NEWSLETTER SERIES

2018

NATIONAL PAIN AWARENESS WEEK
NOVEMBER 4-10, 2018

NEWSLETTER EDITORS:

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Dr. Eleni Hapidou, Ph.D., C. Psych.

Dr. L. Hatcher, MD, CCFP, FCFP, CHE

CAPM VISION

The Canadian Academy of Pain Management is dedicated to promoting excellence of care for pain sufferers; through comprehensive professional development for professionals who care for pain sufferers; in a context of interdisciplinary collaboration; and through adherence to the core professional attitudes and acquisition of knowledge essential for caring for pain sufferers.

A note from the CAPM President

We are encouraged by the enthusiasm and commitment of so many dedicated physicians and allied healthcare professionals who have this year increased our total membership beyond 200. Members include many change of scope pain physicians, several medical/surgical specialties, chiropractors and chiropractic fellows, massage therapists, occupational therapists and physiotherapists.

We continue to have good enrolment in every 3-day credentialing course, now held twice yearly (and may increase depending on the requests). In the credentialing course ending February 17, 2018, 15 were credentialed and in the course ending May 12, 2018 another 19, so that most of our membership now is credentialed. Over the past few years we have had mostly registrants from Ontario but now increasingly from most of the provinces, from Michigan, Western Canada, Northwest Territories, the Maritimes, Québec, and in the past year have credentialed 3 members from the Emirates and Kingdom of Saudi Arabia.

We are looking at the possibility of soon developing an affiliated pain management credentialing program based outside of Canada with experienced clinicians who are members of the CAPM.

We are enriched by the wealth of knowledge and experience in our many members who are themselves opinion leaders and mentors in each of their their regions and communities and we hope to encourage this increasing multidisciplinary supportive climate, for the benefit of our communities and of our patients.

We value your experience and insights and we encourage you to contribute to our newsletter sharing your skills, knowledge and experiences - we invite you to send original manuscripts or presentations that you would like to share with your other pain clinician colleagues.

Sincerely,
Eldon Tunks MD FRCP C, Pres. CAPM

MEET THE BOARD

LISA GOLDSTEIN MD, DAAPM, DCAPM, FCFP

CAPM ADVANCED CREDENTIALED
CAPM DIPLOMATE

Dr. Lisa Goldstein is the Medical Director of the Richmond Hill Headache Clinic and practices in Pain Medicine and Psychiatry. She is an assessor at the College of Physicians and Surgeons in Pain, Psychiatry and for Out of Hospital Premises. Dr. Goldstein is credentialed as a DAAPM, DCAPM and in Interventional Pain Management. She is a Director of the CAPM as secretary

I chose, and was chosen to join the CAPM Board in an effort to contribute to the acceptance and dissemination of the most important message of diversity, complexity, humility and support, to the pain world. The CAPM champions these principles. Multidisciplinary and integrative care options are essential in order to maximize the potential for relief and function for those people and their important others, who are burdened with pain. I also enjoy the collaboration and networking opportunities as part of this innovative and important organization.

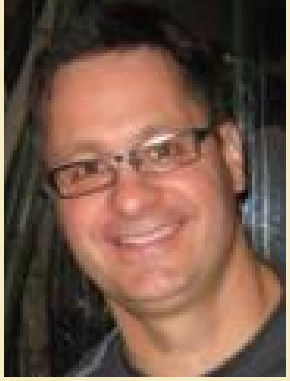
Currently I am spending some time volunteering abroad with a trauma "first responder "organization . I have been asked to assist with guideline development for providing care and support to providers suffering from post event pain, whether physical or psychological.

Take a look at our own former Director, Gloria Gilbert's amazing, comprehensive and informative book "Don't Go to the Ouch". This is an excellent resource for practitioners and pain burden survivors alike.

- **https://www.dontgototheouch.com/**
- **https://www.dontgototheouch.com/product/dont-go-ouch-e-book/**

MEET THE BOARD

DR. CHRIS GIORSHEV MD, MBA, CCFP (EM), FCFP, DCAMP, CPE



I am a Diplomate with the Canadian Academy of Pain Management (CAPM) and was a Diplomate with the American Academy of Pain Management. I am a board member of the CAPM. I have a change of scope of practice for chronic pain management with the CPSO. I was a member of the Interventional Pain Working Group, applying the Out-of-Hospital Standards in Interventional Pain Premises to the Out-of-Hospital Premises Inspection Program. I was a Clinical Expert Advisory member of the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain. I am also an assessor with the CPSO and have assessed many chronic pain practices, giving me a broad exposure to pain practices in Ontario. I have been a member of the executive of the OMA section on chronic pain since 2010 and am currently the chair of the section. I am a member of the HQO advisory committee on the chronic pain quality standard. I am also the medical director of an 8 physician interventional pain management clinic.
I joined the CAPM board to try to help with pain medicine education in Canada. My practice involves a multimodal approach to chronic pain management including pharmacologic, interventional, psychological and physical modalities.

CAPM EDUCATION IN 2018

We now have 133 credentialed members including Physicians, Psychologists, Occupational Therapists, Physiotherapists. Chiropractors and others.

We have run 2 courses this year:
February 15, 16, 17 & May 10, 11, 12, 2018
For information on the course and registration, and new course dates, please check the website: Credentialing Course 2019- Information and Registration

Credentialing Course Information & Registration

Hot Off The Press!!!

Newly Published Article -

Shaik, M., Hapidou, E., Ph.D., C. Psych. 2018 ***Factors involved in patients's perception of self-improvement after chronic pain treatment***
Canadian Journal of Pain

Read the article here!

UPCOMING CONFERENCES

Canadian Pain Society Annual Conference:
Canadian Pain Society (CPS) 40th Annual Scientific Meeting As an FYI - This years' conference had 11

references to interdisciplinary care - in presentations and posters. Do you have some research or program evaluation to present at the conference?
2019 TORONTO, Ontario (April 2-5) - Sheraton Centre Toronto
2020 CALGARY, Alberta (May 19-22) - Hyatt Regency Calgary

The World Congress on Pain®
September 12-16, 2018 Boston, Mass
Of note - one of our own is presenting:
Identifying effective coping strategies and associated personality characteristics in chronic pain. Author(s) Eleni G. Hapidou Associate Professor Hamilton Health Sciences, Shelley Zhu, and Cindy Li, Psychology Students,BSc candidate Honor's Thesis student Psychology, Neuroscience and Behavior, McMaster University;

PAINWeek September 4-8, 2018
Las Vegas https://www.painweek.org/painweek.html

Pain BC - http://www.painab.ca/annual-conference.html
The Pain Society of Alberta's Annual Pain Conference
October 19th to Sunday October 21st, 2018.
http://www.painab.ca/annual-conference.html
The 12th annual Pain Society of Alberta's conference will take place at the Rimrock Resort Hotel in Banff.
Although the conference is mainly aimed at family physicians, anyone interested in pain and pain management may attend. For more information and to keep up to date on future conferences, see the PSA website.

OTHER RESOURCES: **On-line and Other..**

UPCOMING PRESENTATION:

Identifying effective coping strategies and associated personality characteristics in chronic pain, Dr. E Hapidou, Zhu, S. Li, Cindy. 17th World Congress Poster presentation, Boston, 2018

OPIOIDS FOR CHRONIC NON-CANCER PAIN: USING THE CANADIAN GUIDELINE IN YOUR PRACTICE
ONGOING | ONLINE - SEE THE WEBSITE FOR THE LINK TO THIS COURSE

This teaching module explores each of the five clusters of the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain, highlighting treatment recommendations through case presentations and summaries, and includes many useful tools to help manage, assess, and monitor patients using opioid therapy for chronic non-cancer pain

UNIVERSITY DIPLOMA'S FOR INTERPFORESSIONAL CARE
https://www.mcgill.ca/spot/programs/online-graduate-certificates/chronic-pain-management
Graduate Certificate in Chronic Pain Management (online learning)

GRADUATE DIPLOMA IN PAIN CARE PROGRAM ONGOING | ONLINE
https://www.ualberta.ca/rehabilitation/professional-development/certificate-programs/certificate-in-pain-management

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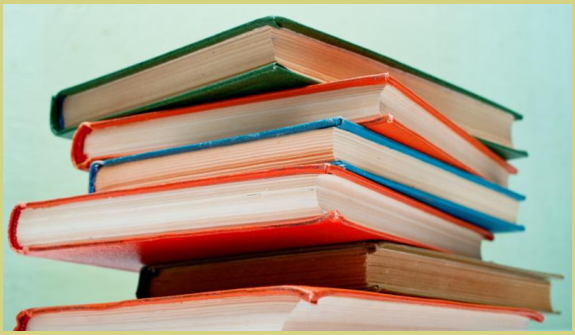

ARTICLES OF INTEREST

TAPERING: Clearly relevant these days.

Here is a review of the essentials as presented by Dr. L Hatcher, MD

TIPS FOR TAPERING OPIOIDS

· The following are reasons to consider tapering opioid therapy:
o Patient request
o Pain condition resolved
o Persistent and unacceptable side effects on current dose of opioid
o Risks outweigh benefits (high risk behaviours for overdose, hyperalgesia)
o Medical complications
o Not achieving goals of therapy - pain relief or functional improvement
o Regulatory recommendation (>90mg MED)

· Consider inpatient taper with relevant specialist guidance for patients at high risk for complications of withdrawal (ie. pregnancy, a "fragile" medical or psychiatric condition).
o Other than an inpatient switch to methadone for women with Opioid Use Disorder, pregnant women should generally not have their opioids switched or tapered due to the withdrawal-mediated increased risk of miscarriage.

· Educate the patient on the risks of continuing opioids and the potential benefits of tapering (usehandout from the 2017 Canadian Opioid Guidelines). It is ideal to have a significant other present when explaining.

· Provide information on the process of opioid withdrawal and treatments to reduce the severity (use handout from the 2017 Canadian Opioid Guidelines).

· Negotiate the amount and speed of tapering, depending on the circumstances and the patient. Taper faster if the risk is high or the patient is managing the taper well, and longer if the risk is low or if the patient is having difficulty tolerating the taper. There is no robust published evidence for an ideal rate of taper. Generally, an acceptable rate of outpatient tapering can range from 10% weekly to 5% monthly. Use interval dispensing, every time you reduce the dose.

· If you are tapering because of a concern for opioid use disorder, coordinate with an Opioid Replacement Therapy provider to transition the care of the patient.

· Use multimodal treatments by an interprofessional team, if available, to help patients learn non-pharmacological coping strategies.

· Prescribe adjuvants to reduce severity of withdrawal.

· Be prepared to pause or discontinue the taper if the patient demonstrates a significant increase in pain and decrease in function that persists longer than 1 month after a dose reduction.

· The goal is to reduce the opioid dose to the lowest dose possible, not necessarily tapering below 90mg MED or discontinuing completely.

· Consider a switch to Suboxone and taper over a longer period for patients struggling with tapering their usual opioid.

· Continue to explore non-opioid and non-pharmacological options to treat pain

Other Resources

1. *http://nationalpaincentre.mcmaster.ca/opioid/cgop_b_app_b12.html*

2. *Tapering Guidelines in easy to use format from the Centre for Effective Practice https://thewellhealth.ca/wp-content/uploads/2018/03/20180305-Opioid-Tapering-Tool-Fillable.pdf*

A retrospective analysis

Forwarded to us by Gloria Gilbert - CAPM member and Past Board Member

Kennedy, E, Quinn, D., Tumilty S., Chapple C. (2017). Clinical characteristics and outcomes of treatment of the cervical spine in patients with persistent post-concussion symptoms:

A retrospective analysis Musculoskeletal Science and Practice 29 (2017) 91e98

Brief Summary:

- A retrospective analysis -46 charts were reviewed.
- The cervical spine clinical characteristics in a series of patients diagnosed with concussion, and reporting persistent post-concussion symptoms.
- Those with a cervicogenic component (n ¼ 32) were distinguished from those without a cervicogenic component (n ¼ 14) by physical examination findings, particularly pain on manual segmental examination.
- Physiotherapy treatment of the cervicogenic component (n ¼ 21) achieved improvements in function (mean increase of 3.8 in the patient-specific functional scale), and pain (mean decrease of 4.6 in the numeric pain-rating scale).
- Clinical characteristics and outcomes of treatment of the cervical spine in patients with persistent post-concussion symptoms:
- This is consistent with previous research indicating that the nature of post-concussion symptoms does not distinguish brain-related concussion from cervical or vestibular injury all patients in this study were referred to physiotherapy for cervical spine assessment

While this research is preliminary and has limitations the results have interesting clinical implications as they identify a potential target for treatment, and are sufficient to justify future prospective study exploring the role of the cervical spine in post-concussion symptoms

REQUEST

At CAPM we want to build our community of multidisciplinary pain management practice and recognize the contributions of all our members to the literature. There are so many different places where we present and publish.

For now.....here's a start
PLEASE SEND US

1. **What and Where have you presented this year?**
2. **What have you published this year?**
3. **Do you have a favourite resources for updating your practice?**
4. **Your favourite websites/books/video's for people living with Chronic Pain**

We will collate this and find the best venue for us to have this available
Please send any feedback to The CAPM office at office@ canadianapm.com

We apologize to both Gloria Gilbert and Dr. E Hapidou for the errors in the last newsletter.
Gloria is a CAPM Member and Past Board Member
&
Dr Hapidou's correct title is Ph.D., C. Psych.