Dear Friends of EFIC!

First of all many thanks for the positive responses to the relaunch of the EFIC Newsletter and to the facelift of the EFIC website, which has been completed meanwhile. Please have a look at www.efic.org and make extensive use of the well-structured information provided there – it is worth a try!

Secondly, I am pleased to congratulate the former EFIC Councilor and Past President of the German Pain Society DSG, Prof. Rolf-Detlef Treede on becoming the next President Elect of IASP. This is the first time that a member of the German Pain Society is going to be IASP President and we are looking forward to a fruitful collaboration with a good friend of EFIC.

Thirdly, during our Council Meeting in Copenhagen EFIC has officially approved the Professional Health Association (PHA) of Kosovo as the 36th Member Society of EFIC and as an IASP Chapter in Formation. Welcome to EFIC!

Two active EFIC Task Forces on highly topical issues have been established recently: One on “Drug Reimbursement Policies in European Countries” under the leadership of Prof. Lona L. Christrup and Prof. Asbjørn Mohr Drewes from Denmark, and a most important and urgent one on the “Implementation of Chronic Pain into ICD11” chaired by Prof. Winfried Rief and Prof. Rolf-Detlef Treede from Germany. As you know, chronic pain is not found as a disease or category in the ICD10, and EFIC has decided to make efforts to implement chronic pain among the categories of the completely revised version of the ICD11, which is in preparation by the WHO in Geneva. There is not much time left, but the EFIC Task Force is working hard on this challenge.

Among many other important and burning issues the ICD11 and chronic pain as a disease in its own right were also discussed by over 350 participants of the recent 3rd Societal Impact of Pain Symposium (SIP) from 29th to 31st May in Copenhagen. Endorsed by more than 160 institutions and governmental or non-governmental organizations, this 3rd SIP Symposium took place under the high patronage of the Italian Presidency of the Council of Ministers and the Italian Ministry of Health. The 3rd SIP Symposium again was a further big step towards public recognition of chronic pain as a burden and challenge for patients, health care systems and societies across Europe.

Last but not least, EFIC was officially invited to be in closer contact with the European Society for Physical and Rehabilitation Medicine (ESPRM) on the occasion of the 18th ESPRM Congress in Thessaloniki, Greece. Because of the overlapping with the SIP Symposium in Copenhagen, EFIC was represented by our former Italian Councilor and Director of the EFIC Montescano Pain School, Dr. Roberto Casale, who gave the official opening address on behalf of the EFIC President. There is a close interrelationship between Pain Medicine and Rehabilitation: rehabilitation specialists should have a better understanding of the pathophysiology of chronic pain and vice versa pain specialists should know as much as possible about rehabilitation therapy available for improving the pain-related disability. Thus, there will be much room and ample opportunity for collaborating in the future.

With best wishes,
Hans G. Kress
President of EFIC
A Word from the Editor

About Luxury Problems and Lab Doors

Searching the world wide web for a good definition for “luxury problem” I found in the urban dictionary the following description: “When some spoiled, self absorbed individual (...) is complaining about his or her trivial annoyances when they should have better things to worry about (...).” Although I would not describe myself as “spoiled” nor “self absorbed”, I must admit that only three months after re-launching the EFIC newsletter your editor is confronted with a luxury problem. Our call for reports and contributions was so successful that we already had to select, shorten and re-allocate some contributions to our autumn edition. Nevertheless, I want to enforce our call for contributions to our newsletter.

In this edition you will notice our cross-over approach of newsletter content. You will find reports from international and national meetings. As indicated before, we want to stimulate the publication of more digested basic scientific information and opinions. In addition, we want to offer our readers more useful clinical tools and links. In this issue, Shafaq Sikander and Matthew Thakur together with Professor Tony Dickenson open their lab doors to give you more insight in the progress of pain translation. This type of article should help busy clinicians to catch up with the progress of pain research in labs worldwide. I hope we can convince other groups to report on ongoing research and developments. Furthermore we hope to guide you directly to new national and international clinical practice guidelines. Very recently, the Royal College of Physicians (RCP) launched new UK guidelines for the diagnosis, referral and management of patients with Complex regional pain syndrome (CRPS). A short report and link is provided in this issue. This should encourage others to share clinical practice guidelines with the EFIC newsletter readership.

Unless you count holidays as a luxury problem, I wish you all the best for a great summer holiday.

Have a good read!

Bart Morlion
Editor EFIC Newsletter

Call for New Additions to the EFIC Link Section

As the EFIC website is aiming to provide the most important, latest and best information on pain, pain therapy, pain management and other related issues we are calling for new additions to the EFIC link section which can be found here. If you wish to submit a link, please email it to office@straightforward.co.at along with a short explanation of its relevance to EFIC. The link will then be reviewed and, if approved, published. Please note: We reserve the right to make the final decision whether a link is of relevance to EFIC or not.
Opening the Lab Door - Progress in Pain Translation

By Shafaq Sikandar, Matthew Thakur and Anthony H. Dickenson

Progress in pain research and the development of better analgesic treatments faces challenges presented by both clinical and animal studies. The former may highlight advances in our fundamental understanding of biology, but still need to bridge gaps between the molecules, networks and pathways to the patients.

Some recent trends in preclinical and clinical research are promising for the improvement of translation and correspondence of findings between human and animal data. One is the development of animal models that accurately depict outcome measures used in humans, including affective components of pain [10]. This involves use of operant measures (non-reflexive measures requiring spinal-supraspinal integration), expansion of evoked measures to measurements of ongoing, spontaneous pain and also further insight into changes in quality of life.

The use of operant measures in animal models proves crucial to furthering our understanding of central processing where human studies are limited. Uhelski et al. recently published a study on asomaesthesia following lesions of the rat somatosensory cortex to produce deficits in sensory discrimination and appropriate mechanical hypersensitivity following inflammation [18]. The inability to identify location and intensity of noxious stimulation has been reported in human cases of somatosensory traumas, yet inconsistencies in types of lesions and defining adequate control groups among patients renders animal models necessary to evaluate the role of somatosensory processing in response to noxious stimulation. Uhelski et al. reported that rats with SI lesions specific to the hindlimb region demonstrated a significant attenuation of mechanical hypersensitivity following inflammation, yet these rats retained affective pain behaviour in a place escape/avoidance paradigm. Although these rats have impaired transmission of stimulus source, intensity and frequency, their ability to discern the unpleasantness of pain is intact. These findings support the notion that the sensory discriminative and affective components of nociceptive information are conveyed by largely separate central pathways.

Animal models of ongoing pain have gained popularity given the near universal prevalence of neuropathic patients that report ongoing or paroxysmal spontaneous pain [1]. Nonetheless, this essential symptomatic profile has been largely ignored in animal studies, where published investigations of evoked mechanical and thermal hyperalgesias have dominated. This may be due to difficulties in isolating and accurately quantifying particular animal behaviours that don’t also manifest from other pathophysiological conditions unrelated to pain, i.e. motor impairment.

Okun et al. teased apart the differential pharmacological sensitivities of ongoing and nociceptive pain in an experimental osteoarthritis model using a conditioned place preference (CPP) paradigm [13]. It was reported that, while both milder and more severe variants of the osteoarthritis model produced evoked hypersensitivity and weightbearing alterations, ongoing pain was solely dependent on afferent fibre activity. This supports data suggesting that the degree of nerve injury in this model increases with progressive joint degeneration [17].

Another recent study assessed the role of the atypical protein kinase C, PKMζ, in the anterior cingulate cortex (aCC) [8]. King et al. demonstrated that inhibition of aCC PKMζ in nerve-injured rats interferes with CPP linked...
to a known analgesic procedure. Although this suggests that inhibition of aCC PKMζ has an analgesic effect itself, it had no effect on the more conventional evoked measures of mechanical or thermal hypersensitivity, which could be modulated at the spinal level.

Technological advancements in animal research have also proved useful for enabling operant measures. These include photocell and video-tracking systems with increasingly sophisticated video-based behavioural algorithms to develop ethograms of animals in home cages and also to quantify spontaneously emitted behaviours [9; 7; 15]. The combination of operant measures with evoked behavioural responses can effectively distinguish between the evoked, affective and ongoing features of a pain state. Indeed it will be interesting to match the clinical profile of novel drugs with their activity in these assays. As these measures become more popular in research methods, the significance of preclinical research in providing information on the holistic effects of drugs will grow.

Another recent trend to strengthen the correlation of outcome measures in preclinical and clinical data has been the conduction of parallel investigations using both animal and human subjects. This is key to providing an effective translational understanding of nociceptive signaling. One recent study by Dawes et al. investigated peripheral mediators of hyperalgesia using a model of UVB irradiation to produce thermal and mechanical hypersensitivity in rats and human subjects [3]. This study showed a positive correlation of expression profiles of inflammatory mediators between the two species following irradiation. Neutralizing inflammatory cells in UVB-treated rats demonstrated the role of the chemokine CXCL5 underlying rodent behavioural hypersensitivities following skin irradiation, and so it is likely that this would be a main target for human analgesics against UVB irradiated skin.

Another recent study used a genome-wide association screen to identify a SNP in the pore-forming region of the P2X7 receptor [16]. This SNP modulates mechanical hypersensitivity following nerve injury in mice. In addition to an extensive in vitro characterisation, the authors confirmed the effects of the SNP in two populations of chronic pain patients—another example of a single study that incorporates both clinical and preclinical outcomes.

Indeed, animal models of pain are designed to mimic clinical symptoms of a pathophysiology, yet the latter can vary in severity and sensation to a large extent across patients with the same algogenic causes. Among neuropathic pain patients, clinicians encounter combinations of various degrees and anatomical locations of nerve damage and diverse environmental and genetic backgrounds that all contribute to producing a heterogeneous group of pathophysiological conditions that manifest in an individual phenotypes [2]. Given that only 30% of neuropathic pain patients typically respond to standard FDA treatments [5], individual patterns of sensory symptoms is likely to determine differential and individual treatment responses. This need for classification and treatment of patients according to sensory profiles (as opposed to crude mechanism-based treatment) has been proposed by the German Network on Neuropathic Pain (DFNS) [14]. Sensory profiling in patients will identify the most relevant components of the pain phenotype that robustly reflects the underlying mechanism/combination of mechanisms of etiology. Pharmacological studies could follow to inform on responses based on sensory profiles.

Corresponding animal studies exploring the determinants of varying degrees of the pain behavioural phenotype in response to the same injury have provided fascinating insight into the genetic components of pain. These studies have implicated impaired large pore formation in the P2X7 receptor (discussed above), stress-modulated vasopressin release and de novo CGRP expression in large diameter primary afferents as key
algogenic determinants in different pain models [11; 12; 16]. Further studies have highlighted a crucial role of endogenous controls in variations of the pain phenotype between individuals. One study reports that selective inhibition of descending inhibitory controls arising in the rostroventromedial medulla is sufficient to unmask a pain phenotype in a subpopulation of nerve-injured, yet previously asymptomatic rats [4]. This significance of descending modulation in producing individual phenotypes ties in with an earlier functional imaging study, where a subpopulation of osteoarthritis patients with more neuropathic-like pain could be distinguished based on their degree of PAG recruitment by noxious stimuli [6].

The novel techniques and experimental approaches discussed above are likely to prove essential for linking the ties between clinical and preclinical data. This advancement towards more effective translational and stratified research will hopefully verify its success in the coming years as progress in pain research is translated into effective analgesic treatments.

Acknowledgements
This work was supported by IMI Europain and Welcome Trust London Pain Consortium.

Chronic Pain Fundamental for European Health

SIP 2012: Multi-Stakeholder Group agrees to challenge EU and Member State policy-makers to acknowledge chronic pain as a disease in its own.

From 29-31 May the 3rd international “Societal Impact of Pain” (SIP 2012) Symposium took place in Copenhagen, Denmark. On occasion of the Danish EU Presidency, more than 400 stakeholders from more than 30 countries came together to raise awareness on the societal impact of pain, exchange national best practices and foster European and national pain care policy projects.

The symposium took place under the high patronage of the Italian Presidency of the Council of Ministers and the Italian Ministry of Health. It was hosted by the Danish Association for Chronic Pain Patients (FAKS). The scientific framework of SIP 2012 was under the responsibility of the European Federation of IASP® Chapters (EFIC®). Grünenthal GmbH was responsible for funding and non-financial support (e.g. logistical support). The scientific aims of SIP 2012 were endorsed by more than 160 international patient advocacy groups and scientific organisations, which reflects the broad societal relevance the topic has for such a variety of stakeholders.

Monitoring the progress of the SIP “Road Map for Action”
Following the successful 2nd symposium in the European Parliament in May 2011, the aim for this year’s 3rd SIP symposium was to monitor the progress in the implementation of the “Road Map for Action”, the key outcome of SIP 2011, listing seven main policy dimensions for EU and Member State governments to improve pain management in Europe. “The reports given from the EFIC member societies and from the different EU countries representing these during this 3rd SIP symposium have already shown some progress in translating the seven strategic goals of the Road Map for Action into local and national activities” says Professor Hans Georg Kress, President of EFIC. “These strategic goals will be on the radar screen of EFIC in the future using the Road Map Monitor to monitor the progress.”

Healthy Ageing & Reflection Process on Chronic Diseases
That chronic pain deserves higher prioritisation within the health care policies and budgets of EU member states as well as at the level of the EU itself was shown by two reports, which were published on the occasion of SIP 2012: The report “Reflection process on chronic diseases in the EU – the role of chronic pain” emphasized the prevalence and cost of chronic pain as high, and showed, that a strong link between the increase of age and the prevalence of chronic pain exists - in people older than 65 years at least every second is affected. The report on “Healthy ageing in relation to chronic pain in the European Union” endorsed that the quality of life increases significantly with the reduction of pain. Pain prevention and treatment could be one promising approach to improve quality of life and therefore could be a part of the „European Innovation Partnership on Active and Healthy Ageing“, a project of the European Commission, which aims to enable EU citizens to lead a healthy, active and independent life while ageing.

Acknowledging Chronic Pain
On Thursday the 30th the findings from the workshops, which had taken place the day before, were discussed. It was underlined that the majority of the participants think that chronic pain should be considered as a separate disease: “Acute pain is different to chronic pain but by others it is perceived as not having a difference” said Kress. “We must make it more visible as it is one of the most debilitating diseases we are suffering from and our politicians, budget holders and decision makers are not always aware of this. Economies in Europe lose at least 35 billion per year because of absenteeism due to chronic pain. Improving pain management could save money...
that is necessary now”. There was a broad majority who believes that chronic pain most certainly has to be
given more attention on the agenda of national and international governments and steps have to be taken in
order to improve pain policy and health care for chronic pain patients and their quality of life.

About SIP
The "Societal Impact of Pain" (SIP) is an international, multi-stakeholder platform created in 2010 as a joint
initiative of EFIC® and the pharmaceutical company Grünenthal GmbH and aims to raise awareness of the
relevance of the impact that pain has on our societies, health and economic systems, exchanging information
and sharing best-practices across all member states of the European Union, and developing and fostering
European-wide policy strategies & activities for improved pain management in Europe. The platform provides
opportunities for discussion for health care professionals, pain advocacy groups, politicians, insurances,
representatives of health authorities, regulators and budget holders.

Missed SIP 2012?
The final program, the full Abstract & Background Booklet, the two reports on “Healthy Ageing” and the
"Reflection Process", a short video trailer, all speakers’ presentations as well as video statements can be found
online on the SIP website. Furthermore, you can find translations of the SIP press release into German, Italian,
and Spanish here.

New UK Guidelines for Complex Regional Pain Syndrome (CRPS)

The new UK guidelines for Complex Regional Pain Syndrome in adults (CRPS) have now been launched. The
guidelines provide guidance for the diagnosis and management of patients with Complex regional pain
syndrome (CRPS). They provide recommendations for diagnosis, treatment and referral in a variety of clinical
settings and are for clinicians working in different health specialties.

The Royal College of Physicians (RCP) launched new UK guidelines for the
diagnosis, referral and management of patients with Complex regional pain
syndrome (CRPS). The guidelines provide clarity and coherence for diagnosis,
referral and management of CRPS in a variety of clinical settings and are for
clinicians working in different health specialties. Pain specialists need to be
aware of the new guidance because of the importance placed on the Budapest
criteria, criteria that rely on a clinical examination to diagnose CRPS.

Prompt diagnosis and early treatment are
considered best practice to avoid
secondary physical problems associated
with disuse of the limb, and psychological
effects of living with undiagnosed chronic
pain. CRPS symptoms often mimic other
conditions, and patients can experience delay in diagnosis and starting appropriate treatment as a result. The
recommendations stress the importance of patient information and education as part of CRPS management,
and the agreement between patient and doctor on a treatment plan. No drugs are licensed to treat CRPS in the
UK and intravenous regional sympathetic blocks (IVRSB) with guanethidine should not be used. The guidelines
advocate a multi-professional approach to treatment. Early and late CRPS should be treated with physiotherapy
and/or occupational therapy, and these clinicians should be involved in the management of patients as early as
possible. The treatment of chronic pain should include psychological interventions specific to pain with a multidisciplinary pain management programme. The guidelines were developed by a panel of UK experts from the healthcare profession and in association with the Pain Relief Foundation. They can be downloaded from the RCP website here.

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**EFIC Fellowship Reports**

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, click here. EFIC has received numerous fellowship reports in the past few weeks, therefore some will be featured in this issue of the EFIC Newsletter and some in the next issue in September 2012.

Vienna, Austria

By Sanja Gacesa

The second part of my fellowship at AKH, Vienna was equally useful for my future work on the field of pain treatment as the first part was.

As we planned, I attended several procedures of implantation of temporary spinal cord stimulators, but also a procedure of placement of permanent spinal cord stimulator. Physicians who were performing these procedures gave me detailed explanations of indications for using this stimulator, but also its good effects on pain control in chronic-pain patients and on the improvement of quality of life of these patients. Every step of the procedure was thoroughly and well explained and I was also suggested a literature and description of pumps that were used in order to get better and deeper knowledge about this useful device. I also attended regular post-implantation follow-ups where doctors checked and controlled the efficiency of the stimulator.

During the second half of my fellowship, doctors from the Pain Department performed a few more radio-frequent facet joint denervations. I had unique occasion to see different approaches and methods of doing this procedure with the same outcome. I joined a team for implantation of temporary intrathecal catheter for application of analgesics. I also met the principles of function of pumps for intrathecal administration of medicaments. I gathered detailed information about modern drugs that were used in every day practice in pain management at AKH.

I dedicated an important part of time to getting as much knowledge as it was possible of acupuncture. Through fruitful discussions and conversations with physicians at the Pain Department of AKH, I gained general knowledge about the most common indications for acupuncture, principles of performing acupuncture, methods of deciding which acupuncture points would be used and so on. I received a detailed and extensive list of literature available in English, where I can read about and study philosophy of this alternative, but very efficient therapeutic method.

I found my fellowship in AKH, Vienna very useful for my future work and practice. I also believe I will stay in professional contact with colleagues from the Pain Department.

London, United Kingdom

By Ronaldas Lukasevicius

I’ve finished 10 weeks Fellowship program in Pain Management and Neuromodulation Centre. According my previous expectations I’ve spent a lot of time in the Day Surgery operation theatre, improving my invasive pain
treatment skills. During this time I had regular meetings with my supervisor to review my activities and goals. In outpatient clinics I improved my clinical and practical skills. I participated in consultations, patient history taking, physical examinations, case histories writing and discussing management plan. I’ve become more confident in the management of specific conditions and learned as much as possible about complex needs of patients in pain. I also improved my skills in interpretation of radiological and ultra sound views.

I was happy to do lumbar and thoracic facet joint injections, RF and peripheral nerve stimulators implantations, lumbar sympathetic blocks, sacroiliac joint blocks and denervation, lumbar and caudal epidurals. I observed and assisted during the implantation of Spinal Cord Stimulation Systems, observed botox injections, capsaicin patch applications, stellate ganglion blocks, suprascapular nerve blocks. In my free time I joined anesthetic team and learned new US guided technique in regional anesthesia: paravertebral, supra- and infraclavicular, axilar brachial plexus block, single peripherals nerves blocks, TAP block.

Dr Goroszeniuk arranged me a visit to St George’s hospital, where I also observed invasive pain treatment procedures. I got acquainted with the discography and new US guided techniques. Among over benefits, I was able to establish contacts with many doctors for further exchange of information.

I’m greatly indebted to EFIC for providing the funds for the visit. I’m also eternally grateful to doctors from the clinic for teaching me, especially Dr Joseph Azzopardi, Dr Teodor Goroszeniuk, Dr Sandesha C. Kothari and Dr David Pang. I’m certain that the experience and knowledge acquired during this visit to Pain Management and Neuromodulation Centre in Guy’s & St Thomas’ hospital will greatly improve my performance in patients care and research in Lithuania.

Obituary: Professor Ainsley Iggo Dsc, FRS
1924 – 2012

By Hermann Handwerker

Ainsley Iggo died two weeks before Easter at his home in Edinburgh at the age of 87. He was one of the most prominent pioneers of pain research. This obituary shall provide a short survey of his life and work. A more comprehensive appreciation of his eminent scientific achievements will be published in the European Journal of Pain.

Ainsley Iggo was born in New Zealand 1924 and graduated with a Master of Agricultural Sciences from the University of New Zealand. He was awarded with a scholarship which allowed him to continue his studies first in Australia and later in the United Kingdom. Most important for his career, he was trained in neurophysiology at the University of Otago in the laboratory of John Eccles, who was later awarded the Nobel Prize for his work on synaptic transmission. Ainsley Iggo moved to Scotland in 1950 for the rest of his life. There he worked first at the University of Aberdeen and later at the University of Edinburgh. 1962 he became Professor and Chairman of Veterinary Physiology at the Royal [Dick] School of Veterinary Studies. In Aberdeen he began work on the sensory innervation of the stomach and there started his lifelong interest in the functions of peripheral nerve fibres, in particularly the thinnest and most slowly conducting. Though Y. Zotterman had published recordings from presumably unmyelinated nerve fibres shortly before the Second World War, at this time the function and importance of the nociceptors was rather unclear. Pattern theories prevailed for the explanation of pain mechanisms. Ainsley Iggo was the first to record from unmistakable single unmyelinated nerve fibres which were identified by a collision method he had invented. For the following decades he published seminal papers on the function and classification of nociceptors, a work in which he was joined by Ed Perl and others.
By making use of the three principles RESEARCH, PUBLISH and EDUCATE, the CHANGE PAIN initiative targets to increase the understanding of pain patients’ unmet needs. Thereby, developed tools provide practical solutions for the daily use that support physicians as well as patients in improving the management of pain. Patient tools on the one hand like the Pain Toolkit support the patient with useful tips and skills for possible adjustments that can be self-applied in the patients’ day to day lives. In order to identify and measure pain, tools like the Pain Scale or Vicious Circle assist the physician in a successful communication during a consultation with a pain patient. Knowing that effective communication between physicians and patients is the key in building the basis for the best possible and individualized treatment plan for that specific patient.

CHANGE PAIN offers different learning options as in most European countries physicians are obliged to continue one’s education to be able to practice medicine according to recent empirical research. PAIN EDUCATION consists of matched learning units for healthcare professionals treating pain patients, developed by the international Advisory Board, based upon the latest scientific results. Learning units can be used individually or can be combined as they build on one another.
In particular the eCME program, eLearnings and (inter-)national CME (Continuing Medical Education) workshops are of great value to physicians. This way physicians can receive credits by engaging in online activities based upon the latest results and scientific educational material. It’s an easy way to earn credits and additionally physicians will be able to improve the diagnosis and treatment of chronic pain patients. Existing eCME modules so far are about patient communication, multi modal management of pain, chronic back pain, pharmacological treatment of chronic pain and neuropathic pain and are available in English, French, German, Italian and Dutch. Please click here to view the modules. It takes one hour to complete a module and the physician can earn one European CME creditor an UEMS certificate that can be transferred to local credits in their home country.

The latest tool added to the PAIN EDUCATION instruments, presented at the EULAR 2012 for the first time, is the Pain Compendium which is an online textbook consisting of 27 chapters on the cause and therapy of pain. It can be viewed for free here.

**Feedback from the Young Scientists’ Luncheon at the 7th EFIC Congress**

At the 7th EFIC Congress in Hamburg, Germany, EFIC started a new initiative for young scientists or clinicians who are early in their career and invited them to a buffet lunch to meet organisers or speakers of the congress. The luncheon offered an excellent opportunity for networking and discussing topical issues in pain research. Here are a few comments of participants in the Young Scientists’ Luncheon 2011, the full list of comments can be found on the [EFIC website](#): 

**Speakers:**

“My feedback is very positive; it was highly enjoyable to have an informal discussion with young scientists. There were many lively discussions during lunch and hopefully these young scientists have understood the importance of having interactions between basic science and clinical applications.”

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“It was a pleasure and a privilege to take part in this meeting. I found the group that I was with were engaging and curious. There was quite a difference between them in terms of their development, ranging from a couple of people early in their PhD studies to at least one at the start of a permanent academic post (lecturer/assistant professor) and that meant that it was difficult to address issues of relevance to all of them. But I think that the group appreciated that. Perhaps the group was a little large (10-12) and a smaller group of 6-8 would probably have worked a bit better.”

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“My recommendation would be to keep it as much informal as possible (it took a while to break the ice - after this I was flooded with questions). It was hard to give always good advice about scientific issues, because of their very different backgrounds (this can be maybe avoided by grouping together students with similar interests, even within the same day). It seemed to me that what they found most useful was to get informal career advice from someone independent (i.e. outside their institutions), like how to choose a good PhD supervisor, negotiate the first appointment, how to balance grant applications and paper writing, and so on.”

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"It was a pleasure to participate in Young Scientists’ Luncheon. In my personal opinion I find it nice to arrange this kind of small opportunities for the upcoming scientists. It is not only to know the important people from
the area of research but also to meet peers and to start co-operation. I got to know about a new method and I am going to make contact with this group and test a hypothesis with their help. All in all it was great. If I might make a suggestion then it will be better to include experts from some other fields (for example CRPS and other sorts of pain in relation to auto-antibodies), but then it is the topic of my interest."

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"I thought the young scientist lunch was a good experience in this conference and should be continued and actually expanded. The initial presentations were good and could be elaborated with also engaging the audience about discussing their experiences more. One important point that I thought is needed for discussion is career paths and differences in different countries or continents, e.g. within Europe vs. e.g. North America. Even within Europe, there can be major differences and the concept of moving abroad at certain points in the career can have a long term impact on career choice or success within academia. In addition there are the issues of integration to the institute, country or continent and possibilities of careers in foreign countries or home countries. Further, a longer networking session for example in the evening would be good to also get a chance to meet more people than just in the table where one was seated during lunch."

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"I would like to thank you for including me in this fascinating meeting, it allowed me to meet and talk with other students in my situation and of course, with professors that shared their experience. For me it was a great opportunity to talk (not only about science) with professors that I wouldn't talk with otherwise. One suggestion that I do have is to increase the number of the professors and that the room should have smaller tables. This will allow a more intimate conversation even for shy students (at one point we were 8 students with one professor and as a result 2 student lead the conversation and the others just listened). Thus, to my opinion a smaller table would be a better idea. Thank you again for including me in this great experience and looking forward for the next EFIC congress."

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"It was a great idea to do the Young Scientists’ Luncheon. My feedback is really very positive: it was very interesting to meet others young searchers and to talk to you and to the others searchers. I think that a similar meeting is a good moment to change your points of view, even if our domains of research are different. I hope that it’s the first time for a Young Luncheon of a large series of them."

News from our Chapters

Chronic Pain Education in Bosnia and Herzegovina

By Amira Karmin-Tais

On 6th April 2012, an initiative for continuous education on chronic pain in Bosnia and Herzegovina was started, supported by the EFIC Educational Support Grant for Eastern European countries. Under the joint governance of EFIC and APTBH (Association for the Treatment of Pain in Bosnia and Herzegovina), ongoing training for interdisciplinary teams of doctors continues to take place: GPs, anesthesiologists, neurologists, physiotherapists, and others involved in the treatment of chronic pain are educating themselves based on the international pain courses. For this year, further education on chronic pain is scheduled for 120 doctors in 5 hospitals in Bosnia and Herzegovina.
Contents of the chronic pain course consist of:

- Pathophysiological mechanism (peripheral and central sensitization)
- Assessment and estimate of chronic pain
- Classification of chronic pain
- Treatment of chronic pain: Interdisciplinary and multimodal therapy, administration of opioids in non-cancer pain patients
- Pain therapy in specific chronic pain syndrome
- Documentation in the treatment of chronic pain
- Best practice implementation and removing of barriers in Bosnia and Herzegovina

Expected results:

- Doctors educated in chronic pain management in 3 hospitals and 2 rehabilitation centers
- Improvement of recognition and treatment of chronic pain in practice
- Creating an effective and economically approach for treating pain
- Create standards in the treatment of pain in Bosnia and Herzegovina
- Improve the quality life of sufferers
- Support the further implementation of the SIP Roadmap for Action

We are very grateful to EFIC for their support enabling us to continue education on this very important issue that is chronic pain.

Ukraine holds Second Annual Pain Conference “Vein Readings in Ukraine”

By Vladimir Romanenko

The Ukrainian Association for the Study of Pain (UASP) hosted the Second International Pain Conference “Vein Readings in Ukraine” in Kiev, Ukraine, May 23-24th, 2012. The conference was devoted to the memory of the famous Russian Professor of neurology Alexander Vein. The scientific program was endorsed by the Ministry of Healthcare of Ukraine, the Lugansk State Medical University, the Romodanov Institute of Neurosurgery and the Sechenov First Moscow State Medical University.

During the two days of the conference the most up-to-date information on low back pain, headache, neuropathic and myofascial pain syndromes, psychology of pain, communication in pain management, neurosurgical approaches in treatment of pain, sleep and pain, pain in dementia patients, pain in women and other interesting topics were discussed. The conference program was interdisciplinary and gathered together neurologists, neurosurgeons, psychiatrists, cardiologists, gynecologists, endocrinologists and psychologists who came from different parts of Ukraine, Russia, Moldova and Belorussia.

Several honorary guests attended the conference including Professor Valeriy Golubev (Moscow, Russia), Professor Elena Filatova (Moscow, Russia), Professor Alla Vein (Leiden, Netherlands), Yuri Bronstein (Los Angeles, USA) and Marijana Bras and Veljko Dordevic (Zagreb, Croatia). They presented interactive master-classes, topical seminars and keynote lectures. Fruitful discussion accompanied all scientific sessions. The Ukrainian Association for the Study of Pain supported young doctors and scientists to attend the conference and provided educational grants. Seventeen participants from Ukraine,
Russia and Moldova received grants consisting of free conference registration and participation.

This conference was remarkable for one important event: The presentation of the first issue of the Ukrainian Journal of Pain, a new official journal of UASP. The Journal's Editor in Chief is Professor Igor Romanenko and the editorial advisory board includes the most prominent pain experts from Ukraine, Russia, Austria, Belgium, Croatia, Finland, Germany, Italy, Netherlands, Spain, Sweden, United Kingdom and USA. Another presentation of the book titled “Person in medicine and healthcare: From bench to bedside to community” took place during the conference. Book editors are Veljko Dordevic, Marijana Bras and Davor Milicic from Zagreb, Croatia. 101 authors from Europe and USA contributed to the book. The book covers communication in medicine and the principles of person-centered medicine.

Overall, the conference was highly rated by all participants and all of them showed a strong willingness to attend “Vein Readings in Ukraine” next year.


By Chiara Angeletti and Giustino Varrassi

This year, the annual National Congress of AISD – Italian Association for the Study of Pain – has been held in the charming scenery of Naples, one of the most beautiful and suggestive Italian cities. The congress venue has been chosen to overlook the stunning bay of Naples, where nationally and internationally renowned experts have been discussing the New Frontiers in Pain Medicine. Preeminent specialists involved in various branches of medicine, have assured their significant scientific contribution and specific aspects to the care and the study of pain.

Activities were started by a debate titled: From the concept of “Pain-free hospital” to the concept of “Pain-free population”. The event was open to the participation of citizens and authorities, and focused on the themes brought by the debate on the law 38/2010, fully related to the Italian policy for pain patients. This law brings some dispositions that guarantee the access for patients to the palliative cares and pain therapy, bringing Italy in an “avant-garde” position amongst the European Countries in the matter of pain management. After two years since its approval, though, the recognized right not to suffer for millions of Italians is not yet evenly guaranteed and distributed throughout the territory, where discrepancies and disparity among the different Regions still exist.

Strategies were discussed for an effective management of the Pain Clinic, as well as a possible development plan of specific themes dedicated to the competences of the Regions, their ability to trigger effective health policies and the difficulties in actuating and making these policies becoming exploitable and accessible by the patients and the population at a local level. The discussion has been stimulated by accounts and essays brought by distinguished scholars and administrators, along with the authoritative opinion of managers of the public national health care service. Agreeing on the fact that pain strongly influences the quality of life of the patients, this concept must become one of the priorities of the National Health Care Service. Pain heavily affects individuals and has a high influence on society, which is burdened with enormous costs to be put, as a consequence, on assistance and cares. In this particular historical moment, the essential task seemed to be focusing on the idea to monitor that Law 38/2010 would be applied in the best way possible, to prepare for a new cultural approach, that has been cried out for. It is necessary to set for more information to the population and plan more specific training for physicians, especially for general practitioners, the very first care operators and professional figures, really integrated and dedicated to the territorial health care services.
Prof. Chris Wells has given a prestigious opening to the AISD congress 2012, with a Lectio Magistralis of a great scientific value, being a prominent scholar and one of the worldwide experts in the field of physiopathology and the management of neuropathic pain. President Elect of EFIC®, Prof. Wells has underlined the strong link and the interventional plans that Italy and the European society have in common. Prof. Wells suggested the real importance of the symposium of Societal Impact of Pain (SIP 2012, that took place this year in Copenhagen in the immediate days right after the AISD Congress) focused on the “best practice” of the care of pain within the European countries, with the declared goal to promote the implementation of the “Road Map for Action” within the European Parliament. As next step, a welcome invitation has been expressed for the next 8th EFIC Congress, that will take place, under Prof. Kress Presidency, in Florence, 9th-12th October 2013.

The leading thread of the scientific sections, of a high level and cultural impact, has been represented by the general idea to go toward a direction of improving upon the multidisciplinary approach to pain, considered as a disease in its own right. Thanks to the involvement of well-known scientists of national and international reputation, active in a range of fields as neurology and neurosciences, geriatrics medicine, pharmacology and therapeutics, rheumatology, paediatrics, emergency medicine, psychological sciences, several and different issues have been variously proposed and discussed under different lights and aspects. A complete excursus has been given by the biological sciences, throughout the clinics and pharmacology, coming near to the new frontiers in pain medicine. Lastly, an up-date of the international literature and a presentation of the most advanced studies still in due course have given an outlook on the rapidly advancing and progressing knowledge, in our country and worldwide.

Many issues have been treated and for their complexity and completeness, they have ranged over a variety of subjects, from diagnostics to the methods of clinical intervention, by the classification of the pain syndromes with a significant social impact (as low back pain and chronic headache), to the cancer and chronic non-cancer pain, to the peripheral and central neuropathic pain. Moreover, great relevance has been put on the use of opioid drugs and medication within rheumatology and to treat special categories of patients, as elderly and children. As well as discussing the themes regarding the differences in genetics or genders implied both by the genesis and the solution of pain. Also great emphasis has been putted on treating the subjects of pain in the emergency medicine approach, as long as with the different ways of pain evaluation and treatment in non-speaking patients, like infants and pets, suffering from pain.

A wide range of pharmacological approaches has been reviewed to spot the new therapeutic frontiers and new targets. Potential new drugs seem to be promising surprising developments in the field of Algology, setting the future important tools for the doctors’ “paraphernalia”. Critical aspects as the post-surgical pain management, the latest hot topic, and the management of the episodic/breakthrough pain (BTcP), as long as the knowledge and the evaluation to comorbidity in psychological affections deeply linked with chronic pain, have been found a comprehensive coverage in some dedicated sessions. The 35th National Congress of AISD has also given a
large and a well deserved prominence to the nursing pain assessment and rehabilitation program management, acknowledging to these professionals the essential and irreplaceable role they play when taking charge over a pain patient and as allied in the fight against pain.

As a well-established tradition, again this year the scientific and organizing committee has awarded few prizes to young scientists interested in the development and presentation of clinical aspects, research and care strictly linked with the “pain” world, creating a strong synergy and a continuum of new forces, aiming at inspiring interests and knowledge among the new generations of physicians who are interested in training in this area of expertise.

Over 500 participants have been taking part in the sessions of the congress for over 100 prestigious speakers involved throughout the different workshops, round tables, symposiums, plenary sessions and lectio magistalis of great interest and reputation. A remarkable number of young doctors and specialists, specialized nurses and physiotherapists have been attending special dedicated event and training. The next appointment has been fixed for the 36th AISD National Congress. The baton has been metaphorically handed to the new President Elect of AISD, Prof. Caterina Aurilio and to Prof. Enrico Polati who will be organizing the next year congress to be held in Verona, the famous Romeo’s and Juliet’s city that symbolically represents the love and dedication of thousands pain therapists, specialists, young physicians and nurses put, day by day, in the long-lasting fight against pain. To find out more about AISD or the congress, click here. To find out more about the Paolo Procacci Foundation, please click here. And to view the Pain Nursing Magazine online, click here.
Meetings: Past and Future

Past Meetings

Pain in the Baltics, Vilnius, Lithuania, 13-14 April 2012

By Chris Wells

Since the last newsletter, I have had the opportunity to travel to several excellent meetings. The first was the "Pain in the Baltics" conference, organized by the Association of Pain Clinics of Lithuania, in conjunction with the other Baltic nations. The relevant EFIC Chapters were closely involved, and the meeting was Chaired by Alfredas Vaitkus; with the addition of close co-operation from the Polish Chapter. EFIC was able to provide strong support for 4 speakers after a request from Arunas Skupokas, Lithuanian IASP Chapter President. In fact, this is a model that we in EFIC wish to encourage in the future - EFIC Chapters joining together to have regional meetings that can be supported by EFIC in supplying 3 or 4 speakers.

The meeting was an excellent success. It was well organized and was attended by nearly 300 people. Delegates came from Lithuania, Latvia, Estonia, Poland, Russia and many other countries. The Proceedings were entirely in English, which was of a good standard by all the speakers (a humbling experience for this mainly English speaker). The meeting was opened by Dr Vaitkus and the President of the Lithuanian Society of Anaesthetics, Professor Ivanskevicius. There was also a presentation from Aanzelika Balciuniene, a doctor who was representing the Lithuanian Ministry of Health. I was particularly impressed by an amusing and informative presentation by Alexey Danilov from Russia. Also in the Opening Ceremony was a review of the situation in Poland, from Jan Dobrogowski. Eli Alon and Chris Wells were supported by EFIC, and spoke during this session.

In the afternoon, Inna Belfer from Pittsburgh gave a lecture on phenotyping and genotyping of chronic pain, reminding us of the importance of this new topic in genetics.

The Saturday sessions concentrated on interventional techniques with Olav Rohof, from Holland, Chairing a session. Later, there was a session on diagnosis and management of back pain, with finally a very full session on cancer pain, looking at all aspects including psychology, expression of pain, ethics and dealing with incident pain and bone pain. Socially, this was also a tremendous success, with a good intermingling of people from different countries and a very relaxed “Get Together” Party on the Friday night; all ate, drank and were merry on the 22rd floor of the SAS Radisson Blu. This commands stunning views over Vilnius, a delightful city with a fascinating history and some exceptional monuments and Castles to visit.

British Pain Society Meeting, Liverpool, UK, April 22-25 2012

The biggest meeting I have been to during the last 3 months was the British Pain Society meeting, at which there were 650 delegates. As this took place in my home city of Liverpool, this was very convenient! This was designed rather like one of the EFIC meetings, with plenary lectures every morning followed by multiple track workshops. In all, there were 10 plenary speakers and many workshops, and this is an excellent meeting for consideration by others to attend in the future. There were sessions on inflammation by David Bennett from London, cancer pain classification by Professor Stein Kaasa from Trondheim, Norway and the Patrick Wall Lecture, which was given by Gerald Gebhardt, on the peripheral contribution to chronic visceral pain states. The 7th British Pain Society Lecture was given by Professor Chris Eccleston, on the normal psychology of pain. There were 154 posters and 65 speakers. An impressive meeting in a modernized historic Seaport. I hope you can all visit Liverpool in future, and if you come to the Albert Dock, look out for me, I live there!

Societal Impact of Pain (SIP) Meeting, Copenhagen, Denmark, 29-31 May 2012

The Proceedings will be distributed to all EFIC Councillors and will be up on the EFIC website. Those with a "linked-in" account can join the group on the Societal Impact of Pain and view videos of some of the presentations. It was excellent to see such an eclectic mix of pain specialists, nurses, patient support groups and patients, administrators and politicians. The opening Ceremony was ably Chaired by our President, Hans Kress, who gave his usual eloquent, comprehensive and lucid review of European Societal matters and a program outline. There was then an outstanding presentation by Pia Soendergaard of FAKS, the Danish patient
group who were hosting the meeting. I have rarely heard a patient speak so well, appropriately and to the point.

Delegates divided up into 6 workshop groups, looking at different aspects of the societal impact of pain. I was involved in the workshop on active and healthy ageing, pain management for an improved quality of life. There were many excellent presentations, including one by Orsy Nagi of the European Commission. At the end of the session, she was presented with an application by EFIC, the European Pain Alliance and Grünenthal to become partners. This has already borne fruit and we are due to meet with other partners on 19th and 20th June. This was one of those meetings where one wanted to attend all the sessions because of so many good topics and so many good speakers, but which was structured to discuss these matters on the first day and present the Proceedings of the different workshops on the second day, and this was consequently carried out. Interesting presentations took place on chronic pain as a disease in its own right, which is resulting in a submission to the World Health Organisation; other workshops were on benchmarking, education, research, improving pain management, stakeholder platforms throughout Europe and an outlook on the future.

Future Meetings

World Congress on Pain
Milano, Italy, 27-30 August 2012
www.iasp-pain.org/Milan/

The IASP meeting for those who want excellent science on the study of pain. A huge registration of around 10,000 scientists and practitioners of pain medicine is expected.

Pain Conference and Practical Workshop
Budapest, Hungary, 3-5 September 2012
http://www.congressline.hu/pain2012/

This is an excellent meeting for those who wish to study interventional techniques in depth, with an examination (the FIPP) which can be taken. This should persuade one's colleagues of one's expertise in the subject of interventional Pain Practice. FIPP examinations will be held on 6th September.

1st Euro-American Spine and Chronic Pain Meeting and Workshops
Island of Bol, Croatia, 14-16 September 2012
http://croatiapain2012.com/

This comprehensive meeting with a skilled multinational faculty will be followed by flotilla sailing and pain medicine workshops, which is sure to be a great chance to mix leisure and knowledge in beautiful and relaxing surroundings.

There are two meetings in Liverpool, UK - one on 26th September 2012 to honor the memory of David Bowsher, and the Liverpool Pain Course, which begins on 5th November and runs until 9th November 2012. Details of these can be downloaded here.
How did you enjoy the EFIC Newsletter 02/2012? Let us know at newsletter@efic.org. We look forward to receiving your feedback on this issue.

If you wish to unsubscribe from the EFIC Newsletter, you can do so here.

The next EFIC Newsletter will be published on September 30th, 2012. The deadline for contributions is September 15th, 2012. All contributions must be emailed to Bart Morlion at bart.morlion@uzleuven.be.

If you are interested in contributing to one of our next issues, please have a look at the EFIC Newsletter Contribution Guidelines.

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