

The President's Corner

Dear Friends of the European Pain Federation EFIC,



I hope you all had a wonderful holiday although it may seem a long time ago now; we have had beautiful warm weather in our lovely new home in the Algarve. You will note I have used our full title in the salutation; we are trying to get everyone to use it now rather than just "EFIC" as we become more prominent in the political and scientific community in Europe.

Plans for the next SIP are moving on well, and we have some prominent political figures supporting us at our meeting in Malta. Please register now to avoid disappointment right here: <https://www.sip-platform.eu/news/details/SIPRegistration.html> The scientific part of the SIP continues to operate under the mantle of the Federation, but we have great support from Grunenthal and our other partners, Pain Alliance Europe, Active Citizen Network and our partners in Malta, the Malta Health Network and the No Pain Foundation.

We have 9 applicants to date for our **first Diploma examination**, and can take 10 to 12 more candidates. There will then be another chance to take the Diploma after our big meeting in Copenhagen. We feel that proper training and certification of those treating people in pain is an essential requirement and hope any one of you - and any organizations you are involved with - would endorse our **curriculum**.

I am delighted to announce that we have selected our Chief Executive, Sam Kynman. Sam will start working with us on March 6th, and we extend the warmest welcome to him. He will share some of the increasing load of our office and of the Executive Board, thereby complementing the important Board and Presidential duties. I am sure many of you will meet Sam soon, and he will write a piece introducing himself in the next Newsletter. We would also all like to extend our congratulations and warmest regards to Melinda Borzsak-Schramm, who will go on maternity leave shortly. We look forward to welcoming Melinda back in future and bringing us up to date with news of her happy event.

I also want to congratulate my old Chapter, the British Pain Society (I have completed my own Brexit, though I am still an Honorary Member) on its 50th anniversary, seven years older than IASP; I am sure some of the European societies are as old or even older, so let us have some news about your country and when your pain societies started - why not do a piece for the Newsletter on your history?

I look forward to seeing some of you at exams and meetings in the next three months, and will write again in May.

**With best wishes,
Chris Wells**

President of the European Pain Federation EFIC

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A Word from the Editor



Dear readership,

Happy 2017, hope you enjoyed the holidays and are still keeping the resolutions you made on December 31st 2016! Many thanks for the news and updates from your national chapters. It demonstrates the significant multidisciplinary activity in the field of pain science across Europe. No doubt the 2017 theme of post surgical pain (European Year against Pain) will be equally as busy! We have been working to update how we circulate the newsletter to you.

Based on feedback the next version will arrive in an open format to your email address - let us know what you think when it arrives!

With best wishes,

Brona Fullen

Editor European Pain Federation EFIC Newsletter

**European
Journal of Pain**

**Pain in Europe X
2017**

**Diploma in
Pain Medicine**

Introducing Mr. Sam Kynman

We are delighted to welcome Mr. Sam Kynman who has joined the European Pain Federation EFIC as Executive Director. Sam comes to us with significant experience working for a large public affairs and communications agency and before that in the European Parliament.

His role with the organisation will be to act as a spokesperson and execute Presidential and Executive Board-approved policies as well as overseeing short and long-term strategic plans. In addition to administrative duties, he will coordinate major activities, and represent the European Pain Federation EFIC to regulatory bodies, other agencies, community and civic organisations, donors, funders, supporters and the general public.



European Year Against Pain 2017 – Pain After Surgery



The first “European Year against Pain” (EYAP) was launched by EFIC in October 2012. The yearly campaign is dedicated to increase public awareness of the challenges of chronic pain. The EYAP campaign will highlight the difficult problems related to neuropathic pain, uniting patient support groups, doctors and researchers to improve the recognition and treatment of these multiple conditions. The campaign will also be backed up by a broad variety of initiatives in the 37 countries covered by EFIC.

The 2017 Year Against Pain After Surgery has several purposes:

- Disseminate information worldwide about pain after surgery
- Educate pain researchers as well as health-care professionals who see the issues associated with such pain first-hand in their interactions with patients
- Increase awareness of postsurgical pain among public officials, members of the media, and the general public
- Encourage government leaders, health-care organizations, and others to support policies that result in improved management of pain after surgery

[Fact sheets can be downloaded on the European Pain Federation EFIC website.](#)

Celebrating 50 Years of The British Pain Society

Founded as the Intractable Pain Society in 1967, The British Pain Society is the oldest society of its type anywhere in the world. It was given the formal title of the ‘Intractable Pain Society of Great Britain and Ireland’ in 1971. Members of the Society played a pivotal role in the foundation of the International Association for the Study of Pain (IASP) in 1974. Over time, the membership of the Society became increasingly multidisciplinary and in 1988, the Society changed its name to the Pain Society. From this point until mid 2004, the Society’s membership and activities continued to grow. In August 2004, the Pain Society dissolved and all its assets were transferred to a new incorporated company with charitable status - The British Pain Society.

The Present Day

Throughout its existence the BPS has had a strong educational role with 14 special interest groups (SIGs) and bonds with other pain societies throughout the world. The BPS is one of the largest IASP chapters and has contributed councillors and officers to both IASP and the European Pain Federation (EFIC). The Patient Liaison Committee provides strong supports the work of the BPS and ensures that goals and work streams are patient focused.

2017 is the 50th anniversary of the first meeting of the Intractable Pain Society. To celebrate this occasion the Annual Scientific Meeting (ASM) Committee has organised a diverse ASM programme (3-5th May 2017, Birmingham UK) reflecting the membership. The annual Pat Wall Lecture will focus on Reward and motivation in pain and pain relief and will be delivered by Professor Frank Porreca (Arizona, US). The BPS lecture will be delivered by Professor Liesbet Goubert (Ghent, Belgium) and is entitled A resilience approach to chronic pain - challenges for pain research and practice. Other plenary speakers include Professor Stephan Schug (Perth, Australia), Professor Sir Muir Gray (Oxford, UK), Professor Sam Eldabe (Middlesbrough, UK), Dr Nicole Tang (Warwick, UK), Professor Lance McCracken (London, UK) and Dr Jane Ballantyne (Seattle, US).

To support IASP's global year against pain after surgery, The Acute Pain SIG have organised a pre-ASM study day on 2nd May 2017 focusing on persistent pain after surgery. The SIG will be launching their new publication at the BPS Annual Scientific Meeting - Understanding and managing pain after surgery: Information for patients and their carers. A themed post-surgical pain issue of the British Journal of Pain is planned for September 2017.

Dr Andrew Baranowski
President
British Pain Society

Felicia Cox
Co-opted Council Member BPS
Editor, British Journal of Pain

Acknowledgements

Dr Ed Charlton (late) – for providing the historical information

Dr William Campbell – Immediate Past President

Dr Stephen Humble, Dr Asako Shida, Dr Alice Costello, Dr Arun Bhaskar – research into the history of the British Pain Society

Resources

The British Pain Society <https://www.britishpainsociety.org>

The British Pain Society 50th Anniversary ASM <https://www.britishpainsociety.org/2017-asm-birmingham/>

The British Pain Society Acute Pain SIG meeting Persistent Post-Surgical Pain: Challenges and Approaches <https://www.britishpainsociety.org/mediacentre/events/persistent-post-surgical-pain-challenges-approaches/>

The British Journal of Pain <http://journals.sagepub.com/home/bjp>

EFIC on Social Media

Are you following of the European Pain Federation EFIC on Facebook, Twitter and YouTube yet?

Join our community online and stay up-to-date on recent developments, grants and all other news related to the European Pain Federation EFIC as well as the pain research and pain medicine sector:

www.facebook.com/EFICorg

www.twitter.com/EFIC_org

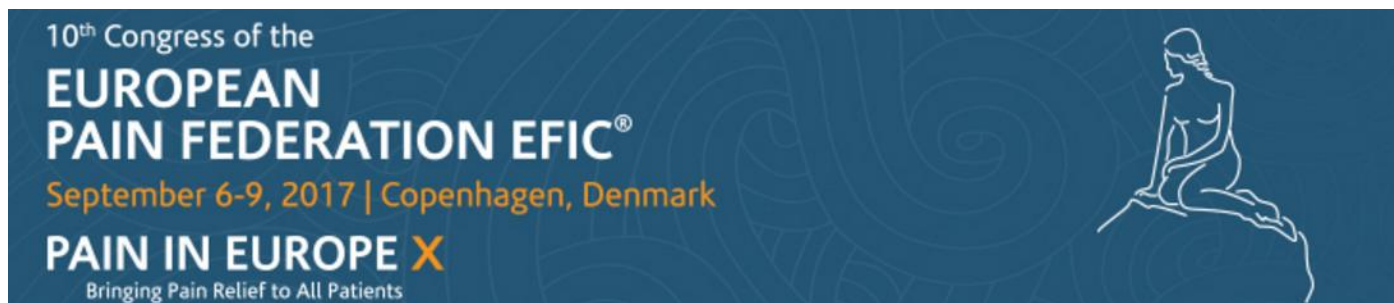
www.youtube.com/user/eficorg



Is there anything you would like to see more of on our social media channels? If so, please feel free to let us know!

10th Congress of the European Pain Federation EFIC

By Thomas R. Tölle



Dear Friends and Colleagues,

It is my pleasure to invite you to the Congress of the European Pain Federation in Copenhagen. This congress will be the 10th in a series of successful EFIC congresses throughout Europe over the years, and it will also have major changes in form and content.

This year, the SPC had to configure a congress with one more day for lectures, symposia and other formats. This gave us the opportunity to reflect more broadly on the different interests that attract you to visit our congress every two years. According to the motto of the congress: **"Bringing Pain Relief to All Patients"** we have tried to not forget anything which might have value to bring the best pain relief to our individual patient. We have implemented basic science and integrated this into presentations of clinical practice, skills in diagnoses and treatments, consideration of surgical and interventional techniques, and, have put great value to the proper recognition of multimodality and multidisciplinary of health workers in pain.

The SPC have kept in mind throughout the planning of the various streams of topics that, beside the highly ranked evidence, also rare techniques, interventions, drugs and CBTs that potentially help a patient should at least be spot-lighted... if they can foster our armamentarium for fighting pain. This will bring up critical discussions on interventional techniques like blockades, surgery, neuromodulation, but also acupuncture, hypnosis and other strategies. Some of these discussions are performed in debates, round-tables or case-discussions. In so-called "off-broadway" activities, we wanted to make experiences with various new media and IT technology in order to attract the next generation of pain workers for EFIC.

The scientific programme committee has done its best to discern your interests and needs in pain research and therapy. Your feedback is welcome, your suggestions are important. Come to Copenhagen and share the knowledge and opinions in pain science and practice. **REGISTER NOW HERE!**

Thomas R. Tölle
Chair of the Scientific Programme Committee

European Pain Federation Core Curriculum for Pain Therapy Specialists

Following on from the publication of the European Pain Federation EFIC [Curriculum for the European Diploma in Pain Medicine](#), a core curriculum and European Diploma for pain therapy specialists (physiotherapists / physical therapists / manual therapists / chiropractors) is now being devised.

The sub-committee chaired by Dr. Brona Fullen (Executive Board Member) would like to invite interested and qualified parties to participate in a two-stage curriculum review process:

- Stage 1 - review and offer feedback on the curriculum (4 week turn-around).
- Stage 2 - final review of amended curriculum (2 week turn-around).

Please note this is a voluntary activity.

Once the curriculum has been finalised, further details regarding the European Diploma for Pain Therapy Specialists will be published. If you would like to be considered for this project please send your name, qualifications (regarding suitability for the project), and email address to: brona.fullen@efic.org

Improving Management of Perioperative Pain

Are you interested in getting involved in research to improve perioperative pain management of your patients?

The European Pain Federation EFIC Task Force on Improving Management of Perioperative Pain and PAIN OUT invite healthcare providers caring for patients undergoing surgery to apply for a project aimed at improving management of perioperative pain.

For further details please see <http://www.europeanpainfederation.eu/wp-content/uploads/2016/04/EFIC-PAIN-OUT.pdf>.

European Journal of Pain – News & Editor’s Choice Articles

By Luis Garcia-Larrea and Bettina Haake-Weber



EJP
European Journal of Pain



Celebrating 20 years of The European Journal of Pain

In 2017, The European Journal of Pain (EJP) celebrates its 21st year in print, something that we are all very proud of. Since its launch by Ulf Lindblom, EJP has published hundreds of excellent articles in issues, supplements, in print and online –some with more than 1,000 citations. With the support of our publisher Wiley-Blackwell the website runs smoothly and apps for mobile devices have been recently launched.

As the official journal of the European Pain Federation EFIC[®], the EJP is committed to publishing on all aspects of clinical, preclinical and basic science pain mechanisms, diagnosis, prevention and treatment, through a mix of clinical and basic, empirical and theoretical, methodological and opinion papers. Our aim is to be a 'Journal of Useful Results'. The EJP focus on quality –not on your money, and you do not pay to publish in it. Hence, do not expect any notification from EJP indicating guarantee of acceptance, or "very 'fast track' review within one-two weeks" in exchange of a 'pay per publish' fee, as in many predatory journals. Quality, relevance and importance of results for understanding and treating pain are the only determinants for acceptance.

Maintaining the performance, attractiveness and outreach of EJP requires a strict selection criteria for papers. This, together with space limitations means that we can only accept a fraction of the more than 600 manuscripts we receive annually. Every submitting author can be reassured that their work is carefully examined by internationally renowned experts. There are no 'dry' rejections in the EJP: when a paper does not reach priority status for external review, the rapid editorial rejection is accompanied by comments explaining the reasons, and suggestions for ways to improve the paper. This is a time-and energy-consuming task, for which I thank very deeply the 12 Section Editors of the Journal who decide with me on the fate of each paper.

As a member of one of the 37 National Societies of Pain affiliated to EFIC, you are entitled to free access to EJP. Just go to the EFIC / EJP webpage and, in the EJP subscription box, enter the same login and password you use for your national pain Chapter. You are in! Most universities and university hospitals also provide access to EJP contents, and our Publisher Wiley ensures free access to a number of 'Editor Choices' per issue. You will also find the contents of the EJP latest published issue here, and a number of new "2017" papers are also accessible 'ahead of print' though medline databases.

In the pain field, as in many other facets of medicine, technology advances more rapidly than the results needed to validate it. While we cannot go against this trend, we are especially attentive to the evidence on which new methods of treatment or assessment are based, and carefully analyse reviews and meta-analyses for thoroughness and impartiality. As a reader, keep updated on every aspect of pain research and management by reading EJP. As an author, help your results stand out by sending them to the EJP!

With my best wishes and those of the Editorial Board,

Luis Garcia-Larrea
Editor-in-Chief,
The European Journal of Pain (EJP)



Are you...

...a member of EFIC through your national society? Yes, you can:

- have free online access to all content of the European Journal of Pain
- register for general or individual Content Alerts

Give it a try!

EJP Editor's Choice articles March 2017 (issue 21-03, published online on Feb 15th):

Please read on to find out which articles are featured in this section in March 2017:

"Systematic review of patient history and physical examination to diagnose chronic low back pain originating from the facet joints"

E.T. Maas, J.N.S. Juch, R.W.J.G. Ostelo, J.G. Groeneweg, J.W. Kallewaard, B.W. Koes, A.P. Verhagen, F.J.P.M. Huygen and M.W. van Tulder. EurJPain 21, 403–414. DOI: 10.1002/ejp.963.

Significance:

Patient history and physical examination cannot be used to limit the need of a diagnostic block. The validity of the diagnostic facet joint block should be studied, and high quality studies are required to confirm the results of single studies.

"Effect of medical cannabis on thermal quantitative measurements of pain in patients with Parkinson's disease"

A. Shohet, A. Khlebtovsky, N. Roizen, Y. Roditi and R. Djaldetti. EurJPain 21, 486–493. DOI: 10.1002/ejp.942.

Significance:

Quantitative sensory test results are significantly altered following cannabis consumption in patients with PD. Cannabis probably acts on pain in PD via peripheral and central pathways.

"Alpha-range visual and auditory stimulation reduces the perception of pain"

K. Ecsy, A.K.P. Jones and C.A. Brown. EurJPain 21, 562–572. DOI: 10.1002/ejp.960.

Significance:

This study provides new behavioural evidence showing that visual and auditory entrainment of frequencies in the alpha-wave range can influence the perception of acute pain in humans.

European Pain Federation EFIC Pain Schools



What are the European Pain Federation EFIC® Pain Schools?

The Pain Schools are courses aimed at young (preferably under 45 years) European medical doctors and allied health professionals who are interested in further developing their knowledge and expertise in the field of pain management. The courses run for 4-5 days and include an evidence-based approach to the assessment, diagnosis and comprehensive management of patients with chronic pain. To be eligible to apply for a grant to attend a Pain School you need to be an European Pain Federation EFIC® Chapter Member.

How can I apply for a grant to attend a European Pain Federation EFIC® Pain School?

Applications for a grant to attend a Pain School must be made through the applicant's national European Pain Federation EFIC® Council Member. Applicants wishing to attend a Pain School must complete **the application form**, which is then submitted by the national Councillor to the European Pain Federation EFIC® office (secretary@efic.org) by the deadline. Each Council Member can propose a maximum two

candidates to attend each school from their Chapter. Please note that applicants who submit to the office directly will not be accepted. All applications are evaluated by the European Pain Federation EFIC® Committee on Education and approved by the Executive Board. There are a maximum of 15 grants available per school. If a successful applicant is not able to attend the Pain School for any reason, the applicant or the Councilor representing the applicant must inform the office, the Pain School and the respective Councilor in writing minimum 30 working days before the start of the Pain School. If no prior notice is received in this time period the respective national Chapter will be held responsible to pay 20% of the grant (1000 € per applicant).

*****Deadline for application: 1 March 2017*****

Upcoming Pain Schools:

| | |
|----------------------|---|
| 21-25 May 2017 | <u>Maribor - School for Cancer Pain and Palliative Care</u> |
| 25-29 June 2017 | <u>Krakow - Translational pain research: from lab to clinic</u> |
| 10-15 September 2017 | <u>Klagenfurt</u> |
| 9-12 October 2017 | <u>Bergamo</u> |

News from our Chapters



News from the Czech Pain Society

The 18th joint congress called 'Czech-Slovak dialogues on pain' took place in Zlin in the Czech Republic from 20-22th October 2016. This congress alternates between the Czech Republic and the Slovak Republic. It was organized by the Czech Pain Society and the Slovak Pain Society. President of the Congress was Dr. Jiri Kozak, MD., PhD., Vice President of the Congress, was Marta Kulichová, MD., PhD., Honorary president of the congress was Prof. Richard Rokyta, MD., DSc., FCMA. The Scientific committee was presided over by Jan Lejčko, MD. and the organizing committee was chaired by Dr. Tomas Gabrhelík, MD., Ph.D. The Congress has organised by the Congress Secretariat Congress Business Travel Ltd., including its Representative Ms Monika Šenderová.

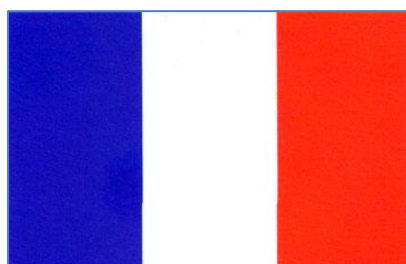
The theme of the Congress was activity "Against pain", but also included EFIC and IASP themes of orofacial pain and joint pain. The Congress was preceded by a workshop entitled Using ultrasound in Pain Management, who was directed by Dr. Tomáš Gabrhelík, MD., PhD.

The Congress opened with three plenary speakers; Prof. Richard Rokyta, MD., DSc., FCMA, Karel Pavelka, MD., DSc., FCMA, and from Denamark Prof. Graven – Nielsen, MD., PhD. from Denmark. Prof. Rokyta gave a lecture titled 'Current research directions treatment of chronic pain', Prof. Graven - Nielsen 'Assessment and mechanism of sensitization in musculoskeletal pain - from experiment to clinical studies', and the third

speaker was the leading Czech rheumatologist Prof. Karel Pavelka. MD., DSc., FCMA, who spoke on 'inflammatory pain in the lower back, the key to the diagnosis of axial spondyloarthritis'. Following the plenary lectures, nine workshops covered a wide range of painful conditions. Special attention was put on the topic of chronic pain, as well as the role of opioids and eventual dependence on them. Another session was dedicated to neuromodulation, as well as to interventional pain management and neuromodulation.

Joint pain was the topic of another workshop. Other topics included the risk of pharmacotherapy of chronic pain, and the concluding one focused on errors and mistakes in the treatment of pain in case report design. The congress was attended by 300 participants. This is a high turnout, thirty were nurses, and the other delegates were all physicians. During the whole congress, several discussions including the issue of spinal corticosteroid for a counter were discussed, which was very interesting, from both its protagonists (Dr. Lejško, doc. Gabrhelík) and other participants. The Congress timetable was indeed packed with lectures, and participants spent most of their time staying in Zlin in the lecture hall. There was also a social evening where participants could freely discuss their issues and listen to good music.

This congress showed the enduring value of Czech-Slovak dialogues on pain and we are looking forward to the next congress, which will be held next year in October in Banska Bystrica, Slovakia. We must also thank IASP that contributed to the way of our special guest from Denmark Prof. Graven - Nielsen. Otherwise we thank all our sponsors and contributors who helped organize the congress, as well as all physicians who participated, and their charges have been possible to organize this now very successful congress. We also thank all the members of the organizing and scientific committees for the preparation of a program, whether factual or scientific.



News from the French Pain Society (SFETD)

During the 16th national congress on Pain of the SFETD, held in Bordeaux from November 24 to 26, 2016, the new Officers and Councillors of the French Chapter of the IASP were elected for a period of two years.

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|------------------|--|
| President: | PERROT Serge MD, PhD - Rheumatology |
| Vice President: | AUBRUN Frédéric MD, PhD - Anesthesiology |
| Secretary: | BARFETY Véronique MPsych - Psychology/Social Science |
| Joint-Secretary: | PIANO Virginie PhD, MD - General Medicine |
| Treasurer: | POISBEAU Pierrick, PhD – Neuroscience |
| Joint-Treasurer: | BERLEMONT Christine RN – Nursing |
| EFIC Councillor: | PICKERING Gisèle MD, PhD - Pharmacology (clin) |
| Members: | ATTAL Nadine MD, PhD Neurology |
| | AVEZ-COUTURIER Justine MD - Pediatrics |
| | CONRADI Séverine MPsych - Psychology/Social Science |
| | LE CHEVALIER Aline RN - Nursing |
| | PICKERING Gisèle MD, PhD - Pharmacology (clin) |
| | TIBERGHIEEN Florence MD - General Medicine |



ΕΛΛΗΝΙΚΗ ΕΤΑΙΡΙΑ ΑΛΓΟΛΟΓΙΑΣ
HELLENIC SOCIETY OF ALGOLOGY
ΕΛΛΗΝΙΚΟ ΤΜΗΜΑ ΤΗΣ IASP & EFIC
GREEK CHAPTER OF IASP & EFIC

News from the Hellenic Society of Algology

On November 26, 2016, the Hellenic Society of Algology voted for the following new executive board:

| | |
|--------------------|---|
| President: | Emmanouil Anastasiou |
| Vice President: | Kyriakos Kokkinis |
| Secretary General: | Kyriaki Vagdatli |
| Treasurer: | Aikaterini Tzortzopoulou |
| Members: | Aikaterini Alexandropoulou Varveri Marianthi Helen Chrona |
| EFIC Councillor: | Emmanouil Anastasiou |



News from the Israel Pain Association: Position paper on opioid treatment for chronic non-cancer pain

Introduction

Chronic pain is considered a disease in and of itself that affects about 20% of the adult population. Apart from the personal suffering it causes the individual, chronic pain is also a public health issue due to its broad social implications, also poses a substantial financial burden on society. For the past two decades, opioid analgesics have been used to ease chronic non-cancer pain (CNCP) as well. However, contrary to the unequivocal agreement on the role of opioids in the relief of acute pain or cancer pain, heavy concerns have been raised in recent years regarding the continued use of opioids in the treatment of CNCP. These concerns have been expressed in a series of articles, originating primarily in North America (USA and Canada). These papers show high rates of abuse, addiction and deaths in CNCP resulting from use of opioids. These articles urge physicians and health policy makers around the world to reconsider the policy of prescribing opioids to treat CNCP. A series of response articles testifies to the fact this problem of abuse, does not exist in European countries. Although there is no conclusive explanation of the difference between the two continents, it may be that the prescription habits and the drug consumption habits differ between the USA and Europe. Indeed,

the medical consumption of opioids per capita in the USA is at least 2-3 times higher than in Western European countries.

There seems to be an evident need nowadays to improve the efficacy and safety of opioid use as treatment for CNCP. The improvement must involve a balanced and responsible prescribing of opioids: a balance must be found between the "opiophobia" approach and the "over treatment" approach. The "opiophobia" approach is now prevalent in North America and it contends that opioids need not be prescribed for all CNCP. This approach might result in lack of treatment in patients for whom opioid treatment is justified. The "over treatment" approach is characterized by excessive and unjustifiable prescriptions. This approach might increase the risk for addiction and many other side effects.

Our position is that opioids should continue to constitute an important and vital component of the pain treatment arsenal. Doctors should use them in the best and most responsible way, i.e. following a thorough diagnosis, establishment of treatment goals, review of alternative treatment options subject to the multimodal concept, assessment of risk factors of prolonged use of opioids, and a periodical re-evaluation of the achievement of the treatment goals and its safety. The purpose of this position paper is to provide physicians in Israel with useful tools to facilitate the effective, correct and safe use of opioids in CNCP patients. Its main ideas rely on an integration of data from relevant scientific literature and expert opinions. In writing this position paper, we considered the fact that any change of policy should be made cautiously and in a manner commensurate with the Israeli reality. Therefore - there may be discrepancies between its content and the content of similar documents recently published overseas. Finally, the purpose of this position paper is to share new insights on pain treatment and management, which is moving towards personally tailored pain relief, adjusted according to the individual patient's pain characteristics and his expectations.

Definitions

In order to form a common language between physicians, please find enclosed several definitions of terms that appear in the document. We emphasize that the concern for opioid addiction is sometimes due to the failure to differentiate between effects of physiological dependency, tolerance, pseudo addiction and addiction. Differentiating between these is crucial to the full understanding of the position paper. The definitions are as follows:

- a) Opioids: All natural and synthetic drugs that operate by binding to opioid receptors and which are used for pain relief. These are drugs that contain codeine, morphine, hydromorphone, oxycodone, fentanyl, buprenorphine and methadone.
- b) Physiological Dependence – A condition where the body physiologically adapts to a drug (in this case, an opioid). This means the onset of withdrawal symptoms when the opioid dosage is quickly reduced, discontinued altogether, or when an opioid antagonist is administered (naloxone).
- c) Withdrawal Syndrome – A normal and expected effect when drugs are discontinued in a sudden manner (such as opioids, corticosteroids, benzodiazepines etc.), or when a drug antagonist is administered. Symptoms includes agitation, anxiety, sweating, dilated pupils, diarrhea, intensified pain and so on. Withdrawal syndrome following a sudden treatment discontinuation will develop in most opioid patients, but it does not suggest an addiction. Withdrawal symptoms can be prevented by gradually reducing the drug dosage over time.
- d) Tolerance The body's adaptation to the drug, which gradually brings about a reduction in one or more of its effects. Tolerance may develop both toward the drug's analgesic effect and toward its side effects. For the most part, the reduction in the analgesic effect does not pose a clinical problem, since the opioid dosage can be raised as necessary or it is possible to switch to another opioid. Note that pain reappearance during treatment may also be the result of disease progression or pain aggravation, and not necessarily be due to tolerance. Tolerance does not testify to or suggest addiction.
- e) Addiction - An addiction is a neuro-biological disease, with genetic, psychological and environmental components. An addiction can develop with or without physiological dependence during obsessive use of drugs for a purpose other than pain relief, using the drug despite its causing damage, inability to control drug intake and/or craving to use the drug not for pain relief purposes, and deterioration in daily function due to obsessive preoccupation with trying to obtain the drug and consuming it. Taking care to prescribe

opioids according to the rules guaranteeing correct use of opioids, minimizes the possibility of developing an addiction.

f) Pseudo Addiction - Patients who suffer from pain become focused on the need to achieve pain relief and appear to the onlooker to be addicted. A real addiction can be differentiated from a pseudo addiction by the patient's reaction to the analgesic treatment. Dosage increase not accompanied by euphoria, sedation or loss of control, but which results in an improvement in the patient's function, testifies to a pseudo addiction. Pseudo addiction is not a maladaptive behavior and will resolve when the correct pain balance is achieved.

g) Misuse – Using opioids not as instructed by the physician and/or not for medical needs.

Recommendations:

a) Recommendations for prescribing opioids for chronic non-cancer pain

1. Opioids should not be included in the first line of treatment of chronic non-cancer pain.
2. Use of opioids may be considered only after prior standard of care attempts have failed or when there is a contraindication against the use of other analgesics.
3. Opioid monotherapy is not recommended. The recommendation is to combine opioid treatment with other treatments, such as physical therapy, concomitant drugs, invasive procedures, psychological support..
4. Before commencing treatment with opioids, try and reach a diagnosis of the pain syndrome that is as accurate as possible.
5. When several physicians are involved in the treatment of the pain (such as: family physician, pain physician, another specialist), one of these physicians will be appointed to manage the treatment, write the prescriptions and manage communication between all caregivers.
6. Before commencing opioid treatment, the attending physician prescribing opioids must provide a detailed explanation, make sure that the patient properly understood the explanation and reach an agreement with him on the following points:
 - Benefit versus possible risks, and coping with side effects
 - The type of the drug, its dosage and its suitability for the patient.
 - The parameters for the therapeutic trial's success, according to which continuation or discontinuation of the treatment will be determined.
 - Circumstances/reasons for discontinuing treatment.
7. The patient needs to be closely monitored during the trial period (titration). Further on, larger intervals are recommended between follow-ups, providing that they do not exceed three months, as long as the drug's dosage is stable. With any change of dosage, it is advisable to resume close monitoring until balance is regained. Patients at high risk for addiction should be monitored more frequently. Treatment necessitates accurate documentation, monitoring of side effects, and will also include the issue of addiction and comorbidity.

b) Principles of treatment

Implementing the following principles is recommended during opioid treatment:

1. Preference for oral or transdermal administration
2. Use of long-acting drugs with a well-defined supplementation of rescue doses of short-acting opioids for the treatment of "pain attacks". It is not advisable to combine two drugs with similar pharmacokinetic properties. For example: two short-acting opioids or two long-acting opioids.
3. Start with low dose opioids and adjust/increase the dosage depending on the response.
4. Exercise extra caution when adjusting dosage for children, the elderly and patients with liver and kidney function disorders.
5. In pregnant women, use of opioids is to be considered while weighing the benefit against the risks for the mother and the fetus. One should consider discontinuation of opioid treatment during pregnancy if possible.
6. Six to eight weeks of trial treatment are a reasonable time frame for making a decision whether to continue treatment with opioid drugs for a long period.
7. When there is a history of repeated increases in opioid dosage and unsatisfactory pain relief, this trend of dosage increase is not recommended without consultation with an analgesics medicine specialist.
8. For patients whose overall opioid dosage exceeds the equivalent of 100 mg oral morphine a day, periodic follow-up at a pain clinic is recommended.

c) Patient choice

1. Use of opioids in dysfunctional pain syndromes such as fibromyalgia or irritable bowel syndrome is not advisable.
2. Chronic use of opioids for primary headaches is not advisable.
3. Exercise extra caution before starting opioid treatment in patients with risk factors for opioid addiction, such as:
 - i. Addiction to/abuse of alcohol, drugs, tobacco and/or other medications (past or present).
 - ii. Family history of addiction
 - iii. Existence of a psychiatric disorder
 - iv. Hostile social environment (dysfunctional family) – substantial psychosocial problems or involvement with the law
 - v. History of child abuse

In patients for whom there is uncertainty regarding the risk for addiction, it is recommended to use a validated Hebrew version of one of the following questionnaires assessing such risk:

ORT = Opioid Risk Tool – before treatment onset

PDUQ = Prescription drug use questionnaire

COMM = Current opioid misuse measure- in the course of treatment

d) Rules for treatment discontinuation

In circumstances where patient behavior raises suspicion for misuse of/addiction to opioids, there is room to consider treatment discontinuation. These circumstances include:

1. Dosage escalation at patient discretion.
2. Asking for prescriptions from other sources/excessive preoccupation with getting the drug.
3. Recurring “loss” of prescriptions or drugs.
4. Constant report of absence of pain improvement and/or reduced functionality
5. Urine tests that suggest irregular use (such as use of opioids/drugs in addition to those prescribed).

Discontinuation of opioid treatment for any reason must be done gradually to prevent withdrawal syndrome.

e) Treatment of addiction

When there is suspicion for addiction, the following steps should be taken, depending on the circumstances:

1. Referral to a psychiatrist dealing with addictions therapy.
2. Referral for treatment in a designated framework for patients suffering from an addiction.
3. Change of opioid treatment – withdrawal (in designated center – such as the Ministry of Health drug rehabilitation centers), or referral to a buprenorphine or methadone center if continued treatment with opioids is necessary.
4. Under all circumstances – adherence to therapeutic continuity and continued rehabilitation and withdrawal support (psychosocial treatment of addictions in municipal day center or therapeutic community, self-help group, comorbidity centers etc.).

f) Additional general recommendations

1. It is necessary to develop a central computer registration and monitoring system that will allow for the control and supervision of opioid dispensation in pharmacies across Israel, both private and public: Prescription Drug Monitoring Programs by Electronic Health Records (EHR).

2. It is necessary to promote the education of medical students and of physicians in all professions and levels regarding the benefits and risks associated with long-term administration of opioids. 2016 was the European Global Year against Joint Pain and this was marked through these activities in Bosnia and Herzegovina.



News from the Irish Pain Society

Dr Mary O’Keeffe (University of Limerick, Ireland) has been awarded a Horizon 2020 Research and Innovation Framework Programme Marie Skłodowska-Curie Fellowship. The European Pain Federation EFIC had supported this application as a European partner. The three years funding will support her research; two years with Prof. Chris Maher at the George Institute, and in the third year will work with the European Pain Federation EFIC to integrate her research findings on low back pain. Dr O’Keeffe will explore a personalised medicine approach to exercise and education for CLBP. She will examine the mechanisms, response, and the cost-effectiveness of personalised exercise and education for CLBP.



Meetings: Past and Future

By Arun Bhaskar



Past Meetings

Happy New Year and let me wish you all the very best for a wonderful year ahead in for 2017. The chill of the winter nights and the haze of the crisp frosty mornings are still with us in February. However, the days are getting longer and with the snowdrops and other bulbs poking their shoots skywards, it seems spring is just around the corner. 2017 promises to be a year with some fantastic meetings in Europe and I shall endeavor to give you a flavour of upcoming meetings this year. The three major meetings on pain medicine are all happening in Europe – the NeuPSIG meeting in Gothenburg, the International Neuromodulation Society meeting in Edinburgh and our own EFIC ASM 2017 in Copenhagen.

The North American Neuromodulation meeting (January 2017, Las Vegas, Nevada) was one of the few meetings held over the past few months. I was unable to attend as it clashed with commitments to the London Pain Forum International Winter Symposium (Tignes, France, 15-20 January 2017). The fifth edition of the “Advances in Pain Medicine” was a successful mix of excellent lectures, ultrasound workshops, stimulating debates and discussions. There were excellent lectures by Dr Inanova-Stoilova, Dr Kenneth van Tilburg, Dr Roman Cregg, and Prof Maurice Dematteis amongst others. A wide range of topics covered included neuropathic pain, fibromyalgia, CRPS, whiplash, interventional techniques and neuromodulation in pain medicine. The highlight of meeting were the excellent lectures and workshops delivered by Dr Athmaja Thottungal and Prof Hue Jung Park on the use of ultrasound in chronic pain management. Live demonstrations elaborated on the various nuances required in perfecting the techniques for adaptation to various clinical scenarios. This year we also had plenty of sunshine and excellent snow, resulting in some great skiing morning and evening between lectures.

Future Meetings

The 6th International Symposium "Pain in the Baltics" will be held in Kaunas, Lithuania (April 28-29th 2017); previous meetings have been extremely successful and the scientific committee under the chairmanship of Prof Arunas Sciupokas promises to deliver another wonderful meeting. I am very much looking forward to this meeting as it will be my first visit to Lithuania.

<http://www.paininbaltics2017.lt>

The 50th Anniversary Annual Scientific Meeting of the British Pain Society is being held at The ICC in Birmingham, England (May 3-5th 2017). The meeting has an exciting line-up of speakers including Prof Frank Porreca, Prof Stefan Schug, Dr Jane Ballantyne, Prof Sam Eldabe and Prof Lance McCracken to name a few. This meeting is very personal to me for obvious reasons and I look forward to see you in Birmingham.

<https://www.britishpainsociety.org/2017-asm-birmingham/>

The 12th Belgrade International Symposium on Pain (BISOP) meeting organised by the Serbian Pain Society is being held at the Concert Hall of Kolorac Foundation in Belgrade from 13-14 May 2017. Prof Nebojsa Ladjevic and the scientific committee has always put together a great meeting with advances in pain medicines based on current evidence as well as workshops and tutorials aimed at budding pain clinicians from various medical specialties in the Balkans.

<http://pain-belgrade.info>

The 6th International Congress on Neuropathic Pain organised by the NeuPSIG will be held in Gothenburg, Sweden 15-18 June, 2017. Prof Srinivasa Raja (chair of NeuPSIG) and Prof Aki Hietehargi (chair of the scientific committee) have put together a programme that ensures the most up to date research on the mechanism and management of neuropathic pain are presented.

<http://neupsig2017.kenes.com>

The 17th edition of WCO-IOF-ESCEO, World Congress on Osteoporosis, Osteoarthritis, and Musculoskeletal Diseases is being held in Fortezza de Basso, Florence, Italy (March 23-26, 2017). This is the world's largest event in the field of osteoporosis, osteoarthritis, frailty and sarcopenia. Prof Jean-Yves Reginster (ESCEO President) and Prof John A. Kanis (IOF President) have scheduled an excellent programme and those with a specialised interest in musculoskeletal pain will be able to interact with some of the leading experts in the world.

<http://www.wco-iof-esceo.org>
info@humacom.com

The IX SIMPAR - ISURA Congress in Florence, Italy (March 29th-April 1st 2017) brings together two well-renowned international meetings to give a unique opportunity to attend the most up to date talks on perioperative care and chronic pain. SIMPAR (Study In Multidisciplinary Pain Research) is the first bench to bedside meeting where a real translational approach allows attendants understand how to change clinical and daily activity for patients. The last meeting attracted more than 500 delegates from 30 different countries. ISURA (International Symposium of Ultrasound for Regional Anesthesia and Pain Medicine) is the first large meeting completely dedicated to the application of ultrasound for regional anesthesia and pain medicine. Pre-Courses will be held on March 29th, 2017.

<http://www.simpar-pain.com>

The 12th Annual Scientific Meeting of the Neuromodulation Society of Australia and New Zealand is being held in Adelaide, Australia on 08-09 April 2017. Some of the pioneers in the field of neuromodulation including Dr Elliott Krames, Dr George Foreman and Dr Bengt Linderöth are speaking at this meeting.

<http://www.dconferences.com.au/nsanz2017/>
<mailto:nsanz2017@dconferences.com.au>

The 15th World Congress of the European Association for Palliative Care will be held in Madrid from May 18 – May 20, 2017.

[http://eapc-2017.org/
eapc2017@interplan.de](http://eapc-2017.org/eapc2017@interplan.de)

The 13th World Congress of the International Neuromodulation Society is being held in Edinburgh, Scotland from 27th May – 01st June 2017. Dr Tim Deer and INS board extends a warm welcome to the historic city of Edinburgh.

<http://www.neuromodulation.com/ins-congress>

Following a successful meeting of the Spinal Intervention Society (21-23rd October 2016, Lisbon, Portugal), the 25th Annual Scientific meeting will be held in San Francisco, California, USA (July 19-22nd 2017). Prof Tim Maus and colleagues have put together an excellent programme covering the various aspects of interventional management of spinal pain outlining rigorous evidence and validated techniques. This meeting is recommended to anyone who wants to raise the standard of their interventional practice and attracts a multidisciplinary delegate group from various specialities including anaesthesiologists, radiologists, spinal surgeons, rehabilitation medicine and neurosurgeons.

<http://www.spinalinjection.org>

And finally, the flagship meeting of the year- the 10th Congress of the European Pain Federation (EFIC 2017) will be held in Copenhagen from 06-09 September 2017. The scientific committee chaired by Prof. Thomas Tolle has been working hard to put an exciting programme and we shall be hearing more about that in the coming months, but for the time being the details of this meeting can be found here:

<http://www.efic2017.kenes.com>

Once again let me wish you the very best for 2017 and hope to meet you at some of these wonderful meetings!

How did you enjoy the EFIC Newsletter 01/2017? Let us know at newsletter@efic.org. We look forward to receiving your feedback on this issue.

The next EFIC Newsletter will be published in June 2017. The deadline for contributions is May 19, 2017. All contributions must be emailed to Brona Fullen at brona.fullen@ucd.ie.

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