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## What Happens After Pain Management Programs? – by Professor Michael Nicholas

One of the recurring questions clinicians working in pain centres are asked is: “what happens to people with chronic pain after they have completed a pain management program?”

A new paper from a group of experienced pain clinicians and researchers at Tallaght Hospital, Dublin, provides some helpful answers to this question.

The paper goes beyond the usual standardised questionnaires and into the lives of the patients themselves. As such it should be both refreshing and informative for clinicians struggling to answer these questions, and for patients considering whether they should commit to participating in a pain management program.

The 16 former patients interviewed for the study had chronic pain and had completed the hospital's four-week cognitive behavioural (CBT) pain management program (2001–2014).

They were all positive about the program and how it had improved their lives, and attributed this to their continued use of the key strategies taught on the program to effectively manage their pain (pacing, relaxation), and how they had embedded these in their daily lives.

They felt one of the keys to maximising their gains from the program was to be open, to listen, and to be accepting.

They felt the group itself had been helpful as it had enabled them to share their pain management knowledge with others.

I am sure these views would be shared by most, if not all of us working in this field, but it is reinforcing, and possibly reassuring, that these experts have come to these conclusions too.

The paper provides us with some answers to the question about life after the pain program—I strongly recommend it.

Read more in [“I've Actually Changed How I Live”—Patients' Long-Term Perceptions of a Cognitive Behavioral Pain Management Program](#)



Professor Michael Nicholas

## WISE STUDY WINS icare TMF AWARD

The WISE study consortium—NSW Health, EML, icare and The University of Sydney, Pain Management Research Institute (PMRI)—has been named joint winner of the Framework and Systems section of the 2016 icare TMF awards.

This is the second major award for the WISE study, cementing PMRI's position as a global leader in innovative pain management.

The Awards for Excellence in Risk Management have become a major occasion for government agencies to share their experience and learnings in both preventive and post-incident risk management.

icare CEO Vivek Bhatia said, "Each of our winners are role models in the public and private sector for implementing leading edge ideas in workplace injury prevention and safety strategies by pioneering new systems, processes, and design."

We congratulate Professor Michael Nicholas for his inspired leadership of the WISE study and affirm our commitment to support all efforts to translate this into improved workplace practices and culture in collaboration with the GAP taskforce.

For more information about the icare TMF awards, [click here](#).



### Support Us

Your donation will help Painaustralia continue to advocate for better healthcare for Australians who live with chronic pain. Your support could make all the difference.

**DONATE NOW**

## Health Care Homes Funding Model Needs a Re-think

The Government's announcement of payment details for Health Care Homes has failed to address the real needs of patients with complex chronic pain conditions.



With its focus on GP payments alone, the proposed model does nothing to improve access to allied health services and the *ad hoc* nature of payments for these services. Furthermore, it will not relieve the excessive out-of-pocket expenses incurred by people with chronic pain to access more holistic care.

The new Health Care Home model was heralded as a major step towards improved management of people with complex chronic health problems, ensuring innovation in service delivery and better collaboration between GPs and allied health professionals to achieve optimum patient outcomes.

The vast majority of people with chronic conditions including chronic pain, rely heavily on the care of allied health professionals to provide treatment and support to enable self-management—the most effective way to achieve quality of life.

"An opportunity has been missed to move away from a medical model towards a more holistic model of care for chronic conditions which could improve patient outcomes, take the load off over-stretched GPs and save money in the longer term. Painaustralia will be seeking to have this reviewed," said Painaustralia CEO Lesley Brydon.

With the announcement this month by the MBS Review Taskforce that item numbers for pain management will be considered by the Taskforce next year, Painaustralia is hopeful of achieving funding models that will be more appropriate and helpful for people with chronic pain.

For information about the review email: [lesley.brydon@pinaustralia.org.au](mailto:lesley.brydon@pinaustralia.org.au)

## NHMRC Funding for Chronic Pain – More please!

Competing for NHMRC Grants is a challenge for all researchers, however given the prevalence and enormous cost of chronic pain, and the lack of safe effective treatments, it is difficult to understand why the allocation for pain research remains such a small portion of the NHMRC's grant investment.

In the latest round of grant funding from the National Health and Medical Research Council, \$4 million was allocated to projects associated with chronic pain—just two percent of \$190 million or less than three percent of the total number of projects funded.

In an effort to improve this, Painaustralia and a host of Australian researchers have backed a submission to the new Medical Research Futures Fund, for pain to be recognised as a priority area for research investment.

Of the nine projects funded in the current round, more than half will investigate musculoskeletal conditions. Find out more about outcomes of the NHMRC funding rounds [here](#).

## Churack Chair Website Launched

The Churack Chair of Chronic Pain Education and Research at the University Of Notre Dame (Perth) established in 2015 under the leadership of Professor Eric Visser, has launched its website: [www.nd.edu.au/churack](http://www.nd.edu.au/churack)



The Chair, which was made possible with a grant from Perth philanthropists Geoff and Moira Churack, aims to improve the lives of people-in-pain through excellence in pain education and research, and is the first of its kind in Australia.

The new website lists information about current and future research projects, and also includes resources for students, clinicians and consumers.

In 2017, it will be expanding one-to-one teaching, with medical student attachments to the pain service at St John of God Subiaco Hospital.

## Call for Submissions: Help advocate on behalf of people with pain

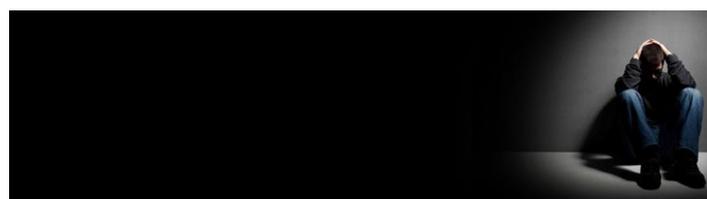
Painaustralia members have an opportunity to have a say in two government reviews, to advocate for improved management of chronic pain in aged care facilities, and in relation to mental health.

The [Aged Care Legislation Review](#), which is open for comment until 4 December 2016, will look at future needs of the system, addressing nine key matters under the Section 4 of the *Aged Care (Living Longer Living Better) Act 2013*.



With many studies showing chronic pain is poorly diagnosed and treated in aged care facilities, Painaustralia will be addressing this under item 7: 'the effectiveness of workforce strategies in aged care services, including strategies for the education, recruitment, retention and funding of aged care workers'.

Stakeholder input is also invited in the [Consultation on the draft Fifth National Mental Health Plan](#), which will focus on achieving a better integrated service system for consumers with mental health problems and their carers.



In Australia, a 2006 study indicated that physical health problems may have contributed to as many as one in five suicides, while Lifeline Australia has told Painaustralia that many people who call the hotline do so because of severe and chronic pain.

Should you wish to have input to a Painaustralia submission, please email Lesley Brydon [lesley.brydon@pinaustralia.org.au](mailto:lesley.brydon@pinaustralia.org.au)

## Breaking the Pain Habit: It's not about distraction

Occupational Therapist and Research Fellow Dr Lisa Chaffey has developed a way that helps her tap into the neuroplasticity of the brain essentially breaking the brain's habit of feeling chronic pain.

Born with a rare spinal disability which allowed only half of the vertebrae in her spine to develop, she has lived with chronic pain her whole life, but is now completely pain-free.

Dr Chaffey's strategies are based on [the work of Michael Moskowitz](#), an American psychiatrist turned pain specialist.



Dr Lisa Chaffey

Taking his idea of utilising competitive processing in the pre frontal cortex of the brain—which is linked with chronic pain as well as creativity, planning and higher thinking—to reduce pain levels, she then applied her background in occupational therapy to find practical ways to achieve long-term pain relief.

By matching simple creative tasks—such as craft, cooking, colouring in, and doing puzzles—to those other brain functions, she has identified ways to override the brain's messages of chronic pain.

"The key is to perform those tasks on a regular basis, even when pain is severe, and by doing so consistently, over a long period of time, the neural pathways that create the experience of chronic pain weaken, while new pathways strengthen," says Dr Chaffey.

"It's tempting to lay on the couch and watch telly when you're in pain, but when you do that, your brain has free reign to reinforce the pain pathways.

"The trick to breaking the pain habit is not distraction, it's learning new things and creating new pathways.

"The key is to focus on tasks that require complete concentration, immersing yourself completely in the task despite the pain—and that's the hard part. If you're ready to break the pain habit, it is possible. It took me a year, but I did it."

Dr Chaffey's book *Breaking the Pain Habit*, will be published in the near future. You can find out more by contacting Dr Chaffey by email [lisach@ffey.com.au](mailto:lisach@ffey.com.au).

## Help Kids in Pain - Shona Morris tells Neika's story

Our daughter Neika was in Grade 6 when she hurt her knee. She ended up unable to bend it and was in extreme pain. The doctors had no answers.

Months passed and a sports doctor finally diagnosed Complex Regional Pain Syndrome (CRPS). Neika needed a lot of physiotherapy but she was very reluctant to do the exercises. She became very unhappy but wouldn't speak with a psychologist.

Eventually we came across a children's pain clinic—and it saved us. They knew how to work with children and offered education to parents.

After a two-week intensive program, they referred Neika to a paediatric physiotherapist in the community, who worked with her every day.

It took one year, but eventually Neika stopped limping and regained full movement.

Sign Painaustralia's [#campaignforpain](#) petition to call for better services for Aussie kids in pain: [www.change.org.au/campaignforpain](http://www.change.org.au/campaignforpain)



## A Collaboration of Art and Science

Artist [Eugenie Lee](#) knows a lot about chronic pain, having lived with the excruciating pain of endometriosis for more than 15 years, ultimately requiring a hysterectomy.

Pain became the focus of her art, but rather than simply express her own experience, she wanted to offer a voice to everyone with chronic pain.

After completing an artist residency with Professor Lorimer Moseley and his team at Body in Mind at the University of South Australia, she was inspired to create an interactive exhibition to raise awareness about the bio-psycho-social nature of pain.

Booked solid at UNSW Art Galleries, UNSW Art and Design, for two months, the *Seeing is Believing* exhibition is now going on tour.

Divided into three stages, it is a one-on-one experience with the artist.

The first stage involves a custom-built [MIRAGE multisensory illusions box](#), where the participant puts one hand inside a box to demonstrate how the sensation of their hands can be easily manipulated.



The second stage is a very small scale room, called an anechoic chamber, which impacts the cognitive function of the participant and creates feelings of anxiety, fear and isolation. They wear Virtual Reality goggles to create a perception of Complex Regional Pain Syndrome based on a distorted reality.

The third stage is an evaluation and an opportunity for Ms Lee to share the latest knowledge about chronic pain.

"I wanted to show people how much perception is involved in the experience of pain," said Ms Lee.

"I had some people cry afterwards, people with chronic pain who told me it represented them, and they had never been fully understood or believed.

"I also had clinicians wanting to use it in their clinic to help train other clinicians and share it with their patients."

A mini-version of the exhibition will be at the Australian Pain Society conference in Adelaide next year.

More information about Ms Lee's artwork can be found at [www.eugenielee.com](http://www.eugenielee.com).

## Placebo Research Findings Could Improve Treatments

Researchers from Northwestern Medicine and the Rehabilitation Institute of Chicago in the US, have identified the region in the brain responsible for the placebo effect in pain relief.

The findings, published in [PLOS Biology](#), could help researchers in their efforts to develop more personalised medicine for chronic pain, through targeted pain medication based on how an individual's brain responds to a drug.



Researchers say it could also help eliminate people with a high-placebo response from clinical trials, to enhance their success.

Closer to home, at Osaka University in Japan, researchers have confirmed that a 'reorganisation' of the wiring of the brain is the underlying cause of phantom limb pain.

The findings, published in [Nature Communications](#), show that by changing associations in the brain, pain levels can be improved, not just in amputees, but also in people with other forms of chronic pain, including arthritis.

For more information about this study, [click here](#).

## Communicating Pain from an Indigenous Perspective: Online survey for healthcare professionals

Healthcare professionals are invited to complete an online survey being conducted by the Hunter New England Local Health District, to help formulate a culturally appropriate model of care for discussing and assessing pain in Indigenous patients and monitoring management via telehealth.

The principal investigator is Dr Roslyn Mozer, Rehabilitation Medicine Specialist Hunter New England Health and PhD candidate at the School of Medicine Centre for Online Health, University of Queensland.

Dr Mozer has provided clinical care and education to Indigenous communities in Australia and has a clinical interest in improving access to appropriate pain management in Indigenous communities. Also involved in the study is Dr Noel Hayman, Queensland's first Indigenous medical doctor, clinician and researcher in Indigenous communities as well as researchers from the Centre of Online Health Dr Natalie Bradford, Dr Liam Caffery, and Associate Professor Anthony Smith.

The survey will take less than 30 minutes to complete and can be accessed here: [www.surveymonkey.com/r/Pain\\_Indigenous\\_Perspective](http://www.surveymonkey.com/r/Pain_Indigenous_Perspective).

If you have questions about the survey or would like to comment on the survey, please email [Roslyn.Mozer@hnehealth.nsw.gov.au](mailto:Roslyn.Mozer@hnehealth.nsw.gov.au).

## Survey and Trials: People with chronic pain needed for research

If you live in Australia and have chronic pain, please consider participating in the following studies.

- Exploring **stress in chronic low back pain using Q methodology**, **Western Sydney University**: This project aims to investigate the role of stress in people with persistent low back pain, and identify the most common stressors and how these change between periods of pain and periods without pain. It requires participants to complete an online survey twice, six months apart. Click [here](#) to find out more and enter the survey.

- The **lived experience of chronic pain**, **Bond University**: People with chronic pain are needed to complete an online survey about their chronic pain experience, to help determine the most effective treatments. Click [here](#) to find out more and enter the survey.

Visit our [Surveys and Trials](#) page to find out about other current research.

## Interactive Atlas of Health Care Variation Now Available Online

The Australian Commission on Safety and Quality in Health Care has developed an online interactive version of the Australian Atlas of Healthcare Variation (the atlas) following the launch of the hardcopy atlas in November 2015.

The atlas, which identifies and aims to reduce unwarranted variation in health care in Australia, covers a range of clinical areas, including prescribing of opioid medications.



The online interactive version provides users with a platform to search and interact with the content and data in the atlas.

There are map overlays of Primary Health Network and Local Hospital Network boundaries and pop-ups for each local area, which depict the local, state and national rate of opioid prescribing.

The atlas has been very valuable in identifying areas of high opioid prescribing which the Commission explains aligns with a lack of access to pain specialists and lack of ability of GPs to refer to non-pharmacological treatments.

The online atlas is available at: [www.safetyandquality.gov.au/atlas/](http://www.safetyandquality.gov.au/atlas/)

Please email [atlas@safetyandquality.gov.au](mailto:atlas@safetyandquality.gov.au) for further information.

## Paediatric Pain Treatment and Opioid Prescribing Course: Online

The Children's Hospital in Boston has developed an online Pediatric Pain Treatment and Opioid Prescribing Course, available to anyone around the world.

The course covers the treatment of both acute and chronic pain in children. A wide range of topics are covered including:

- the physiology of pain;
- appropriate dosing of medications;
- drug abuse and addiction;
- medical and non-medical treatment for chronic pain;
- oversight of opioid prescribing by BORIM and state agencies;
- storage and disposal of medications; and
- administration of opioid reversal agents (naloxone).

The program will take 3.5 hours and costs US\$75.

For more information visit: [http://bit.ly/opioid\\_cme](http://bit.ly/opioid_cme)



## Get on Your Bike!

The third annual Ride for Pain will be held on 20 November in Adelaide, with three different courses (or pain challenges) on offer.

There are two-hour, four-hour and six-hour routes, all of them in the fabulous Adelaide Hills.

Entry fees will support research into chronic pain research.

For more information, visit [www.rideforpain.org](http://www.rideforpain.org)



## Donate to PainAustralia Every Time You Shop—It's Free!

You can now support PainAustralia next time you shop, simply by signing up to a goodwill initiative known as Folo, and you won't even need to part with a cent. Simply follow these three easy steps:

1. Register with Folo <https://au.folo.world/sign-up> using your name and email address and select **PainAustralia** as your charity of choice, then download the Folo Bar.
2. Browse online stores and Folo will automatically appear in your Google search results, indicating the more than 700 partnered retailers. You can also activate Folo directly from your favourite online stores.
3. Once you have arrived at an online store, click on the spinning Folo symbol at the top, and shop as you would normally. The retailer will automatically make a contribution to PainAustralia, on your behalf.



## Fibromyalgia: a discrete disease, tip of the iceberg, or rubbish?

Daniel Clauw, Professor of Anaesthesiology, Medicine (Rheumatology) and Psychiatry at the University of Michigan, will be in Australia this month to discuss the latest in fibromyalgia management.

Together with local experts Geoff Littlejohn, Clinical Professor of Medicine at Monash University, or Kevin Pile, Director of Medicine at Campbelltown Hospital in Sydney, this event is one not to be missed.

The presentation will be held over dinner in Melbourne on 21 November at 7pm (Fenix Events, 680 Victoria Street Richmond) and Sydney on 22 November at 7pm (Sheraton on the Park, Elizabeth Street Sydney). The Sydney presentation will be streamed live for those unable to attend.

Register for [dinner](#). Register for [webcast](#).

# EVENTS



## Sixth Inter-Professional Workshop "Making Sense of Pain"

This workshop is the only interdisciplinary workshop in WA designed specifically for health professionals and includes significant input from "pain champions". The workshop also introduces the important concepts of intersubjectivity and "third space" engagement, as well as different ways to reframe the experience of pain.

When: Thursday 24 November

Where: 17 Lemnos St, Shenton Park, WA



## The Inaugural Monash University School of Public Health and Preventive Medicine

The aim of this Day Conference is to understand how analgesics are currently being used in older Australians with chronic pain and begin working towards developing a targeted and prioritised research agenda to address knowledge and research gaps.

When: Friday 2 December

Where: Monash Uni, 75 Commercial Rd, Melbourne



## PMRI Visiting Scholars Program

The next PMRI seminar will be presented by Dr Emma Godfrey, who will be discussing whether commitment therapy-based treatment can be helpful for physiotherapists treating chronic low back pain. Free event.

When: Thursday 15 December 4-5pm

Where: Royal North Shore Hospital, Sydney



## Pain Management Multidisciplinary Two Week Workshop 2017

This two-week workshop is a comprehensive overview of all major aspects of pain management, integrating basic science with its clinical application. The workshop is designed for nurses, doctors, dentists, psychologists, physiotherapists, occupational therapists, osteopaths, pharmacists and other health professionals.

When: Week 1: Mon 6 Feb - Thu 9 Feb, Week 2: Mon 13 Feb - Thu 16 Feb

Where: Kolling Building, Royal North Shore Hospital, Sydney



## 14th National Rural Health Conference: Early Bird Registration

The National Rural Health Conference brings together current and future leaders of our rural and remote health sector. The 14th conference will be strongly interdisciplinary with a focus on the social determinants of health and wellbeing, and on effective health service delivery models for remote areas. Early bird rate ends 31 January 2017.

When: 26-29 April 2017

Where: Cairns QLD

For more events please see our website [www.painaustralia.org.au](http://www.painaustralia.org.au)

Adelaide 2017

**SUBMISSION DEADLINES**

Topical Sessions  
**19 August 2016**

Free Papers & Posters  
**21 October 2016**

Early Bird Registration  
**24 February 2017**

## EXPANDING HORIZONS

### 2017 Australian Pain Society 37th Annual Scientific Meeting

9 - 12 April 2017 | Adelaide Convention Centre

Expressions of interest online at [www.dconferences.com.au/aps2017](http://www.dconferences.com.au/aps2017)

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