

## The President's Corner

Dear Friends of EFIC®!



I hope everyone has had a wonderful summer. I spent some time in Portugal, farming blueberries and preparing for our eventual retirement there. Since returning to Liverpool, the EFIC office in Brussels and I have been very busy. We have released the core curriculum (see inside) and are preparing for our first Diploma examination on March 31<sup>st</sup> next year in Madrid. We had an extremely successful meeting in Dubrovnik involving, under the mantle of EFIC for the

first time, the European League against Rheumatism (EULAR), the European Society of Physical and Rehabilitation and Medicine (ESPRM), the International Federation of manual and musculo-skeletal Medicine (FIMM) and the Spine Intervention Society (SIS). There were over 400 attendees



and we were greatly impressed by the science, the beauty of Dubrovnik and the warm welcome from our Croatian hosts. Special thanks must go to Serge Perrot, my co-Chair, and Mira Fingler, President of the Croatian Chapter. Thanks also to Brona and the web team for [our new website](#), which looks great.

The highlight of September, for me, was being made an Honorary Member of IASP at the Yokohama meeting; it was a great privilege for a clinician to be counted amongst so many distinguished scientists and pioneers in pain. It also recognizes the special relationship between the European Pain Federation and IASP, reaffirmed at the meeting there between the Presidents and President-Elects of the two organizations.

**With best wishes,  
Chris Wells  
President of the European Pain Federation EFIC**

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## A Word from the Editor



**Dear readership,**

I hope this newsletter finds you well and that you have been able to enjoy some time off over the summer months with family and friends. The days are drawing shorter now and the end of 2016 is fast approaching!

We have launched the new EFIC website and hope you like it. We think it is more streamlined, dynamic and easier to navigate. Traffic to the website is increasing year on year; in 2015, we had 38,126 unique visitors (up from 31,929 the previous year).

You can follow us on social media; we have a [Facebook page](#), you can follow us on [Twitter \(@EFIC org\)](#), or check out our posts (including plenary lectures from EFIC Congress IX) on [YouTube](#).

Best wishes,

**Brona Fullen**  
**Editor European Pain Federation EFIC Newsletter**

European  
Journal of Pain

1st EFIC Topical  
Symposium

Pain in Europe X  
2017

## EFIC on Social Media

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

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



## 1<sup>st</sup> EFIC Topical Symposium 2016 – Myths and facts about joint pain



A lot of incorrect assumptions about joint pain are in circulation. “The sometimes overly pessimistic misconceptions can prevent patients from getting into therapy even though it could improve their condition and reduce their pain,” pain expert Serge Perrot criticized. Perrot, a professor from Descartes University and Cochin Hospital, Paris, France, made these remarks at a symposium focusing on severe and chronic joint pain being staged in Dubrovnik by the European Pain Federation EFIC. The expert talked about some of the most common myths concerning joint pain.

### **Myth #1: The more extensive the joint damage, the more severe the pain.**

The misconception that the intensity of pain correlates with the extent of anatomical joint damage is especially persistent. Prof Perrot: “This statement is true at most in connection with very severe lesions.” Data shows that half of the individuals with radiologically verifiable joint damage live free of pain whereas, conversely, one in every two patients with knee pain has an intact joint. Prof Perrot: “So the question has to be this: Are there joint changes that induce pain?” Various cohort studies (MOST, Framingham) prove, for example, that a constriction of the intra-articular space is more likely to result in knee pain than osteophytes are, i.e. degenerative, structural changes in the bone. According to MRT studies (Torres, Osteoarthritis Cartilage 2006), intense pain is strongly correlated with synovialitis (inflammation of the synovial membrane) or bone marrow injuries but not with osteophytes, changes in cartilage, bone cysts, subluxations of the meniscus or lacerated ligaments.

### **Myth #2: Joint pain is synonymous with inflammation.**

Anyone who automatically assumes that inflammation is the reason for joint pain is equally off track. Prof Perrot provided more precise information: “Inflammations play a role mainly in acute pain but not in chronic and mechanical pain.” Viewed pathophysiologically, joint pain is both, namely, an inflammation of the synovial membrane and bone pain caused by a constriction of the intra-articular space that increases the local pressure. According to one study (Laslett, EULAR 2011, London), treatment with a 5mg IV of zoledronic acid can reduce bone pain by 15 points on the 100-point VAS scale. Injuries to bone marrow are reduced by 37 percent. For pain caused by an inflammation of the synovial membrane, treatment with non-steroidal anti-inflammatory drugs (NSAIDs) can help. Treatment of bone marrow oedemas also helps mitigate the pain.

### **Myth #3: Joint pain emanates from the joint.**

The assumption that joint pain has to emanate from the joint would seem obvious but is in fact incorrect. Prof Perrot: “Joint pain is a complex experience in which social factors, pain behaviour, feelings, thoughts, the perception of pain and damage to nociceptive tissue come into play.” He cited arthritis as an example that demonstrates just how much a matter of the mind pain ultimately is: Spontaneous arthritic pain is exhibited in the brain in the medial prefrontal cortex and affects the person’s emotional state. Pain induced

by a stimulus exhibits itself in brain regions that process somatosensorily nociceptive processes. In the central nervous system, joint pain sensitizes the brain, thereby creating excess local sensitivity.

#### **Myth #4: Joint pain comes with age.**

Prof Perrot: "80 percent of arthritis patients are 50 or older but age alone does not determine whether a person suffers from joint pain and how severe that pain is." Besides age, two other cofactors for the intensity of arthritis pain are obesity and local injuries. People with the genotype Ile585Val TRPV1 are less sensitive to pain in the lower part of their body and therefore have a significantly lower risk of suffering from painful arthritis in their knees. With inflammatory joint diseases, gender can determine the level of pain: Women suffer more from these diseases than men do. Hormones can also be involved in joint pain: A blockage of oestrogen, for instance in connection with breast cancer treatment, can quickly result in inflammatory changes to wrists and ankles.

#### **Myth #5: Joint pain is not treatable.**

Even if freedom from pain is not a realistic goal of therapy in some cases: Joint pain does not have to be accepted without any hope of relief. Even intense pain is not synonymous with serious damage to the joint. "Joint pain is highly heterogeneous. The pain phenotypes therefore have to be precisely analysed to be able to initiate a suitable treatment," the expert emphasised. He recommended that pain management should in any case consist of a combination of pharmacological and non-drug therapies.

EFIC has declared 2016 to be the European Year against Joint Pain. The goal of this information campaign is to focus on a health problem from which more than half of the worldwide population over age 50 suffers. Against this background, experts attending the symposium in Dubrovnik are discussing the many current trends for understanding and treating joint pain.

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## **Reflections on the 1<sup>st</sup> EFIC Topical Symposium**

**By Neil Betteridge**

Apart from being the first Topical Symposium held by EFIC, the European Pain Federation, the event also marked the first formal collaboration between EFIC and EULAR. I participated in my capacity as International Liaison Officer for EULAR, presenting on Patient Empowerment; and Prof Maurizio Cutolo, EULAR Past President, gave the opening lecture.

Prof Cutolo's presentation stimulated great interest, dealing with Circadian pain management in chronic rheumatic inflammatory disease. The evidence presented illustrated how the human body performs a 'reboot' during the night, the immune system sending its 'police officers and firefighters' to attack unhealthy cells in well people, and healthy cells in people with rheumatic disease. This was clearly of great interest to an audience comprising predominantly pain doctors, together with some orthopaedic surgeons and representatives of other disciplines. Other highlights included workshops on surgical pain, led by 2 of the most renowned leaders in the field, Henrik Kehlet and Winfried Meissner.

Dr Kehlet has been working in Copenhagen for many years and is perhaps the most well-known surgeon among anesthesiologists around the world due to his substantial contributions toward the understanding of surgical pathophysiology. In the UK and many other countries he is recognised as the founder of the Enhanced Recovery pathway, which has provided 'win-wins' to patients and healthcare systems in many countries now by accelerating the pace of the patient pathway, reducing admission periods (and therefore costs) whilst delivering patient experience and outcome measures which are as good or better than traditional surgical pathways.

He continues to perform groundbreaking work and, at this meeting, presented new, procedure-specific evidence for optimal analgesia in joint surgery. This included the PROSPECT studies and the use of prospective patient databases. He looked specifically at hip and knee replacement, and his summary of the evidence concluded that there was little or no evidence for the routine use of opioids in these interventions, especially without clear evidence of side effects.

In the UK, we at the Chronic Pain Policy Coalition are addressing the need for chronic pain patients to have an annual review of their management regime, including use of opioids, and in policy terms this is part of a wider movement to greater opioid sparing' where appropriate.

There are other potential policy implications here, as there is clearly an evidence based need to develop an approach to surgery which proactively tackles post-surgical pain before the surgery has taken place, the way this is done being variable according to the nature of the specific intervention in each case.

Professor Meisner, from the Jena University Hospital, Germany, is well known for the Pain Out initiative: see [www.paineurope.com](http://www.paineurope.com). Here he illustrated how to optimise the organisation of perioperative pain management.

My own presentation had the objectives of challenging some common perceptions of 'Patient Empowerment'. This is a term sometimes more used in the breach than the observance, I find, as commitments to Shared Decision Making rub shoulders with more traditional approaches to care, based on clinician led direction. So my aim was to better define our terms: for example, is 'patient' really the right word for someone with a long term condition such as chronic pain, who manages that condition 24/7 but is only in a clinic a tiny amount of their life?

But more than that I wanted to offer concrete examples of what patient empowerment means in practice. To this end, I drew on examples from my work with NHS England, developing a patient booklet on Enhanced Recovery in close consultation with patients and carers; from EULAR's work in building a strong patient network via PARE (Patients with Arthritis and Rheumatism Europe), to collaborate with clinicians and health professionals, as well as provide an authoritative patient voice in its own right; and from public affairs / political work carried out by the Chronic Pain Policy Coalition in the UK, and EULAR at EU level.

I hope these initiatives and achievements generated by these projects and organisations demonstrate that when patient empowerment is done well, it delivers better patient experience, better patient outcomes and better public policy for both patients and healthcare professionals. I would be very happy to share my slides and / or hear from anyone interested in discussing this matter further. As EULAR PARE reminds people who are discussing issues that affect the lives of patients, 'Nothing about us without us!' It's a demand, but a very reasonable one.

#### Personal conclusions:

- High attendance and mixed audience reflects strong interest in Joint Pain, with many expressing interest in a meeting on this topic to be held regularly
  - Fast developing interest in seeking to change practice, doing more pre-operatively to optimise / minimise post-operative pain
  - Ongoing interest in use of opioids: better targeting of their use, to avoid over-prescribing (a major policy issue) and the personal consequences which can follow
  - Growing recognition that an MTD approach is the only way to handle the surgical pathway effectively
  - The patient is the most important member of the MDT, and needs to be appropriately empowered to play an active part in that pathway.
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## European Journal of Pain – News & Editor's Choice Articles

By Bettina Haake-Weber








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Apple store (iOS):

<https://itunes.apple.com/us/app/european-journal-of-pain/id1068447414?ls=1&mt=8>

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*EJP Editor's Choice articles October 2016*

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Please read on to find out which articles are featured in this section in October 2016:

**"Analgesic effects of navigated motor cortex rTMS in patients with chronic neuropathic pain"**

*by Ayache, S.S., Ahdab, R., Chalah, M.A., Farhat, W.H., Mylius, V., Goujon, C., Sorel, M., Lefaucheur, J.-P.,  
DOI: 10.1002/ejp.864*

What does this review add?

To produce analgesic effects, HF-rTMS should be applied over the precentral cortex contralaterally to the painful side. Although the hMHS is the target normally chosen for stimulation, the optimal target has not been defined yet. Neuronavigational methods have been recently developed; they allow the integration of MRI data and are thought to improve rTMS efficacy.

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**"Effects of pregabalin on the nociceptive, emotional and cognitive manifestations of neuropathic pain in mice"**

*by La Porta, C., Lara-Mayorga, I.M., Negrete, R., Maldonado, R.,  
DOI: 10.1002/ejp.868*

What does this study add?

- In this study, we have validated different behavioural outcomes allowing a reliable measurement of the emotional and cognitive manifestations of neuropathic pain induced in mice by partial sciatic nerve ligation.
- These results underline the relevance to evaluate these multiple pain-related alterations to improve the predictive value of preclinical drug discovery.

**"Post-traumatic stress symptoms in children and adolescents with chronic pain: A topical review of the literature and a proposed framework for future research"**

*by A.L. Holley, A.C. Wilson, M. Noel and T.M. Palermo DOI: 10.1002/ejp.879*

What does this study add?

- This review presents relevant literature on pain and PTSS in youth and proposes a conceptual framework to examine factors salient during childhood that may be associated with symptom

severity, comorbidity and mutual maintenance of chronic pain and PTSS in paediatric populations.

- We highlight dynamic factors that may change across children's development and provide recommendations to guide paediatric research examining potential associations among PTSS and chronic pain.

You can access all Editors' Choice articles from past issues for free via the journal's [website](#).



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## The European Pain Federation EFIC® Pain Curriculum

The European Pain Federation EFIC® is most grateful to the Faculty of Pain Medicine of Australia and New Zealand (<http://www.fpm.anzca.edu.au/>) for allowing for us to modify their excellent curriculum in preparation for a new multidisciplinary post-graduate pain examination in Europe.

### Dedication

This curriculum is dedicated to the millions of people throughout Europe who suffer pain, and the scientists and health care professionals who seek the best ways to help them.

### Foreword

The European Pain Federation (EFIC®) decided to develop its own core curriculum of pain knowledge, and diploma in pain medicine in 2015. EFIC® identified the need to have a Diploma, to test the knowledge of all those involved in the treatment of pain in order to better provide up to date knowledge, thinking and management, as well as to allow the sharing of best practice amongst clinicians.

The 2016 curriculum articulates the learning outcomes to be achieved through trainees' self-directed learning, clinical experience in the workplace and other educational experiences delivered during their training and helped by the EFIC® Pain Schools and educational initiatives. It aims to direct learning in conjunction with an accompanying literature reading list which will form the basis of the Multiple Choice examination Questions (MCQs) used in assessment.

Knowledge of the curriculum, pain assessment and treatment skills will be evaluated by a two part examination – an MCQ followed by a series of Objective Structured Clinical Examinations (OSCEs) to test clinical skill performance and competence in modalities such as communication, clinical examination and diagnosis and treatment planning, including referral to colleagues for appropriate management. It is



recognized that pain management requires a multidisciplinary approach and no single professional will have all of the necessary training and skills to treat all those across the spectrum of pain.

The Diploma is multidisciplinary, for all clinicians across Europe (and beyond, for those interested). Whilst some European countries have their own Diploma or Degree, many do not at this time. Even when an examination is available it is often aimed at one specialty, or even a subsection of that specialty (for example, interventional management). The Diploma aims to show that the Fellow has a firm grounding in the basic skills and knowledge needed to assess and manage the many patients whose pain requires attention in all types of clinical scenario. This curriculum is a dynamic instrument and will be reviewed and updated on a regular basis, sensitive to advances in pain medicine and in medical education and also by feedback from trainees, examiners and Diplomates.

We are forever grateful to the Faculty of Pain Medicine of Australia and New Zealand for allowing us to use their current curriculum as a basis for ours. This has been modified to suit the diversity in pre- and post-graduate training in pain medicine across Europe and in line with our desire to cover all factors of relevance to all medical disciplines involved in the assessment and treatment of those in pain. We also thank the many reviewers (listed at the end) who contributed from their professional expertise and time to reviewing and adapting this curriculum for use in Europe. We are especially grateful to the steering committee under the Chairmanship of Andreas Kopf, and logistic support from Ruth Zaslansky.

The 2016 curriculum should be read in conjunction with the current recommended reading list which will be found in the European Pain Federation EFIC® website.

***Dr Chris Wells***  
***President***  
***European Pain Federation***

### **Acknowledgements**

EFIC is grateful to the many contributors who helped construct the curriculum, [click here to see the list of acknowledgements](#).

### **The Pain Management Core Curriculum for European Medical Schools (Medical Students)**

[Please click here to download the complete EFIC Core Curriculum for Medical Students.](#)

An interdisciplinary teaching approach based on the German Medical Licensure Act (valid since: October 1, 2003). First published for German Medical Schools after passing February 1st, 2008 the steering committee of the DGSS – Deutsche Gesellschaft zum Studium des Schmerzes e.V. (German Chapter of the IASP – International Association for the Study of Pain). Adapted European version written and released by the Committee on Education of European Pain Federation EFIC©.

### **Foreword**

All physicians working in clinical practice will meet patients suffering with pain. As pain is the main reason why patients visit their general practitioner, all physician need to have basic knowledge regarding the pathophysiology of pain and be able to use at least simple first-line treatments. The establishment of various educational initiatives for practicing physicians has failed to improve the situation for a large proportion of patients suffering with pain. The lack of general pain management education in medical school is considered to be an important reason for this. Contrary to “specialist pain management” which should be limited to those with specific postgraduate training for complex pain syndromes, medical students should be taught “general pain management principles” to prepare them for the majority of patients they will treat with pain.

The core curriculum's goal is not to teach the entire field of pain management but is intended to concentrate on commonly seen pain syndromes and basic treatment options. It is the intention of the authors, that with the implementation of the core curriculum, on completion of their medical education will be able to: identify patients suffering with pain, understand the influence of pain on the patient's life, methods of analgesia, the most effective pain management approach for each patient, how to classify treatments including non-pharmacological approaches, and how to evaluate their efficacy. The core curriculum will focus on four core pain syndromes: acute post-traumatic resp. postoperative pain, cancer pain, neuropathic pain and chronic non-cancer pain.

The authors hope that the core curriculum encourages students and deans alike to be concerned with pain management for the sake of our patients.

[Please click here for the core curriculum for the EFIC® European Diploma in Pain Medicine](#)  
[Please click here for the recommended reading list](#)

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## EFIC Fellowship Report

The EFIC fellowship is an individual fellowship for medical doctors supporting a training at a European Pain Centre with specific expertise in the diagnosis and treatment of all pain related problems. The selected pain centres do have educational programs dedicated to the fellow. To find out more about where fellowships are possible and how to apply for one, visit the [EFIC website](#).

### **Pain and Palliative Medicine** **Radboud University Medical Centre Nijmegen** **The Netherlands**

**By Fatos Katanolli**

First of all, I would like to wholeheartedly thank EFIC for the opportunity given to me by financing my Pain Fellowship that I have chosen to complete in Radboud UMC, Nijmegen, The Netherlands, where I have spent two great months.

My staying there was very well organized since the very beginning from Professor Vissers and other staff of Pain Department at the Radboud UMC. At least one month earlier I knew where I was going to stay, as my accommodation at the university facilities was arranged from the Radboud staff. I received an early Trainee Program with timetable of my specified daily activities, where I provided my input based on my interests in the different fields of pain management. I had an assigned supervisor (Dr. Moser) with whom I meet as necessary to tailor my educational stay at the University. In my first day, I was equipped with the ID and key card, username and password that I could use for the medical clothes, access to the medical facilities, libraries and to the electronic library. We agreed initially that my focus would be acute (mainly postoperative) and chronic pain management.



In relation to the acute pain management, I was located in the Acute Pain Management Department. I was introduced to how this service is organized, how it is interlinked with other departments, and to several clinical scenarios that would require the involvement of this department. Upon the request of Professor Vissers and Dr. Heinrich Moser I was also accepted in the Special Orthopedic Hospital "Sint Marteens Kliniek", Nijmegen, where I was getting familiar with acute perioperative pain management using regional blocks; utilization of ultrasound guided blocks; and specifics of pre; intra and post-operative pain management.

Regarding chronic pain management, I was accommodated at the Dekkerswald Center for Chronic Pain Management where I was introduced to the comprehensive treatment of chronic pain, including diagnosing, pharmacologic and non-pharmacologic treatment approaches, multidisciplinary approach and wide range of interventional procedures used for the treatment of chronic pain. I was also acquainted with the usage of fluoroscopy and ultrasound for diagnostic and interventional purposes. My time in Radboud UMC, Dekkerswald and Sint Marteens was characterized with learning of various different things, approaches and techniques that I was not familiar with.

Professor Vissers organized for me a midterm and final evaluations where we had comprehensive discussions about what I have learned, what are my further interests and what I will take home as a useful lessons and knowledge. Before I left Nijmegen, I was provided full support from Professor Vissers on behalf of his Department in our potential efforts to establish initially an Acute Pain Management Department in Kosovo and full support for me personally, in my attempt to gain and deepen my knowledge in the field of pain management.

Overall, my impressions where very positive; I would wholeheartedly recommend Radboud UMC as Center of Excellence for Pain Management for all fellows interested to pursue career in pain management. I hope I'll be in position to maintain my contacts with Radboud UMC and I also hope that EFIC will continue to support me as they did it for the Pain School and Pain Fellowship.

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## News from our Chapters



### News from the Bulgarian Association for study and treatment of Pain (BASTP)

Our 8th national conference for the treatment of pain was held in Hissarya, Bulgaria, 09-11th June 2016. The conference was attended by more than 300 delegates including anesthesiologists, neurologists, physiotherapists, rheumatologists, oncologists and others. We had the pleasure of inviting a number of international lecturers, among them members of the European Pain Federation EFIC, including Amira Tais, Adriana Sara Nica, Vladimir Romanenko, and Suleyman Ozyyalcin. The conference format included scientific presentations, posters and round table discussion. Of particular interest was the organization of pain centers in Bulgaria with the participation by the various specialists from different medical fields. The conference was fruitful and will, in the next year, contribute to the development of new ideas relating to the field of pain.

During the 8th national conference Professor Atanas Temelkov was elected as the new president of BASTP. Professor Temelkov has been a leader of BASTP nearly since its foundation. He is the chief of ICU in Alexandrovska University Hospital in Sofia (one of the city's biggest multiprofile hospital). Prof Temelkov will be assisted in his work as a president of BASTP for the year by Professor Ivan Smilov- the ex-president and EFIC council member.

The new leadership of BASTP wish to continue with all the excellent collaborations it has built with EFIC during Professor Smilov's tenure. The new e-mail of the BASTP is [bastpain@abv.bg](mailto:bastpain@abv.bg). We are very happy to

exchange any useful information, discuss issues and work together with other EFIC members, so please do not hesitate to contact us by e-mail.



## News from the Irish Pain Society

On September 3 in Dublin, the Irish Pain Society's 16th Annual Scientific Meeting (IPS16ASM) saluted the 2016 IASP Global Year Against Pain in the Joints and featured an array of renowned speakers. IPS President David Finn, in his welcoming address, briefly outlined the impact of joint pain and expressed gratitude to the Irish Society of Rheumatology for collaborating with the IPS on the meeting.

Marie Curie Investigator David Cabañero of the Universitat Pompeu Fabra in Barcelona alluded to the prevalence of chronic pain in some European countries, with osteoarthritis being the most prevalent condition. He described how research with animal models has shown that the endocannabinoid system may have potential for improving pain relief and suggested that CB2 receptor agonists have therapeutic potential without reinforcing properties.

*From left, at a ceremony honoring the IPS Pain Research Medal Winners: Aoife Smith of Mundipharma; Conor Rothwell; Andy Cochrane, winner of the Clinical Research Prize; Louise Corcoran, winner of the Non-Clinical Research Prize; IPS President David Finn; and IPS President-elect Joanne O' Brien.*



Florence Nightingale Foundation Professor Candy McCabe, chair in Clinical Nursing Practice Research, Bristol NHS Foundation Trust (UK), described how, in chronic pain associated with rheumatic diseases and chronic regional pain syndrome, neuroplasticity underpins information distortion. Rehabilitation aims to help the person regain access to their normal sensations by exploration of learning associations and helping to regain perception of all their sensation types, especially non-noxious. Professor of Health Psychology Geert Crombez of Ghent University (Belgium) stated that adherence to the biomedical model alone can harm patients with pain. The biopsychosocial model is a recognized approach to quality patient care and is incorporated into the structure of the WHO International Classification of Functioning, Disability, and Health.

Krysia Dziedzic, Arthritis Research Professor of Musculoskeletal Therapies at the University of Keele (UK), described how the MOSAICS study, which investigated the clinical and cost effectiveness of a model of osteoarthritis consultation, showed a large impact on knowledge levels of patients, GPs and practice nurses. Plans are underway to more widely implement the MOSAICS model across the UK. Gerry Wilson, chairman of Arthritis Ireland and UCD Chair of Rheumatology, described how in rheumatoid arthritis, severity of joint damage is strongly correlated with cumulative joint inflammation. Treatment focus is to maintain functional capability and quality of life and aims to target and switch off inflammation in joints so that stiffness and progressive damage are greatly reduced, with possibility of repairing of joint damage.

Thomas Graven-Nielsen, professor and director of the Centre for Neuroplasticity and Pain at Aalborg University (Denmark), explained that it is necessary to look at individual mechanisms to understand and evaluate the manifestations of joint pain. He also urged attention to various assessment technologies and methods of measuring and detecting the extent of central sensitization, pain distribution, and referred pain in body locations.

The Symposium of the Irish Pain Research Network (IPRN) featured seven short oral “data blitz” posters of current Irish laboratory and multidisciplinary clinical research across the life span. A presenters’ panel answered delegates’ questions, followed by a grant writing workshop by Brian McGuire, chair of IPRN. A record number of abstracts were submitted for short oral and poster presentation, and the meeting concluded with presentation of IPS awards.



### News from the Serbian Pain Society

The structural development of pain medicine in Serbia has been a very positive one over the last years. More than 10 years ago, the Serbian chapter of the IASP (SAPRT) was founded. In addition, the Serbian Pain Society and working groups of the Serbian Association of Anesthesiologists and Intensivists and the Section for Physical Medicine and Rehabilitation, Serbian Medical Chamber are actively working to advance pain medicine. All this has led to continuous improvement of undergraduate and postgraduate education including symposia, student electives and involvement in the activities of the European Pain Federation EFIC. Since 2014, the University of Belgrade and since 2015 the University of Novi Sad offer “specialized pain medicine” as a supraspecialty of its own. However, there still exist relevant barriers that impair adequate patient care.

On June 8th 2016, the first National Forum for implementation and improvement of pain medicine took place in Belgrade, Serbia. It was initiated by Assoc. Prof. dr N. Ladjevic (Anesthesiology) and Assoc. Prof. dr E. Dubljanin-Raspopovic (Physical and Rehabilitation Medicine), both from the Serbian Pain Society and the School of Medicine, University of Belgrade, in cooperation with the German Pain Society, supported by the German and Serbian Ministries of Health. Its goal was not only to raise awareness for the impact of chronic pain on the individual and financial burden on society, but to reach consent of all participating stakeholders to actively support development of pain medicine in different intervention fields with a sustainable effect.

The results of the meeting were summarized in a protocol as the “Serbian Pain Appeal” through which all participants agreed on supporting and actively working on four main aspects of intervention: 1. Undergraduate education, 2. Postgraduate education, 3. Analgesics availability and accessibility, 4. Multimodal pain management treatment centres as part of health care services.

The immediate outcome was the approval from the Dean’s Office (Academ. Prof. dr Nebojsa Lalic) to begin implementation of pain medicine as mandatory (cross-sectional) subject in the undergraduate education, which will make Serbia the third country worldwide with pain medicine as a mandatory subject. The stakeholders agreed on following the recommendations of the [EFIC Core Curriculum](#) as recommended from the APPEAL Task Force (Briggs EV, Batelli D, Gordon D et al. Current pain education within undergraduate medical studies across Europe: Advancing the provision of pain education and Learning (APPEAL) study; BMJ Open 2015; 5:e006984). The teaching will focus beyond the conventional knowledge acquisition towards educational approaches that comprehensively improve understanding of the bio-psycho-social model of pain, skills, attitudes and ultimately competence. The stakeholders also committed themselves to an improved documentation of pain teaching within undergraduate medical curricula with a clearly stated teaching content and defined student competencies in pain.

The stakeholders furthermore agreed to adopt for their postgraduate teaching the **European Postgraduate Master Curriculum** with focus on a common training framework (CTF) including the development of certified training centers, structured examinations and identification of lecturers for theoretical and practical aspects of working in the field of pain medicine. Correspondingly this will be used to prepare candidates for the Serbian Pain Diploma as a supraspecialty (available for all specialists) according to the standards of the European Diploma for “Special Pain Medicine” (examinations taking place for the first time in Madrid, March 2017). The latter shall be recognized as benchmark for competence in specialized pain medicine. The likely gain for the individual and society through multimodal pain treatment programs in interdisciplinary treatment centers, working on the principles of bio-psycho-social approach, was recognized. The development of independent certified referral centers as separate departments in Serbia will have to be compared to a directional model. The intent is to ensure the necessary formal prerequisites by naming a responsible person in each discipline.

For improving analgesics availability and accessibility the Pain Forum ´s participants supported the adjustment of the National Essential Drug List to **recommendations of the Lancet Commission on Essential Medicine Policies** (report expected 2017) and the **NeuPSiG recommendations**. It was concluded to reinforce the **recommendations of the International Pain Policy Fellowship** as well as the Serbian ATOME Project (2009-2014) and including the broadening of existing prescription policies for opioids in Serbia. Reimbursement issues were identified as one of the main barriers for analgesic accessibility for chronic pain patients. Meanwhile the Undergraduate Curriculum has already been translated into the Serbian language and a fellowship program for advanced training in Germany has been started. Due to the successful project start because of the dedicated stakeholders a follow-up project is highly desirable and will be prepared for submission to the ministries of health after October this year.

Contact information: Dr. B. Jürries, project coordinator, email: [bjuerries@gmx.de](mailto:bjuerries@gmx.de)



Stakeholders, facilitators and advisors of the Serbian National Pain Forum

## Meetings: Past and Future

By Arun Bhaskar



### Past Meetings

I hope you have had a great summer holiday and have had some time with your family during the school break. The summer of 2016 was indeed very pleasant with sunnier days and it may have been contributed by the fact that I have now moved to the south of England from Manchester. I had been in Manchester since 1999 and it is sad to leave the wonderful city; however, my current work commitments have taken me to London, one of the greatest cities in the world and it is the beginning of a new chapter in my life. The meetings are kicking off with The 1st EFIC Topical Seminar in Dubrovnik and it is my first visit to this beautiful city. I was quite keen to take in the culture and sights of the old city before leaving for Yokohama to attend the IASP World Congress.

The 1st EFIC Topical Symposium, organized by Dr Chris Wells and Prof Serge Perrot, followed the theme of 'European Year Against Joint Pain' and was endorsed by several organisations including EULAR, European Society of Physical & Rehabilitation Medicine, Spinal Intervention Society and International Society for Manual Musculoskeletal Therapy. The meeting started with an enlightening talk by Prof David Walsh on Future Analgesics on Joint Pain. He spoke on the differences between peripherally driven and centrally maintained chronic pain in osteoarthritis and biomarkers like EGF and NGF could lead to potential molecular targets to manage painful osteoarthritis. It was interesting to hear that catastrophisation could result in increased anxiety leading to increased opioid use; in fact, patients on beta-blockers were consuming fewer analgesics. The wonderful sunset on the beach provided the scenic setting for the welcome reception and it was great meeting some of you, who were attending the meeting.

The second day started with three exciting plenaries from Prof Maurizio Cutolo, Prof Anthony Dickenson and Prof Hans-Georg Schaible. Two work-shops followed. The first was on the topic of joint pain pathophysiology and mechanisms delivered by Prof. Serge Perrot, Prof. Lars Arendt-Nielsen and Prof. Eva Kosek. The second work-shop included lectures on pain and motility (Dr Roberto Casale), the effect of exercise on pain (Dr Fitnat Dincer) and health literacy (Dr Brona Fullen).

Dr Patrice Forget gave a plenary on Management of Pain before and after surgery and Prof Dragan Primorac gave recent insights on genetic factors in joint pain. Dr Tim Maus, President-elect of SIS spoke of innovative techniques including precision drug delivery to the DRG using stepped convection enhanced needles, intra-articular gene therapy and focused ultrasound under MRI guidance as a future alternative to radiofrequency denervation of the medial branches for spinal pain. Dr Leo Kapural presented the initial findings on using cooled RF for hip joint pain. Excellent talks on peri-operative analgesia for joint surgery were delivered by Dr Elon Eisenberg, Prof Henrik Kehlet and Prof Winfried Meissner.

The following day started with plenaries by Prof Simon Vulfsons on the role of soft tissues in joint pain, and rehabilitation techniques in osteoarthritis by Prof Yes Henrotin. Dr Leo Kapural presented the up to date on high frequency neuromodulation. There were further presentations by Prof Bart Morlion on the role of opioids in joint pain and Mr Neil Betteridge gave an overview of the importance of patient empowerment. Dr Stephen Ward and Dr Chris Wells discussed the evidence for facet joint as a pain generator and on the much-awaited NICE low back pain guidelines. Prof Vicky Wylde and Prof Henrik Kehlet delivered plenary sessions on the epidemiology and prevention pain after joint surgery. There were also workshops on the sacroiliac joint and soft tissue management techniques for joint pain. The meeting highlighted the importance of working together in partnership with the various disciplines in medicine for providing better care for our patients. Other meetings held during the summer months included 'Improving Outcomes in Opioid Dependence (IOTOD 2016)' held in Bristol, UK (21-23 June 2016). More than 400 experts in the field of addiction medicine and psychiatry attended with several topics of interest to pain clinicians.

The annual meeting of the Interventional Pain Medicine SIG of the British Pain Society was held on 16 September in Manchester, UK. This meeting had four sessions where there were discussions on the various topics including the multiple forms of radiofrequency treatments (Dr Ron Cooper), bipolar lesioning for cervical facet joint pain (Dr Vladimir Gorelov), recent advances in interventional management (Dr Neil

Collighan) and interventional management of knee joint pain (Dr Thomas Haag). There were interactive discussions on the management of neck and shoulder pain with expert viewpoints from spinal and shoulder joint surgeons. Complex clinical conundrums were also presented, analysed and discussed.

The 2nd East-European Congress on Pain was held in the city of Odessa, Ukraine on 01-03 June 2016 under the auspices of the Ukrainian Society for the Study of Pain (UASP). This meeting covered several topics including every aspect of pain medicine and was attended by Dr Chris Wells, President of EFIC and Dr Brona Fullen (Exec. Board EFIC). I was so looking forward to be at that meeting after having had the taste of Ukrainian hospitality in Yalta nearly three years ago; unfortunately I had some unforeseen personal circumstances that prevented me from attending.

## Future Meetings

After the summer holidays there are several meetings coming up this Autumn and I attach the details below. I draw your attention to two big meetings happening in Europe in 2017. One is our own happening; the 10th Congress of the European Pain Federation (EFIC 2017) in Copenhagen (06-09 September 2017). Details of this meeting can be found here on <http://www.efic2017.kenes.com>.

The other meeting is the 13th World Congress of the International Neuromodulation Society (27th May – 01st June 2017) in the historic Scottish city of Edinburgh. Details of the meeting can be found here <http://www.neuromodulation.com/ins-congress>

I will be writing more about these meetings in the coming editions, so more on some the upcoming meetings in the near future.

The second International Congress of Moldovan Society for the Study and Management of Pain in partnership with EFIC, Ukrainian and Romanian Associations and the Moldovan Society of Anaesthesiology is scheduled for 20-22 October at the Palace of National Trade Union Confederation of Moldova in Chisinau. The President of the Moldovan Pain Society, Prof Adrian Belii and Dr Iana Burmistr have put together an exciting programme and I am looking forward to my first visit to Chisinau and Moldova. The details of the meeting can be obtained by contacting Prof Belii on email: [Adrian.Belii@usmf.md](mailto:Adrian.Belii@usmf.md)

The 4th World Congress on Controversies, Debates & Consensus in Bone, Muscle & Joint Disease will be held on October 20–22, 2016 in the wonderful city of Barcelona, Spain. Details of the meeting can be found here <http://congressmed.com/bmjd/>

The Spinal Intervention Society 2016 European Congress is being held on 21-23 October at the Sheraton Lisbon Hotel & Spa in Lisbon, Portugal. Dr Tim Maus, President-elect SIS and colleagues have put together a great programme with topics including evidence-based lectures and discussion on diagnosis of spine pain, transforaminal epidural steroids and radiofrequency denervation for facet joint pain. There are also lectures on future developments in imaging techniques as well as minimally invasive treatments for spinal pain. One of the most interesting series of discussions called "Fact-finder" scrutinizes the evidence and analyzes the practice to debunk some of the several myths surrounding interventional pain medicine; these include infection prevention, sedation, anticoagulation, steroid fracture risk to name a few. This is a meeting that is highly recommended to pain clinicians who carry out or intend to carry out spinal interventions and based on similar meeting experience under the spinal interventional society (SIS) in North America, this meeting covers all the essential aspects in this regard. The details of the meeting can be obtained from the link below.

<http://www.spinalinjection.org/page/EuroGenSession>

The Neuromodulation Society of UK and Ireland (NSUKI) ASM is to be held on 03-04 November 2017 at the Manchester's historic Town hall, Manchester. This is probably the largest neuromodulation scientific meeting after the INS meeting and NANS and neuromodulation has been gaining popularity in the field of pain medicine. The NSUKI had a combined meeting with the German and Swiss neuromodulation societies. This year NSUKI is joining up with the neuropathic pain SIG of the British Pain Society with an extensive programme discussing all aspects of neuromodulation in the management of pain. Some of the leading authorities in the field are attending and speaking at this meeting. I would like to extend a personal invitation



on behalf of NSUKI and its President, Mr Roger Strachan. Details of the meeting can be obtained here: <http://www.nasukiasm2016.com>

The 6th Scientific Meeting of the Special Interest Group on Neuromodulation of the Spanish Pain Society (IASP chapter): Complications in Neuromodulation

November 5, 2016 follows the NSUKI meeting in Madrid, Spain. This one-day meeting is devoted on complications in neuromodulation with special emphasis on the best way to prevent them. Dr. Bengt Linderoth, a pioneer in the world of neuromodulation, will be lecturing on: New insights about the mechanism of action: focusing on novel SCS paradigms. How much do we know and how much is only hypothetical? The details of the meeting can be obtained from the link below.

<http://portal.sedolor.es/index.php?title=inicio>

The 5th Winter Symposium on "Advances in Pain Medicine" organised by The London Pain Forum is scheduled on 15-20 January 2017 in Tignes, France. This boutique meeting has been successful in attracting delegates from all over the world and gives the opportunity to discuss recent developments relating to pain medicine and debate on the various challenges we face in our practice. The topics planned for the meeting include the management of pelvic pain, analgesics and dependence, cannabinoids, novel interventions for joint pains, advances in neuromodulation amongst others. If you are up for some stimulating talks and interesting debates in the morning and evenings interspersed with some fun, be it traversing the pistes or enjoying the fresh powder whilst taking in the Alpine surroundings in winter, give a thought. This meeting also attracts 16 European CME points. I shall post more details in the next edition. Meeting details can be obtained here:

<http://www.winterpainsymposium.com>

The 17th edition of WCO-IOF-ESCEO, World Congress on Osteoporosis, Osteoarthritis, and Musculoskeletal Diseases is being held on March 23-26, 2017 in Fortezza de Basso, Florence, Italy. This is the world's leading clinical conference on bone, joint and muscle health and possibly the largest event in the field of osteoporosis, osteoarthritis, frailty and sarcopenia. The Scientific Advisory Committee, co-chaired by Professor René Rizzoli and Professor Cyrus Cooper have put together a wonderful programme and it is hoped that more than 1300 abstracts would be submitted at this meeting. Prof Jean-Yves Reginster (ESCEO President) and Prof John A. Kanis (IOF President) would be joint host-chairs for the meeting. Further details of the meeting can be obtained from the link below.

<http://www.wco-iof-esceo.org>

Email: [info@humacom.com](mailto:info@humacom.com)

Another interesting meeting in Florence, Italy follows the previous mentioned meeting. The IX SIMPAR - ISURA Congress brings together two well-renowned international meetings joins to give a unique opportunity to choose the most updated talks about perioperative care and chronic pain from March 29th to April 1st, 2017. SIMPAR (Study In Multidisciplinary Pain Research) is the first bench to bedside meeting where a real translational approach let attendants to understand how to change clinical and daily activity with the last meeting attracting 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. The details of the meeting can be obtained from the link below.

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

The 15th World Congress of the European Association for Palliative Care is being held in yet another Spanish city, this time the capital city of Madrid from May 18 – May 20, 2017. The EAPC congress offers a wide range of topics and contributions from renowned specialists from all over the world on new developments in symptom management, psychosocial care as well as spiritual and ethical issues in management of cancer patients and other chronic conditions. The details of the meeting can be obtained from the link below.

<http://eapc-2017.org/>

The next British Pain Society ASM is the 50th Anniversary edition, the first to celebrate the Golden jubilee year in the world. The meeting is to be held at The ICC in Birmingham, England on 03-05 May 2017. Prof Kate Seers and the scientific committee have put together an exciting array of speakers including Prof Frank

Porreca, Prof Stefan Schug, Dr Jane Ballantyne to name a few. Further details of the scientific programme will be published in the coming issue. The details of the meeting can be obtained from the link below.

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

Finally a reminder on the 16th World Congress on Pain to be held at the Pacifico Convention Center in Yokohama, Japan (September 26-30th 2016). Details of the meeting can be obtained here:

<http://www.iasp-pain.org/Yokohama16/>

I look forward to see you at some of these meetings. Please do not hesitate to contact me or the EFIC secretariat if you are organising a pain meeting in Europe so that we could inform a wider audience under the umbrella of the European Pain Federation. Right – now I am off to enjoy a drink in the company of friends across Europe attending the 1st EFIC Topical Symposium in Dubrovnik. Of course, this will continue when we meet up in 16th IASP World Congress on Pain in Yokohama, Japan. I wish you all wonderful times ahead.

**How did you enjoy the EFIC Newsletter 03/2016? Let us know at [newsletter@efic.org](mailto:newsletter@efic.org). We look forward to receiving your feedback on this issue.**

**The next EFIC Newsletter will be published in December 2016. The deadline for contributions is November 25, 2016. All contributions must be emailed to Brona Fullen at [brona.fullen@ucd.ie](mailto:brona.fullen@ucd.ie).**

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