



Contents

WA Framework for Persistent Pain 2016-2021	01
New Head of PMRI Talks about Plans for Pain Research and Education	02
Legalisation of Medicinal Cannabis: What will it mean for chronic pain?	02
North Coast PHN—Helping People with Pain Reclaim their Lives	03
New Opioid Management Tool	03
New Support Group for Adelaide	04
Special Issue <i>Science</i>	04
Lesley Takes to the Airwaves	04
TRE for Chronic Pain	05
Volunteers needed: Brisbane only	05
European Pain Federation Conference – Call for poster presentations	05
Events	06

WA Framework for Persistent Pain 2016-2021

The Western Australian Government, through the Musculoskeletal Health Network, has developed a framework to direct WA Health and its partners on policy development and service delivery for people with persistent pain.

A response to the National Pain Strategy, the [Western Australian Framework for Persistent Pain 2016-2021](#) aims to facilitate better understanding of persistent pain, and guide provision of appropriate care and management through improved service pathways.

Based on a person-centred approach, the framework was developed by a range of health service providers led by Dr Stephanie Davies and Dr Greg Parkin-Smith. It focuses on four priority areas: awareness and understanding; clinical management; navigation and access; and integrated care.

The plan acknowledges that current variations in knowledge and skills of healthcare providers affects optimal treatment and must be addressed. Similarly, more knowledgeable consumers will lead to better health outcomes.

It also recognises that opioids are being inappropriately prescribed for persistent pain,

and recommends evidence-based multidisciplinary care and community-based services.

Other important recommendations include the need for a state-wide management plan for people with persistent pain presenting in emergency departments; a plan for transitioning adolescent patients from paediatric to adult pain services; and encouraging the use of rational, evidence-based interventional pain procedures.

With distance a huge barrier to healthcare in the state, Telehealth will be a key mode for delivery of services to people in rural and remote areas. A successful pilot of a Cognitive Behaviour Therapy program from a tertiary site to a rural site has already paved the way for this type of innovative healthcare.

“This is a really significant step for people with persistent pain in Western Australia,” said Dr Davies.

“We are fortunate to have a forward-thinking government allowing us to make the transition to what we hope will be a successful model of cooperative healthcare.”



Government of **Western Australia**
Department of **Health**

New Head of PMRI Talks about Plans for Pain Research and Education

A patient-centred approach is being recognised as fundamental to providing high quality health care. But what if the patient is unwilling to choose what is in their best interest?

[Professor Paul Glare](#), a University of Sydney Medical School alumnus appointed this year as Director of the Pain Management Research Institute (PMRI), believes opioids are the proverbial case-in-point.

“For people with chronic pain, opioids are not the best solution, yet the thought of stopping them for many people is unpleasant or even frightening—and usually unattractive.

“As clinicians we need to understand how to influence people to be more open to recommendations that are beneficial but generate negative emotions.”

This is something the PMRI will be addressing through research, one of several important projects on Professor Glare’s radar.

Building on his previous research into cancer pain, most recently at Memorial Sloan Kettering Cancer Center in New York, Professor Glare’s agenda will include a focus on improving the management of pain in cancer survivors, which he says is an emerging issue, in light of increasing cancer survival rates.



Professor Paul Glare

He also has plans for PMRI to expand its role as a teaching centre for excellence in the Asia-Pacific region.

“Pain is a big problem for our resource-poor neighbours, often due to working conditions, cultural taboos around pain, and lack of access to effective treatment,” said Professor Glare.

“As a global leader in the region, I think it’s our responsibility to help these countries develop internal expertise and guide them towards affordable healthcare options.”

In his capacity as Chair in Pain Medicine at the Sydney Medical School, Professor Glare announced that in 2020, for the first time specific pain education will be part of the undergraduate curriculum. He hopes other universities will follow their lead.

“The university’s plan to streamline its organisational structure, which includes making medicine part of a super faculty that will include other health sciences, should help encourage multidisciplinary approaches to patient care.

“However overall, we need to see much more focus on research to improve understanding and management of pain, proportionate to the scale of the problem and the massive burden of disease it represents.

“It is a real issue that pain is still considered by many as a symptom of another disease, but hopefully we can help change that mindset.”

Legalisation of Medicinal Cannabis: What will it mean for chronic pain?

There is a lot of hope and anticipation around legalisation of medicinal cannabis in Australia, but the reality is that no cannabis medicines have been approved for the treatment of pain.

This is largely because the complex nature of pain means there has been limited research to demonstrate the effectiveness of medicinal cannabis as a line of treatment, even though there are a [small but growing number of clinical studies](#) suggesting that it may provide relief for patients with difficult-to-treat pain conditions.

Despite jurisdictions in other parts of the world approving it for some cases of chronic pain, [most recently in the state of New York](#), most clinicians agree there is a need for more evidence from clinical trials in order for it to be approved by the Therapeutic Goods Administration (TGA) here in Australia.

In the meantime, if people with chronic pain want to access cannabis medicines that have not yet been approved by the TGA, there are three possible routes: participating in clinical trials; the TGA’s Special Access Scheme; or the TGA’s Authorised Prescriber Scheme. For more information, read [A guide to understanding new cannabis regulations](#) on our website, or visit www.tga.gov.au.

North Coast PHN—Helping People with Pain Reclaim their Lives

North Coast Primary Health Network (NCPHN) has not delayed in tackling one of the biggest healthcare issues of our time.

With long wait lists at the regional specialist pain clinic, NCPHN has been working with the NSW Agency for Clinical Innovation (NSW ACI) and in consultation with the Northern NSW Clinical Council, to provide education in pain management for doctors, nurses and allied health professionals.

Aiming to relieve pressure on tertiary care, two initial Chronic Pain Management in General Practice workshops were conducted in November, in Lismore and Tweed.

The workshops attracted around 40 participants and the general consensus was they now feel better equipped to manage patients with chronic pain.

The training was developed by NSW ACI Program Manager Jenni Johnson and Northern NSW Local Health District Multidisciplinary Pain Management Clinic Nurse Practitioner David Beveridge.

In conjunction with this, chronic pain management education programs will be offered to patients in the primary care setting in 2017, as part of a trial consisting of 12 programs across the NCPHN region.

Giving GPs another referral option, the education will be either 10-hour GP-based or 18-hour community-based programs, delivered collaboratively with the NSW ACI and NSW Health.

“Much of the drive for action is coming from the PHN and Local Health Districts Clinical Councils, which have identified chronic pain a priority,” said NCPHN Chief Executive Dr Vahid Saberi.

“We want to help patients focus on function and how to improve it, rather than be limited by their experience of pain. Our practitioner training and our patient education programs emphasise this point.”

Chronic Pain Management in General Practice workshops will be held in February and March 2017. The NCPHN website also offers a helpful set of [management principles for chronic pain](#), as part of its practitioner support resources.

Painaustralia commends NCPHN for its leadership in chronic pain management and prevention. For more information please contact Diana Anderson: danderson@ncphn.org.au

New Opioid Management Tool

It is now widely recognised that for the vast majority of patients, opioids are not the most effective solution for long-term management of chronic pain and are often harmful. So GPs are beginning to seek advice on de-prescribing.

In cases where people have been prescribed opioids over many years, de-prescribing may require the support of a pain clinic.

For less complex cases, the NSW Agency for Clinical Innovation (NSW ACI) has developed a resource that can be used in general practice, which is based on a series of case studies.

Located on the NSW ACI’s Pain Management Network website, [How to de-prescribe and wean opioids in general practice](#) is a useful guide for GPs who would like to help patients gradually reduce their opioid consumption.

The resource gives GPs tips on helping patients consider stopping opioids; assisting people who are unwilling to cut down or cease opioids; supporting people who have suffered serious harm from the medication; and also addresses best-practice opioid usage in cases of acute pain.

It is embedded within the Quicksteps tool, which provides a framework that supports and guides clinicians to develop a pain management plan within busy practice environments.

Manager of the Pain Management Network Jenni Johnson says it is important to recognise the alternatives that are available to support people with chronic pain while de-prescribing.

“De-prescribing of opioids will most likely require the simultaneous adoption of self-management strategies. The process may not always be easy because every case is different, but it is important GPs feel equipped to offer alternatives to their patients and to counsel them appropriately”, she said.

“The feedback we have received so far about the resource has been really positive, and we encourage all GPs to get online and take a look.”

New Support Group for Adelaide

The [Australian Pain Management Association](#) (APMA) will be launching its first Adelaide-based support group in February 2017.

Under the leadership of Patient Advocate [Mary Wing](#), who has been living with chronic pain for more than 10 years, the group will meet monthly and enjoy presentations by pain management experts. Mary will be assisted by Kerry Kolosko and Colleen Larice, who also live with significant pain.

With so many people in the community failing to grasp what life is like for someone with chronic pain, support groups offer comfort and understanding, and can reduce feelings of isolation.

Mary, a teacher of self-management programs and former moderator of the Chronic Pain Australia forum, is a firm believer in the value of peer support.

“There is an enormous stigma around chronic pain, and a support group is where people can find relief from misunderstandings and stressors in their lives,” she said.



Mary Wing

“They can also find guidance, especially from expert speakers who they might otherwise be unable to access.”

The first meeting will be held 7 February 2017, 1.30pm to 3.30pm, at the old RAH Emergency Block. Meetings will be held on the first Tuesday of the month thereafter.

For more information or to register for the group, contact Mary Wing 0422 006 457 or email Mary, Kerry or Colleen: adelaide@painmanagement.org.au

To find an APMA support group near you, [click here](#)

Special Issue Science

The highly regarded *Science* magazine has published a special issue devoted to pain research.

In the introduction to the [4 November issue](#), the authors note the complexity of pain, being “not just a matter of neurons” but also an amalgam of the tissues around them, powerful cognitive processes and personal perceptions and expectations.

Articles include an examination of the evidence for the use of medicinal marijuana to treat difficult chronic pain conditions, and the challenges faced by researchers due to legislative restrictions; a discussion on induced hypersensitivity due to opioids; and the influence of cognitive processes on pain perception.

For researchers and clinicians, this special issue is well worth a thorough read.

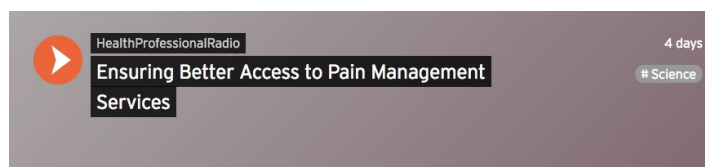
[View the Pain Research Science Special Issue online.](#)



Lesley Takes to the Airwaves

Our CEO Lesley Brydon took to the airwaves this month, to speak with Health Professional Radio about chronic pain and the need for a whole-of-community approach to make a difference in people’s lives.

If you would like to hear what she had to say, we invite you to tune into the podcast.



TRE for Chronic Pain

If you've ever felt better after crying or felt your body shake and tremble after a fright or shock, you already know something about the principles behind TRE (Stress, Tension & Trauma Release Exercises).

It is based on the understanding that the neuromuscular system often immobilises the body through tension and bracing as a defensive response to real or perceived stress or threat, and that ongoing pain signals can occur as a key part of that immobility response.



"When we recognise chronic pain as habitual output of the nervous system, it makes sense that allowing the body to release its bracing and regain its natural movement could also be helping to reduce defensive pain signals," said Physiotherapist Richmond Health, Australia's TRE expert.

"The TRE process consists of using simple exercises to deliberately invoke our body's natural shaking and trembling reflex in a safe and controlled way, allowing people to physically release stress and tension on their own and without having to talk about the past.

"Deliberately inducing shakes and tremors is something ancient cultures have been using for health and wellbeing for centuries. In the western world, it is not yet recognised as a key recovery process that restores the body to equilibrium after stress, injuries and trauma."

Although more research is needed to verify its efficacy, people using TRE around the world have reported a range of responses from significant and immediate reduction in pain intensity through to a more gradual reduction over time.

While this trauma-informed approach may seem a novel way of approaching chronic pain, for people who find relief, TRE can be a transformative experience.

To learn more about TRE or to find a TRE workshop near you, visit www.treaustralia.com.au

Volunteers needed: Brisbane only

If you live with chronic pain in Brisbane and are aged 18 or over, Queensland University of Technology (QUT) invites you to participate in a trial of a three-week computer-based program.

This project aims to investigate whether a new psychological program can reduce chronic pain and improve health outcomes.

Participation will include completing three short computer-based sessions (10 to 20 minutes each) once a week over three consecutive weeks, at one of the QUT Brisbane campuses. You will also be required to complete some online surveys.

[Click here](#) to find out more and enter the initial survey.

For any questions, please email Julie: julie.vermeir@connect.qut.edu.au.

European Pain Federation Conference – Call for poster presentations

Submit an abstract for the 10th Congress of the European Pain Federation, EFIC 2017, to be held in Denmark 6-9 September 2017!

Abstracts are being accepted for poster presentations only, and must be submitted [online](#) by 28 February 2017.

EFIC 2017 will shine a spotlight on current trends and future developments in pain medicine.

The European Pain Federation is a multidisciplinary professional organisation in the field of pain research and medicine, consisting of the 36 chapters of the IASP.

For more information visit www.efic2017.kenes.com.



EVENTS



[PMRI Visiting Scholars Program \(Sydney\)](#)

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 3-4pm

Where: Royal North Shore Hospital, Sydney



[Pain Management Multidisciplinary Two Week Workshop 2017 \(Sydney\)](#)

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



[Adelaide Pain Support Group \(Adelaide\)](#)

Hear from pain management experts and meet other people who live with pain.

When: 7 February 2017 (and every first Tuesday of the month thereafter)

Where: Old RAH Emergency Block 6th Floor Conference Room

Contact: adelaide@painmanagement.org.au



[A Unifying Field: Public Feldenkrais Workshop \(Sydney\)](#)

Come along to a public workshop about Feldenkrais, a theory that unifies all forms of movements and shifts us towards a more complete image of ourselves moving through daily life. Delivered by Anastasi Siotas, Assistant Trainer in the Feldenkrais method and teacher of choreography, experiential anatomy and kinesiology.

When: 11 February 2017, 10am-5pm

Where: Abbotsford Convent, 1 St Heliers Street, Abbotsford

[Download the flyer](#)



[International Medicine Addiction Conference 2017 \(Sydney\)](#)

Early bird registrations are now open for the International Medicine in Addiction conference.

For more information visit www.imia17.com.au

When: 24-26 March 2017

Where: International Convention Centre, Sydney

[Register online](#)

For more events please see our website www.painaustralia.org.au

EXPANDING HORIZONS
2017 Australian Pain Society 37th Annual Scientific Meeting
9-12 April 2017 | Adelaide Convention Centre

Adelaide 2017

SUBMISSION DEADLINES

Topical Sessions
19 August 2016

Free Papers & Posters
21 October 2016

Early Bird Registration
24 February 2017

Expressions of interest online at www.dconferences.com.au/aps2017
 For sponsorship and exhibition opportunities or more information please contact the Conference Secretariat
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