

Serdar Erdine, Hans G.Kress (Eds.)

**EFIC**



**THE FIRST 20 YEARS**



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# 1. EDITORIAL

*“... for without memory of the past there is no history, in the sense of the events that are meaningful to the collective, events experienced by a collective that is aware of them. Collective consciousness presumes collective memory, as without it there is no law and justice, no political structure, and no collective objectives.”*

*G.W.F. Hegel (1770-1831): The Philosophy of History*

In 2013, it has been 20 years that EFIC, the European Federation of IASP Chapters, was founded in Paris under the leadership of Prof. Ulf Lindblom, who also served EFIC as President in those early years. He had a vision of EFIC, and he gave EFIC the mission of being “... a common reason or mechanism to meet with each other and also, to spread knowledge about the progress in pain research and in pain treatment.”

Consciousness of your own history is pivotal not only to an individual but also to a professional scientific, medical and healthcare body like EFIC. It does not just mean remembering the past as a bulk of events but as a living continuity, which provides us with lessons from the past and guidance for the future.

Although still young, EFIC has meanwhile become a mature and flourishing Pain Federation. Looking back at two decades now, the history of the remarkable growth of EFIC is worth being appropriately celebrated and reported in more detail with the present 20th anniversary publication on “The First 20 Years”.

Over those years, many people have volunteered their time and energy and have contributed to the development and success of the Federation - writing about the history of EFIC is a way of paying our tribute to all these people and their substantial commitment, trying to appreciate and understand their aspirations, dreams, and achievements. In the short history of EFIC we unfortunately have to mourn over the tragic death of the former EFIC President Prof. David Niv in February 2007, who had paved the way of EFIC with his pioneering initiatives.

Twenty years also stand for: eight EFIC “Pain in Europe” Congresses that have steadily grown in attendance and importance; EFIC’s scientific journal, the European Journal of Pain, becoming one of the leading journals in the field; the Europe Against Pain initiative; the EFIC Declaration on Chronic Pain, and the European Week Against Pain awareness campaign, which has turned into the European Year Against Pain (EYAP) – these and many more achievements are what this book on the history of EFIC is all about!

EFIC has become a European trademark in supporting professional education and pain research, for promoting pain medicine, fighting for the recognition of chronic pain as a disease in its own right, and calling on society for adequate pain relief to be considered a fundamental human right. Now, in 2013, the European Pain Federation EFIC proudly celebrates a successful journey that has begun 20 years ago. This journey has made EFIC the active and strong European Pain Federation it is today – ready for facing new challenges in the years to come.

The editors of this 20th anniversary publication thank all authors, who kindly have contributed chapters. We are also very grateful to Kenes, Grünenthal, WIP and many others who willingly provided photos and other – often private – material for this book. In particular, we greatly acknowledge the outstanding editorial assistance and support from Dr. Birgit Kofler and the production team of Bettschart & Kofler Publishing in Vienna.

*Serdar Erdine, Former EFIC President 2005 – 2008, Hans G. Kress, EFIC President*

## 2. EFIC AT A GLANCE

The European Pain Federation (EFIC®), established in 1993, is a multidisciplinary professional organisation in the field of pain research and medicine, consisting of the 36 European chapters of the International Association for the Study of Pain (IASP), which are the IASP approved official National Pain Societies in each country. EFIC's constituent chapters represent Pain Societies from 36 European countries and close to 20,000 physicians, basic researchers, nurses, physiotherapists, psychologists and other healthcare professionals across Europe, who are involved in pain management and pain research.

### Aims

The aims of EFIC are to advance research, education, clinical management and professional practice related to pain, and to serve as an authoritative, scientifically based resource concerning policy issues related to pain and its management.

EFIC creates a forum for European collaboration on pain issues and to encourage communication at a European level between IASP chapters, and with other bodies interested or involved in the fields of pain research and therapy such as the European societies or federations of medical specialities

(anaesthesiology, neurology, headache, palliative care, etc.), institutions of the European Community, European and national educators and legislators.

## Constitution

The affairs of EFIC are conducted by its Council, which consists of the President or the Councillor of each EFIC chapter, and five elected officers including the EFIC President who form the Executive Board. The Council meets once a year while the Executive Board manages affairs between meetings. EFIC is established as a non-governmental organisation in Belgium.

## EFIC Office

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B-1831 Diegem

Belgium

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Executive Secretary

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Assistent

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Tel : +32 2 251 55 10

Fax : +32 2 251 48 10

## 3. EFIC EXECUTIVE BOARDS 1993-2014

### 1993-1996

President: Prof. Ulf Lindblom

Vice President: Prof. Andrew Diamond

Honorary Secretary: Prof. Giustino Varrassi

### 1996-1999

President: Prof. Manfred Zimmermann

Vice President: Prof. Leon Plaghki

Honorary Secretary: Prof. Giustino Varrassi

Honorary Treasurer: Prof. Serdar Erdine

## 1999-2002

President: Prof. David Niv

Vice President: Prof. Harald Breivik

Honorary Secretary: Prof. Serdar Erdine

Honorary Treasurer: Prof. Giustino Varrassi

## 2002-2005

President: Prof. Harald Breivik

President-Elect: Prof. Serdar Erdine

Honorary Secretary: Dr. Chris Wells

Honorary Treasurer: Prof. José Castro Lopes

## 2005-2008

President: Prof. Serdar Erdine

President-Elect: Prof. Giustino Varrassi

Immediate Past President: Prof. Harald Breivik

Honorary Secretary: Dr. Beverly Collett

Honorary Treasurer: Prof. Hans G. Kress

## 2008-2011

President: Prof. Giustino Varrassi

President-Elect: Prof. Hans G. Kress

Immediate Past President: Prof. Serdar Erdine

Honorary Secretary: Prof. Per Hansson

Honorary Treasurer: Prof. Eli Alon

## 2011-2014

President: Prof. Hans G. Kress

President-Elect: Dr. Chris Wells

Immediate Past President: Prof. Giustino Varrassi

Honorary Secretary: Ass. Prof. Nevenka Krčevski Škvarč

Honorary Treasurer: Prof. Eli Alon

## 4. EFIC NATIONAL CHAPTERS

### Albania

Albanian Pain Association

(Shoqata Shqiptare E Dhimbjes)

President: Dr. Apostol Vaso

EFIC Councillor: Dr. Apostol Vaso

[www.healthpain-al.com](http://www.healthpain-al.com)

### Austria

Austrian Pain Society

(Österreichische Schmerzgesellschaft, ÖSG)

President: Dr. Gabriele Grögl-Aringer

EFIC Councillor: Prim. Prof. Dr. Rudolf Likar

[www.oesg.at](http://www.oesg.at)

### Belgium

Belgian Pain Society (BPS)

President: Dr. Guy Hans

EFIC Councillor: Dr. Patrice Forget

[www.belgianpainsociety.org](http://www.belgianpainsociety.org)

### Bosnia and Herzegovina

Association for Pain Therapy in Bosnia and Herzegovina

(Udruzenje za terapiju bola u BiH, UTBBiH)

President: Amira Karkin Tais, MD

EFIC Councillor: Amira Karkin Tais, MD

[www.apb-bh.ba](http://www.apb-bh.ba)

### Bulgaria

Bulgarian Association for Study and Treatment of Pain

(БЪЛГАРСКА АСОЦИАЦИЯ ЗА ИЗСЛЕДВАНЕ И ЛЕЧЕНИЕ НА БОЛКАТА)

President: Prof. Ivan Smilov

EFIC Councillor: Prof. Ivan Smilov

[www.rtb-mu.com/anestsoc](http://www.rtb-mu.com/anestsoc)

## Croatia

Croatian Association for the Treatment of Pain

(Hrvatsko društvo za liječenje boli)

President: Ass. Prof. Dr. Ivan Rados

EFIC Councillor: Ass. Prof. Dr. Ivan Rados

[www.hdlb.org](http://www.hdlb.org)

## Czech Republic

Czech Pain Society

(Společnost pro studium a léčbu bolesti , SSLB)

President: Ass. Prof. Jiří Kozák MD., PhD

EFIC Councillor: Prof. Richard Rokyta, MD, PhD, DSc

[www.pain.cz](http://www.pain.cz)

## Denmark

Danish Pain Society (Dansk Smerteforum, DSF)

President: Gitte Handberg, MD

EFIC Councillor: Prof. Thomas Graven-Nielsen, PhD, DMSc

[www.dansksmerteforum.dk](http://www.dansksmerteforum.dk)

## Estonia

Estonian Pain Society

(Eesti Valu Selts)

President: Boris Gabovits, MD

EFIC Councillor: Kaire Pakkonen, MD



[www.valu.ee](http://www.valu.ee)

## Finland

Finnish Association for the Study of Pain

(Suomen Kivuntutkimusyhdistys ry)

President: Vuokko Hägg, MA, MPsyh

EFIC Councillor: Nora Hagelberg, MD, PhD

[www.suomenkivuntutkimusyhdistys.fi](http://www.suomenkivuntutkimusyhdistys.fi)

## France

French Society for the Study and Treatment of Pain

(Société Française d'Etude et de Traitement de la Douleur, SFETD)

President: Dr. Serge Perrot, MD, PhD

EFIC Councillor: Dr. Gisèle Pickering

[www.sfetd-douleur.org](http://www.sfetd-douleur.org)

## Germany

German Pain Society

(Deutsche Schmerzgesellschaft e. V.)

President: Prof. Dr. Michael Schäfer

EFIC Councillor: Prof. Dr. Michael Schäfer

[www.dgss.org](http://www.dgss.org)

## Greece

Hellenic Society of Algology

(Ελληνική Εταιρία Αλγολογίας)

President: Emmanouil Anastasiou, MD, PhD

EFIC Councillor: Emmanouil Anastassiou, MD, PhD

[www.algologia.gr](http://www.algologia.gr)

## Hungary

Hungarian Pain Society

(Magyarországi Fájdalom Társaság)

President: Janos Tajoti, MD, PhD

EFIC Councillor: Prof. Janos Szolcsanyi

[www.fajdalom-tarsasag.hu](http://www.fajdalom-tarsasag.hu)

## Ireland

Irish Pain Society

President: Prof. David Finn

EFIC Councillor: Dr. Raymond Victory

[www.irishpainsociety.com](http://www.irishpainsociety.com)

## Israel

Israel Pain Association

President: Silviu Brill, MD

EFIC Councillor: Silviu Brill, MD

[www.ipa.org.il](http://www.ipa.org.il)

## Italy

Italian Association for the Study of Pain

(Associazione Italiana per lo Studio del Dolore, A.I.S.D.)

President: Dr. Enrico Pollati

EFIC Councillor: Prof. Stefano Coaccioli

[www.aisd.it](http://www.aisd.it)

## Kosovo

Professional Health Association-Pain Section Kosovo

(Asociacioni Shëndetësor Profesional)

President: Dr. Adem J. Bytyqi

EFIC Councillor: Dr. Adem J. Bytyqi

[www.pha-ks.com](http://www.pha-ks.com)

## Latvia

Latvian Association for the Study of Pain  
(Latvijas Sāpju izpētes biedrība)

President: Prof. Dr. Inara Logina

EFIC Councillor: Prof. Dr. Inara Logina

[www.sapes.lv](http://www.sapes.lv)

## Lithuania

Lithuanian Pain Society

(Lietuvos Skausmo Draugija)

President: Arūnas Ščiupokas, MD, PhD

EFIC Councillor: Arūnas Ščiupokas, MD, PhD

## Moldova

Moldovan Pain Society

(Societatea Pentru Studiul si Combaterea Durerii Din Moldova – SCDM)

President: ss Prof Adrian Belii

EFIC Councillor: ss Prof Adrian Belii

## Norway

Norwegian Pain Forum

(Norsk Smerteforening)

President: Prof. Petter Borchgrevink

EFIC Councillor: Dr. Astrid Woodhouse

[www.norsksmerteforening.no](http://www.norsksmerteforening.no)

## Poland

Polish Association for the Study of Pain

(Polskie Towarzystwo Badania Bólu)

President: Prof. Jan Dobrogowski, MD, PhD

EFIC Councillor: Prof. Andrzej Basinsk

[www.ptbb.pl](http://www.ptbb.pl)

## Portugal

Portuguese Association for the Study of Pain

(Associação Portuguesa para o Estudo da Dor, APED)

President: Dr. Ana Pedro

EFIC Councillor: Dr. Duarte Correia

[www.aped-dor.org](http://www.aped-dor.org)

## Romania

Romanian Association for the Study of Pain

(Asociația Romană Pentru Studiul Durerii, ARSD)

President: Prof. Dr Monica Cirstoiu

EFIC Councillor: Prof. Dr. Adriana Sarah Nica

[www.arsd.ro](http://www.arsd.ro)

## Russia

Russian Association for the Study of Pain, RASP

(Российское общество по изучению боли, РОИБ)

EFIC Councillor: Dr. Maxim V. Churyukanov, MD, PhD

[www.painrussia.ru](http://www.painrussia.ru)

## San Marino

San Marino Association for the Study of Pain

(Associazione Sammarinese per lo Studio del Dolore)

President: Vitalba Vitale, MD

EFIC Councillor: Daniele Battelli, MD

[www.assd-rsm.org](http://www.assd-rsm.org)

## Serbia

Serbian Association of Pain Research and Treatment

(Udruženje za istraživanje i tretman bola Srbije, UITBS)

President: Prof. Miroslava Pjevic, MD, PhD



EFIC Councillor: Snezana Tomasevic Todorovic, MD

[www.uitbs.org.rs](http://www.uitbs.org.rs)

## Slovakia

Slovak Society for Study and Treatment of Pain

(Slovenská spoločnosť pre štúdium a liečbu bolesti, SSSLB)

President: Marta Kulichová, MD, PhD

EFIC Councillor: Marta Kulichová, MD, PhD

[www.pain.sk](http://www.pain.sk)

## Slovenia

Slovenian Association for Pain Management

(Slovensko Zdruzenje Za Zdravljenje Bolecin, SZZB)

President: Ass. Gorazd Pozlep, MD

EFIC Councillor: Barbara Kosmina Stefancic, MD

[www.szzb.si](http://www.szzb.si)

## Spain

Spanish Pain Society

(Sociedad Española Del Dolor)

President: Dr. Diego Contreras de la Fuente

EFIC Councillor: Dr. Juan Perez-Cajaraville

[www.sedolor.es](http://www.sedolor.es)

## Sweden

Swedish Pain Society

(Svenskt Smart Forum)

President: Prof. Malin Ernberg, DDS, PhD

EFIC Councillor: Prof. Malin Ernberg, DDS, PhD

[www.svensktsmartforum.se](http://www.svensktsmartforum.se)

## Switzerland

Swiss Association for the Study of Pain  
(Schweizerische Gesellschaft zum Studium des Schmerzes –  
Société Suisse pour l’Etude de la Douleur –  
Associazione Svizzera per lo Studio del Dolore)  
President: Dr. André Ljutow  
EFIC Councillor: Dr. Christine Cedraschi, PhD, PD  
[www.pain.ch](http://www.pain.ch)

## The Netherlands

Dutch Pain Society (DPS)  
President: Prof. Kris Vissers  
EFIC Councillor: Michiel Reneman, MD  
[www.dutchpainsociety.nl](http://www.dutchpainsociety.nl)

## Turkey

Turkish Society of Algology  
(Türk Algoloji Derneği)  
President: Prof. Meltem Uyar, MD  
EFIC Councillor: Prof. Süleyman Ozyalçın, MD  
[www.algoloji.org.tr](http://www.algoloji.org.tr)

## Ukraine

Ukrainian Association for the Study of Pain  
(Українська асоціація по изучению боли)  
President: Prof. Igor Romanenko, MD, PhD  
EFIC Councillor: Volodymyr Romanenko, MD  
[www.pain.in.ua](http://www.pain.in.ua)

## United Kingdom

The British Pain Society  
President: Dr. William Campbell  
EFIC Councillor: Dr. Andrew Baranowski

## 5. MILESTONES IN THE HISTORY OF EFIC

### 1993

The European Federation of IASP Chapters (EFIC) was founded during the IASP World Congress on Pain held in Paris in 1993. The first Executive Board of EFIC included Prof. Ulf Lindblom, the founding President, Prof. Andrew Diamond, serving as Vice President, and Honorary Secretary Prof. Giustino Varrassi.



*Prof. Serdar Erdine and Prof. Ulf Lindblom, founding President of EFIC*

### 1995

The initiative of producing an official EFIC journal, the European Journal of Pain, took shape, and Prof. Ulf Lindblom became the Editor-in-Chief. An Editorial Board was formed.

The first EFIC Congress, Pain in Europe I, was held in Verona, Italy, from 18 to 21 May. The Chair of the Local Organising Committee was Prof. Stefano Ischia. More than 1,000 participants attended the event.



*The first Executive Board of EFIC. From left to right: Prof. Andrew Diamond, Prof. Ulf Lindblom and Prof. Giustino Varrassi*

During the EFIC Congress in Verona, the EFIC Council met for the first time. The National Pain Societies from Israel and Turkey were accepted as national chapters. The position of Honorary Treasurer within the Executive Board was also established at the first Council Meeting.

Dr. Ricardo Ruiz Lopez and the Spanish IASP chapter offered to organise the second EFIC Congress in Barcelona. The EFIC Council accepted this offer. Dr. Douglas Justins served as Chairman of the Scientific Committee for the Barcelona Congress.





## 1996

The second Executive Board of EFIC was elected in March by the EFIC Council in Brussels. It was composed of Prof. Manfred Zimmermann, President, Prof. Leon Plaghi, Vice President, Prof. Giustino Varrassi, Honorary Secretary and Prof. Serdar Erdine, Honorary Treasurer.



*EFIC Council Meeting, Brussels, March 1996*

During the EFIC Congress in Verona, the EFIC Council met for the first time. The National Pain Societies from Israel and Turkey were accepted as national chapters. The position of Honorary Treasurer within the Executive Board was also established at the first Council Meeting.

Dr. Ricardo Ruiz Lopez and the Spanish IASP chapter offered to organise the second EFIC Congress in Barcelona. The EFIC Council accepted this offer. Dr. Douglas Justins served as Chairman of the Scientific Committee for the Barcelona Congress.



*EFIC Executive Board 1996 – 1999. From left to right: Prof. Serdar Erdine, Prof. David Niv, Prof. Manfred Zimmermann, Prof. Giustino Varrassi and Prof. Leon Plaghi*

## 1997

In the spring of 1997, the first issue of the European Journal of Pain was published, containing a number of editorials, a review paper and five original research papers.

The second EFIC Congress, Pain in Europe II, was held in Barcelona from 23 to 27 September. About 1,500 participants from all over the world attended the event. EFIC received an attractive share of the income of the Congress, the first income EFIC had ever earned.

At the Barcelona Council Meeting, the French IASP chapter offered to organise the third EFIC Congress in Nice in 2000 and the EFIC Council agreed. Prof. Harald Breivik became Chair of the Scientific Programme Committee for the Nice Congress.

The EFIC Council approved pursuing the legal registration of the Federation in Belgium and endorsed the draft bylaws.



## 1999

Elections for the third term of the EFIC Executive Board were held during the meeting “Pain in a Mediterranean Corner”, organised by the Israeli Pain Society, the Turkish and Greek IASP chapters in Heraklion, Greece, in March. Prof. David Niv was elected President, Prof. Harald Breivik Vice President, Prof. Serdar Erdine Honorary Secretary and Prof. Giustino Varrassi Honorary Treasurer. Prof. Leon Plaghi from Belgium was ex-officio member of the Executive Board according to the bylaws at that time.

EFIC was officially registered in Belgium. Regular accounts were set up for EFIC in Brussels.

The Executive Board decided to establish an EFIC Secretariat independent of the Secretariat of the Belgian IASP chapter. The office was moved to a separate location.

A Bylaws Committee was established in August.

The European Journal of Pain produced a financially positive balance in its third year of publication, generating a modest profit for EFIC.



*EFIC Executive Board 1999 – 2002. From left to right: Prof. Giustino Varrassi, Prof. Harald Breivik, Prof. David Niv and Prof. Serdar Erdine*

## 2000

The third EFIC Congress, Pain in Europe III, was held in Nice in September; more than 2,000 participants attended the event.

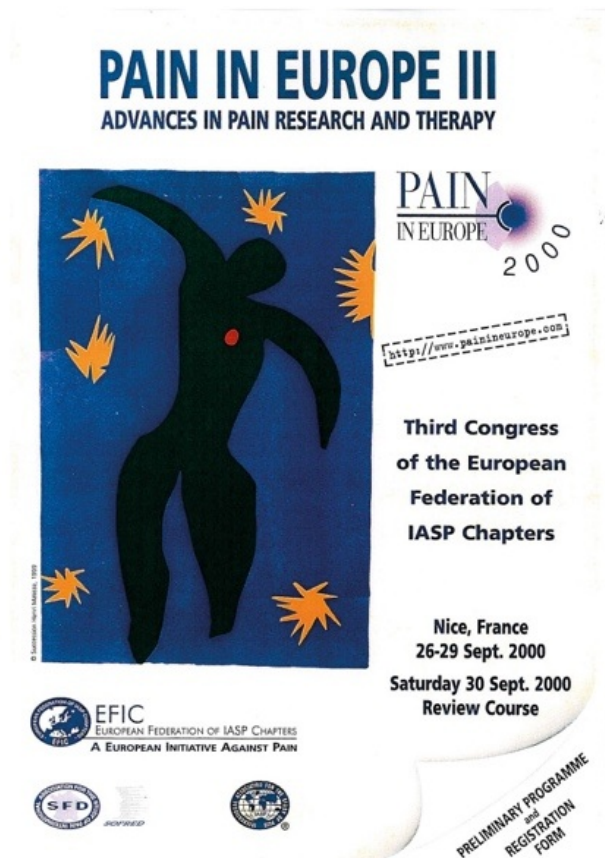
Prof. Ulf Lindblom, first Editor-in-Chief of the European Journal of Pain, informed the Council Meeting in Nice about his decision to resign from this position. Prof. Fernando Cervero was appointed his successor and Prof. Harald Breivik Deputy Editor.

At the same meeting, an important EFIC initiative was established following a proposal by the then President Prof. David Niv: Europe Against Pain (EAP).

It was also agreed that Sir Michael Bond would attend Executive Board Meetings in his capacity as IASP Liaison.

Prague was chosen by the EFIC Council as the venue for the fourth EFIC Congress in 2003. Prof. Daniel Le Bars was appointed Chair of the Scientific Programme Committee for the Prague Congress.





A historic decision was taken by the EFIC Executive Board following a proposal by the then President Prof. David Niv. In the future, profits resulting from EFIC Congresses would be distributed between EFIC and the respective national chapter at a rate of 90% to 10% in favour of EFIC. Previously, the rate had been just the opposite.

The Europe Against Pain initiative led to another landmark in 2000, namely the decision to establish a European Week Against Pain (EWAP). The intention of the EWAP was to create more awareness of pain as a major healthcare problem.



*Launch of the EFIC Declaration at the European Parliament. From left to right: Prof. Harald Breivik, Prof. B. Seesle, Sir Michael Bond, Prof. David Niv, Prof. Serdar Erdine, and Prof. Ulf Lindblom*

## 2001

In March, at a meeting in Athens, agreement was reached on the EFIC “Declaration on Pain as a Major Healthcare Problem, a Disease in its Own Right.” This important document was launched later that year, in October, at the European Parliament in Brussels. The declaration was translated into the national languages of all EFIC chapters.

In March, the concept of “EFIC Inner Circle Membership” for companies was established which was to provide significant exposure and networking potential for industry partners of EFIC.

In June, the EFIC Council, meeting in Lugano, Switzerland, adopted the new EFIC bylaws. The most important change concerned the Executive Board, which was now composed of five members: the President, the President-Elect, the Immediate Past President, the Honorary Secretary and the Honorary Treasurer.

In August, “Don’t Suffer in Silence” was accepted as the leading slogan for the Europe Against Pain initiative.

Following the launch of the EFIC Declaration, the first European Week Against Pain was organised from 12 to 14 October. EFIC chapters arranged local awareness campaigns.

## ENDORSEES OF THE DECLARATION



## Signatures on the EFIC Declaration

## 2002

At its meeting in Brussels in April, the EFIC Council elected a new Executive Board for the term 2002 to 2005. It consisted of Prof. Harald Breivik as President and Prof. Serdar Erdine as President-Elect, Dr. Chris Wells as Honorary Secretary, and Prof. José Castro Lopez as Honorary Treasurer.

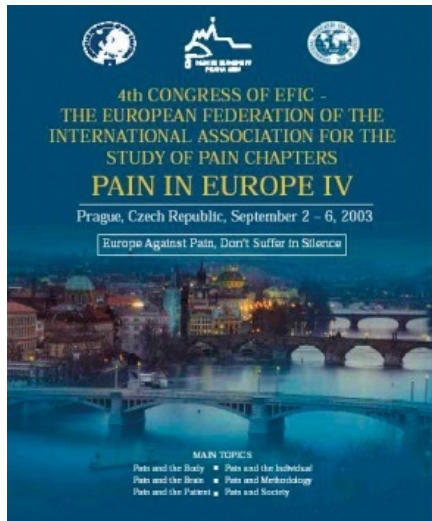
In July, at a meeting in Brussels, the position of an Executive Officer was set up. At the same occasion, EFIC Honorary Membership was established and Prof. Ulf Lindblom, EFIC's founding President, became the first Honorary Member. Later on, Honorary Membership was generally awarded to EFIC Past Presidents.

At its meeting in San Diego in August, the EFIC Council took the decision to contract the Kenes Group as the professional congress organiser (PCO) for the next EFIC Congresses.

## 2003

In May, the EFIC Executive Board, meeting in Istanbul, approved the concept of organising a "Global Day Against Pain" in collaboration with IASP and WHO.

The fourth EFIC Congress, Pain in Europe IV, was held from 2 to 6 September in Prague with more than 3,000 delegates from 73 countries.



The EFIC Council, meeting during the Prague Congress, chose Istanbul as the venue for the fifth EFIC Congress in 2006. Prof. Marshall Devor was appointed Chair of the Scientific Programme Committee for the Istanbul Con-gress.

A new publishing contract for the European Journal of Pain was negotiated with Elsevier, under the guidance of the then Chair of the EFIC Publications Committee, Dr. Beverly Collett.



*Pain in Europe IV Congress: From left to right: Prof. Serdar Erdine, Prof. David Niv, Prof. Ulf Lindblom and Prof. Ricardo Ruiz Lopez*



## 2004

On 9 October, the Global Day Against Pain was launched at WHO in Geneva as a common project of EFIC and IASP. A “Call for Action” was adopted which focussed on the relief of pain as a human right.

## 2005

In February, Prof. Fernando Cervero handed over the position of Editor-in-Chief of the European Journal of Pain to Prof. Hermann Handwerker.

At its May meeting in Sofia, Bulgaria, the EFIC Council elected a new Executive Board for EFIC for the term 2005 to 2008: Prof. Serdar Erdine became President, Prof. Giustino Varrassi President-Elect, Prof. Harald Breivik served as Past President, Dr. Beverly Collett as Honorary Secretary and Prof. Hans G. Kress as Honorary Treasurer.



*Press Conference in Geneva to launch the Global Day Against Pain. From left to right: Prof. Serdar Erdine, Prof. D. Johannson, Prof. Michael Cousins, Prof. Troels Staehelin Jensen, Prof. Paul Pionchon, Prof. Michael Zenz, Prof. Giustino Varrassi, Prof. David Niv*

In August, the EFIC Council met in Sydney during the IASP World Congress on Pain. A proposal to include the European Pain School in Siena in the educational programme of EFIC was approved.

In December, the Executive Board decided to move the EFIC Executive Office to Greece. At the same meeting, it was agreed to proceed with setting up a database covering all individual members of IASP chapters in Europe.





*EFIC Executive Board 2005 – 2008. From left to right: Sir Michael Bond, Dr. Beverly Collett, Prof. Giustino Varrassi, Prof. Serdar Erdine, Prof. Hans G. Kress, Prof. Harald Breivik, and Executive Secretary Sarah Wheeler*

## 2006

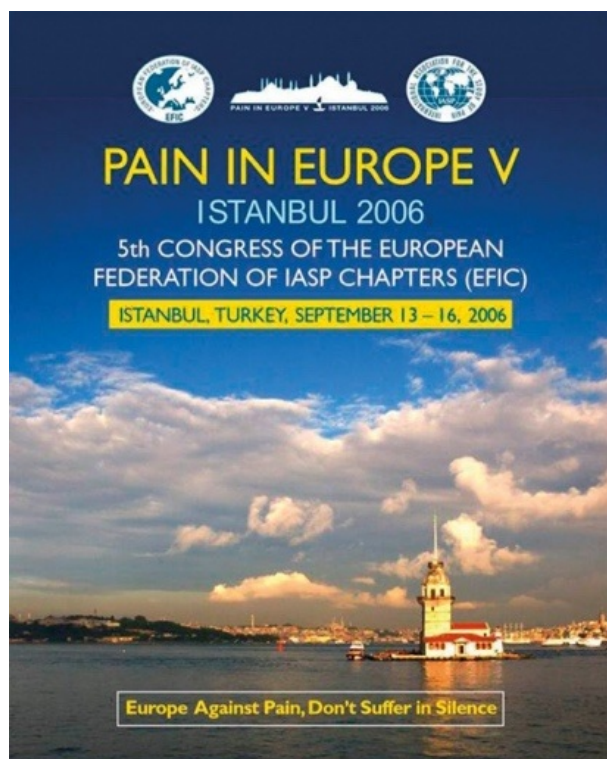
In April, it was decided to grant a free subscription of the European Journal of Pain to members of the EFIC chapters for three years.

A Summer School of the EFIC European Pain School was held in Siena.

A video on the development of EFIC was prepared, involving interviews with the founding President Prof. Ulf Linblom as well as his successors.

From 13 to 16 September, the fifth EFIC Congress, Pain in Europe V, took place in Istanbul, attracting more than 3,000 participants from all over the world.

Meeting during the Istanbul Congress, the EFIC Council decided to provide free online access to the European Journal of Pain to all members of EFIC chapters.



At the same meeting, the EFIC Council approved holding the sixth EFIC Congress in Lisbon. Prof. Michael Zenz was appointed Chair of the Scientific Programme Committee for the Lisbon Congress.

In November, the Executive Board decided by a majority vote to relocate the Executive Secretariat from Athens to Brussels.



*EFIC Council Meeting during the fifth EFIC Congress in Istanbul*

2007

In February, EFIC mourned the tragic and untimely death of its former President Prof. David Niv.

In March, the new EFIC Executive Office in Brussels was opened by the Executive Board. A new Executive Secretary was appointed and took up her work. At a May meeting in Assisi, Italy, the EFIC Council approved the termination of the contract with the previous Executive Secretary.



*In memoriam Prof. David Niv, EFIC President 1999 to 2002 (\*1950 †2007)*

Changes in the EFIC bylaws were also passed by the Council at the Assisi meeting. In response to a decision of IASP to switch from triennial to biennial congresses, the Council agreed to also change the intervals between EFIC Congresses to two years. This would become effective for the first time with the EFIC Congress in 2011.



*EFIC Council Meeting in Assisi. From left to right: Dr. Beverly Collett, Prof. Giustino Varrassi, Prof. Serdar Erdine and Prof. Hans G. Kress*

## 2008

During the EFIC Council Meeting in May, a new Executive Board was elected for the term lasting from 2008 to 2011. It comprised Prof.

Giustino Varrassi (President), Prof. Hans G. Kress (President-Elect), Prof. Serdar Erdine (Past President), Prof. Per Hanson (Honorary Secretary) and Prof. Eli Alon (Honorary Treasurer). The new Executive Board officially took over in June 2008.

Meeting in Vienna in May 2008, the EFIC Council decided to hold the seventh EFIC Congress in 2011 in Hamburg and voted for Florence as the location for the eighth EFIC Congress 2013.





*EFIC Executive Board 2008 – 2011. From left to right: Prof. Eli Alon, Prof. Hans G. Kress, Prof. Serdar Erdine, Prof. Giustino Varrassi, Prof. Per Hanson; sitting in front: Ann Nys (Accountant), Carine Jaquet (Executive Secretary)*

At its Vienna meeting, the EFIC Council also agreed to take action to support the overdue implementation of separate codes for chronic pain into the new ICD11, which was in preparation by WHO at that time.



*From left to right: Prof. Serdar Erdine, Past President, Prof. Giustino Varrassi, President, and Prof. Hans G. Kress, President-Elect, after the Council Meeting in Vienna, relaxing on a park bench at the famous “Ringstrasse”*



## 2009

The sixth EFIC Congress, Pain in Europe VI, was held in Lisbon, Portugal, from 9 to 12 September, bringing together more than 3,000 participants from all over the world.

During the Lisbon Congress, the EFIC Council unanimously agreed on a newly designed EFIC logo.

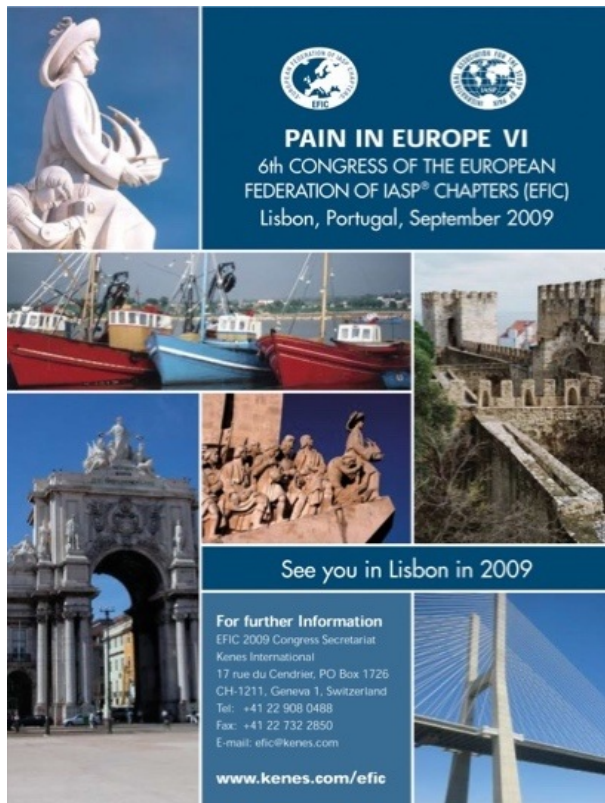


*EFIC Councillors meeting at the Lisbon Congress*

The European Journal of Pain (EJP) saw a steady increase in submissions, from about 300 in 2005 to around 600 in 2009. Its impact factor came very close to the “magic line” of 4.0.

After the successful implementation of the EFIC Pain School Klagenfurt, Austria, in 2007, the EFIC Pain School Montescano, Italy, was launched in October.

In November, the first two courses of the new IntraThecal EFIC Masterclass (ITEM) were successfully run in Pavia and Vienna.



## 2010

The IntraThecal EFIC Masterclass (ITEM) programme was continued, involving centres in Vienna, Austria, Lübeck, Germany, Pavia, Italy, and Valencia, Spain.

In May, the first Societal Impact of Pain (SIP) Symposium was organised in collaboration with Grünenthal GmbH in Brussels, and brought more than 200 health experts and representatives of European health authorities together with budget holders, strategic decision-makers, and other stakeholders.



## 2011

In May, the second SIP Symposium was held in Brussels. The aims of SIP 2011 were endorsed by more than 85 international organisations, institutions, and patient advocacy groups. A Road Map for Action launched by EFIC challenged European governments and EU institutions to acknowledge chronic pain as a disease in its own right, and to make it a top priority on their social and health agenda.

After the official dissolution of the Scandinavian Association for the Study of Pain, the National Pain Societies from Denmark, Finland, Norway and Sweden were approved as separate members by the EFIC Council at its meeting in Brussels during the second SIP Symposium. The Council also elected the new Executive Board for the term 2011 to 2014. Apart from Prof. Hans G. Kress serving as President for this term, it includes Prof. Giustino Varrassi (Past President), Dr. Chris Wells (President-Elect), Prof. Eli Alon (Honorary Treasurer), and Ass. Prof. Nevenka Krčevski Škvarč (Honorary Secretary).

The new Executive Board's term started off in June 2011 at its first official meeting at the EFIC Headquarters Office in Brussels.

Based on a totally remodelled agreement, the Executive Board decided to continue the successful collaboration with the professional congress organiser Kenes for the next two EFIC Congresses in 2011 and 2013.



*2011 EFIC Council meeting in Brussels, including the new Executive Board members*

The publishing contract for the European Journal of Pain with Elsevier was



terminated, and – after extensive negotiations under the guidance of Prof. Hans G. Kress – a new agreement was concluded with Wiley Blackwell and signed in August. During the critical transition period, the Editor-in-Chief, Prof. Hermann Handwerker, and the Editorial Office kept everything under control and updated the layout and editorial concept of the journal for future challenges in scientific publishing. Prof. Hans G. Kress was elected Deputy Editor of the journal.



*EFIC Executive Board 2011 – 2014. From left to right: Prof. Giustino Varrassi, Dr. Chris Wells, Prof. Nevanka Krčevski Škvarč, Prof. Hans G. Kress, Prof. Eli Alon with Executive Secretary Christel Geevels*

The seventh EFIC Congress, Pain in Europe VII, was held in Hamburg from 21 to 24 September. The event attracted more than 4,000 participants from 75 countries, making it in every respect the most successful EFIC Congress ever.



*Prof. Hans G. Kress handing over a commemorative plaque of Honorary Membership to the outgoing President Prof. Giustino Varrassi*

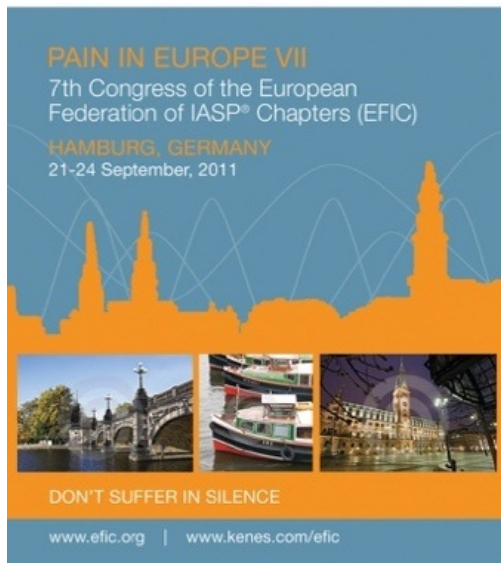
During the Hamburg Congress, a face-to-face meeting of the Presidents of IASP and EFIC, Prof. Eija Kalso and Prof. Hans G. Kress, opened the way for a future cooperation on sharing the topics and educational materials of the IASP Global Year Against Pain and the EFIC European Week Against Pain (EWAP).



*Representatives of EFIC and Wiley Blackwell after the signature of the publishing agreement in London's famous Groucho Club, a members-only publishers club in London*

At its extraordinary meeting during the Hamburg Congress, the EFIC Council voted for Vienna as the venue for the 2015 EFIC Congress.





## 2012

During the sixth Congress of the World Institute of Pain (WIP) held in February in Miami Beach, Florida, the Presidents of EFIC, WIP, the WIP Foundation and the World Society of Pain Clinicians (WSPC) signed the “Declaration of Miami” to join forces to achieve better pain treatment and to promote pain medicine all over the world. On that occasion, the Presidents also agreed on a closer cooperation of their professional organisations on a global level.

The Kosovo Pain Association/Professional Health Association was accepted as the 36th EFIC member at the annual EFIC Council Meeting in Copenhagen.

More than 350 participants gathered for the third SIP Symposium, held in Copenhagen from 29 to 31 May. Endorsed by more than 160 institutions and organisations, it was another important step towards the public recognition of chronic pain as a serious societal burden and a disease in its own right.



*Presidents holding their hands after public signature of the “Declaration of Miami”. From left to right: Prof. Serdar Erdine, CEO WIP Foundation, Prof. Robert van Seventer, President WSPC, Prof. Hans G. Kress, President EFIC, Prof. P. Prithvi Raj, Chairman WIP Foundation, Prof. Ricardo Ruiz-Lopez, President WIP*

EFIC and IASP joined forces and, for the first time, agreed on a common topic – “Visceral Pain” – to be highlighted during the IASP Global Year Against Pain and the newly launched EFIC European Year Against Pain (EYAP). The former one-week awareness campaign organised by EFIC every October, the European Week Against Pain (EWAP), was thus extended to a full year. The first EYAP and the brand-new EYAP logo were launched on 12 October with an international EFIC press conference in Brussels.

The EFIC website underwent a thorough facelift and restructuring, and the EFIC Newsletter was re-launched with four regular issues per year.

Two new EFIC Task Forces were established: “Implementation of Chronic Pain into ICD11” and “Drug Reimbursement Policies in European Countries”.

During summer 2012, Prof. Hans G. Kress, together with the Chairs of the EFIC Task Force on ICD11, Prof. Winfried Rief and Prof. Rolf-Detlef Treede, met with WHO representatives in Geneva for preliminary talks. It became clear that WHO would only accept a global and officially WHO-accredited organisation like IASP for the cooperation on ICD11 issues.

At a bilateral meeting of the Presidents and other official representatives of IASP and EFIC during the 14th World Congress on Pain in Milan, the two organisations agreed to install a common task force for the implementation of chronic pain into the new ICD11, under the lead of Prof. Treede.



*EFIC President Prof. Hans G. Kress, EFIC President-Elect Dr. Chris Wells and pain patient Jaqueline Riley presenting the European Week Against Pain and the new EYAP logo in Brussels*

In November, the EFIC Executive Office moved from Vilvoorde near Brussels to a new location at Diegem, closer to the Brussels Airport.

In cooperation with Mundipharma Int., EFIC installed a “European Expert Task Force on Placing Pain on Undergraduate Medical Curricula” in order to analyse the current status on the deficits of undergraduate pain education in European countries, and to develop strategies and recommendations for future improvements. The first meeting was held in November.



*EFIC Councillors meeting at the SIP 2012 Symposium in Copenhagen*

## 2013

The contract relating to the EFIC Congresses 2011 and 2013 with the PCO Kenes was renewed for the EFIC Congresses 2015 and 2017, and signed in March.

On 14 and 15 May, the SIP 2013 Symposium was held again in the European Parliament in Brussels, this time composed of two Focus Groups for in-depth discussions. Focus Group 1 developed quality indicators to measure the consequences and outcome of improvements in pain management at a regional or national level, whereas Focus Group 2 discussed best-practice examples from different countries, and worked on proposals for actions to prevent chronicity of pain and to bring pain patients back to work.

As a result of the SIP 2013 Symposium and in order to continue and expand the work of SIP Focus Group 1, an “EFIC Task Force on Quality Indicators” was installed under the lead of Prof. Pedro Saturno and Prof. Rolf-Detlef Treede.

Based on the curriculum of the German EFIC Chapter (Deutsche Schmerzgesellschaft, former DGSS), the EFIC Committee on Education, chaired by Prof. Andreas Kopf, completed the first “EFIC Pain Management Core Curriculum for Medical Schools in Europe”, which was launched at the eighth EFIC Congress in Florence.

The eighth EFIC Congress, Pain in Europe VIII, from 9 to 12 October in



Florence, Italy, celebrated the 20th anniversary of EFIC under the motto: “20 Years of Building Bridges.” The all-time high of 1,242 abstract submissions could be taken as a good omen for a record-breaking attendance in Florence.

The European Year Against Pain 2013 to 2014 on “Orofacial Pain” was launched at an EFIC press conference during the Florence Congress.

The first results of the “European Expert Task Force on Placing Pain on Undergraduate Medical Curricula” were presented during the Pain in Europe VIII Congress, providing a robust analysis of the current status on teaching of pain medicine across European Medical Schools.

The Federation’s name was changed to: The European Pain Federation EFIC®.



## 6. EFIC PRESIDENTS 1993 – 2014

“It occurred to me it would be a good thing...”



*Prof. Ulf Lindblom, MD, DMSc, EFIC President 1993 – 1996*

EFIC owes its existence to the vision and determination of the pioneering Swedish neurologist Prof. Ulf Lindblom. As early as 1976 he had formed the



Scandinavian Association for the Study of Pain, the first regional chapter of IASP. Its success was no doubt a source of inspiration when, in 1993, as President of the International Association for the Study of Pain (IASP), Prof. Lindblom proposed, during the World Congress on Pain in Paris, a Federation of IASP chapters in Europe to improve cooperation and communication not only with IASP but between the European Pain Societies.

“It occurred to me that EFIC would be a good thing,” he remembered. As he saw it, such a network would be in a better position to offer advice for pain treatment specifically tailored to the needs of European health systems and patients. “I am extremely happy that EFIC has developed in this way.”

“We had to find an easy way to communicate with the rest of the pain world,” he said. “One of the major challenges with expanding EFIC was the difference in education and in development and healthcare specialisations in the different European countries. The East European countries had lagged behind, but they have advanced quickly. This proves, I think, that EFIC can make a large contribution.”

Prof. Lindblom also founded and became the first Editor-in-Chief of the official EFIC journal, the European Journal of Pain, whose first edition appeared in 1997. Within a matter of years, the journal rapidly developed into a highly successful scientific journal, with an impressive impact factor.

With a dual background in neurophysiology and clinical neurology, Prof. Lindblom was instrumental in establishing the principle that sensory abnormalities associated with pain merited specific attention. He became known throughout the world for his ground-breaking research into quantitative sensory testing (QST). This work provided a basis for classifying different types of neuropathies, notably those based on hyperalgesia and allodynia. Prof. Lindblom’s techniques have been applied throughout the world to produce better diagnoses and improved evaluation of potential therapies. He has both initiated and guided a large number of key clinical studies.

Prof. Lindblom is Professor Emeritus of Neurology at Sweden’s Karolinska Institutet, where he was formerly Chairman of the Department of Neurology.

“Spreading the word in Europe about better treatment for pain.”



*Prof. Dr.-Ing. Dr. med. et chir. h.c. Manfred Zimmermann, EFIC President 1996 – 1999*

EFIC's second President, the German physicist and physiologist Prof. Manfred Zimmermann, was also one of its founders, as he was of IASP in 1973.

He underlines the value of cooperating with the European institutions. "One of the most important events during my presidency was our official recognition by the European Parliament in 1998," he says. The European Week Against Pain campaigns had produced excellent results. "They give new hope particularly to chronic pain sufferers that doctors may be better able to help them." EFIC had become known not only among health professionals and health policy makers but the general public.

Prof. Zimmermann studied physics and physiology at Karlsruhe and Heidelberg Universities, becoming Head of the Department of CNS Physiology at Heidelberg in 1971, and Professor of Physiology two years later. His main research interest has been in neuronal mechanisms of pain and pain inhibition, with a focus on neuropathic pain. Later he became interested in gene transcription control and apoptosis in the nervous system. In 1975 he co-founded the German-speaking Pain Society covering Germany, Austria, and Switzerland, which he presided over from 1984 to 1993. After this German-speaking regional IASP chapter was divided into three separate National Pain Societies, he continued to be the President of the newly created German IASP chapter DGSS from 1993 to 1996. At IASP, he chaired the Committee for Ethical Issues in Pain Research, from 1978 to 1990, developing, inter alia, guidelines for the ethical treatment of laboratory animals. In 1996 he successfully established pain therapy as a medical subspeciality in Germany.

Throughout his career Prof. Zimmermann has been intensively involved in publishing. He himself is responsible for 800 publications. From 1975 to 2003 he was founder and Editor-in-Chief of Neuroscience Letters, and from 1987 to 1992 founding editor of Der Schmerz. In 1984 he was editor and co-author of the first German textbook on pain (Schmerz - Konzepte und ärztliches Handeln), and in 1986 co-wrote an official report on the national status of pain research and therapy for the German government.

He has sat on a number of editorial boards, including until 1987 that of IASP's prestigious international publication Pain, and served as a visiting professor in Melbourne, Australia, Wuhan, China, and at the University of Siena, Italy.

“One in five Europeans is in pain. They have a fundamental right to treatment.”



*Prof. David Niv, MD, FIPP †, EFIC President 1999 – 2002*

The tragic death at 57 of EFIC's third President, the indefatigable Prof. David Niv, was a terrible loss to the pain community and to the many who knew this brilliant, humorous, and unusual man.

Bulgarian-born, Prof. Niv was one of the world's leading experts on pain therapy. Serving as a Council Member of IASP, he was President of the World Institute of Pain from 2002 to 2005 and co-founder and President of the Israel Pain Association from 1988 to 1992. At the time of his death he was Director of the Multidisciplinary Pain Control Unit and Pain Research Laboratory, Tel Aviv Sourasky Medical Center, and Professor of Anaesthesia and Critical Care Medicine at Tel Aviv University.

Among his important contributions was to promote the idea of pain as a disease

in its own right, and of the necessity to develop European core curricula in pain medicine for medical schools as well as for specialisation and certification in pain medicine. EFIC should use its strength to get this implemented internationally, he argued: “Pain is now recognised in several of the European countries as a medical speciality in its own right.”

In his view a fundamental change of attitude towards chronic pain was needed. “We need to stop thinking of pain as a symptom, and start seeing it as a disease in its own right. Cancer is a disease; so is pain, chronic pain, at least. And one in five Europeans is in pain, ranging from medium to very intense. It is a human right to obtain treatment, and for that treatment to be appropriate and continuous.”

He was proud of the slogan for the European Week Against Pain launched at the European Parliament in 2001 during his Presidency of EFIC – “Do not suffer in silence” – and saw the campaign as a watershed in spreading the message that chronic pain is a disease. The cost of treating chronic pain rivalled, even surpassed that for treating all cancers and cardiovascular disease, but still attracted negligible funding for research, he would argue. One of his favourite phrases was: “Few die of pain, but many die in pain, even more live in pain.”

Son of a doctor who emigrated to Israel, Prof. Niv graduated in 1977 with an MD from the University of Bologna in Italy and trained in anaesthesia and intensive care in Tel Aviv. He then went on to work with Prof. Mark Chayen, an anaesthesiologist who in the mid-1960s had established one of Israel’s first multi-disciplinary pain clinics at Tel Aviv University’s Sourasky Medical Center. David Niv succeeded him as its director when he retired in 1988.

Prof. Niv took a particular interest in invasive procedures such as precision-guided nerve blocks and ablations, and later the use of implantable pumps and spinal cord stimulators. He also undertook research into DNA markers of familial disease. In all he had more than 120 published scientific articles to his name. In the final months of his life, Prof. Niv was working on a document aimed at raising the profile of pain research in Europe.

“EFIC: An important leap forward in the science of pain.”



*Prof. Harald Breivik, MD, DMedSc, FRCA , EFIC President 2002 – 2005*

Harald Breivik, Professor of Anaesthesiology at Rikshospitalet, Oslo University Hospital, Oslo, and founding President of the Norwegian Pain Society, used his three years as President of EFIC to build on its rapidly-growing prestige. One of the highlights during this period was the 2004 Global Day Against Pain, co-sponsored by EFIC, WHO and IASP; it attracted worldwide attention. The campaign focused on “the treatment of pain, a basic human right.”

The EFIC Congress held in Prague the year before, in September 2003, had greatly enhanced EFIC’s standing. “We had 700 abstracts, and almost 200 invited speakers. And for the first time the Congress secured substantial income for our Federation,” says Prof Breivik. “In another important achievement, we were able to establish a research grant for young clinical researchers – the EFIC Grünenthal Grant, worth € 100,000 a year.”

The European Journal of Pain also occupied much of his attention; he took on the job of Deputy Editor from 2000 to 2008. The journal has progressively established itself as EFIC’s scientific flagship, attracting more and more distinguished contributions and a growing number of subscribers.

“EFIC certainly has made a very important improvement in the understanding and management of acute pain, chronic pain, and cancer pain in Europe,” he summarises.

Author of over 350 papers and book chapters on anaesthesiology, intensive care, emergency medicine, pain relief, physiology, and pathophysiology, Prof. Breivik



has also edited a number of key textbooks such as *Clinical Pain Management – Practical Applications and Procedures*, (Hodder-Arnold, 1st Ed 2003, 2nd Ed 2008), and *Pain: Best Practice and Research Compendium* (Elsevier 2007).

As co-founder and Honorary Member of IASP, Prof. Breivik has been a key figure in pain treatment for some four decades since completing his MD and DMedSc studies at Oslo University, and a fellowship in anaesthesiology, intensive care, and pain medicine at the University of Pittsburgh. He is founding member and Past President of the Scandinavian Association for the Study of Pain (SASP) and since 2009 the founding Editor-in-Chief of SASP's scientific journal, the *Scandinavian Journal of Pain*. An Executive Board Member and Vice-President of the World Federation of Societies of Anaesthesiologists (WFSA), he was elected Fellow of the Royal College of Anaesthetists (UK), Honorary Fellow of the College of Anaesthetists of Ireland and Honorary Fellow of the Faculty of Pain Medicine of the College of Anaesthetists of Ireland. He is Honorary Member of the German Society of Anaesthesiology and Intensive Care Medicine, Honorary Member of the Norwegian Society of Anaesthesiologists and Honorary Member of the Slovak Pain Society and of the British Pain Society. He is a Knight of the 1st Class of the Royal Norwegian Order of St. Olav.

“I had the great opportunity to witness how EFIC grew and became a well-respected international pain society.”



*Prof. Serdar Erdine, MD, FIPP, EFIC President 2005 – 2008*

“During the 15 years I served on the Executive Board of EFIC, I had the great

opportunity to witness how EFIC grew and became a well-respected international pain society,” Prof. Serdar Erdine says. “Besides being a federation of European chapters of IASP, EFIC has proven itself to be an international organisation that has had a great impact on promoting pain medicine by organising Congresses, Pain Schools, the European Weeks and now Years Against Pain, and other activities as well as by publishing the European Journal of Pain. EFIC has created a friendly atmosphere where national chapters as well as others can share their aspirations for better pain treatment and pain relief as a human right.”

The EFIC presidency under Serdar Erdine, Professor of Anaesthesiology and Algology at Istanbul University, was marked by a determined push to expand the organisation, especially into Eastern Europe, and to enhance communication among all national chapters, inter alia through a website which specifically focussed on education.

Prof. Erdine is proud of his contribution to making EFIC “a very strong political power in Europe,” a reminder that as a young man he had initially hoped to study political science rather than medicine. He remains grateful that fate pushed him in the direction it did. Achieving a professorship in his thirties “was perhaps the biggest chance of my life,” he says.

Prof. Erdine graduated from Cerrahpasa Medical Faculty, Istanbul University, in 1978 and completed his residency in the Department of Anaesthesiology and Reanimation in 1982. He was named Associate Professor in Anaesthesiology four years later and was promoted to Professor of Anaesthesiology and Algology in 1991. After becoming especially interested in pain management while doing his military service in Cyprus, he subsequently pioneered epidural treatments in Turkey. He became a member of IASP in 1981 as pain studies began to gain momentum, and then founder and President of the Turkish Pain Society and of the Turkish Society of Regional Anaesthesia. He also co-founded the World Institute of Pain (WIP) in 1994, becoming its President from 2008 to 2011. He remains CEO of the WIP Foundation, and has served as a member of the WHO Advisory Expert Panel on Drug Dependence since 2007. He received the lifetime achievement award from the İstanbul Medical Chamber in 2012 for establishing algology/pain medicine in Turkey.

Author of 25 books in Turkish and editor or co-editor of eight books in English, he has published 200 articles, mainly on interventional pain management. His book *Pain-Relieving Procedures: The Illustrated Guide* (Wiley-Blackwell 2012), co-authored by P. Prithvi Raj, reflects the game-changing developments in pain

control over recent years thanks to improved imaging, which allows for better targeting of analgesic technique. The book claims to cover all the most significant interventional pain procedures in current practice.

“An important contribution EFIC can make is to increase the recognition of pain patients’ needs.”



*Prof. Giustino Varrassi, MD, PhD, FIPP, EFIC President 2008 – 2011*

EFIC’s first Italian President, Giustino Varrassi, Professor and Chairman of the Department of Anaesthesiology, University of L’Aquila Medical School until December 2010 and now General Manager of ASL Teramo, a public company of the National Health Care Service, was involved in EFIC from its very beginning. The Federation, he says, had grown “very much over the years.” Its remarkable growth made a strong secretariat essential, “but at the same time, as a central organisation, you must give recognition to your partners, the national chapters.” Among the actions taken during his presidency, the European Journal of Pain was distributed free of charge to members of the National Pain Societies.

But it was also important, Prof. Varrassi says, to reach decision-makers, many of whom still needed to understand the significance of pain, which he terms a “societal problem”: “I think one of the main contributions EFIC can make is to increase the recognition of patients’ needs, especially those suffering chronic pain, and particularly non-cancer chronic pain – something often forgotten by politicians and decision-makers. This is the reason why I launched the campaign ‘Societal Impact of Pain’. It grew as a result of meetings and symposia, even coming to the attention of the European Parliament.”

“In a way, I represent the history of EFIC,” says Prof. Varrassi who also served on IASP’s Task Force on Acute Pain from 1987 to 1992. He became one of EFIC’s founding members in 1993, and as Honorary Secretary organised its first Congress, in Verona, two years later. He has been Member of the Board of the Associazione Italiana per lo Studio del Dolore (AISD) since 1988 and served as its President from 2003 to 2009. In 1994, he also founded the European Society of Obstetric Anaesthesia (ESOA), presiding over it from 2001 onwards.

Prof. Varrassi graduated from Rome’s La Sapienza University, Medical School, in 1973. He completed residency in Anaesthesia and Intensive Care in 1976 at the same university, and then moved to L’Aquila, where he was an Assistant Professor responsible for the Pain Centre at the University Department of Anaesthesiology from 1976 to 1985, when he was made a Full Professor. Author of some 400 papers published in international and national scientific journals, he has also written 43 chapters of books on obstetric anaesthesia and pain management, and edited 28 books and congress proceedings, including a textbook on obstetric anaesthesia. Prof. Varrassi has had considerable exposure to different medical cultures around the world, having conducted research at CNR-NIH at the Albert Einstein College of Medicine, Jeshiva University, New York, at Hamburg University, and having served as Guest Professor at Massachusetts University Department of Anaesthesiology and Pain Centre. He was also Guest Professor at the University of Tel Aviv Department of Anaesthesiology and Pain Centre, and Guest Professor at the University of Barcelona Department of Anaesthesiology.

“Working on better pain relief and fighting for our chronic pain patients.”



*Prof. Hans G. Kress, MD, PhD, FFPMCAI, EFIC President 2011 – 2014*

Full Professor of Anaesthesiology, Intensive Care, and Pain Medicine and Head of the Department of Special Anaesthesia and Pain Therapy at the Medical University / AKH Vienna since 20 years, Hans G. Kress is fascinated of leading an organisation which has grown to 36 national chapters and a staggering 20,000-plus physicians, researchers, nurses, psychologists, physiotherapists and other healthcare professionals.

The prestige of the European Journal of Pain, of events such as the regular Societal Impact of Pain Symposia - which attract senior figures in medicine and politics - as well as EFIC's expanded educational activities and the now biennial Pain in Europe Congresses are, he says, "a big step forward towards public recognition of chronic pain as a true challenge, not only to our patients and their physicians, but to our healthcare systems in Europe, the budget holders, decision-makers, and politicians."

Past President and current Board Member of the Austrian Pain Society, Prof. Hans G. Kress has a very long association with IASP and EFIC: Treasurer of the Local Organising Committee of the 9th IASP World Congress 1999 in Vienna, EFIC Councillor from 2001 to 2005, Honorary Treasurer and Member of the Executive Board until 2011 when he became President. He says that from the outset the Federation had kept faith with its trans-national ambitions, and its commitment to helping the next generation of pain clinicians and researchers. These efforts included support for developing pain societies in Eastern Europe, not least with fellowships which allowed young doctors and researchers to attend EFIC's European Pain Schools, or to be trained and educated during working visits to renowned West and Central European pain management centres. During his presidency, the Headquarters Office was reorganised, the EFIC Newsletter relaunched, and the website face-lifted. In order to get fit for the internet era, the web presence of EFIC was expanded into the new social media Facebook and YouTube. Finally, the European Week Against Pain has been transformed into the European Year Against Pain, extending the awareness campaign to a full year. With the new publishing contract for the European Journal of Pain and the innovative agreement with the PCO Kenes on the future EFIC Congresses until 2017, EFIC is well prepared to be the voice of pain medicine in Europe. Last but not least, the change of EFIC's name into "The European Pain Federation EFIC" has further improved its public appearance and underlines its leading role in Europe. "As the current President of EFIC I am very proud of these achievements and look forward to further contributing, to supporting and to playing an active role in our campaign for the recognition of chronic pain as a



disease in its own right,” he says.

Prof. Hans G. Kress studied for both his MD and PhD in Germany, completing his residency there. In 1989 he received the Central-European Anaesthesiology Award from the German, Swiss and Austrian Societies of Anaesthesiology and Intensive Care Medicine. He has been a Full Professor at the Medical University / AKH Vienna since 1993. Between 1994 and 2003 he was also a director of Vienna’s Ludwig Boltzmann Institute for Experimental Anaesthesiology and Research in Intensive Care Medicine. He was founding Chairman of the Task Force on Pain Management for the Austrian Society of Anaesthesiology, Resuscitation, and Intensive Care Medicine and co-founded the Austrian Society for Palliative Care in 1999, where he was also a Member of the Executive Board until 2010. He was awarded the Honorary Membership of the Polish Pain Society in 2010, and in 2013 the Honorary Fellowship of the Faculty of Pain Medicine of the College of Anaesthetists of Ireland (FFPMCAI).

Deputy Editor of EFIC’s European Journal of Pain, he also co-edited Acute Pain for many years, and has edited numerous books, and authored over 200 book chapters and scientific articles. His multiple clinical and experimental research interests include pharmacological treatment of acute and chronic pain, invasive pain management and neuromodulation in cancer and non-cancer patients, and also neuro- and immunopharmacology of anaesthetics, analgesics and in particular cannabinoids.

## 7. THE EUROPEAN JOURNAL OF PAIN

### The early years



*Prof. Fernando Cervero, MD, PhD, DSc, President, IASP*

*Director, The Alan Edwards Centre for Research on Pain, McGill University*

*Former Editor-in-Chief of the EJP*

Establishing a new scientific journal is not an easy task. To be successful, the journal has to acquire a distinct appeal and personality, attract the attention of potential authors and become a point of reference in its field. And the new journal has to achieve all of that without an official impact factor, by asking authors to submit papers to a publication whose future is uncertain.

The European Journal of Pain (EJP), like the European Federation of IASP Chapters (EFIC), were products of the energy and determination of Ulf Lindblom, who was President of IASP between 1990 and 1993 and subsequently became the first President of EFIC and the founding Editor-in-Chief of the EJP. This article is my personal homage to the strength and determination of Ulf Lindblom, who succeeded in establishing EFIC in spite of strong resistance from outside Europe and who created the EJP overcoming obstacles from within EFIC itself. Without Ulf, there would have never been the EJP that we know today. I want to review the early years of the EJP from the experience of my own involvement in the events that took place and in the efforts to get the journal off the ground and to take it to the commanding position it occupies today.

EFIC was established in 1993 as a federation of the existing European chapters of IASP at the initiative of Ulf Lindblom, who at the time was the President of IASP. One of his first priorities with EFIC was to produce a publication that would become its official journal. This initiative finally took shape towards the end of 1995, when Ulf became the Editor-in-Chief of the journal, developed

clear and specific objectives for the new journal and started the search for an Editorial Board.

In January 1996, Ulf asked me to become the Deputy-Editor of the journal with a special responsibility for the basic science papers. At that time I held a Chair of Physiology at the University of Alcala, near Madrid, where I had moved from England a couple of years earlier. I accepted Ulf's offer enthusiastically and so began a close professional association that lasted for many years and that developed into a personal friendship. Throughout 1996 we corresponded about the new journal – its scope, how to establish a new publication, potential members of the Editorial Board – and we agreed to have a face-to-face meeting to finalise arrangements at the IASP 8th World Congress on Pain in Vancouver in August 1996.

We met for a couple of hours at his room at the top of the congress headquarters hotel – with a magnificent view of the English Bay in Vancouver and the beautiful backdrop of the mountains that surround the bay – and we put together an Editorial Board, a mission statement and a publishing policy. We agreed that the journal would be multidisciplinary and international and that the members of the Editorial Board would be chosen for their professional prestige, independent of their country of origin, which meant the inclusion of members from outside Europe. Publication in the journal would be through strict peer review and the acceptance of a paper would be exclusively based on the quality of the article with no concessions to politics or external influences. The idea was to create an internationally competitive journal very much along the lines of the IASP journal PAIN, thus providing an alternative vehicle to the increasingly large number of studies on pain research and management that were being produced worldwide. We expected submission of papers from Europe to predominate but we also encouraged and expected submissions from all over the world, something that, as time showed, did indeed happen.

And then the problems began. The idea the EFIC leadership had for the journal was different than ours. They wanted an in-house publication with not too much basic science, focused on European issues, to serve as vehicle for the idiosyncrasies of the various European chapters. Faxes began to run back and forth between Ulf and the EFIC leadership with some stern comments as to the role and authority of the Editor-in-Chief, the interference of the leadership in the selection of the Editorial Board and the very philosophy of the journal. Mercifully, the fax technology of the time meant that most of these documents were printed on thermo-sensitive paper that today has faded to the point that it is almost impossible to read them; all we need is a few more years and all this

irritation will have, literally, disappeared. My role in these exchanges was to calm down Ulf, toning down his fiery character while maintaining the essence of our principles. There is an e-mail where I counsel Ulf to be “balanced and anger-free”; not the sort of advice that you would expect a Spaniard to give a Swede. But in the end Ulf won the day and the EJP, under a publishing contract with W.B. Saunders Ltd, went ahead as we had designed it. The plan was to publish the first issue in 1997.

At the centre of this debate were differences of opinion on the purpose of EFIC and on the role of the EJP within the organisation, differences that still linger on today. To better understand the arguments it is worth quoting Ulf’s own words, as founder of both EFIC and the EJP, in a written address to the EFIC Council in 1999 on the occasion of the election of a new Executive Board. He wrote: “In the current context it seems motivated to reconfirm EFIC’s origin and nature. It may be important to point out that EFIC is not (Ulf’s italics) an independent new organisation besides IASP but an administrative arrangement for cooperation amongst European IASP Chapters with a certain formal structure to enable concerted actions in the spirit of IASP. Such arrangements are to organize European pain congresses, set up and run specific task forces and publications, such as the European Journal of Pain, and to pre-sent joint programs with a European voice.” I do not think that there can be any doubts as to Ulf’s vision and purpose when he founded EFIC and started the EJP.

Throughout the time when we were still debating about the kind of journal we were trying to produce, we were also soliciting papers for a publication that did not yet exist. Ulf used his considerable influence to persuade a few colleagues to send papers to the new journal just getting started. Then, finally, in the spring of 1997 the first issue of the EJP appeared in print, containing a couple of editorials, a review paper and five original research papers, three of them from Sweden. Rounding out the issue were abstracts of a Scandinavian course on musculoskeletal pain. Well...it was a start.

PROFESSOR EMERITUS, M.D.  
**ULF LINDBLOM**

1999-03-25

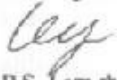
Four pp fax to

Professor Fernando Cervero

Dear Fernando,

Enclosed you will find for your information my address to the EFIC Council and the last nomination ~~of~~ for the new Board (which will certainly not be the final one before the voting takes place on Friday). I tried to stick to principles rather than criticize individuals. As usual the English could certainly have been better.

Best regards



P.S. I am thinking of our list of referees. I have now and then added names and subspecialties on the draft I have. What about discussing the list and perhaps agree on common terms of subspecialties when we meet in Reykjavik??

*A fax from Ulf Lindblom to the author dated 25 of March 1999 that included the text of his forthcoming address to the EFIC Council outlining his views on EFIC and the EJP. The section quoted in the text of the article was taken from this address. Also note his reference to the meeting in Reykjavik depicted in page 46.*

The EJP had just been born but did not yet have a home. The publishers, Saunders, gave us a manager who oversaw operations and a series of teleworking editorial assistants whom we never met in person and with whom we communicated through a rudimentary e-mail system. The manuscripts were received by ordinary mail and the logbook of the papers that were in review, accepted or rejected was kept by hand on an Excel spreadsheet by whichever teleworking editorial assistant was on duty that day. The system was extremely fragile and depended almost entirely on our capacity to keep on top of the situation by closely supervising everything that was going on. The arrangement with the teleworking assistants was very unsatisfactory. One of them – who shall remain unnamed – was clearly incapable of coping with the workload and reacted with a classic case of panic. She froze; and she just stopped doing anything. The journal ground to a halt and was in danger of collapsing. So Ulf and I were called to an urgent meeting in London with the manager from Saunders to sort things out. We reviewed the mess, paper by paper, a new teleworker was appointed and promises were made of happier days ahead. Yet, a few weeks later, the manager from Saunders moved to a different job with another publisher and a new manager was appointed for the EJP who did not have much knowledge of what was going on. And so, we had to start all over



again.

The upheavals in the scientific publishing world also interfered with the development of the young EJP. Saunders was bought by Harcourt who in turn was bought by Elsevier a few years later and the journal was passed from one publishing house to the next without EFIC or the EJP having anything to say in the process. We ended, by default, being published by the same house that also published the two other major pain journals: PAIN and The Journal of Pain. But the various publishers did not differ at all in their shaky editorial arrangements involving constantly changing teleworking assistants and managers.



*Ulf Lindblom, Troels Jensen and the author (with Jörgen Boivie in the background) at a dinner in Reykjavik during a meeting of the Scandinavian Association for the Study of Pain (IASP chapter) in the spring of 1999. This was the meeting referred to by Ulf in his fax shown on page 44. It is easy to spot the fake Viking as he had the helmet on backwards (!)*

In spite of all the difficulties, or perhaps stimulated by them, the EJP continued to grow and grow. We had the first face-to-face Editorial Board meeting in September 1997 during the EFIC Congress in Barcelona. More papers were being received, not only from Europe but also from North America and the journal was going from strength to strength. The EJP also produced a financially positive balance in 1999, its third year of publication, generating a profit for EFIC of over £22,000, something that the publishers told us was extremely rare for such a young publication.



*The EJP Editorial Assistant between 2000 and 2004, Marcela Toro, with a young member of the Cervero family during the EFIC Congress in Prague in 2003*

Towards the end of 1999, Ulf told me that he wanted to give up the editorship. He was getting increasingly tired of the effort and the politics involved and wanted to retire from both. He thought that it was important to maintain the journal's philosophy, particularly in the face of possible deviations from our agreed path and asked me to succeed him as Editor-in-Chief. Thus began a complex diplomatic and somewhat bureaucratic process that ended in September 2000 with my appointment as Ulf's successor by the EFIC Council. By then the EJP had been appearing for only four years for a sum total of 16 issues. My close association with the EJP as Ulf's deputy throughout these years meant that I knew the journal very well and could therefore take up my new duties without difficulty.

My main priorities were to adapt the journal's organisation and structure to its increasingly relevant position in the field and to maintain the philosophy of quality, multidisciplinary and worldwide circulation that we had established from the start. The Editorial Board was renewed and expanded, different sections were identified and Section Editors appointed: Eija Kalso for clinical papers, Chris Main for psychology and Rolf-Detlef Treede for basic science studies. Also an Editorial Office was finally set up close to the Editor-in-Chief. For this task, I had the good fortune of meeting and appointing Marcela Toro, an

experienced administrator from Chile who had just moved to Madrid. Marcela became the soul of the EJP, managing all documents and correspondence for the journal, communicating with reviewers, members of the Editorial Board and authors and essentially serving as the visible face of the journal. She was – and still is – a kind and gentle woman who managed to do a very difficult job with a smile always on her face and who became the e-mail friend of the entire Editorial Board. Many of them were very glad to meet her in person at our face-to-face Editorial Board meeting during the EFIC Congress in Prague in 2003.

In the year 2000 the EJP increased its frequency of publication from four issues to six issues per year, to accommodate the increasing number of high quality submissions. Also in 2000 the journal received its first impact factor ever; small but perfectly formed. This meant that authors could now send papers to the journal with the knowledge that these publications would be counted for their CVs and sources of funding. Having an impact factor is a must for any self-respecting journal and we managed to earn ours in the shortest possible time. The EJP also received a new lease of life when we negotiated a new contract with Elsevier in 2003, under the very able guidance of the then Chair of the EFIC Publications Committee, Beverly Collett. She engaged a firm of knowledgeable and shrewd London lawyers who gave us good advice on the various bids received and managed to extract from Elsevier a very favourable publishing contract that included a guaranteed royalty and therefore a steady source of income for EFIC.

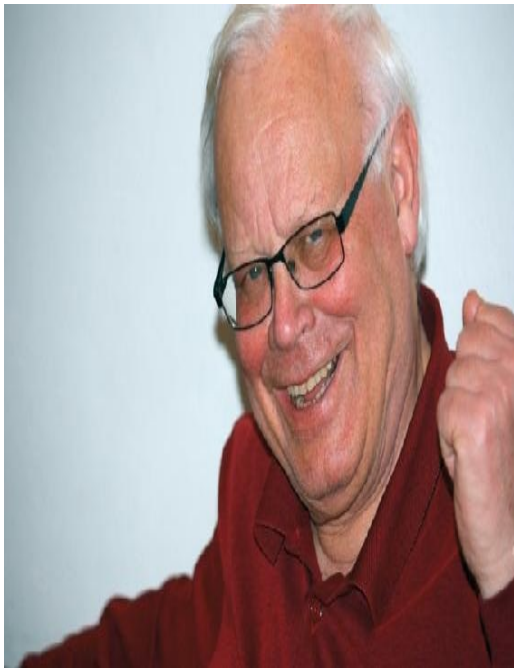
Everything was going very well when a new disturbance – in this case personal – appeared on the EJP horizon. In 2002 I was offered the opportunity to join the pain research community at McGill University in Montreal and I accepted the offer. This meant that the Editor-in-Chief of the European Journal of Pain would be based in North America, a situation that was perceived by some as undesirable. I therefore informed the then President of EFIC, Harald Breivik, that I was putting my editorship at his disposal. Harald asked me to remain as Editor-in-Chief until a suitable replacement could be found. Thus began a period of more than three years when the Editorial Office was being managed by Marcela in Madrid while I was physically based in Montreal; back to the teleworking times, though in this case the day was always saved by Marcela's skills and superb professionalism. Finally, in 2004, Hermann Handwerker was appointed Editor-in-Chief and my work with the EJP ended with the last issue of that year, after nine years of close association with the journal.

Looking back on these years I can say without any doubt, that setting up and running the EJP was one of the most satisfying aspects of my professional life.

The privilege of working closely with Ulf and of developing a personal friendship with him is priceless. The friendship and help that I received from key people, like Marcela, Beverly and many members of the Editorial Board were undoubtedly the main reasons for the success of the journal. Seeing a new publication grow from nothing into a prestigious scientific journal is enormously rewarding. And having produced and offered a useful service to my colleagues in the pain research and management field made all the efforts and difficulties worthwhile.

And finally and wholeheartedly, I give my thanks to the many people - authors, Section Editors, members of the Editorial Board, reviewers and administrators - who have contributed to making the EJP the outstanding pain journal it is today.

## Moving on from paperwork to internet



*Prof. Dr. Hermann O. Handwerker, Editor-in-Chief of the EJP*



*Dr. Bettina Haake-Weber, Managing Editor of the EJP*

In the last issue of volume 8 of the European Journal of Pain Fernando Cervero wrote an editorial with the title “The end of the beginning” summarising his highly successful time as Editor-in-Chief of this journal. Some months before, I was elected as his successor by a committee of the EFIC Executive Board. I remember the session in Paris and in particular the participants Harald Breivik, the EFIC President, and Fernando. We discussed the future of the journal. It was our clear aim to develop the journal further as a high quality international publication platform covering all facets of pain research from molecular mechanisms to psycho-social processes. As I wrote in my inaugural editorial (EJP Vol. 9, 1): Original basic science, experimental human studies and clinical research papers should be accepted – continuing where Fernando had left off.

To start with, I had to select a new Editorial Board, since all but one of Fernando’s Section Editors were no longer available. Beverly Collet, who had done so much to help the journal as chair of the EFIC Publication Committee, agreed to join the board; Rolf-Detlev Treede, neuroscientist from Mainz, Germany, was still available from Fernando’s crew. Later, he changed to the journal PAIN. The following individuals were recruited in this period: Maria Adele Giamberardino, clinical neuroscientist from Chieti, Italy; Per Hansson, neurologist from the Karolinska Institute, Stockholm; and Christiane Hermann, clinical psychologist from Giessen, Germany. These four became the initially small group of Section Editors. I was particularly lucky that Bettina Haake-Weber, a young medical doctor from the same city as my university, agreed to become my Editorial



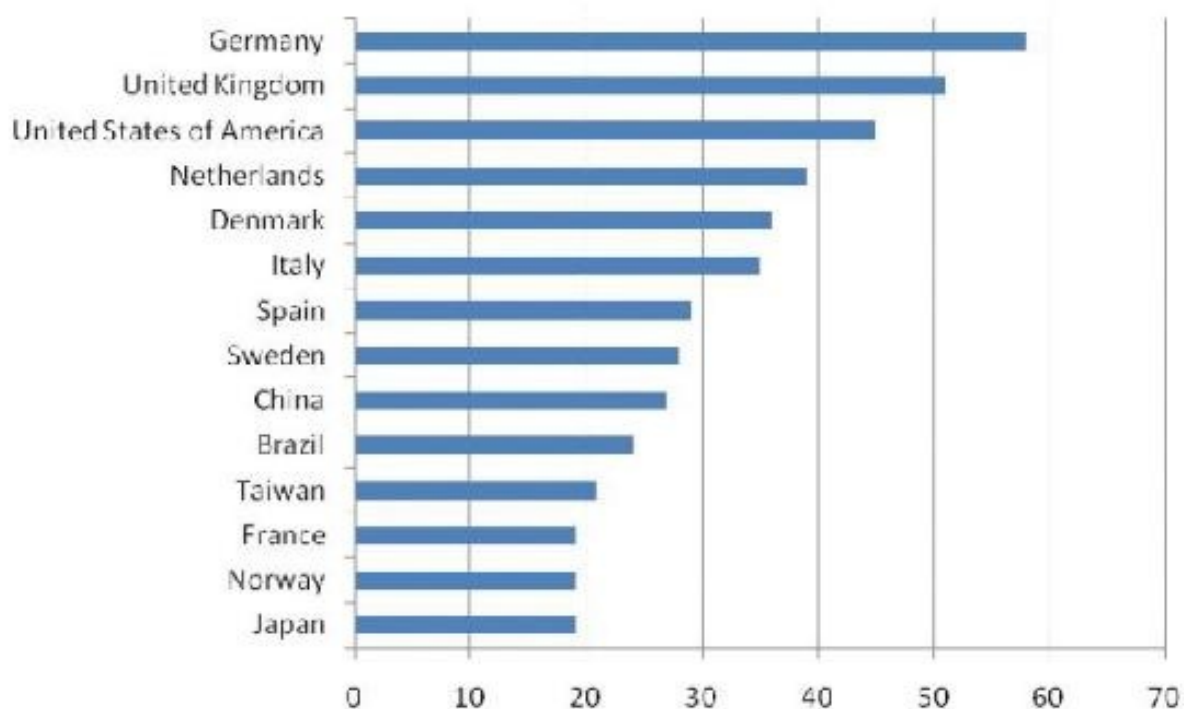
Assistant (now Managing Editor). In contrast to me, she was experienced in working with a scientific publisher. She became the soul of a small Editorial Office in Erlangen. In this function she provided the continuity Marcela Toro had provided before, while the contact persons on the publisher's side kept changing, albeit not as dramatically as during Fernando's time.

Still in 2004 Bettina and I visited Fernando and his charming and highly efficient Editorial Assistant Marcela Toro in Madrid. At this time the heart of the editorial work was "THE BOOK", a daunting folio which contained notes on all manuscripts coming by mail and their fate in the course of editorial processing. It was clear from the beginning that the new Editorial Board and Office would not continue "THE BOOK", but transfer the editorial process to the internet, thus greatly accelerating the journal turnaround times. The platform was provided by Elsevier's "Editorial Manager" (EM), later "Elsevier Editorial System", now back to EM. With the first issue of volume 9, we started a process which still has not come to an end. This journal once based entirely on paperwork, might well end up in a few years as a journal strictly for the internet. As a first step, all articles "in press" are available online shortly after acceptance and therefore citable using a DOI since 2006.

In 2005 we received 300 manuscripts to process. Five years later, the number of submissions had more than doubled. In 2005, we published 786 pages in six issues (79 articles). We had to increase the number of issues to eight already in the following year. Finally, in 2009 we went to ten issues per volume. With the increasing flood of submissions it became difficult to prevent the journal from bursting and its content from becoming diluting. Bursting was prevented by our contract with Elsevier which limited the number of pages with "editorial content". In 2011 the limit was 1.160 published pages per year. In this year we published 149 papers, almost twice as many as in our first year. During this period of fast growth the backlog between the appearance of a paper on the internet and in a printed issue remained almost constantly six to eight months.

Fortunately, the Section Editors and the Editor-in-Chief were successful in maintaining a high standard for the accepted papers. Our acceptance rate oscillated between 20% and 25% over the years. For the Editor-in-Chief it was not always easy to sign all these rejection letters. No author is amused when the results of his arduous work are rejected. Not the best way to make friends among your colleagues! In 2005, most of the papers submitted came from European countries. United Kingdom ranked first, followed by Germany, the Netherlands and Italy. However, by 2006 submissions from the United States were already ranking fourth.

As I understand it, and apart from myriad other considerations, the inauguration of EFIC and subsequently of the European Journal of Pain was also a reaction to the previous launching of the American Pain Society and of The Journal of Pain. At that time it became obvious that there was room for other high ranking publication platforms for pain research, besides PAIN and the Journal of Pain, under the auspices of IASP. Nowadays, more than a decade later, about 65% of the articles published in The Journal of Pain come from North America and about 20% from Europe (figures from 2012). In the same period about 70% of the articles published in the EJP were from European authors, and only about 10% from North Americans. Publications from the rest of the world are more evenly distributed, though the EJP published slightly more papers from Asia and Australia in this period.



*Regional distribution of papers submitted to the European Journal of Pain in 2010*

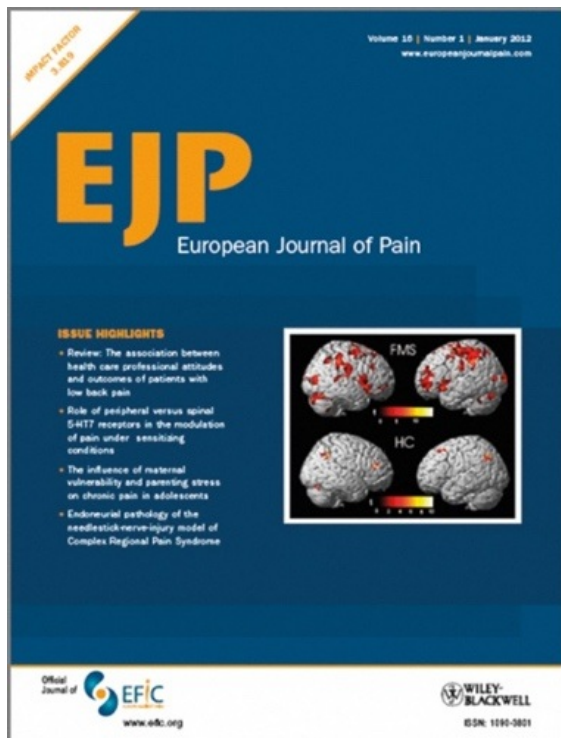
I am not happy with this distribution and one of the reasons for changing the publisher in 2011 was the feeling that Elsevier, by publishing both journals, had a tendency to promote each of them only in its region. More competition between publishers seemed to be a welcome move. Of course, neither our journal, nor any one of the other, about a dozen, scientific journals having “European” in their title, use this title in a political, regional, or even parochial way. The selection of our Section Editors is not regionally bound, but guided by their expertise. There is no rule to prevent a non-European from becoming

Editor-in-Chief of this journal.

Coming back to the development of the EJP: While the journal was growing in the years from 2005 to 2011, we experienced a continuous rise of our impact factor, with a preliminary peak of 3.94 in 2011. This was not an easy achievement considering the journal almost doubled the number of papers it published in this period.

Though the journal was making profit for EFIC, our financial situation was always more difficult than that of e.g. The Journal of Pain, or PAIN, for that matter. As mentioned above, EFIC is not a society but a federation of societies. Since the EJP is not a society journal, benefiting from compulsory subscriptions by society members, the small number of printed copies was always a problem. EFIC invested a considerable portion of the royalties from the journal to subsidise individual subscriptions of the printed version of the journal for delegates of the EFIC Congresses in Istanbul (2006) and Hamburg (2011). However, the boost in the size of the printed edition was short lived. The offer of cost-free subscriptions of the internet version of the EJP to members of the national EFIC chapters has proven more lasting.

Another only moderately successful attempt to promote the EJP was the launch of a sister publication: European Journal of Pain – Supplements. This journal was meant to serve for the publication of conference proceedings and other types of sponsored material. While the EJP-Supplements flourished for a few years, they were also a source of concern. People publishing their material in this organ were disappointed that the articles were not listed in MEDLINE, while the parent journal occasionally had difficulties, when many articles from a conference in the Far East (which never received any attention in the literature) were erroneously counted in calculating its impact factor. I wrote an editorial on this incident (“Impact factor blues”, EJP 14/1, 2010).



In response to the steady growth of the journal the Editorial Board had to be augmented and new experts for emerging fields recruited. These Section Editors were: Stephen Morley, clinical psychologist from Leeds, UK; Frank Birklein, neurologist from Mainz, Germany; Joern Loetsch, clinical pharmacologist from Frankfurt, Germany; Fiona Blyth, epidemiologist from Sydney, Australia; Jennifer Laird, experimental pharmacologist from Montreal, Canada; Didier Bouhassira, experimental and clinical neurologist from Paris, France; Luis Villanueva, neurobiologist from Paris, France; Ted Price, experimental pharmacologist from Phoenix, Arizona, U.S.; Bart Morlion, anaesthesiologist from Leuven, Belgium. The present EFIC President, Hans Georg Kress, serves the Editorial Board as Deputy Editor. I am extremely grateful to all of them. They did and still do a marvelous job.

What would a journal be without its reviewers? Actually, we have 4,661 names from all over the world in our database, all suggested by our very busy Section Editors. Like other journals we invite four persons at a time, hoping that two of them will agree within a few days, to review a paper. As one might imagine, it sometimes is necessary to remind reviewers of an invitation or of their outstanding review. In 2012, we sent out 2,129 invitations to 1,235 different reviewers and 932 reviews and re-reviews were received. Following the journal's growth, the list of the members of the Advisory Editorial Board became longer. At present, this board consists of 71 scientists, mostly from

Europe, but also from other parts of the world (see “Editorial Board” on the journal’s website [www.europeanjournalpain.com](http://www.europeanjournalpain.com)).

Once a year, the Editorial Board meets with representatives of our publisher. In former times these meetings took place in Amsterdam, in recent years in Hamburg, Berlin and Vienna. To give an impression of the intense atmosphere a few snapshots are shown taken at the Berlin meeting 2012.

At these meetings, we had lively discussions on editorial procedures, on the changing landscape of scientific publishing, and importantly, on the future development of the journal. These face-to-face meetings are indispensable for engendering team spirit, the source of life for the journal.



*The members of the Editorial Board during the meeting in Berlin in 2012 obviously mulling over the journal. From left to right: Bettina Haake-Weber, Per Hansson, Christiane Hermann*

In 2011, EFIC decided to change the publisher. We moved from the largest scientific publishing house Elsevier to the second largest publisher of scholarly journals, Wiley-Blackwell. Although we had a good working relationship with Karena Grundy, our partner at Elsevier, there were several reasons as to why a change was desirable. Not the least one we have explained above. Starting with a new publisher entails adapting to another publishing culture. Though Wiley officers were very helpful in this transition process, problems still arose. Elsevier stopped typesetting four months before their contract ended. Their database “Science Direct” stopped including new articles from our journal. When our new contract with Wiley began on 1 January 2012, they were busy transferring the



journal with all back volumes and articles in press into their database “Wiley Online Library” as quickly as possible. However, signing new contracts with the important libraries of public institutions took more time. Throughout 2012 the accessibility of our journal was impeded. We did our best, to compensate this with a generous offer of free subscription to the internet version for all members of national chapters. At the start of 2013 the EJP was included in Wiley’s package-sale to public libraries and this problem eased.



*Editorial Board meeting in Berlin in 2012, the other side of the table. From left to right: Joern Loetsch, Hans G. Kress and Didier Bouhassira*

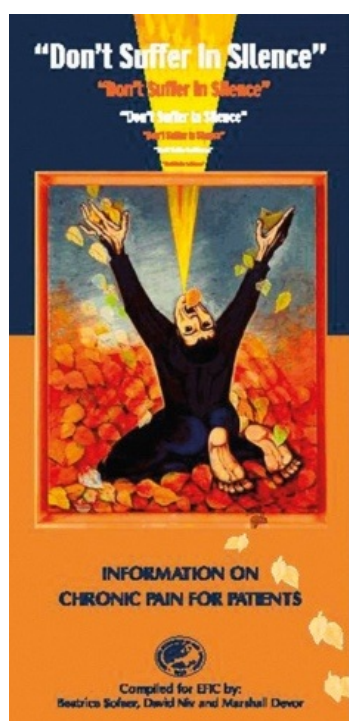
After one and a half years with the new publisher, we now have an attractive scientific journal. We are very grateful to all our coworkers on the Editorial Board, to the EFIC Council and Executive Board, and in particular to EFIC President Hans G. Kress, who fully supports the journal and also collaborates with us on the editorial work. We are also grateful to the responsible officers of our publishers: to Karena Grundy for the bulk of time with Elsevier, and to Richard Hughes for the initial period with Wiley. We are in particular grateful to Amanda McLean-Inglis, our present liaison at Wiley. She is always efficient, knowledgeable and extremely helpful. Cooperating with her is encouraging.

The landscape of scientific publishing is changing rapidly. We have to be flexible in responding to new challenges. In this process, we hope to maintain the European Journal of Pain as an attractive publication platform in the top group of journals dedicated to the science of pain.



*The Editor-in-Chief of the EJP, Hermann Handwerker, trying to capture the splendid ideas voiced by his colleagues*

## 8. THE EUROPEAN WEEK AGAINST PAIN



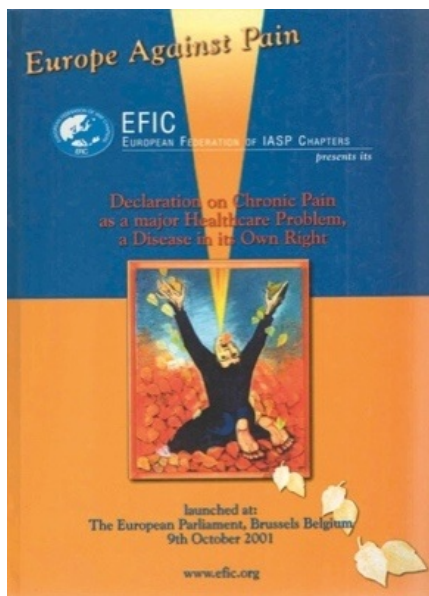
The annual European Week Against Pain (EWAP), one prong of the EFIC initiative Europe Against Pain, was launched in the European Parliament in October 2001 with the declaration: “Pain is a major healthcare problem.

Although acute pain may reasonably be considered a symptom of disease or injury, chronic and recurrent pain is a specific healthcare problem, a disease in its own right.”

Every year since then, the national and regional EFIC chapters have held activities to sensitise stakeholders, the medical community and the general public about the issue of chronic pain. From 2012 onwards, the event has become even more ambitious and been transformed into the European Year Against Pain (EYAP).

## 2001

EFIC chapters organised local awareness events, with public lecture series, articles in newspapers and magazines, TV and radio interviews with pain experts, as well as fund-raising marathons and sponsored walks.



## 2002

EFIC chapters built on their experiences in 2001 to expand their local activities.

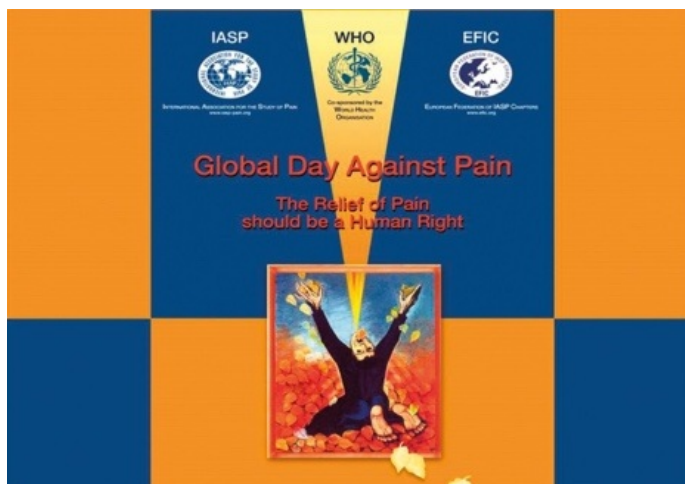
## 2003

The third European Week Against Pain was launched during the EFIC Congress Pain in Europe IV and focussed on publicising new data. A European web cast received thousands of hits, with follow-ups and reviews in numerous publications. The biggest-ever survey of patients in chronic pain, organised by the British Pain Society, was released in October to mark the campaign. 46,000 people were interviewed in 16 countries. The survey found that 19% of the

European population suffered chronic pain, one third of them experiencing chronic pain at all times.

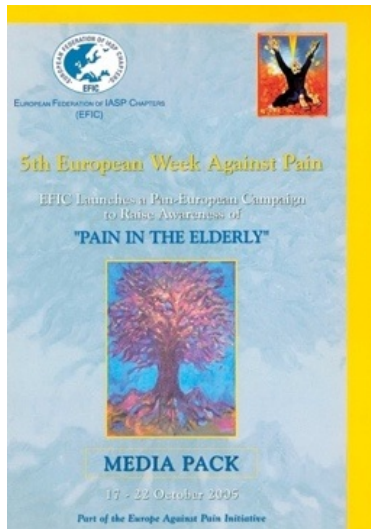
## 2004

EFIC joined forces with IASP and the WHO for a world-wide effort and the launch of the Global Day Against Pain in Geneva. EFIC's then President Prof. Harald Breivik said: "Chronic pain is one of the most underestimated health care problems in the world today, causing major consequences for the quality of life of sufferers and a major burden on the health care system in the Western world." Sir Michael Bond, President of IASP at that time, argued that "pain relief should be a human right, whether people are suffering from cancer, HIV/AIDS or any other painful condition."



## 2005

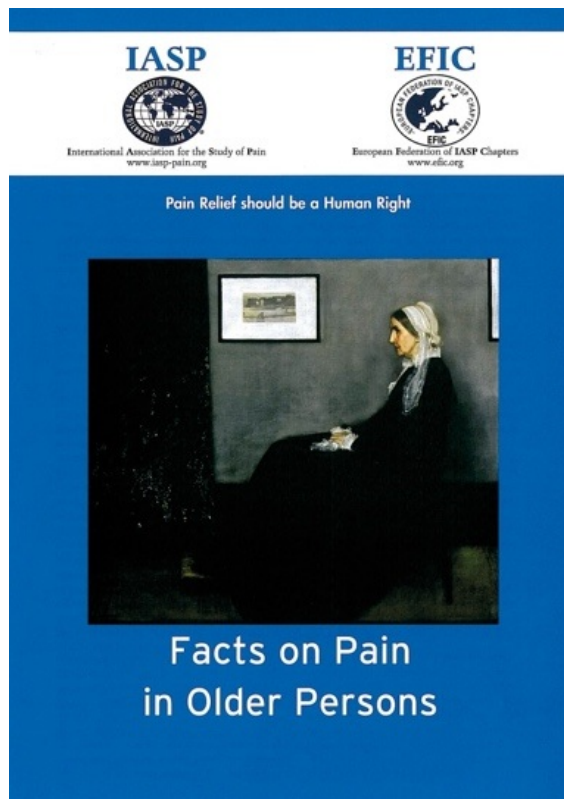
The topic chosen for the European Week Against Pain was "Pain in the Elderly". The campaign aimed at raising awareness about a pressing problem - the world's rapidly ageing population, with over-80-year-olds the fastest-growing group. General evidence supports an age-related increase in pain prevalence. In addition to media campaigns and local awareness initiatives organised by EFIC chapters, a questionnaire was devised by EFIC officials to gather information about the day-to-day management of pain amongst elderly patients. The campaign stressed that pain among older people had been under-treated for decades.



## 2006

With the motto “Pain in Older Persons”, EFIC’s campaign again focussed on the elderly, against a background of ever-more alarming statistics of an ageing population of whom more than half of those living at home suffered chronic pain, often long-term and under-treated. The campaign insisted that pain in the elderly was neither untreatable nor a “normal” part of the ageing process. It called for better professional education, dedicated research, and better pain management strategies for older people with special attention to those living in nursing homes or hostels, especially those suffering from dementia. EFIC underlined the problem that the overwhelming majority of pain treatment studies and trials have been conducted on young adults and there was little scientific evidence to support most of the currently accepted treatments for older adults.





2007

EFIC's goal in the 2007 European Week Against Pain was to increase general awareness of the unique nature of pain in women. A complex of factors appears to underlie the unique nature of pain in women: hormonal, genetic, psychological, and socio-cultural. Women are more sensitive than men to noxious stimuli and have lower pain and tolerance thresholds, often experiencing more intense and long-lasting pain than men. Their atypical patterns of pain make for tricky diagnosis and delays in treatment. Although more likely to seek medical care than men for painful conditions women appear to receive less treatment for their pain, being 1.5 times as likely to be under-treated for cancer pain. Medical underestimation of women's suffering often leads to non-malignant pain being considered as "normal" or "physiological". EFIC also argued that awareness of national particularities was a fundamental step towards undertaking initiatives at a European political level.



## 2008

The European Week Against Pain in 2008 was devoted to fibromyalgia (FMS). Prevalence figures vary from 2% in the USA and France to 4% in Spain, with women affected seven to nine times more often than men. Sufferers are often dismissed as “neurotic” or “imaginary” patients because their pain has no identifiable “cause”, and because of the high incidence of associated affective dysfunction.

Through awareness activities by regional and national chapters, EFIC drew attention to the fact that although FMS does not threaten patients’ lives, it can cause severe disability. EFIC’s goal was to increase the general awareness of the unique nature of pain in fibromyalgia, and the right of patients to receive specific attention and specialised treatment.



## 2009

The aim of the 2009 campaign of EFIC was to educate health-care providers, government leaders and the general public about the issues surrounding one of the most important pain co-morbidities – depression. People with chronic pain have three times the average risk of developing psychiatric symptoms and depressed patients have three times the average risk of developing chronic pain.

People in pain who are also suffering from depression typically use medical services with great frequency, even if they have no severe underlying illness. But that does not mean they receive better treatment. Pain slows recovery from depression, and depression makes pain more difficult to treat. Worse, both pain and depression feed on themselves by changing both brain function and behaviour.



## 2010

The tenth anniversary year of the European Week Against Pain saw a campaign which focussed on the societal impact of pain. EFIC underlined that pain was “a problem in its own right, not just an indicator of an underlying disease or damaging process, but one which exacts a great toll from individuals and society.” National and regional activities were aimed at discussing the huge social burden pain represents, including absenteeism, disability allowances, assisted care, informal and family care. It was pointed out that pain patients who have received treatment cost society much less than untreated patients. The enormous costs in individual suffering, and the resulting economic burden, meant that policymakers should adopt a much wider, strategic perspective, the EFIC campaigners said.



## 2011

The 2011 campaign called for a rethink of the vague dismissal of most back pain

as “non-specific.” At the launch of the European Week Against Pain it was pointed out that backache was “a silent epidemic affecting tens of millions of Europeans.” Categorisation of 95% of back pain as “non-specific” was “unsatisfactory, unserious, and unscientific.” The enormous socio-economic burden of this condition was the reason for EFIC’s decision to extend its annual campaign to an entire year. Almost every European experiences back pain at some point.

EFIC presented an ambitious Plan of Action to fight chronic back pain. It included efforts to raise general awareness about the negative natural course of back pain, information campaigns about the importance of keeping up physical activity despite pain, design of a new and appropriate classification of back pain, promotion of better research, and the development of more effective treatment.



## 9. THE EUROPEAN YEAR AGAINST PAIN

In October 2012, EFIC launched the first European Year Against Pain (EYAP) in Brussels. Building upon the successes of 11 European Weeks Against Pain, it was decided to expand the initiative and to devote an entire year to providing information on one specific, widespread form of pain or particular issue related to pain. This is done in coordination with the International Association for the Study of Pain (IASP).

The most important goal with the extended format of the campaign is to present pain in all its aspects and also in all its social consequences. In doing so, EFIC wants to support those affected and inform the broad public and the media, but also give a wake-up call to political decision-makers in the realms of health care, social services and finance.

In the first European Year Against Pain from October 2012 to October 2013, the topical focus was on a type of pain that practically every person has experienced in its acute form and that is clearly underestimated in its chronic form – visceral pain.

Acute visceral pain can be extremely unpleasant and at times life threatening. However, chronic visceral pain can also pose a significant burden. Acute visceral

pain is second only to trauma as a reason for patients visiting emergency wards. Although of statistical significance, this category of pain has been subject to much less research than pain from tissue damage or nerve injuries, for example. There is no adequate treatment for chronic visceral pains in many cases, unlike for the acute forms of this pain. That is why this disorder is often connected with far-reaching stress, which in itself, receives too little attention.

With the European Year Against Visceral Pain, EFIC set a special priority to help those who may have been silently suffering for a long time. It was aimed at pointing out to them which problems their symptoms might be indicating and at motivating them to seek out assistance in the diagnostic and therapeutic system. That is why EFIC made available thorough fact sheets on different types of visceral pain at [www.efic.org](http://www.efic.org).

The second European Year Against Pain from October 2013 to October 2014 is designed to focus on the important topic of orofacial pain.



## 10. SOCIETAL IMPACT OF PAIN (SIP)

The EFIC initiative “Societal Impact of Pain” (SIP) is an international platform jointly created with Grünenthal GmbH in 2010. It aims at

- raising awareness of the impact that pain has on our societies, health and economic systems;
- exchanging information and sharing best practices across all member states of the EU;
- developing and fostering European-wide policy strategies and activities for improved pain medicine in Europe.

The platform provides opportunities for discussion between health care professionals, pain advocacy groups, politicians, insurances, representatives of health authorities, regulators and budget holders.





## SIP 2010

Under the scientific lead of EFIC, and with the financial and logistic support of the pharmaceutical company Grünenthal, the first SIP Symposium in 2010 in Brussels brought more than 200 health experts and representatives of European health authorities together with budget holders, strategic decision-makers, and other stakeholders.

The logic behind establishing SIP was explained by the then EFIC President Prof. Giustino Varrassi, who set out some of the harrowing statistics. In

Europe's five largest countries alone, France, Germany, Italy, Spain and the UK, 51.8 million people were estimated to have recently suffered pain. "The social and economic impact of low back pain alone should be enough to send alarm bells ringing for public policy-makers," said Prof. Varrassi. "But recent data show that a big group of pain patients is not adequately treated, because pain is not fully recognised as an important health issue by many of the national health care systems."



There was a broad consensus that treated pain patients cost national governments, economies, and societies much less than untreated patients do. The SIP 2010 Symposium directly tackled the huge pain-related social burden of absenteeism, disability allowances, assisted care, and informal and family care for the first time.

## SIP 2011

The success of 2010 was followed by a further event in 2011. The aims of SIP 2011 were endorsed by more than 85 international organisations, institutions, and patient advocacy groups. The SIP 2011 Symposium was also addressed by the European Commission's then Health Commissioner, John Dalli.

Debates delved into aspects of the societal impact of pain, from its definition, prevalence and demographics to the quality measurement, costs and resources involved. In a crucial step, the participants agreed on a Road Map for Action, which challenged European governments and EU institutions to acknowledge chronic pain as a disease in its own right. It noted the limited effect on EU policy of EFIC's 2001 Declaration on Pain ten years before. The Road Map called on European governments and EU institutions to:

1. Acknowledge that pain is an important factor limiting the quality of life and should be a top priority of the national healthcare system.
2. Activate patients, their families, relatives and care-givers through the availability of information and access to pain diagnosis and management.

3. Raise awareness of the medical, financial and social impact that pain and its management has on the patients, their families, care-givers, employers, and the healthcare system.
4. Raise awareness of the importance of prevention, diagnosis and management of pain amongst all healthcare professionals, notably through further education.
5. Strengthen pain research (basic science, clinical, epidemiological) as a priority in the EU framework programme and in equivalent research road maps at national and EU level, addressing the societal impact of pain and the burden of chronic pain on the health, social, and employment sectors.
6. Establish an EU platform for the exchange, comparison and benchmarking of best practices between member states on pain management and its impact on society.
7. Use the EU platform to monitor trends in pain management, services, and outcomes and provide guidelines to harmonise effective levels of pain management in order to improve the quality of life of European citizens.

By the end of the year there were clear signs that the initiative was gaining traction. November 2011 saw the launch, again in the European Parliament, of a pan-European Alliance of Pain Patient Advocacy Groups, the Pain Alliance Europe (PAE). This network of 18 NGOs representing 11 European countries committed itself to putting the Road Map on the European political agenda.



## SIP 2012

In the months that followed there were further indications of widespread support. The aims of the SIP 2012 Symposium, held in Copenhagen, were officially endorsed by the Italian Presidency of the Council of Ministers. One of the Symposium's main purposes was to monitor progress in implementing the Road

## Map for Action.

In his opening speech to SIP 2012, EFIC President Prof. Hans G. Kress said that despite the “tremendous challenge” posed by the EU’s ageing population, and the growing in the number of people suffering from chronic pain, it still did not have a high enough priority for policy-makers. But judging from reports from EFIC members, there was progress in translating the seven strategic goals of the Road Map for Action into local and national activities, he said.

Two reports presented to the 2012 Symposium gave evidence that chronic pain deserved a higher priority. “Reflection process on chronic diseases in the EU – the role of chronic pain” showed the strong link between increased age and chronic pain, which affects half of those aged over 65. A second report, “Healthy ageing in relation to chronic pain in the European Union”, confirmed that pain prevention and treatment could be a promising approach to improving quality of life, and should therefore form part of the European Commission’s European Innovation Partnership on Active and Healthy Ageing.



## SIP 2013

2013 found SIP back in Brussels and well-established as a forum. Based on promising national policies on pain management and the feedback of SIP stakeholders, EFIC and the SIP Programme Committee decided to concentrate on two major topics in the Road Map for Action – quality indicators, and best practices for reintegrating chronic pain patients into the workforce. A change of structure was also decided, with the establishment of two Focus Groups. The Focus Groups took place as an associated event of the Irish Presidency of the

Council of the EU.

As became particularly clear during the Focus Group 1 meeting on developing quality indicators to measure the results of implementing adequate access to high standards of pain management, different European countries with different European healthcare systems have distinct requests and conditions. SIP Recommendations for a European set of quality indicators were discussed and agreed upon by Focus Group 1. These recommendations will have to be defined in more detail by an EFIC Task Force. Next to the European recommendations, also country-specific, national recommendations shall be generated.

The topic of Focus Group 2 was to show the significant impact of chronic pain on the EU workforce. Based upon best practice projects from five different EU countries, a Proposal for Action for bringing chronic pain patients back to work was discussed and agreed upon.

It calls on European governments “to promote and implement preventive measures and rehabilitation programmes for the re-integration of chronic pain patients into the workforce to secure a healthy and productive employment sector”.





## 11. THE EFIC PAIN SCHOOLS

### The EFIC Pain School Klagenfurt - Pörtschach

Prof. Rudolf Likar, Department of Anaesthesiology and Intensive Care Medicine, Klagenfurt Hospital, Austria; Dr. Reinhard Sittl, Interdisciplinary Pain Centre, Erlangen, Germany



*Course Directors Rudolf Likar (left) and Reinhard Sittl*

The EFIC Pain School Klagenfurt/Pörtschach was founded in 2007. But already some 20 years ago, we had begun compiling educational materials, initially for use by non-pain specialists in Austria and Germany. Our approach combined theoretical knowledge with practical advice and an interactive teaching style. Our “Pain Courses” in Germany and Austria were such an immediate success that we soon found it hard to satisfy the demand for them.

## Genesis of the EFIC Pain School idea

We decided to offer the courses in different languages and developed an interactive, professionally-designed CD-ROM as a working tool for course participants. In its present form the course bears the imprint of distinguished pain specialists, who have not only updated and adapted the original material for other countries, but also provided a delightful experience of collaboration and friendship.

Over recent years our teams at Erlangen and Klagenfurt, along with many other scientists and pain specialists, have helped to improve the new “Pain Compendium”, an Internet course, whose 27 chapters now constitute the basic teaching material at the Pain School.

In 2007, Serdar Erdine and Giustino Varrassi proposed adapting the format of our successful local “Pain Course” to create an “EFIC Pain School” so it could be used by young doctors in different European countries.

The current EFIC President, Hans G. Kress, has continued EFIC support for the Pain School at Klagenfurt/Pörtschach. He made important contributions, in

cooperation with the EFIC Educational Committee, to developing clear rules about who, and in which countries, should get support.



*Conference building in Pörtlach*

## Format and content

We have found the computer-based interactive course we developed for EFIC to be more effective than traditional teaching methods for intensive learning and knowledge retention. Discussion and sharing of solutions with both other participants and the lecturer is encouraged.

Our aim is to teach basic knowledge about pain and its management and to give participants all the materials (CDs, charts etc.) they need to act as instructors and disseminators of information themselves in their home countries.

Interactive sessions on acute pain, cancer pain, neuropathic pain, headache, pain in the elderly, and musculoskeletal pain are run by Rudolf Likar, Reinhard Sittl, Stephan Schug, and their colleagues from the University of Erlangen and Klagenfurt Hospital.

Several guest lectures on non-opioids, acute pain, rheumatology pain, cannabinoids and psychological treatment strategies etc. have also been given in recent years by distinguished colleagues

(H. G. Kress, Alexey Danilov and his brother Andrei, M. Ausserwinkler, M. Barbosa, A. Karkin Tais, A. Kopf, N. Krčevski Škvarč, G. Varrassi, P. Moore, H. Sprott, and G. Müller-Schwefe).

On Wednesday afternoons there are opportunities to go on an excursion in the region.



*Pain School participants*

The EFIC Pain School at Klagenfurt/Pörtschach is aimed at young “non-pain specialists” and covers the main aspects of pain management. Participants acquire basic information on physiological and pharmacological principles and intervention procedures as well as, for example, non-pharmacological therapy, acute/postoperative pain, basics in cancer pain therapy, and neuropathic pain syndromes. Treatment of special pain syndromes such as visceral pain, arthritis and chronic widespread pain is discussed in conjunction with actual cases.

Over the past seven years 150 young doctors have taken part in a course which has become a real international event, coming from Albania, Austria, Bosnia, Croatia, Czech Republic, Denmark, Estonia, Germany, Greece, Hungary, Israel, Lithuania, the Netherlands, Poland, Russia, Serbia, Slovakia, Spain, and Ukraine. There have also been participants from the United Arab Emirates, Iran, Israel, Pakistan, and the United States.

Participants have given the course very high marks over the last few years, finding the interactive teaching methods particularly valuable. They have also remarked on the efficient organisation of the course, its usefulness for their everyday work, and the wealth of new information provided. Also on the plus side are the studios

atmosphere, roomy conference rooms, and excellent food and drink.



Many of our Pain School graduates now play an important role in the national chapters of EFIC, and believe the Pain School at Klagenfurt has helped to inspire them. We hope that many more colleagues in Europe will get the opportunity to participate in the EFIC Pain School at Klagenfurt and experience the “Spirit of Pörtschach”.

Special thanks go to our secretary Petra Spendier who for many years now has taken on the entire responsibility of organising the Pain School.

## The EFIC Pain School at Montescano

Dr. Roberto Casale, Foundation “Salvatore Maugeri“, Department of Clinical, Neurophysiology, Pain Rehabilitation Unit, Montescano, Italy



*From left to right: Prof. Anthony Dickenson, University College, London and member of the Teaching Board; School Director Dr. Roberto Casale; Prof. Andrey Danilov, member of the Teaching Board*

The EFIC Pain School at Montescano was launched in October 2009 at the Montescano Rehabilitation Institute, a research and care institution. Responsibility for running it was given to the Italian EFIC Councillor Roberto Casale, a neurologist with a specialisation in anaesthesiology and long experience in pain medicine and the rehabilitation of chronic pain patients. The school was a joint initiative on his part and on the part of then EFIC President Giustino Varrassi.

Founding the school raised several fundamental questions and discussions which involved EFIC Executive Board Members Eli Alon and Nevenka Krčevski



Škvarč, along with EFIC Past-President Serdar Erdine and then President-Elect, Hans G. Kress. The central issue was this: how, at a time when EU health budgets were under increasing pressure, could EFIC help guarantee that all EU citizens would receive the best available diagnosis and treatment?

The answer was to improve doctors' diagnostic and therapeutic skills. Part of the challenge was the growing number of doctors from different branches of medicine involved in diagnosing and treating chronic pain. Other stumbling blocks were the lack of uniformity in the clinical approach to patients and in diagnosis, and linguistic and cultural differences in the European Union. The right of every European citizen to adequate and equal treatment calls for a minimum common denominator in clinical and therapeutic approaches. Traditionally the treatment of pain has been firmly in the hands of anaesthetists. But recent years have seen a move back to clinical diagnosis of pain as an aspect of the nervous system.

The EFIC Pain School Montescano deals with different aspects of clinical and instrumental diagnosis. Special attention is devoted to clinical characteristics and practical demonstrations, in particular to instrumental diagnostic procedures, which doctors, including those without a specialisation in neurology, have to learn and apply in clinical practice. The structure of the Pain School encourages debate and an exchange of views with the Teaching Board.



*Class of 2009 at Montescano*

Filling a gap in training opportunities currently offered to young doctors in

Europe, the Pain School seeks to

- support the concept of pain as a disease in its own right;
- improve participants' clinical examination skills;
- define a core set of diagnostic tools for pain as a disease and familiarise participants with what is available;
- define what kind of evaluation should/could be done by the pain specialist;
- establish a flow chart to evaluate cost/benefit;
- promote a consistent approach to the use of instrumental diagnostic procedures;
- improve participants' skills with respect to the planning of instrumental diagnostic pathways;
- allow participants to use all diagnostic tools available;
- help participants with correctly interpreting the findings of commonly-used tools by other medical specialities;
- allow participants to use some of the most valuable bedside tests in pain medicine.

In fulfilling these commitments, the Montescano Pain School has relied on the expertise of its Teaching Board: Marijana Brass, Maria Adele Giamberardino, Maria Nolano, Hans G. Kress, Anthony Dickenson, Per Hansson, Magdi Hanna, Andrei Danilov, Rudolf Likar, Roberto Caporali, Giuseppe DeBenedittis, Reinhart Sittl, Marco Lacerenza, Giorgio Sandrini, Franco Marinangeli, Marco Matucci-Cerinic, Mauro Zampolini, Carlo Porro. Their specialities include neurology, neuro- physiology, orthopaedic, physiatry, rheuma-tology, internal medicine, basic science, and anaesthesiology. They have done magnificent work in improving the quality of teaching and deserve to be mentioned by name.



*Class of 2010 at Montescano*

The current EFIC President Prof. Hans G. Kress takes an innovative and challenging approach to supporting the EFIC Pain School, now in its fifth year. Participants are encouraged to be active protagonists and to help the school to develop and improve on-site models and diagnostic pathways. In recent years the school has been attended by an annual average of 20 to 25 doctors. They have hailed from Albania, Bulgaria, Croatia, Denmark, Finland, France, Greece, Italy, Kosovo, Lithuania, Portugal, Romania, Russia, Serbia, Turkey, the UK, and Ukraine, most of them receiving an EFIC grant to attend.

## 12. EFIC FELLOWSHIPS AND EDUCATIONAL SUPPORT GRANT

Despite remarkable progress in pain therapy in the last decade, treatment standards vary vastly throughout Europe. Significant disparities can be found between West and East European countries in particular, as well as across Eastern Europe itself. Since EFIC strongly supports the principle that every European should be offered the same high standards of pain relief, a variety of special educational programmes to harmonise those differences are offered to National Pain Societies as well as to individuals.

### EFIC Fellowships for Eastern European Countries

EFIC Fellowships are individual grants for medical doctors to support training in the diagnosis, treatment and management of all pain-related problems. The

training takes place for an agreed period of time in an approved centre of excellence. The purpose is to allow the trainee to introduce the knowledge acquired during the training into their everyday pain practice. It is expected that applicants are involved in the field of pain medicine or have a clear pathway to specialisation in pain medicine. Applications are open to members of of East European national chapters of EFIC.

#### Educational Support Grant for Eastern European Countries

This EFIC programme of “bottom up” educational support grants aims at improving the scope and availability of education for pain clinicians of all disciplines with regard to pain and its management in Eastern Europe.

Grants of up to € 12.500 are allocated to national educational programmes which are designed to meet specifically identified needs within the respective country. Applications can be submitted by all members of National Pain Societies in Eastern Europe participating in EFIC.

### 13. THE EFIC GRÜNENTHAL GRANT

The EFIC Grünenthal Grant (E-G-G) aims at supporting young scientists early in their career to carry out innovative clinical pain research in any member country of EFIC. The grants – first awarded in 2004 and biennially since 2010 – total up to € 200,000. They are decided independently by the EFIC Committee on Research. Funding comes from Grünenthal GmbH, a research-oriented pharmaceutical company. The object is to assist young scientists in doing innovative clinical pain research.

The E-G-G is one of the highest research awards for clinical and human experimental research projects on the subject of pain. Individual research grants amount to as much as € 40,000 per project.

The criteria are:

- Strength of the applicant - including training, research publication record (relevance, quality of journals) and recommendations.
- Novelty of the research question – including societal and scientific importance. This may include plans to obtain data in support of a future application to a major granting institution. Hypothesis testing is preferred over empirical data collection. Exploratory research on particularly interesting ideas is encouraged, even if there is a risk of failure.
- Quality of the research plan – The plan should lead to a clear answer to the question(s) posed, within the time and budget available. Projects that are overly

ambitious must be avoided.

## EGG 2012

Nociceptive nerve endings as a target for autoantibodies.: Jordi Casanova-Molla, MD, PhD

Visuospatial adaptation with prisms in stroke-related complex regional pain syndrome: acting on pain or neglect?: Samar Hatem, MD, PhD

A longitudinal study on chronic pain, anxiety and depression: Lannie Ligthart, PhD

Fear generalisation as a pathway to chronic widespread pain: Ann Meulders, PhD

Imaging grey and white matter pathology in central post-stroke pain with MRI: Till Sprenger, MD

“Pain engrams”: psycho-physiologic investigations of memory traces of nociceptive information: Elia Valentini, PhD

Defining peripheral and central pathophysiology and heritable susceptibility factors of ciguatera-associated cold allodynia: Katharina Zimmermann, MD

## EGG 2010

Modulation of central cerebral pain processing by transcranial direct current stimulation (tDCS) using ultra-high field functional magnetic resonance imaging (fMRI) at 7Tesla: Dagny Holle, MD

The contribution of axonal sensitisation to pain and hyperalgesia. NGF-induced changes of signal transformation in human C-fibers: Barbara Namer, MD

Examining the functional role of Kv7 sub-types in gastrointestinal pain using a novel human pre-clinical model: Madusha Peiris, PhD

Genome-wide association study of pressure pain threshold – a step forward to uncovering genes underlying pain sensation: Ozren Polasek, MD, PhD

Linking altered central pain processing and genetic polymorphism to drug efficacy in chronic low back pain: Andreas Siegenthaler, MD

Pain sensory profiles in diabetic peripheral neuropathic pain: Stefano Tamburin, MD, PhD

Cerebral neuronal activity in pain-related brain areas of patients with fibromyalgia syndrome and interleukin-4 deficiency using near-infra-red



spectroscopy: Nurcan Üçeyler, MD

Pain sensitivity of children with Down's syndrome: Is it really different?:  
Abraham Valkenburg, MSc

## EGG 2009

Oxytocin and the placebo effect: Luana Colloca, MD, PhD

Cutaneous neuroimmune interactions in the genesis of chronic neuropathic pain:  
Elspeth Hutton, MD, FRACP, MBBS (Hons), BMedSci (HonsHons)

Measuring pain in the human infant brain: Rebecca Slater, PhD

Pain demands the attention of others: parental detection, interpretation and  
responses to their child's pain: Tine Vervoort, PhD

Role of nociceptive afferents in neuropathic pain: Gunnar Wasner, MD

## EGG 2008

The association of COMT polymorphisms with chronic low back pain in combat  
related PTSD: Marijana Bras, MD, PhD

Response of the brain to non-painful somato-sensory stimuli before and after the  
induction of nociceptive long-term potentiation: An EEG study in healthy  
subjects: Emanuel van den Broeke, MSc

Role of the pain modulating DREAM pathway genes in chronic musculoskeletal  
pain: Kate Limer, PhD

Steady-state evoked potentials to explore the cortical processes underlying the  
perception of pain: André Mouraux, MD, PhD

Determining optimal drug regimen in individual patients with chronic pain:  
Gorazd Svetcic, MD

## EGG 2007

Referred pain related to 'memory' in the nociceptive system: Thomas Graven-  
Nielsen, PhD, DMSc

Behavioural and neurophysiological explorations of cognitive modulations of  
pain: Valéry Legrain, PhD

Comprehensive genetic analysis of the calcitonin gene-related-peptide pathway  
in migraine with aura: Christian Netzer, MD

Gamma oscillations and human pain perception: Markus Ploner, MD

Functional imaging of sympathetic arousal in fibromyalgia: Dieuwke S. Veldhuijzen, PhD

## EGG 2006

Imaging how pain interferes with information processing in other modalities: Ulrike Bingel, MD

Facing their child's pain: the importance of parental empathy: Liesbet Goubert, PhD

Functional imaging of C-fibre-induced plasticity within the human brain: Christian Maihöfner, MD, PhD

Erythralgia as a model disease to assess contribution of Nav1.7 to small nerve fibre function and pain: Carla Nau, MD

Interhemispheric inhibition in patients with complex regional pain syndrome type I: Dr Philip Krause, MD

## EGG 2005

Long-term depression of human pain processing: Prof. Jens Ellrich, MD, PhD

Can somatic allodynia be used as a biomarker of central sensitisation in a human model of visceral injury?: Anthony R. Hobson, PhD

Psychological intervention in chronic whiplash syndrome. A placebo controlled randomised study: Helge Kasch, MD, PhD

High resolution fMRI of anti- and pro- nociceptive processing in the human brain stem of patients with IBS and FM: Irene Tracey, MA, PhD, Christina Liossi, PhD, CPsychol

## EGG 2004

The role of self-discrepancies (discrepancies between the actual self and either the ideal self or the 'ought' self) in patients with chronic pain: Jeffrey Roelofs, PhD

Modulation of pain perception in uninjured and injured tissue in human volunteers: Esther Pogatzki-Zahn, MD

MRI study on the affective modulation of pain processing in the human brain: Ron Kupers, PhD

Genetic and environmental influences on pain sensitivity and regulation. Psychological and pharmacological mechanisms: Prof. Audun Stubhaug, MD,

PhD

Attention to pain in the crossmodal construction of space: Stefaan Van Damme, PhD

Neurophysiology of pain perception in the human brain: Maud Gaëlle Frot, PhD

Interaction between the endogenous opioid system in the brain and cognitive modulation of pain: Predrag Petrovic, MD, PhD

## 14. IMPORTANT DOCUMENTS

### EFIC Declaration on pain as a major health problem, a disease in its own right (2001)

Pain is a major healthcare problem in Europe. Although acute pain may reasonably be considered a symptom of disease or injury, chronic and recurrent pain is a specific healthcare problem, a disease in its own right.

Acute pain, such as that following trauma or surgery, constitutes a signal to a conscious brain about the presence of noxious stimuli and/or ongoing tissue damage. This acute pain signal is useful and adaptive, warning the individual of danger and the need to escape or seek help. Acute pain is a direct outcome of the noxious event, and is reasonably classified as a symptom of underlying tissue damage or disease. However, in many patients pain persists long after its usefulness as an alarm signal has passed, and indeed, often long after the tissue damage has healed. Chronic pain in these patients is probably not directly related to their initial injury or disease condition, but rather to secondary changes including ones that occur in the pain detection system itself.

In addition to being due to different physiological mechanisms than acute pain, chronic pain often sets the stage for the emergence of a complex set of physical and psychosocial changes that are an integral part of the chronic pain problem and that add greatly to the burden of the pain patient. These include:

- Immobility and consequent wasting of muscle, joints etc.
- Depression of the immune system and increased susceptibility to disease
- Disturbed sleep
- Poor appetite and nutrition
- Dependence on medication
- Over-dependence on family and other caregivers

- Overuse and inappropriate use of professional healthcare systems
- Poor performance on the job or inability to work, disability
- Isolation from society and family, turning inwards
- Anxiety, fear
- Bitterness, frustration, depression, suicide

## Prevalence of chronic pain

Although comprehensive epidemiological data for the European Union are not available, chronic pain is clearly a very widespread condition. Several recent community-based surveys, for example, found that about 50% of adults sampled suffered from one or more types of pain at any given point in time. In a substantial proportion of those surveyed, the pain was both chronic and severe -- the numbers increasing considerably in older age groups. The most widespread chronic pain conditions, low back pain, arthritis and recurrent headache (including migraine) are so common that they are often seen as a normal and unavoidable part of life. Although few people die of pain, many die in pain, and even more live in pain.

## Social costs of chronic pain

While acute pain is by definition a brief and self-limiting process, chronic pain comes to dominate the life and concerns of the patient, and often also family, friends and other caregivers. In addition to the severe erosion in quality of life of the pain sufferer and those around him/her, chronic pain imposes severe financial burdens on many levels. These include:

- Costs of healthcare services and medication
- Job absenteeism and disruption in the workplace
- Loss of income
- Non-productivity in the economy and in the home
- Financial burden on family, friends and employers
- Worker compensation costs and welfare payments

Authoritative sources place the overall financial costs of chronic pain to society in the same range as cancer and cardiovascular disease. The magnitude of the chronic pain epidemic in terms of human suffering and costs to society are well known in the field of Pain Medicine. However, they are not widely appreciated within the larger biomedical community, among makers of social policy and in

the public at large. By calling attention to this problem, the European Parliament will benefit the large population of chronic pain sufferers in Europe by:

- Increasing the attention devoted to the problem by healthcare professions, including increased awareness and use of existing pain relief modalities, increased training in the management of chronic pain and research efforts towards the discovery of novel treatments.
- Facilitating efforts by pain professionals at the national level to recruit more human and financial resources in the battle against chronic pain.

The EFIC Declaration 2001 was launched at the European Parliament.

## EFIC-IASP Declaration: The relief of pain should be a human right – A call for action (2004)

1. Call upon all countries to improve relief of all forms of pain as part of a focus on human rights, and to permit optimal quality of life and productivity of citizens
2. Call upon all countries to include a right to pain relief as part of their constitutions
3. Call upon all countries to evaluate the current disease burden of persistent (chronic) pain in terms of prevalence, impact on individuals, families and communities and financial costs
4. Call upon all countries to enact national and/or regional statutory requirements for undergraduate and continued education about pain relief for all health professionals
5. Encourage WHO to support initiatives with the UN to declare “Pain Relief as a Universal Human Right”
6. Encourage WHO to continue to pursue programs such as: deregulation of opioid availability; provision of affordable opioids worldwide; fostering national pain education and treatment programs (like JCAHO, USA); fostering advocacy programs such as the “Global Day Against Pain”; lobbying the UN to declare an “International Year of Pain Relief”
7. Support public advocacy groups to focus on rights to pain relief in particular situations such as: pain in children; pain in the older age group; pain in those with communication difficulties; cancer pain; pain in HIV/AIDS.

## The Societal Impact of Pain - A Road Map for Action



(2011)

We call on European governments and the EU Institutions to:

1. Acknowledge that pain is an important factor limiting the quality of life and should be put on the top of the priority list of the national health care system.
2. Activate patients, their family, relatives and care-givers through the availability of information and access to pain diagnosis and management.
3. Raise awareness of the medical, financial and social impact that pain and its management has on the patients, their family, care-givers, employers, and the healthcare system.
4. Raise awareness of the importance of prevention, diagnosis and management of pain amongst all healthcare professionals, notably through further education.
5. Strengthen pain research (basic science, clinical, epidemiological) as a priority in EU framework programme and in equivalent research road maps at national and EU level, addressing the societal impact of pain and the burden of chronic pain on the health, social, and employment sectors.
6. Establish an EU platform for the exchange, comparison and benchmarking of best practices between member states on pain management and its impact on society.
7. Use the EU platform to monitor trends in pain management, services, and outcomes and provide guidelines to harmonize effective levels of pain management to improve the quality of life of European Citizens.

## EFIC-WIP-WIPF-WSPC Declaration of Miami

- It is the right of any human individual to have access to the best possible pain relief in any and every part of the world.
- We, as a consortium of professional pain societies, and as witnessed by the representatives from all continents, affirm the above declaration and strive towards its fulfillment.
- The advances in medicine will continue to increase the population of healthy, young and old people all over the world.
- Presently, there is still limited access to adequate treatment of acute and chronic pain in many parts of the world
- Governments and even healthcare professionals are not sufficiently aware of chronic pain as a health problem.

- Many healthcare professionals are not educated and familiar with best practice pain medicine.
- We demand that Pain Medicine should be a distinct specialty because of its unique body of knowledge required to treat pain patients.
- The declaring professional organizations jointly and firmly agree on the right of any human individual to have easy access to adequate pain management, the necessity of generally available information about proper options for pain relief and the obligations of governments and health systems to provide financial, personnel and structural resources to achieve these goals and to guarantee adequate pain management as a human right.

With this Declaration of Miami on February 5, 2012, the signatories of the consortium affirm that they will expeditiously and diligently work towards accomplishing the goals of the declaration.

The pain societies actively promote best pain medicine for all humanity; and are dedicated to providing trained and skilled personnel in their spheres of influence. In this regard, the World Institute of Pain, the European Federation of IASP Chapters, the World Institute of Pain Foundation, and the World Society of Pain Clinicians come together to promote this mission.

*Dr. Ricardo Ruiz-Lopez, President of WIP, Prof. Hans Kress, President of EFIC, Prof. Robert van Seventer, President of WSPC, Prof. Prithvi Raj, Chairman, WIP Foundation, Prof. Serdar Erdine, CEO, WIP Foundation*

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