.00 – 7.30pm

Basic Pain Research and Pain in Childhood SIG Dinners at Susie Luck's, 2 Salamanca Square
From 7.30pm

Monday 6 April

Social Activity at Post Street Social, 11 – 13 Franklin Wharf
From 5.30pm

Guided Parliament House Tour at 1 Salamanca Pl, Hobart
From 6.00 – 7.00pm

Tuesday 7 April

Gala Dinner at Glen Albyn Estate
From 7.00 – 11.00pm

Wednesday 8 April

MONA Excursion departure from Brooke St. Pier
At 1.15pm

[Click here for full details on the APS 2020 social program.](#)

[Secure your place at these enjoyable and entertaining social functions by registering today!](#)

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

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



BASIC PAIN RESEARCH SIG: JOURNAL WATCH

A CRANIOFACIAL-SPECIFIC MONOSYNAPTIC CIRCUIT ENABLES HEIGHTENED AFFECTIVE PAIN

Erica Rodriguez, Katsuyasu Sakurai, Jennie Xu, Yong Chen, Koji Toda, Shengli Zhao, Bao-Xia Han, David Ryu, Henry Yin, Wolfgang Liedtke, and Fan Wang

Reviewer: Clifford TeBay and Brett Graham, University of Newcastle, NSW, Australia

Citation : Rodriguez E, Sakurai K, Xu J, et al. A craniofacial-specific monosynaptic circuit enables heightened affective pain. *Nat Neurosci.* 2017;20(12):1734–1743. doi:10.1038/s41593-017-0012-1

Link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5819335/>

Review of paper: The manner in which nociceptive signals travel through the nervous system is fundamental to our understanding of pain, and the research highlighted below adds a surprising new detail that is absent from the current textbook description of the pain pathway. Specifically, a core principle to our current understanding has been the initial central processing of nociceptive signals from the body by the spinal dorsal horn, and the head and face by the corresponding brainstem structure, the medullary dorsal horn (spinal trigeminal nucleus caudalis). After passing this initial processing, nociceptive signals may be relayed to higher brain regions where the features of pain experience evolve. An additional relevant aspect to this process is the role of distinct brain areas for somatosensory and affective (emotional) aspects of pain experience. The research highlighted here shows that nociceptive signals arising from

the head have direct ‘privileged’ access to a key emotional processing structure in the pain pathway, the parabrachial nucleus (PBN), without passing through the medullary dorsal horn. This discovery has only been possible with the advent of a range of new viral-based techniques that are driving a renaissance in the field of basic neuroscience research.

The textbook view of the pain pathway, noted above, has been assembled over several decades using a range of classical techniques including stimulation and lesioning work, neuronal recording approaches, as well as use of activity marker (eg, Fos labelling) and anatomical tracer studies (e.g., HRP). Many of these are time consuming, labour intensive, and must be used in concert to delineate the connections and functional roles of structures along signalling pathways. Fortunately, recent advances in pre-clinical research make it possible to identify all this information, and more, with just one technique.

Specifically, the publication by Rodriguez et al. illustrates how new viral technologies can identify activated neuronal populations, axonal termination sites, pre-synaptic inputs that drive responses, and the functional consequences of manipulating these neurons, all with slight modifications of the same process. The cutting-edge technique that is showcased in their work is referred to as the “capturing of activated neuronal ensembles”, or CANE.

This technique works by using transgenic mice which selectively express the TVA

receptor (an avian specific retroviral receptor derived from quail) when activated. Critically, the TVA receptor allows the transport of an engineered CANE virus into TVA expressing cells. Thus, neurons express the TVA receptor only when activated, and hence become susceptible to infection by the CANE virus. A key experimental detail is the inclusion of genes in the CANE virus that subsequently label (e.g., green fluorescent protein) or allow manipulation (e.g., optogenetics) of activated neurons.

To begin the identification of this facial pain specific network, the authors injected either formalin or capsaicin into the whisker pad to produce a noxious stimulus, and co-injected a CANE virus carrying the green fluorescent protein gene into the lateral parabrachial nucleus (IPBN). The outcome was to label PBN neurons activated in response to the transient painful stimulus with green fluorescent protein. Following an incubation period, the authors re-introduced the noxious stimuli and undertook an immunohistochemical analysis of Fos protein expression. They observed a 55% overlap between the CANE captured neurons responding to the first painful stimulus, and the Fos labelled neurons responding to the second painful stimulus, thus reinforcing the utility of the CANE technique.

An additional feature of the green fluorescent protein expression was strong labelling extended along the axons of the captured neurons. Thus, the site of PBN axonal terminations could also be identified using the same CANE method, with large axonal boutons seen to wrap around specific post-synaptic cells. The PBN neurons activated by pain were seen to terminate in many instinct and emotion related brain nuclei, which were also seen to be expressing Fos, and could be validated by cross referencing classical tracing studies. The advantage in the CANE method comes from its ability to follow the projections specifically of only

the activated neurons, rather than all the projection sites emanating from the various PBN neuronal populations. Thus, CANE enables identification of activated neuronal populations and pathways specific to pain transmission through PBN.

Using a slight modification of the CANE method, the authors were able to also identify neurons pre-synaptic to activated PBN population. In this instance CANE drove expression of the green fluorescent protein marker as well as glycoprotein G, an important rabies virus protein that allows it to move across synaptic connections. After applying a painful stimulus, the authors injected the first CANE virus, labelling the activated PBN population with green fluorescent protein and also expressing rabies glycoprotein G. Following an incubation period, a second CANE virus was injected that contained the genes for a red labelling protein (mCherry) as well as the rabies virus, altered to be glycoprotein G deficient. Thus, the activated PBN neurons expressed green and red labelling proteins as well as the rabies virus, which could combine with their deficient glycoprotein G in these activated cells only. This glycoprotein G rescue of rabies virus allowed the mCherry gene to be transported back one synapse and label neurons presynaptic to the PBN population red, but not green. This technique is known as single step trans-synaptic transport, and was the important step that allowed the authors to identify the novel affective nociceptive circuit, directly linking the trigeminal ganglion (TG) to the PBN. This work went on to use classical nociceptive markers to confirm that 40% of the direct TG to PBN neurons are TRPV1 expressing, and further viral manipulations showed that the TG pathway also bifurcates in some neurons, to project to both the PBN and the medullary dorsal horn.

In addition to anatomically delineating this novel pathway, the authors used CANE technology to express light-sensitive proteins in the PBN population and

perform optogenetic experiments to activate and inactivate the circuit with light. This provided complimentary functional insights on the electrical properties of the circuit as well as a behaviour analysis of its relationship to pain experience. This functional analysis in freely behaving animals demonstrated a role in avoidance and escape behaviours in response to pain, an ability to produce an aversive memory, and a role in producing audible vocalisations such as distress calls. Together, these behaviours speak to a role in the affective/emotional aspects of pain experience, in line with a number of the downstream brain regions identified. Finally, silencing of this pathway through similar optogenetic means was able to reduce capsaicin-induced facial allodynia, indicating the significance of this pathway to facial pain.

In summary, use of the CANE technique allowed the authors to quite rapidly identify a direct circuit bringing nociceptive

information from the face and head to the parabrachial nucleus, bypassing the medullary dorsal horn processing step described in our textbooks. Importantly, parallel experiments assessing the ability of nociceptive signals arising from the body to activate the PBN showed that this information does first pass through the spinal dorsal horn, lacking direct projections to PBN. Together, these results provide a mechanism for the observations that pain from craniofacial structures is often described as more severe, fear inducing and emotionally challenging than pain from other body regions. The work also implies that pain therapies aimed at reducing signalling in the medullary dorsal horn may be less effective. An update to our pain texts appear to be in order and with continued development of CANE and other methodologies we have never been better positioned to uncover the fine details of pain signalling through the nervous system and how we might modify this for the benefit of patients.

LANGUAGE WHEN DISCUSSING PAIN

As practitioners, we are aware that the language we use can sometimes be confusing to patients, carers, and family members. Although we strive to pitch our conversations at a level that the patient can understand, without being too confronting, there are times when we unwillingly use words that cause alarm. Sometimes it is not until you hear the patient repeat what you have said to them that you realise just how careful we need to be with language.

This care needs to be taken in all language - spoken and written. We frequently see terms such as pain killers and pain relievers used, leading to inaccurate perceptions of what pharmaceutical management can likely achieve. Words such as damage, bulging, and degeneration can be alarming to patients; suggesting severe harm and fostering fear and distress. We are also seeing an increase in the use of the phrase opioid crisis which is leading to unintended harm for consumers.

In short, effective pain management can be impeded when healthcare professionals use language and tone that heightens patients' anxiety and fear about their condition. Conversely, it can be supported by language that reduces this fear. Before outlining a plan for managing pain, we should first have a conversation with patients and their carers to determine their health literacy, cultural beliefs, and beliefs about pain and its management. We then need to include patients in the development of the plan and continually reassess their ability to manage that plan in their own environment. Similarly, if an individual presents at a pharmacy asking for help to kill the pain, the pharmacist should seek to change the tone of the request, such that the conversation is shifted to a discussion about how medicines can assist you to manage your

pain and how this can be optimised by the use non-pharmacological techniques/strategies.

Many of us are engaging in conversations about how to use words and terminology more effectively and safely. One example of this is a conversation that started at the recent Society of Hospital Pharmacists (SHPA) Medicines Management Conference and later expanded to a conversation on the SHPA Pain Management Discussion Forum. Below are a few of the words of wisdom and ideas that colleagues have shared via that forum.

- The Women's and Children's Hospital in Adelaide, South Australia, have recently changed the name of their Acute Pain Service to Comfy Kids Team. They wanted to take the word pain out of their work in order to reinforce that their role is to make the children as comfortable as possible. The Comfy Kids Team is also now using functional activity scores rather than pain scores when using patient controlled analgesia (PCAs) or opioid infusions. This was informed by the work of Alan Cyna, who found that children reported greater pain when they were asked to provide a pain score compared to a comfort score.
- Patients who require management of their pain can encounter a great deal of stigma. They are often faced with barriers and labels, and are frequently treated as though their pain is somehow their own fault.
- The move to reduce opioid prescribing in Australia has resulted in some patients with a genuine need for strong pain management medications being caught up in surveillance criteria and

labelled as drug seeking or said to be engaging in diversion activities or medication misappropriation.

- Prescribers who document the medication management plan in an appropriate manner, with reference to how to manage pain flare-ups and unexpected outcomes from other injuries or comorbidities, are much needed in hospital discharge, general practice, and pain clinics. It is inappropriate to use labels such as drug seeking without looking at the cause of why the patient has needed more medication.
- Many patients are admitted to acute hospitals on advanced pain medications due to their complex needs. Although some may be deemed palliative, they may not die in the near future. These patients can be treated as though they have addiction issues and may be placed in traumatic situations if the treating team does not understand that a palliative pain medication plan is in place because the

chronicity of the patient's pain cannot be controlled in any other format. We have a long way to go in understanding the balance between addiction and palliative in the management of chronic pain. Palliative does not mean death is imminent; it means the patient should be cared for in a manner that makes them comfortable until the end of their natural life.

In 2019, Pain Australia published [Talking about Pain: Language Guidelines for Chronic Pain](#)” This guideline states that the words we use should be empowering, accurate, respectful and inclusive. I commend the document to you all and encourage you to consider how you practice and what you may be able to do differently when discussing pain management.

Thanks to those who have spoken with me about the impact of language in clinical practice – it is an important conversation for us all.

ILLUSION-ENHANCED VIRTUAL REALITY EXERCISE FOR NECK PAIN: A REPLICATED SINGLE CASE SERIES

Thank you to APS members Daniel S Harvie, G Lorimer Moseley, Ann Meulders, and Michele Sterling and their colleagues Ross T Smith and Bart Michiels for sharing the following recent publication.

Article first published online: Feb 2020

Journal Reference: PubMed

DOI: 10.1097/AJP.0000000000000780

Link: <https://pubmed.ncbi.nlm.nih.gov/31714324-illusion-enhanced-virtual-reality-exercise-for-neck-pain-a-replicated-single-case-series/>

ABSTRACT

Objectives

Body illusions have shown promise in treating some chronic pain conditions. We hypothesized that neck exercises performed in virtual reality (VR) with visual feedback of rotation amplified would reduce persistent neck pain.

Methods

In a multiple-baseline replicated single case series, 8 blinded individuals with persistent neck pain completed a 4-phase intervention (initial n=12, 4 dropouts): (1) "baseline"; (2) "VR" during which participants performed rotation exercises in VR with no manipulation of visual feedback; (3) "VR enhanced" during which identical exercises were performed but visual feedback overstated the range of motion being performed; (4) "follow-up." Primary outcomes were twice-daily measures of pain-free range of motion and pain intensity. During the baseline and follow-up phases, measures were taken but no intervention took place.

Results

No differences in primary outcomes were found between VR and baseline, VR enhanced and VR, or VR enhanced and follow-up.

Discussion

Our hypothesis, that neck exercises performed in VR with visual feedback of rotation amplified, would reduce persistent neck pain was not supported. Possible explanations and future directions are discussed.

Declarations

Funding was provided by the Physiotherapy Research Foundation

TALKING TO TEENS ABOUT PAIN: A MODIFIED DELPHI STUDY OF ADOLESCENT PAIN SCIENCE EDUCATION

Thank you to APS members Hayley B Leake, Steven J Kamper, Christopher M Williams, Laura L Burgoyne, Meredith Craigie, Joshua W Pate, and G Lorimer Moseley and their colleagues Lauren C Heathcote, Laura E Simons, Jennifer Stinson, Marjolein Kammers, David Moen, and Kimberley Szeto for sharing the following recent publication.

Article first published online: 26 November 2019 (open access)

Journal Reference: Canadian Journal of Pain

DOI: 10.1080/24740527.2019.1682934

Link: <https://www.tandfonline.com/doi/full/10.1080/24740527.2019.1682934>

ABSTRACT

Background

Persistent pain is a prevalent condition that negatively influences physical, emotional, social and family functioning in adolescents. Pain science education is a promising therapy for adults, yet to be thoroughly investigated for persistent pain in adolescents. There is a need to develop suitable curricula for adolescent pain science education.

Methods

An interdisciplinary meeting of 12 clinicians and researchers with expertise in pain education and paediatric pain was held during March 2018 in Adelaide, South Australia. An a priori objective of the meeting was to identify and gain consensus on key learning objectives for adolescent pain science education. To achieve this, a three-round modified Delphi process was conducted.

Results

Twelve panellists completed 100% of the three rounds. Consensus was reached for seven learning objectives for adolescent pain science education: 1) Pain is a protector; 2) The pain system can become overprotective; 3) Pain is a brain output; 4) Pain is not an accurate marker of tissue state; 5) There are many potential contributors to anyone's pain; 6) We are all bioplastic and; 7) Pain education is treatment.

Conclusions

The adolescent objectives differ from extant adult pain science concepts. They have the potential to form the foundation of a curriculum for adolescent pain science education. Future trials may determine what effect adolescent pain science education actually has on pain-relevant outcomes. Recommendations are made for promising areas for future research in adolescent pain science education.

Declarations

Hayley Leake has received funding for his Ph.D. Scholarship from the University of South Australia Research Training Program (RTP).

WHY ARE WOMEN WITH FIBROMYALGIA SO STIGMATIZED?

Thank you to APS member John Quinter for sharing the following recent publication.

Article first published online: 27 January 2020

Journal Reference: Pain Medicine

DOI: <https://doi.org/10.1093/pm/pnz350>

Link: <https://academic.oup.com/painmedicine/advance-article-abstract/doi/10.1093/pm/pnz350/5716395?redirectedFrom=fulltext>

ABSTRACT

Introduction

Many female pain sufferers with medically unexplained pain are at risk of being stigmatized in our Western society. Fibromyalgia is offered as the exemplar condition.

Aim

To understand why these women are being stigmatized.

Methods

A review of the recent literature was conducted with a focus on the perceptions of women with a diagnosis of fibromyalgia who have been stigmatized.

Results

Three intertwined themes emerged as contributing to their stigmatization: moralizing attitudes, disbelief as to the reality of pain, and pain's invisibility.

Conclusion

Given how embedded the factors responsible for the stigmatization of women with fibromyalgia in Western society are, the realistic prospects for addressing this issue are poor.

Disclaimer

John Quinter has nothing to declare.

INTEGRATED PSYCHOLOGICAL CARE REDUCES HEALTHCARE COSTS AT A HOSPITAL-BASED INFLAMMATORY BOWEL DISEASE SERVICE

Thank you to APS member Anne L J Burke and her colleagues Taryn Lores, Charlotte Goess, Antonina Mikocka-Walus, Kathryn L Collins, Anna Chur-Hansen, Paul Delfabbro, and Jane M Andrews for sharing the following recent publication.

Article first published online: 31 January 2020

DOI: <https://doi.org/10.1016/j.cgh.2020.01.030>

Link: <https://www.sciencedirect.com/science/article/abs/pii/S1542356520301099>

ABSTRACT

Background

Inflammatory bowel diseases (IBD) are associated with high psychosocial burden and economic cost. Integrating psychological care into routine management might lead to savings. We performed a 2-year investigation of the effects of integrated psychological care in reducing healthcare use and costs.

Methods

We performed a prospective study of 335 adult patients treated at a hospital-based IBD service in Australia. Participants were recruited between September 2015 and August 2016 and completed screening instruments to evaluate mental health and quality of life. Data on healthcare use and costs for the previous 12 months were also collected. Patients found to be at risk for mental health issues were offered psychological intervention. Patients were

followed up 12 months after screening (between September 2016 and August 2017).

Results

A significantly higher proportion of subjects at risk for mental health issues had presented to an emergency department in the 12 months before screening (51/182, 28%) compared to psychologically healthy subjects (28/152, 18%; $X^2(1)=4.23$; $P=.040$). Higher levels of depression and general distress (but not anxiety) were related to increased odds of hospital admission (adjusted odds ratios, 1.07 and 1.05, respectively). Among the patients who accepted psychological intervention, the number who presented to emergency departments was reduced significantly in the 12 months after screening (follow-up) compared to the 12 months before screening ($P=.047$), resulting in a cost saving of AU\$30,140 (\$20,816 USD). A cost-benefit analysis of the integrated psychological care model revealed a net saving of AU\$84,905 (\$58,647 USD) over a 2-year period.

Conclusions

Risk for mental health issues is associated with higher healthcare costs in people with IBD. Providing integrated psychological care to individuals at risk for mental health issues can reduce costs, particularly by decreasing visits to emergency departments. Further studies are required to determine the best care to provide to reduce costs.

Declarations

This work was supported by a peer reviewed grant from the Gastroenterological Society of Australia funded by Janssen (“Inflammatory Bowel Disease Centre of Excellence Award”), as well as funds raised by the Royal Adelaide Hospital Research Fund administered by the Health Services Charitable Gifts Board.

Conflict of Interest

Taryn Lores, Charlotte Goess, Kathryn L. Collins, Anna Chur-Hansen, Paul Delfabbro – all declare nil conflicts of interest.

Antonina Mikocka-Walus – declares speaker’s fees for Janssen and Ferring.

Anne L. J. Burke – declares speaker’s fees for Indivior, Sequiris, and Mundipharma.

Jane M. Andrews – declares speaker’s fees, research support and/or Ad Boards for Abbott, AbbVie, Allergan, AstraZeneca, Bayer, Celegene, Ferring, Gilead, Hospira, ImmunsanT, Janssen, MSD, Nestle, Novartis, Pfizer, Shire, Takeda, and Vifor.

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.

PROFESSIONAL CONNECTIONS GRANTS

These newly renamed and expanded grants are available to Nursing, Allied Health Professionals and Trainee/Early Career Researchers.

The Clinical Professional Connection Grant is designed to support APS members in the following ways:

- Nursing or allied health clinicians from non-metropolitan locations to visit a major metropolitan multidisciplinary pain centre, for the duration of generally one (1) week. Visits are intended to support professional learning (including the exploration of new models of care) that can inform service development in non-metropolitan services with single or limited discipline profiles;
- Trainee/early career researchers (i.e., researchers currently undertaking their PhD, or within five years of PhD conferral) to visit a major metropolitan multidisciplinary pain centre for the purpose of conducting/initiating a clinically-oriented research project that involves the development of a new partnership/collaboration with allied health, nursing or medical pain specialists. Projects can use basic science or applied methods, but the clinical relevance of the project must be clearly articulated.

See [website](#) for Eligibility Criteria, Terms and Conditions, and application form.



SCHOLARSHIPS OF UP TO \$5,000 FOR CURRENT AND ASPIRING FEMALE LEADERS

Scholarships of \$2,000 to \$5,000 are currently available to women working in the health and wellbeing sector to help support their participation in a range of career building leadership development programs.

The initiative is providing junior through to executive managers with scholarships to support their growth and development. The scholarships assist with participation in one of three flagship development programs. The programs provide highly collaborative learning environments uniquely tailored to the needs of female leaders.

EXPRESSIONS OF INTEREST

Find out more and register your interest by completing the Expression of Interest form here prior to Friday, March 20: <https://www.wla.edu.au/health.html>



DO YOU HAVE COMPLEX REGIONAL PAIN SYNDROME (CRPS) OF THE UPPER LIMB? YOU MAY BE ELIGIBLE FOR OUR EXPERIMENT.

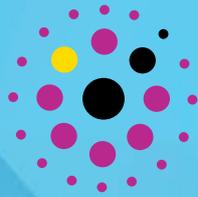
We are investigating how the brain processes sensory information. We are reading the brain's responses to brief electrical stimulation to the hands, using electrodes on the scalp. You will also be given some questionnaires to complete.

This experiment involves a 2-hour (approx.) lab visit to the University of South Australia.

We will reimburse you \$20/session for your time and will cover your transport expenses.

Please contact Flavia at flavia.dipietro@sydney.edu.au if you are interested.

The study is approved by University of South Australia Human Research Ethics Committee, reference number 0000036055.v



pain revolution

Rural Outreach Tour



Do you, or someone you love, live with persistent pain?

Are you ready to learn how understanding pain can help you, and your whole community? Join us for a FREE, easy to understand talk about why your body hurts, why it keeps hurting and what you can do about it.

Are you a health professional working with people challenged by persisting pain?

Join us for a FREE interactive interdisciplinary seminar and discussion about the challenge of treating persistent pain, and the opportunities for recovery that modern pain science has revealed.

Scholarships valued at \$13,000 available to local clinicians to join the Local Pain Educator Program and provide ongoing support to their communities. painrevolution.org

Interested in a more in-depth exploration of how modern pain science can be applied in the clinic?

Join us for a half day workshop on how to apply science-based approaches for people challenged by pain, in the clinic, tomorrow. This interdisciplinary intensive workshop will focus on your skill development and confidence delivering modern pain care. All proceeds go towards providing free pain education to the community.

Want to be surprised? Interested in cutting edge strategies to rethink pain using virtual reality, visual illusions and storytelling?

Drop in to the Brain Bus, our 'pain science lab on wheels', to experience the power of your brain and how it informs a modern understanding of pain.

Save the date!

March 6 - Geelong		March 10 - Traralgon		March 13 - Omeo	
Clinical Workshop*	2.00-5.00pm	Public Seminar	3.30-5.00pm	Public Seminar	8.30-10.00am
		Health Professional Forum	6.00-7.30pm		
		Brain Bus	12.00-2.00pm		
		Clinical Workshop *	9am-12.00pm		
March 7 - Geelong		March 11 - Sale		March 13 - Bright	
Public Seminar	2.30-4.00pm	Public Seminar	10.00-11.30am	Public Seminar	3.30-5.00pm
Health Professional Forum	5.00-6.30pm	Health Professional Forum	7.30-9.00am	Health Professional Forum	6.00-7.30pm
Brain Bus	12.00-2.00pm			Brain Bus	12.00-2.00pm
March 8 - Frankston		March 11 - Bairnsdale		March 14 - Wangarratta	
Public Seminar	2.30-4.00pm	Public Seminar	3.30-5.00pm	Public Seminar	2.30-4.00pm
Health Professional Forum	5.00-6.30pm	Health Professional Forum	6.00-7.30pm	Health Professional Forum	5.00-6.30pm
Brain Bus	12.00-2.00pm	Brain Bus	12.00-2.00pm	Brain Bus	12.00-2.00pm
				Clinical Workshop*	9am-12.00pm
March 9 - Wonthaggi		March 12 - Orbost			
Public Seminar	2.30-4.00pm	Public Seminar	12.00-1.30pm		
Health Professional Forum	5.00-6.30pm	Brain Bus	11am-12.00pm		
Brain Bus	12.00-2.00pm				

*Pain Science in Practice workshop is \$195 per person with limited spots. All other events are free.

Book your FREE ticket at our website painrevolution.org



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COPTHORNE HOTEL, BAY OF ISLANDS, NEW ZEALAND
Making the Connection — Cortex, Culture and Community



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2-4 APRIL 2020
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KEYNOTE PRESENTER
Professor Lorimer Moseley, University of South Australia

CONFERENCE CHARITY
Helping all Australians access community-based pain education


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Earlybird registration rate closing 6 February 2020

CALL FOR ABSTRACTS
Now open, closing on 22 November 2019

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2020 AUSTRALIAN PAIN SOCIETY 40TH ANNUAL SCIENTIFIC MEETING
In the IASP Global Year for the Prevention of Pain
5 - 8 APRIL 2020
HOTEL GRAND CHANCELLOR, HOBART TAS

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DC Conferences Pty Ltd
P: 61 2 9954 4400
E: aps2020@dconferences.com.au

Submission Deadlines
Topical Sessions 1 October 2019
Free Papers & Posters 31 October 2019
Rising Star Award 31 October 2019
Early Bird Deadline 19 February 2020

 THE AUSTRALIAN PAIN SOCIETY



AOCPRM
2020 *Jeju*
APRIL 23 - 26, 2020
JEJU, KOREA

*Innovative Rehabilitation
in Asia Oceania*

The 7th Asia-Oceanian Conference of Physical & Rehabilitation Medicine
in conjunction with the 34th Annual Congress of the Korean Academy of Rehabilitation Medicine

The banner features a blue background on the left with white text, and a photograph of a green, circular island with a blue rim, situated in the ocean on the right.



**impart
nurture
grow**

FPM SYMPOSIUM
FRIDAY MAY 1, 2020
PAN PACIFIC PERTH

 **FPM**
FACULTY OF PAIN MEDICINE
ANZCA

The banner has a background of a hand holding a stylized tree. The hand is in shades of blue and green, and the tree is in shades of green and yellow. The text is in white and light blue.



ins
International
Neuromodulation
Society

2ND Joint Congress of the
INS European Chapters
/ 25-27 June 2020 / Paris, France

The banner has a white background with the INS logo on the left and the event details on the right.



**Neuromodulation Society of Australia & New Zealand
14th Annual Scientific Meeting (NSANZ 2020)**
Neuromodulation, Value Based Care

7-9 AUGUST 2020
Sofitel Brisbane Central, Queensland

Cadaver Workshop
7 AUGUST 2020

QUT Medical Engineering
Research Faculty, Brisbane

www.dconferences.com.au/nsanz2020

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Neuromodulation Society
of Australia and
New Zealand
A chapter of the International Neuromodulation Society **ins**

SAVE THE DATE!



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

DATES	Abstract submissions	Now open
	Concurrent Workshops Deadline	22 April 2020
	Free Paper and Poster Deadline	20 May 2020
	Online Registration opens	28 May 2020



Rehabilitation Medicine Society of Australia and New Zealand
 5th Annual Scientific Meeting | **22 - 25 September 2020**
 Gold Coast Convention and Exhibition Centre, Queensland

Forging Alliances, New Horizons



SAVE THE DATE



ANZAOMS 2020



26 - 28 November 2020
 Grand Chancellor, HOBART



WOUNDS 2020
 Connect, Collaborate, Innovate

THE WOUNDS AUSTRALIA NATIONAL CONFERENCE
 Brisbane Convention and Exhibition Centre
 4-7 November 2020

wounds2020.com.au



FYI

NEW!

- **2020 Global Year for the Prevention of Pain**

Local poster and IASP Fact Sheets now available on our webpage:

<https://www.apsoc.org.au/global-year-against-pain>

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/C21BEAE2026450DCA25847F0013A28F>

- **Australia's annual overdose report 2019:**

<http://www.penington.org.au/australias-annual-overdose-report-2019/>

- **Chronic Pain: Is Australian healthcare really helping people who have chronic pain?**

Radio National discussion on 23JUN19: <https://radio.abc.net.au/programitem/pgE7Pk0jlv>

- **New videos from NSW Health: Working with Aboriginal People**

<https://www.youtube.com/watch?v=AV4Muq87ekQ&feature=em-uploademail>

- **Medicinal cannabis for chemotherapy-induced nausea and vomiting (CINV): prescribing with limited evidence – Published 12 November 2018:**

<https://www.mja.com.au/journal/2019/210/1/medicinal-cannabis-chemotherapy-induced-nausea-and-vomiting-prescribing-limited>

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

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

- **Palliative Care Australia (PCA) and Australian Indigenous**

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

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

- **Painaustralia eNewsletter latest issue, available online at**

<http://www.painaustralia.org.au/media/enews>

- **ePPOC: electronic Persistent Pain Outcomes Collaboration**

For more information about ePPOC, refer to the website:

<http://ahsri.uow.edu.au/eppoc/index.html>

- **PainHEALTH website**

<http://painhealth.csse.uwa.edu.au/>

- **ANZCA/FPM Free Opioid Calculator App**

Smart phone app that converts opiates to milligrams of morphine, available for both iPhone and Android:

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

- **Stanford University**

CHOIR Collaborative Health Outcomes Information Registry:

<https://choir.stanford.edu/>

- **2019 Global Year Against Pain in the Most Vulnerable**

Launched 31JAN19

See information and resources on our website:

<http://www.apsoc.org.au/global-year-against-pain>

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- **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/n?ReturnUrl=%2fSpecialtyFormulary%2f2> At login, Username: connectingcare, Password: health
- **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 [<https://www.apsoc.org.au/position-papers>] webpage.
- **NSW Cannabis Medicines Advisory Service (CMAS)**
Launched 29JAN18
Fact Sheet on our website:
https://www.apsoc.org.au/PDF/Fact_Sheets/20180129_NSW-CannabisMedicinesAdvisoryService-CMAS_Fact_Sheet_FINAL.PDF
Service available 9am-5pm Monday-Friday
Hotline: (02) 4923 6200 or email: HNELHD-CMAS@hnehealth.nsw.gov.au

NPS MEDICINEWISE RESOURCES:

- **Choosing Wisely Australia – News & media:**
<http://www.choosingwisely.org.au/news-and-media>
- **Over the counter codeine – changes to supply:** <https://www.nps.org.au/medical-info/clinical-topics/over-the-counter-codeine-changes-to-supply>
- **Medicines with codeine – what you need to know:** <https://www.nps.org.au/medical-info/consumer-info/medicines-with-codeine-what-you-need-to-know>
- **Low Back Pain resources published 16OCT18:**
<https://www.nps.org.au/medical-info/clinical-topics/low-back-pain>

TGA

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

NSW AGENCY FOR CLINICAL INNOVATION RESOURCES:

- **Our Mob: Resources for Aboriginal People:** <https://www.aci.health.nsw.gov.au/chronic-pain/our-mob>
- **Brainman and Pain Tool Kit translations, SEP15:** <http://www.aci.health.nsw.gov.au/chronic-pain/translated-resources>
- **Pain Management Resources:** <http://www.aci.health.nsw.gov.au/resources/pain-management>
- **Quicksteps to Manage Chronic Pain in Primary Care:** <http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/quick-steps-to-manage-chronic-pain-in-primary-care>
 - **Built into Quicksteps: “How to de-prescribe and wean opioids in general practice”:** http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/quick-steps-to-manage-chronic-pain-in-primary-care/how_to_de-prescribe_and_wean_opioids_in_general_practice

- **A list of helpful apps for consumers and clinicians now available at:** <http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/management-of-chronic-pain>
- **Chronic Pain in the ED:** <https://www.aci.health.nsw.gov.au/networks/aci/clinical/clinical-resources/clinical-tools/pain-management/chronic-pain-in-the-ed>

MEMBERS ONLY AREA OF APS WEBSITE:

- **APS Plenary Recordings**
As an exclusive benefit to APS members, the following Plenary videos are now available for free access:
 - 2018 conference in Sydney
 - 2017 conference in Adelaide
 - 2016 conference in Perth
- **Better Pain Management online learning modules**
APS members receive a 20% discount
- **BPR SIG Expert Database**
Survey and Results

APS MEDIA RELEASES:

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

CURRENT SCHOLARS

PHD SCHOLARSHIP SPONSOR	SCHOLAR	TOPIC
Seqirus #1 — APS — APRA	Sherelle Casey	<i>“Cannabinoids for neuropathic pain”</i>
Cops for Kids #3 — APS — vAPRA	Dr Nicole Andrews	<i>“An evaluation of the usability of a paediatric version of the Pain ROADMAP app”.</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>
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>

PAST SCHOLARS

PHD SCHOLARSHIP SPONSOR	SCHOLAR	COMPLETED	TOPIC
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	2019	<i>“The effect of nerve injury on behavioural selection and its relationship to prefrontal function”</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>

TASMANIA SOCIAL NETWORKING EVENT

On Tuesday 25th February the APS hosted its first state social networking event in Hobart, Tasmania. A small group of APS members from different backgrounds sheltered from the rain in an informal setting over drinks and nibbles, and enjoyed sharing and comparing their experiences working in the different environments of chronic pain management. It served as a wonderful opportunity to connect with other local APS members from a range of different fields and to grow our excitement for this year's ASM to be held Hobart in April; one that has seen a record number of early-bird registrations.

We hope to continue these informal events in all the states and territories to provide APS members the opportunity to get to catch up with colleagues they know and to make new acquaintances. Watch out for your APS invite to your state networking event!



Left to right: Trudi Disney, Megan Willing, Dinah Spratt (Tasmania Director), and Sabina Lane

APS Social Networking Event

Wednesday 11 March 2020



JOIN US AT

**Calvary Public Hospital
Bruce**

RESERVE YOUR SPOT TODAY

[Click Here to RSVP
by 9 MAR](#)

Please join us for an Australian Pain Society (APS) social event

You've told us that you want more opportunities to connect with each other in between APS conferences.

So..... we thought we'd trial an evening of informal networking.

Come along and catch up with your local APS colleagues and learn more about what other people are doing in your state.

In fact, if you have friends/colleagues with an interest in pain management but who are not members of APS, why not bring them along too so that they can connect with the APS community and find out more about how APS can help support them.

This time the night will be largely unstructured so that you can focus on meeting and connecting with others.

It's sure to be loads of fun.

Hope to see you there

Andrew Watson

APS Director, ACT

Date: Wednesday 11 March 2020

Time: 6.30pm to 8.030pm

Venue: [Calvary Public Hospital](#), Bruce

(Post Graduate Function Room, Level 3, Xavier Building)

RSVP: [Click Here](#) by Monday 9 March 2020

APS Social Networking Event

Wednesday 11 March 2020



JOIN US AT

**The Charming Squire
Brisbane**

RESERVE YOUR SPOT TODAY

[Click Here to RSVP by
03 March](#)

Please join us for an Australian Pain Society (APS) social event

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Come along and catch up with your local APS colleagues and learn more about what other people are doing in your state.

In fact, if you have friends/colleagues with an interest in pain management but who are not members of APS, why not bring them along too so that they can connect with the APS community and find out more about how APS can help support them.

This time the night will be largely unstructured so that you can focus on meeting and connecting with others.

It's sure to be loads of fun.

Hope to see you there

Joyce McSwan

APS Director, Queensland

Date: Wednesday 11 March 2020

Time: 6.00pm to 8.00pm

Venue: [James Squire, The Charming Squire](#)

- Located in: Brisbane Convention & Exhibition Centre
3/133 Grey St, South Brisbane QLD 4101

RSVP: [Click Here](#) by Tuesday 03 March 2020

NEW MEMBERS AT 25 FEB 2020

TITLE	FIRST NAME	LAST NAME	DISCIPLINE GROUP
Ms	Aditi	Badhe	Physiotherapy
Mrs	Jo	Bratt	Nursing
Mrs	jennifer	Heazlewood	Nursing
Mrs	Belinda	Johnson	Nursing
Miss	Hannah Grace	Jones	Psychology
Mr	Derek	Lim	Science Research
Miss	Monica	Malhotra	Occupational Therapy
Miss	Saari	Nigol	Psychology
Dr	Sean	O'Donoghue	Psychology
Ms	Susan	Rogers	Nursing
Dr	Raja	Sengupta	Pain Medicine Physician
Mr	Joshua	Toloui-Wal- lace	Physiotherapy
Ms	Pippy	Walker	Dietetics
Miss	Ellana	Welsby	Occupational Therapy
Miss	Erica	Wilkinson	Science Research
Dr	Nitin	Yogesh	Neurosurgery

APS MEMBERSHIP RENEWALS 2020



RENEWAL NOTICES FOR 2020 HAVE BEEN SENT BY EMAIL TO MEMBERS IN LATE NOVEMBER.

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

Please note:

1. We understand that circumstances change, so each year we ask you to select your appropriate level of membership
2. This system of self-reporting subscription levels was implemented in 2009 for the benefit and fairness of all members.

As previously advised the Australian Pain Society Board resolved at the Strategic Planning Meeting in August 2019, that membership fees will increase for 2020 to the following rates:

- | | |
|--------------|-------------------------|
| a. Regular A | \$110 |
| b. Regular B | \$205 |
| c. Regular C | \$310 |
| d. Retired | \$ 65 Concessional Rate |
| e. Student | \$ 65 Concessional Rate |

(Please note that such resolutions by the APS Board are permitted under clause 6.7 of the new APS constitution, adopted on 10 April 2019.)

Before renewing online, please ensure you

[Review and update your member profile.](#)

Payments can be made by Credit Card, BPAY, or Cheque.

CALENDAR OF EVENTS

6 - 14 March 2020

Pain Revolution 2020

Rural Outreach and Cycling Tour

Various venues, Geelong, Frankston, Wonthaggi, Traralgon, Sale, Bairnsdale, Orbost, Omeo, Bright, Wangaratta, VIC

<https://www.painrevolution.org/events>

18 - 21 March 2020

New Zealand Pain Society Annual Scientific Meeting 2020

Making the Connection - Cortex, Culture and Community

Copthorne Hotel, Bay of Islands, New Zealand

<https://www.nzps2020.nz>

28 - 29 March 2020

Pain Association of Singapore

Annual Scientific Meeting 2020

One Farrer Hotel, Singapore, Singapore

<https://www.pain-asm.com>

2-4 April 2020

Exercise & Sports Science Australia (ESSA)

Research to Practice 2020

Perth Convention and Exhibition Centre, Perth, WA

<http://researchtopractice2020.com.au>

5-8 April 2020

Australian Pain Society 40th Annual Scientific Meeting

In the IASP Global Year for the Prevention of Pain

Hotel Grand Chancellor, Hobart, TAS

<https://www.dconferences.com.au/aps2020/>

23 - 26 April 2020

AOCPRM

The 7th Asia-Oceanian Conference of Physical & Rehabilitation Medicine

ICC Jeju, Jeju, Korea

<http://www.aocprm2020.com/html/>

27 April - 1 May 2020

SpineWeek Committee

SpineWeek 2020

Melbourne Convention and Exhibition Centre, Melbourne, VIC

<https://www.spineweek.org>

1 May 2020

Faculty of Pain Medicine (FPM) Symposium

Impart Nurture Grow

Pan Pacific Hotel, Perth, WA

<http://fpm.anzca.edu.au/events/2020-fpm-symposium>

1- 5 May 2020

Australian and New Zealand College of Anaesthetists (ANZCA) Annual Scientific Meeting 2020

Inform Inspire Influence

Perth Convention and Exhibition Centre, Perth, WA

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

15 - 17 May 2020

Australian Psychological Society College of Clinical Psychologists 2020 Annual Conference

Complexity in Practice

Sofitel Brisbane Central, Brisbane, QLD

<https://www.psychology.org.au/APS-CCLIN-Conf/2020>

25 - 26 May 2020

National Rural Health Alliance 7th Rural and Remote Health Scientific Symposium

Shaping the future

Alice Springs Convention Centre, Alice Springs, NT

<http://www.ruralhealth.org.au/7rrhss/>

22 - 23 June 2020

Occupational Therapy Australia

2020 OT Exchange

Crown Promenade, Melbourne, VIC

<https://otaus.com.au/events/the-ot-exchange-2020>

25 - 27 June 2020

International Neuromodulation Society

2nd Joint Congress of the INS European Chapters

Paris, France

<https://e-ins.org/>

31 July - 2 August 2020

Pharmaceutical Society of Australia - PSA20

TBA

TBA, Sydney, NSW

<https://www.psa.org.au/networking-events/information-on-major-events-and-conferences/>

4 - 8 August 2020

International Association for the Study of Pain (IASP)

19th World Congress on Pain

RAI Amsterdam Convention Centre, Amsterdam, Netherlands

<https://www.iaspworldcongress.org>

7 - 9 August 2020

Neuromodulation Society of Australia & New Zealand (NSANZ) 14th Annual Scientific Meeting

Neuromodulation, Value Based Care

Sofitel Brisbane Central, Brisbane, QLD

<https://dcconferences.eventsair.com/nsanz2020/>

17 - 19 September 2020

Australian & New Zealand Society of Palliative Medicine ANZSPM

Australian and New Zealand Society of Palliative Medicine Conference

Pullman Auckland, Auckland, New Zealand

<https://willorganise.eventsair.com/2020-anzspm-conference/>

22 - 25 September 2020

Rehabilitation Medicine Society of Australia and New Zealand (RMSANZ)

5th Annual Scientific Meeting: Forging Alliances, New Horizons

Gold Coast Convention and Exhibition Centre, Gold Coast, QLD

<https://www.dcconferences.com.au/rmsanz2020/>

6 - 8 October 2020

International Federation of Orthopaedic Manipulative Physical Therapists (IFOMPT)

IFOMPT 2020: Innovate - Integrate

Melbourne Convention and Exhibition Centre, Melbourne, VIC

<https://ifomptconference.org>

4 - 11 November 2020

Wounds Australia

Wounds 2020

Brisbane Convention and Exhibition Centre, Brisbane, QLD

https://wounds2020.com.au/?utm_source=australianpainsociety&utm_medium=banner&utm_campaign=website

11 - 13 November

2020 Clinical Oncology Society of Australia (COSA) 47th Annual Scientific Meeting
Convention Centre, Brisbane, QLD
<https://www.cosa.org.au/events/annual-scientific-meeting/>

26 - 28 November 2020

Australian and New Zealand Association of Oral & Maxillofacial Surgeons
ANZAOMS 2020 Confernce, Hobart, Tasmania
<https://www.anzaomsconference.com.au/>

25 - 28 March 2021

IASP Pain in Childhood SIG
ISPP 2021 13th International Symposium on Pediatric Pain: Knowledge, Growth, Practice
Cordis Hotel, Auckland, New Zealand
<https://www.ispp2021.org>

23 - 25 June 2021

Occupational Therapy Australia
TBA,
TBA
<https://www.otaus2021.com.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 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

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